



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 **Tuesday 13 December 2022**.

This application requested access to:

- *All documents held by Canberra Health Services regarding the recruitment for a gynaecological oncologist during 2022 for a 0.6 FTE position. This request specifically includes any documents about the position description, the decision for the recruitment and any correspondence within CHS about this position.*
- *Any documents showing modelling undertaken by CHS about the demand for the service.*
- *All documents prepared in relation to providing media statements to The Canberra Times on Wednesday, December 7 and Thursday, December 8 about the matter. This request includes draft responses and correspondence relating to the request.*

I am an Information Officer appointed by the Chief Executive Officer of Canberra Health Services (CHS) under section 18 of the FOI Act to deal with access applications made under Part 5 of the Act. CHS was required to provide a decision on your access application by **Monday 6 February 2023**.

I have identified 75 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

I have decided to:

- grant full access to 16 documents; and
- grant partial access to 59 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*.

Full Access

I have decided to grant full access to 16 documents at references 4, 7-8, 10-11, 13, 15, 26, 29, 31-32, 36, 43-44, and 46-47.

Partial Access

I have decided to grant partial access to 59 documents as they contain information that I consider, on balance to be contrary to the public interest to disclose under the test set out in section 17 of the Act.

Public Interest Factors Favouring Disclosure

The following factors were considered relevant in favour of the disclosure of the documents:

- Schedule 2, 2.1(a)(i) promote open discussion of public affairs and enhance the government's accountability;
- Schedule 2, 2.1(a)(ii) contribute to positive and informed debate on important issues or matters of public interest; and
- Schedule 2, 2.1(a)(viii) reveal the reason for a government decision and any background or contextual information that informed the decision.

Public Interest Factors Favouring Non-Disclosure

The following factors were considered relevant in favour of the non-disclosure of the documents:

- Schedule 2, Schedule 2.2 (a)(ii) prejudice the protection of an individual's right to privacy or any other right under the *Human Rights Act 2004*; and
- Schedule 2, Schedule 2.2 (a)(xv) prejudice the management function of an agency or the conduct of industrial relations by an agency.

Documents at references 1-3, 5-6, 9, 12, 14, 16-25, 27-28, 30, 33-35, 37-42, 45, and 48-75 are partially comprised of personal information of ACT-Government employees' mobile numbers and personal information of non-ACT Government employees and has not been disclosed as this could reasonably be expected to prejudice the protection of the individual's right to privacy.

Documents at references 18-19 are partially comprised of information that would prejudice the management function of an agency.

On balance, the factors favouring disclosure did not outweigh the factor favouring non-disclosure as the information would not provide any government information pertinent to your request. Therefore, I have determined the information identified is contrary to the public interest and would not advantage the public in disclosing this information.

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
Website: 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.

Yours sincerely

A handwritten signature in cursive script, appearing to read 'Cathie O'Neill', written in black ink.

Cathie O'Neill
Chief Operating Officer
Canberra Health Services


6 February 2023

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
	<ul style="list-style-type: none"> • All documents held by Canberra Health Services regarding the recruitment for a gynaecological oncologist during 2022 for a 0.6 FTE position. This request specifically includes any documents about the position description, the decision for the recruitment and any correspondence within CHS about this position. • Any documents showing modelling undertaken by CHS about the demand for the service. • All documents prepared in relation to providing media statements to The Canberra Times on Wednesday, December 7 and Thursday, December 8 about the matter. This request includes draft responses and correspondence relating to the request. 	CHSFOI22-23.25

Ref Number	Page Number	Description	Date	Status Decision	Factor	Open Access release status
<i>All documents held by Canberra Health Services regarding the recruitment for a gynaecological oncologist during 2022 for a 0.6 FTE position. This request specifically includes any documents about the position description, the decision for the recruitment and any correspondence within CHS about this position.</i>						
1.	1 – 2	Email and attachment – Re: Letter to Dr Leon Foster - Gynaecology Oncology	17 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	Yes

2.	3 – 4	Email – RE: Letter to Dr Leon Foster - Gynaecology Oncology	19 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
3.	5	Email – Re CHS Gynaecology oncology meeting	10 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
4.	6	Email – Advertise for Gynae Onc 0.6	22 July 2022	Full Release		YES
5.	7 – 26	Email and attachments – Fwd: Job Description	05 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
6.	27 – 36	Email and attachment – RE: REVIEW – Job Description	07 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
7.	37 – 39	Email – Re: FURTHER WORK REQUIRED – Staff Specialist_Gynaecological Oncology Aug 22	08 August 2022	Full Release		YES
8.	40 – 47	Email and attachment – Re: FURTHER WORK REQUIRED – Staff Specialist_Gynaecological Oncology Aug 22	09 August 2022	Full Release		YES
9.	48 – 50	Email – RE: Media request	09 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
10.	51 – 57	Email and attachment – FW: Staff Specialist_Gynaecological Oncology Aug 22 BL	10 August 2022	Full Release		YES
11.	58 – 64	Email and attachment – Staff Specialist_Gynaecological Oncology Aug 22 BL	10 August 2022	Full Release		YES
12.	65 – 69	Email – RE: Staff Specialist_Gynaecological Oncology Aug 22 BL	10 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
13.	70	Email – Flights for Friday 12 th August 2022	10 August 2022	Full Release		YES
14.	71 – 72	Email – Just confirming the job isn't actually online.	10 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
15.	73 – 79	Email and attachment – RE: Staff Specialist_Gynaecological Oncology Aug 22 BL	10 August 2022	Full Release		YES
16.	80 – 82	Email – RE: Re Specialist / Senior Specialist – Gynaecological Oncology (02531)	16 September 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
17.	83 – 85	Email – RE: Re Specialist / Senior Specialist – Gynaecological Oncology (02531)	16 September 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

18.	86 – 91	Email and attachments – Gynae Onc Interview – Monday 17 October	13 October 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy, Schedule 2, 2.2 (a)(xv) Management function	YES
19.	92 – 101	Email and attachment – Gynae Oncology SAC Report for Signing	27 October 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy Schedule 2, 2.2 (a)(xv) Management function	YES
20.	102 – 103	Email – RE: Re meeting – GYN Oncology	03 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
21.	104 – 105	Email – FW: Specialist Remuneration Package Fact Sheet	11 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
22.	106 – 113	Email – Contract and unit	06 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
23.	114 – 116	Email – contract 2023	2 February 2023	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
<i>Any documents showing modelling undertaken by CHS about the demand for the service.</i>						
24.	117 – 120	Email – RE: CHS Gyn oncology	11 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
25.	121 – 124	Email – RE: CHS Gyn oncology	12 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
26.	125 – 137	Email and attachment – RE: Gynaecology Onc business case [uncosted business case drafted and proposed by Dr Leon Foster]	12 April 2022	Full Release		YES
27.	138 – 139	Email – FW: Gynaecological cancer services in the ACT	14 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

28.	140 – 144	Email – Discuss Gynaecological cancer services in the ACT	20 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
29.	145 – 151	Presentation – Maternity & Gynaecology Department April 2022	21 April 2022	Full Release		YES
30.	152 - 166	Email and attachments – Re: Gynaecological cancer services in the ACT [uncosted business case drafted and proposed by Dr Leon Foster]	25 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
31.	167	Email – FW: for your awareness	26 April 2022	Full Release		YES
32.	168	Email – Gynae Oncology	26 April 2022	Full Release		YES
33.	169 – 170	Email – FW: Women's cancer services in the ACT	26 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
34.	171 – 174	Email – FW: Women's cancer in the ACT	27 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
35.	175 – 179	Email and attachment – FW: Advice re Gynaecological cancer services in the ACT	28 April 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
36.	180	Email – Re: 20220426 GynaeOnc Specialist critical pop mass info_JS (002)	28 April 2022	Full Release		YES
37.	181 – 182	Email – Re: Gynaecological Oncology Service to Canberra	2 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	Yes
38.	183 – 186	Email – RE: CHS GYN oncology	25 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
39.	187 – 190	Email – RE: CHS GYN oncology	26 May 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
40.	191 – 192	Email – RE: FURTHER ACTION: MCHS22/284: PATIENT SERVICES ADMINISTRATION – Service Delivery – Minister for Health – Email – Women's Cancer in the ACT – Senator Katy Gallagher	21 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
41.	193 – 198	Email with attachment – Gynaecological Oncology Service to Canberra	11 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

42.	199 – 201	Email – RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan	19 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
43.	202 – 204	Email – RE: ACTION by 22 July – Gynaecological Oncology Service – Phased Implementation Plan	19 July 2022	Full Release		YES
44.	205 – 215	Email and attachments – UPDATED - Gynaecological Oncology Service - Phased Implementation Plan	20 July 2022	Full Release		YES
45.	216 – 220	Email – FW: ACTION by 22 July – Gynaecological Oncology Service – Phased Implementation Plan	20 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
46.	221 – 223	Email and attachment – Phased Implementation Plan - Gynae Onc Service Draft V2 - clean	20 July 2022			YES
47.	224 – 226	Email and attachment – Phased Implementation Plan - Gynae Onc Service Draft V2 - clean	20 July 2022			YES
48.	227 – 228	Email – RE: Gynaecological Oncology Service	21 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
49.	229 – 232	Email and attachment – FW: Re CHS Gyn oncology draft	25 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
50.	233 – 237	Email and attachment – Re Equipment for GOU submission – Karl Storz ICG	25 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
51.	238 – 231	Email and attachment – FW: Re CHS Gyn oncology draft	26 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
52.	242 – 244	Email – RE: Re CHS Gyn oncology draft	26 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
53.	245 – 253	Email and attachments – Gynae oncology unit update	29 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

54.	254 – 255	Email – RE: Leon Foster	30 July 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
55.	256 – 261	Ministerial Brief and attachment – MCHS22/564 Phased establishment of a Gynaecological Oncology Unit in the ACT	01 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
56.	262 – 263	Email – RE: Any progress	05 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
57.	264	Email – Re draft service / unit proposal	26 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
58.	265 – 269	Email and attachment – FW: Re CHS Gyn oncology draft	28 August 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
59.	270 – 271	Email – RE: Re any progress on proposal thus far	04 September 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
60.	272	Email – Checking in on things again	28 September 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
61.	273 – 279	Email – GYN Oncology unit	28 November 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
<i>All documents prepared in relation to providing media statements to The Canberra Times on Wednesday, December 7 and Thursday, December 8 about the matter. This request includes draft responses and correspondence relating to the request.</i>						
62.	280 – 284	Email and attachment – RE: Media inquiry: Permanent gynaecological cancer surgical unit	15 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
63.	285 – 293	Email and attachment – RE: Media inquiry: Permanent gynaecological cancer surgical unit	17 June 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
64.	294 – 297	Email – RE: Media inquiry: Permanent gynaecology oncology unit	7 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
65.	298 – 300	Email – RE: Media inquiry: Permanent gynaecology oncology unit	7 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
66.	301 – 304	Email – RE: Media inquiry: Permanent gynaecology oncology unit	7 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
67.	305 – 307	Email – RE: Proposed edits:	7 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES

68.	308 – 310	Email – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
69.	311 – 313	Email – RE: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
70.	314 – 317	Email – RE: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
71.	318 – 321	Email – For clearance – Follow-up questions gynaecology oncology	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
72.	322 – 326	Email – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
73.	327 –332	Email – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
74.	333 – 334	Email – FW: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
75.	335 – 336	Email – RE: Media inquiry: Permanent gynaecology oncology unit follow up questions	8 December 2022	Partial Release	Schedule 2, 2.2 (a)(ii) Privacy	YES
Total Number of Documents						
75						

From: Freiberg, Susan (Health)
Sent: Friday, 17 June 2022 16:36
To: O'Neill, Cathie (Health)
Subject: Re: Letter to Dr Leon Foster - Gynaecology Oncology

OFFICIAL

I have had Boon and Nat do some work on this already with finance. We also talked about recruitment, so I'll have to check where that got up to.

Cheers Susan.

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From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Friday, June 17, 2022 4:33:22 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Letter to Dr Leon Foster - Gynaecology Oncology

OFFICIAL

I need to meet with you re this and work out whether between the cost of Greg (who is very expensive including his travel), IPTAAS and flow reversal we can fund him for 0.6 – if so then I think we should get moving on recruitment pretty quickly.

C

From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Friday, 17 June 2022 4:31 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re: Letter to Dr Leon Foster - Gynaecology Oncology

OFFICIAL

Thank so much.

Get [Outlook for iOS](#)

From: Bartlett, Madeline (Health) <Madeline.Bartlett@act.gov.au> on behalf of O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Friday, June 17, 2022 4:09:58 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Lim, Boon (Health) <Boon.Lim@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: Letter to Dr Leon Foster - Gynaecology Oncology

OFFICIAL

Good Afternoon

Please see attached correspondence relating to our meeting on 10 June 2022.

Kind Regards

Cathie O'Neill

Chief Operating Officer

Canberra Health Services

E-mail: Cathie.O'Neill@act.gov.au

EA: Maddy Bartlett 512 42147

EO: Michelle Ramsay 512 45804

BM: Amanda Bell 512 48688

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Dr Leon Foster
Gynaecology Oncology
Royal Hospital for Women
[REDACTED]

Dear Leon, Greg and Alison

Thank you for taking the time to meet with me on 10 June 2022. I found the additional information provided through the meeting regarding case load, increasing demand, complexity, supportive care requirements and the capacity of CHS to meet these needs very useful.

I would like to thank you all for your passion and commitment to ensuring exceptional care to women of Canberra and surrounding areas who have gynaecological cancers.

I have committed to developing a draft phased approach to a full gynaecological oncology service at Canberra Health Service with milestones and get this back to you in the next 4 – 6 weeks. I will also come back to you within that timeframe on how we will replace Greg's service following his cessation at the end of this year.

Yours Sincerely

A handwritten signature in cursive script, appearing to read 'Cathie O'Neill'.

Cathie O'Neill
Chief Operating Officer
Canberra Health Services

17 June 2022

cc: Susan Freiberg, Executive Director, Division of Women, Youth and Children
Boon Lim, Clinical Director, Division of Women, Youth and Children
Paul Craft, Clinical Director, Division of Cancer and Ambulatory Support

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 19 June 2022 15:51
To: O'Neill, Cathie (Health)
Cc: Lim, Boon (Health); Craft, Paul (Health); Freiberg, Susan (Health)
Subject: RE: Letter to Dr Leon Foster - Gynaecology Oncology

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Cathie,

Thank you for the letter. I look forward to our next meeting. If you need anything from me please let me know.

Thanks

Leon

From: Bartlett, Madeline (Health) <Madeline.Bartlett@act.gov.au> **On Behalf Of** O'Neill, Cathie (Health)
Sent: Friday, 17 June 2022 4:10 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Lim, Boon (Health) <Boon.Lim@act.gov.au>; paul.craft <paul.craft@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: Letter to Dr Leon Foster - Gynaecology Oncology

OFFICIAL

Good Afternoon

Please see attached correspondence relating to our meeting on 10 June 2022.

Kind Regards

Cathie O'Neill

Chief Operating Officer
Canberra Health Services

E-mail: Cathie.O'Neill@act.gov.au

EA: Maddy Bartlett 512 42147
EO: Michelle Ramsay 512 45804
BM: Amanda Bell 512 48688

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This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

From: Leon Foster [REDACTED]
Sent: Sunday, 10 July 2022 17:55
To: O'Neill, Cathie (Health)
Subject: Re CHS Gynaecology oncology meeting

Follow Up Flag: Follow up
Flag Status: Flagged

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Hi Cathie,

As per our previous correspondence I was hoping to arrange a meeting please. Dr Robertson will be out of the country after the 15th of July but he and I will be in Canberra on the 15th. I will be available the week after but this may need to be a virtual meeting.

Thanks,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

[REDACTED] | Fax: 02 9382 6200 | [REDACTED]

Lang, Samantha (Health)

From: O'Neill, Cathie (Health)
Sent: Friday, 22 July 2022 9:59 AM
To: Lim, Boon (Health)
Cc: Freiberg, Susan (Health); CHS, WYC Executive Office
Subject: Advertise for Gynae Onc 0.6

Categories: Awaiting Information/Feedback

UNOFFICIAL

Hi Boon

As discussed and agreed at our meeting, if you could work with your team to get the recruitment underway for the Gynae Onc at 0.6 to commence in Jan23 that would be great

Let me know if you need me to do anything further

Cathie O'Neill

Chief Operating Officer
Canberra Health Services

E-mail: Cathie.O'Neill@act.gov.au

EA: Maddy Bartlett 512 42147
EO: Michelle Ramsay 512 45804
BM: Amanda Bell 512 48688

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**Canberra Health
Services**

Lang, Samantha (Health)

From: Barnes, Kelly (Health)
Sent: Friday, 5 August 2022 3:35 PM
To: CHS, WYC Executive Office
Subject: FW: Job Description
Attachments: 97765 - Advertisement - SS or VMO - Gynaecological Oncology - RHW.PDF; 97765 - PD - SS or VMO - Gynaecological Oncology - RHW.PDF; Staff Specialist_Gynaecological Oncology Aug 22.docx

OFFICIAL

Hi Sam,

I made a start on this. May need to be run through Boon with the bits in yellow.

Not sure if it might need a smidge more medical wording.

I used the new template we have just created for our current advertised jobs.

Kind Regards,

Kelly Barnes

Personal Assistant to
Clinical Director of Women, Youth & Children | A/Prof Boon Lim
Clinical Director of Obstetrics and Gynaecology
 Women, Youth & Children | Canberra Health Services
 WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605
Ph: 02 5124 7583



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From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Tuesday, 2 August 2022 7:04 PM
To: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: FW: Job Description

OFFICIAL

Hi Kelly,

As discussed, I would appreciate your assistance placing the attached in to a CHS duty statement template and I can work with Boon on aligning it with what CHS requires.

Thank you for your help

Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Our values are Reliable, Progressive, Respectful, Kind

Our vision is creating exceptional healthcare together

Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Thursday, 28 July 2022 6:49 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: Fwd: Job Description

OFFICIAL

Hi Sam,

Please find attached the PD for the gynae Onc position from Sydney.

Can you please get someone to draft one for us?

Many thanks

Kind regards

Boon
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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, July 27, 2022 10:09:17 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: Fw: Job Description

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Boon,

These are from the RHW.

thanks,
Leon

This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Staff Specialists / Visiting Medical Officers - Gynaecology Oncology - The Royal Hospital for Women - Full time or Part time (REQ97765)

Status
Open

Recruiter
[REDACTED]

Status Details
Sourcing

Job Owner
[REDACTED]

Primary Location
Sydney > Randwick > Royal Hospital for
Women

Recruitment Type
Senior Recruitment

Hired Candidates
0 out of 3

Advertising Content

External Advertising

Help tips! Use the below structure and format to create your advertisement. Make sure you delete content that is not required. To get ideas on content and making the most of your ad - access the resource library Steps to adding an image:1) copy of the URL from the image library2) click on the image icon below3) paste the URL4) adjust the size: click on the lock ratio icon to remove any other dimensions, add in "100%" into the width section Note: adjusting the size is critical to make sure the image displays correctly on both PC and mobile devices.

Contact Name - External
[REDACTED]

Contact Email - External
[REDACTED]

Description - External

Employment Type: Permanent Full Time / Part Time / Sessional
Position Classification: Staff Specialists / Visiting Medical Officer
Remuneration: \$79.77 - \$98.44 per hour or As per VMO Determination
Hours Per Week: Up to 40 / Sessional
Requisition ID: REQ97765

South Eastern Sydney Local Health District is committed to equal employment opportunity and embraces diversity and inclusion within its workforce. As such, people from diverse backgrounds are encouraged to apply. This includes, but is not limited to Aboriginal and Torres Strait Islander People, People with Disability, Women and People from Culturally and Linguistically Diverse backgrounds.

Employment of a temporary visa holder may only occur if no suitable permanent resident or citizen of Australia has been identified for this position following suitable labour market testing.

Applicants are invited for fractional or full time Staff Specialists / Visiting Medical Officers positions in Gynaecological Oncology. Applicants may apply for a full-time or part time minimum 0.5 FTE.

These specialist positions will provide a diagnostic and management service to all women with gynaecological cancer at the Royal Hospital for Women and agreed partnering hospitals in a full time capacity.

The duties will include:

- Working with the Department of Gynaecological Oncology to ensure that all recognised women with cancer are appropriately managed.
- Work collaboratively with other team members in the Gynaecological Oncology Department to provide support and cover with the department in a team based approach.

- Assist the hospital in teaching and providing clinical support for obstetric emergency as directed by the Director of Clinical Services in accordance with the Australian Commission on Safety and Quality in Healthcare Standards (ACHS) Framework.

This position will be primarily located at The Royal Hospital for Women but may be varied as agreed with Director of Clinical Services and as approved by the Medical and Dental Appointments Advisory Committee (MDAAC) to other health facilities in the South Eastern Sydney Local Health District (SESLHD).

The Royal Hospital for Women has been one of Australia's foremost specialist hospitals for women and babies, since its early beginnings as New South Wales first 'lying-in' hospital for women in 1820. As a principal teaching hospital of the University of NSW in the fields of obstetrics, gynaecology, gynaecology oncology and neonatology the Royal has a history of innovation in women's health care services, teaching and research.

The main areas of specialisation include breast care, gynaecology, gynaecological oncology, maternity, maternal fetal medicine, menopause, newborn intensive care and reproductive medicine. Each year the Hospital delivers more than 4,000 babies; cares for more than 600 premature babies; performs more than 3000 surgical procedures and has over 2000 visits through our Early Pregnancy Assessment Service (EPAS).

The Gynaecological Cancer Centre at the Royal Hospital for Women is one of 4 major tertiary referrals units for gynaecological cancer in NSW. The Centre sees approximately 300 new cases of invasive gynaecological cancer per year. They are part of a multidisciplinary team, which will include gynaecological medical and radiation oncologist, medical specialists, palliative care physicians, genetic counsellors, nurses and paramedical personal. The inpatients are nursed in a 25 bed ward, which includes patients with breast cancer and benign gynaecological problems.

About 40% of the patients come from rural NSW, and the remainder from the metropolitan area. It is a multicultural group of patients. Outreach clinics are conducted in Canberra and Wollongong.

The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.

The specialist will provide expert medical assessment and management of patients within the department/service.

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Qualifications - External
Selection Criteria:

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8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

This is a Category A position. All Category A applicants must read and understand NSW Health Policy PD2018_009. Successful applicants to the role must provide vaccination history and pathology as part of the application documentation, and be certified as compliant before employment can commence. Please return a completed Medical Practice History Declaration with your application.

Need more information?

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- 2) [Find out more about applying for this position](#)

For role related queries or questions contact 

Applications Close: 4 September 2019

Internal Advertising

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Applications Close: 4 September 2019

POSITION DESCRIPTION

Staff Specialists - Gynaecological Oncology - Royal Hospital for Women

Our CORE values:	Collaboration Openness Respect Empowerment	 ourpeopleourculture
Our Vision:	Exceptional care, healthier lives.	
Our Purpose:	To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.	
Organisation	NSW Health	
Local Health District / Agency	South Eastern Sydney Local Health District	
Position Classification	Staff Specialist	
State Award	Staff Specialists (State) Award	
Category	Specialist Medical & Dental Practitioner Specialist	
Vaccination Category	Category A	
ANZSCO Code	253913 Obstetrician and Gynaecologist	
Website	www.seslhd.health.nsw.gov.au/	

PRIMARY PURPOSE

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ESSENTIAL REQUIREMENTS

- All staff are required to complete and submit a Pre-employment Health Declaration Form
- Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Criminal Record Check (NCRC) and/or Aged Care Check
- As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace.

KEY ACCOUNTABILITIES

CLINICAL

Provide an accountable and high standard of specialist patient care including consultation services.

Be dedicated to a teamwork philosophy and demonstrate ability to work as a team member in the speciality and multidisciplinary team.

Liaise effectively with all staff.

Ensure detailed treatment plans are in place to support timely management of patients. Ensure a high standard of clinical record documentation including completion of all clinical records (including medication charts) to reflect clinical decisions and optimise data collection.

Participate fully in the on call roster as required in accordance with clinical privileges.

Participate actively in research activities in Department.

Adapt clinical practice in accordance with contemporary evidence and clinical protocols as approved by the LHD from time to time.

Participate in the provision of health services within other District facilities if credentialed.

POSITION DESCRIPTION

Staff Specialists - Gynaecological Oncology - Royal Hospital for Women

Other duties as required, relevant to and consistent with the classification of the role.

LEADERSHIP

Model and encourage a culture of continuous learning and leadership, which values high levels of constructive feedback and exposure to new experiences.

Promote a sense of purpose and build a shared sense of direction within the unit.

Encourage others to strive for ongoing improvement.

Demonstrate professionalism to support a culture of accountability and integrity within the unit

Monitor ethical practices, standards and systems and reinforce their use.

Actively listen to others and clarify own understanding.

CLINICAL GOVERNANCE, QUALITY IMPROVEMENT & PATIENT SAFETY

Participate in the management and governance of the department/service, morbidity and mortality meetings and other quality improvement programs.

Interact effectively with all levels of staff to achieve maximum outcome and benefit to patients under care of the department.

Participate in appropriate working parties to enhance patient safety.

Comply with LHD and facility clinical governance policies and patient safety programs as relevant to the Specialty and as varied from time to time.

Ensure effective clinical handover processes in accordance with facility and LHD guidelines.

Participate in peer review and other Continuing Medical Education activities consistent with Department, College and AHPRA requirements to maintain professional standards.

Ensure compliance with the Australian Commission on Safety and Quality in Healthcare standards as relevant to the specialty.

EDUCATION & TRAINING

Responsible for the supervision of all junior medical staff under direction.

Delegate graded duties to junior staff according to their knowledge, skills and abilities.

Participate in teaching and training at all levels of undergraduate and postgraduate multidisciplinary education where required by the Head of Department/Service Director in accordance with HETI, LHD and College training requirements.

Participate in all training specified by the facility and/or LHD as requested.

PERFORMANCE MANAGEMENT

Participate in LHD Performance Development Programs and undertake an annual performance review.

Demonstrate competency within the clinical privileges granted by the LHD.

OTHER DUTIES

Attend, participate and support administrative meetings as required by the Head of Department or Director Clinical Services.

Abide by the NSW Health Code of Conduct as amended from time to time, and all NSW Health, LHD and facility/service policies and procedures relevant to the position

KEY CHALLENGES

- Challenges Provision of clinical care consistent with the duties of the Position practising in the specialty. Delivery of medical services within performance benchmarks, expenditure and revenue targets as relevant to the role.
- Decision Making Consistent with the duties of a Consultant practising in the specialty in accordance with approved Clinical Privileges and the Delegations of the LHD.
- Communication Head of Department Other staff within the multidisciplinary team and department/service Patients, family and carers Other hospital and District departments Hospital Executive Relevant committees and working groups as required
- Provide clinical care including assessment, management and follow up of inpatients and outpatients attending the service. This involves three to four clinics per week, one to two operating theatre lists and outreach clinics at both Wollongong and Canberra, ward rounds and participation in Tumour Board meetings. Other duties as required, relevant to and consistent with the classification of the role.

POSITION DESCRIPTION**Staff Specialists - Gynaecological
Oncology - Royal Hospital for Women**

Demonstrate professionalism to support a culture of accountability and integrity within the Department.

Participate regularly in the morbidity and mortality meeting, Grand Rounds and other quality improvement programs. Participate in appropriate committees as directed by the Head of Gynaecological Oncology.

Participate in relevant ongoing education programs e.g. Hand Hygiene, educational workshops for staff. Work in collaboration with Clinical Nurse Educators and clinicians to enhance the implementation of relevant staff education and development programs. Responsible for the training and supervision of all junior medical staff under the team structure.

Attend, participate and support administrative meetings as required by the Head of Departmental or the Director of Clinical Services. And other such duties consistent with the classification that may be required from time to time in this position.

KEY RELATIONSHIPS

Who	Why
To be discussed on commencement in the position	To be discussed on commencement in the position

SELECTION CRITERIA

1. Registration or eligible for registration with Medical Board of Australia (AHPRA). Candidate to provide AHPRA Registration Number on application.
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7. Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.

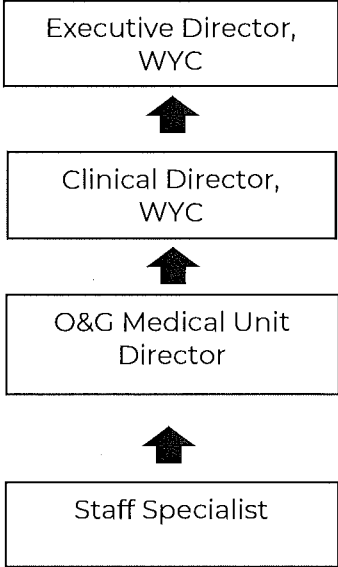
POSITION DESCRIPTION**Staff Specialists - Gynaecological
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8. Demonstrated experience in and commitment to research relevant to the role and needs of the Department.

OTHER REQUIREMENTS

- Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees
- *Staff who supervise others:* Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit
- Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget

POSITION DESCRIPTION

Directorate	Canberra Health Services	Reporting Relationships 
Division	Women, Youth & Children's	
Branch	Obstetrics and Gynaecology	
Position Number	PXXXXX	
Position Title	Obstetrics and Gynaecology Staff Specialist / Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed	29/06/2022	

Our **Vision**: creating exceptional health care together
 Our **Role**: to be a health service that is trusted by our community
 Our **Values**: Reliable, Progressive, Respectful and Kind

POSITION OVERVIEW

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary and community-based health services, to the Australian Capital Territory (ACT) and surrounding region. More information can be found on the CHS website: <https://www.health.act.gov.au/>

The Department of Obstetrics and Gynaecology is seeking a permanent Staff Specialist to lead the Gynaecological Oncology service.

The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high risk pregnancies for the region. The department is accredited by RANZCOG for the FRANZCOG Training Program and subspecialty training in Maternal Fetal Medicine.

We are seeking a candidate with the clinical skills and special interest in leading a complex pelvic pain service, which spans a multidisciplinary outpatient clinic, inpatient consultation, advanced laparoscopic surgery, and procedural pain management modalities.

The successful applicant must have RANZCOG Fellowship and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on pelvic pain. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Obstetrics and Gynaecology Unit, with pro-rata on call duties and contribution to inpatient management.

DUTIES

You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include Antenatal Clinics, Caesarean section lists, colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on call roster for both Obstetrics and Gynaecology at a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
7. Provide leadership and coordination in clinical governance by developing evidence-based guidelines; ensuring high level staff performance; and overseeing quality improvement and risk management activities.
8. Provide leadership in standards of practice, including professional development, teaching and training and research and innovation, committee representation and maintain own knowledge through participation in learning and development opportunities.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Questioning (LGBTIQ) are particularly encouraged to apply.

Behavioural Capabilities

To be successful in this position, it is expected that the successful candidate will have the following attributes:

1. Strong organisational skills with a high degree of drive.
2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems.
3. Highly conscientious and professional in all aspects of work.

Position Requirements/Qualifications:

Relevant qualifications and experience working in obstetric and gynaecological imaging is preferred.

Mandatory:

- Be registered or eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) or an equivalent higher specialist qualification
- Hold an additional relevant qualification or competency in advanced laparoscopic surgery and gynaecological oncology.

Desirable:

- Additional qualifications or experience in complex pain management or procedural pain modalities
- Have an understanding of how the National Standards and Quality Health Service (NSQHS) indicators align with this role.
- Fulfil the responsibilities of this role as detailed in the CHS Exceptional Care Framework, Clinical Governance Framework, Partnering With Consumers Framework and all other related frameworks.

Please note prior to commencement successful candidates will be required to:

- Obtain a Compliance Certificate from OMU (Occupational Medicine Unit) relating to assessment, screening & vaccination processes against specified infectious diseases.
- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience:

Your statement of claims against the selection criteria should summarise how your skills and experiences would enable you to fulfil the responsibilities of the position. It is therefore in the interests of candidates to present their application in a way that demonstrates significant outcomes associated with each of the criteria, as well as the capabilities and behaviours that underpin them.

(Please note that it is not necessary to address the capabilities and behaviours individually).

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

HOW TO APPLY / OR WANT TO KNOW MORE?

Applications must be submitted through the e-recruitment system. Applications must include a copy of a current resumé, and

- A response to the selection criteria under "what you require" in no more than two pages.

Where possible include specific relevant examples of your work.

CHS Contact: A/Prof Boon Lim – Boon.lim@act.gov.au

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

ADMINISTRATIVE	FREQUENCY
Telephone use	Frequently
General computer use	Frequently
Extensive keying/data entry	Frequently
Graphical/analytical based	Occasionally
Sitting at a desk	Frequently
Standing for long periods	Occasionally

PSYCHOSOCIAL DEMANDS	FREQUENCY
Distressed People e.g. Emergency or grief situations	Frequently
Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness	Occasionally
Unpredictable People e.g. Dementia, mental illness, head injuries	Occasionally
Restraining e.g. involvement in physical containment of clients/consumers	Never
Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	Occasionally

PHYSICAL DEMANDS	FREQUENCY
Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

MANUAL HANDLING	FREQUENCY
Lifting 0 – 9kg	Frequently
Lifting 10 – 15kg	Never
Lifting 16kg+	Never
Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
Foot and leg movement	Occasionally
Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

TRAVEL	FREQUENCY
Frequent travel – multiple work sites	Never
Frequent travel – driving	Never

SPECIFIC HAZARDS	FREQUENCY
Working at heights	Never
Exposure to extreme temperatures	Never
Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Occasionally
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Sunday, 7 August 2022 11:41 AM
To: CHS, WYC Executive Office
Subject: RE: REVIEW - Job Description
Attachments: Staff Specialist_Gynaecological Oncology Aug 22 BL.docx

OFFICIAL

Dear Sam,

Please find attached the PD with my changes.

It is ready to be progressed.

Many thanks.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



Reliable | Progressive | Respectful | Kind



From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Friday, 5 August 2022 3:41 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: REVIEW - Job Description
Importance: High

OFFICIAL

Hi Boon,

Would you mind reviewing the attached and make the necessary amendments.

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wyexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

Our values are Reliable, Progressive, Respectful, Kind

Our vision is creating exceptional healthcare together

Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Sent: Friday, 5 August 2022 3:35 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: FW: Job Description

OFFICIAL

Hi Sam,

I made a start on this. May need to be run through Boon with the bits in yellow.

Not sure if it might need a smidge more medical wording.

I used the new template we have just created for our current advertised jobs.

Kind Regards,

Kelly Barnes

Personal Assistant to
Clinical Director of Women, Youth & Children | A/Prof Boon Lim
Clinical Director of Obstetrics and Gynaecology

Women, Youth & Children | Canberra Health Services
 WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605

Ph: 02 5124 7583



ACT
 Government

**Canberra Health
 Services**

Reliable | Progressive | Respectful | Kind

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Tuesday, 2 August 2022 7:04 PM
To: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: FW: Job Description

OFFICIAL

Hi Kelly,

As discussed, I would appreciate your assistance placing the attached in to a CHS duty statement template and I can work with Boon on aligning it with what CHS requires.

Thank you for your help

Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Thursday, 28 July 2022 6:49 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: Fwd: Job Description

OFFICIAL

Hi Sam,

Please find attached the PD for the gynae Onc position from Sydney.

Can you please get someone to draft one for us?

Many thanks

Kind regards

Boon
Get [Outlook for iOS](#)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, July 27, 2022 10:09:17 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: Fw: Job Description

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Boon,

These are from the RHW.

thanks,
Leon

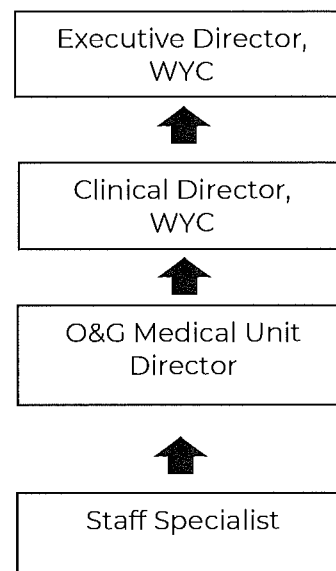
This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

POSITION DESCRIPTION

Directorate	Canberra Health Services
Division	Women, Youth & Children's
Branch	Obstetrics and Gynaecology
Position Number	PXXXXX
Position Title	Obstetrics and Gynaecology Staff Specialist / Gynaecological Oncology
Classification	Staff Specialist
Location	Canberra Hospital, Garran ACT
Last Reviewed	29/06/2022

Reporting Relationships



Our **Vision**: creating exceptional health care together
 Our **Role**: to be a health service that is trusted by our community
 Our **Values**: Reliable, Progressive, Respectful and Kind

POSITION OVERVIEW

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary and community-based health services, to the Australian Capital Territory (ACT) and surrounding New South Wales region. More information can be found on the CHS website: <https://www.health.act.gov.au/>

The Department of Obstetrics and Gynaecology, Centenary Hospital for Women and Children (CHWC) is seeking a permanent Staff Specialist to lead the Gynaecological Oncology service. The position will provide a diagnostic and management service to all women with gynaecological cancer at CHWC and working with agreed network hospitals in a fractional 0.6 FTE capacity.

The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high risk pregnancies for the region. Currently, gynaecological cancer services are provided principally as an outreach service from the Royal Hospital for Women in Sydney. The principal location of the service will change to CHWC with this appointment. The service will work closely with the Division of Cancer and Ambulatory Care and as part of the wider Gynaecological Oncology network arrangement.

The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
7. Provide leadership and coordination in clinical governance by developing evidence-based guidelines; ensuring high level staff performance; and overseeing quality improvement and risk management activities.

8. Provide leadership in standards of practice, including professional development, teaching and training and research and innovation, committee representation and maintain own knowledge through participation in learning and development opportunities.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as Lesbian, Gay, Bisexual, Transgender, Intersex, or Questioning (LGBTIQ) are particularly encouraged to apply.

Behavioural Capabilities

To be successful in this position, it is expected that the successful candidate will have the following attributes:

1. Strong organisational skills with a high degree of drive.
2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems.
3. Highly conscientious and professional in all aspects of work.

Position Requirements/Qualifications:

Relevant qualifications and experience working in obstetric and gynaecological imaging is preferred.

Mandatory:

- Be registered or eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA)
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or equivalent higher specialist qualifications

Desirable:

- Additional qualifications or experience in advanced laparoscopic surgery
- Have an understanding of how the [National Standards and Quality Health Service \(NSQHS\)](#) indicators align with this role.
- Fulfil the responsibilities of this role as detailed in the [CHS Exceptional Care Framework](#), [Clinical Governance Framework](#), [Partnering With Consumers Framework](#) and all other related frameworks.

Please note prior to commencement successful candidates will be required to:

- Obtain a Compliance Certificate from OMU (Occupational Medicine Unit) relating to assessment, screening & vaccination processes against specified infectious diseases.
- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience:

Your statement of claims against the selection criteria should summarise how your skills and experiences would enable you to fulfil the responsibilities of the position. It is therefore in the interests of candidates to present their application in a way that demonstrates significant outcomes associated with each of the criteria, as well as the capabilities and behaviours that underpin them.

(Please note that it is not necessary to address the capabilities and behaviours individually).

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
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- A response to the selection criteria under “what you require” in no more than two pages.

Where possible include specific relevant examples of your work.

CHS Contact: A/Prof Boon Lim – Boon.lim@act.gov.au

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Frequent travel – driving	Never

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Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Occasionally
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Monday, 8 August 2022 9:03 PM
To: CHS, WYC Executive Office
Cc: CHS, WYC Executive Office
Subject: Re: FURTHER WORK REQUIRED - Staff Specialist_Gynaecological Oncology Aug 22

Hi Sam

Let's discuss tomorrow. Some of what they want are repetition.

Interesting that the Minister announced today that it has been advertised.

Kind regards

Boon

Get [Outlook for iOS](#)

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Monday, August 8, 2022 8:58:22 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: FURTHER WORK REQUIRED - Staff Specialist_Gynaecological Oncology Aug 22

OFFICIAL

Hi Boon,

We have been requested to transfer our drafted duty statement into the attached template. There are a number of points, in red, that require input or confirmation.

Can I please request you review the attached and advise on the red points, noting some can be removed if irrelevant to this position eg working with vulnerable people criteria.

Kelly has submitted the request for a position number.

Thank you for your assistance.
 Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: Samantha.Lang@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Taverner, Grace (Health) <Grace.Taverner@act.gov.au> **On Behalf Of** CHSDutyStatements
Sent: Monday, 8 August 2022 1:16 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi Sam

Unfortunately we are unable to approve of a duty statement without having a position number.

Once you have created one please place this on the duty statement and send back for approval.

Not sure if you are aware, however the EVAs are now to be submitted via the Shared Services Portal:

Establishment Variation Authority – Single Action

You will need to submit this on through the above link.

Not sure if you are aware, however the position template has been amended and now includes mandatory wording.

Can you please place your duty statement on the attached template and then send this back for approval.

Please note: The How to apply section needs to be removed, as this does not form part of the duty statement. This is for the advertisement. You can still place that wording in Taleo in the External advertising section on the req.

Sorry for any inconvenience that this may cause.

Kind Regards

Grace Taverner

Team Leader, Recruitment

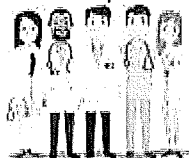
Employee Services

People & Culture | Canberra Health Services | ACT Government

☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Monday, 8 August 2022 12:47 PM
To: CHSDutyStatements <CHSDutyStatements@act.gov.au>

Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>

Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL

Importance: High

OFFICIAL

Good afternoon,

Please see attached Staff Specialist Gynaecological Oncology for your review and approval.

Thank you

Sam

Kind Regards

Samantha Lang | Business Manager

Division of Women, Youth and Children | Canberra Health Services | ACT Government

Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au

Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Tuesday, 9 August 2022 9:24 AM
To: CHS, WYC Executive Office
Subject: RE: FURTHER WORK REQUIRED - Staff Specialist_Gynaecological Oncology Aug 22
Attachments: Staff Specialist Gynaecological Oncology Aug 2022 Revised 9 Aug.docx

OFFICIAL

Hi Sam,

I have made the necessary changes.

Many thanks.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



Reliable | Progressive | Respectful | Kind



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Sent: Monday, 8 August 2022 8:58 PM
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Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: Samantha.Lang@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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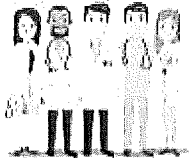
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Canberra Health
Services

POSITION DESCRIPTION

Directorate	Canberra Health Services	Reporting Relationships <div style="text-align: center;"> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Clinical Director Women Youth and Children</div> <div style="text-align: center; margin: 5px 0;">↑</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Obs & Gynae Medical Unit Director</div> <div style="text-align: center; margin: 5px 0;">↑</div> <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">Staff Specialist</div> </div>
Division	Women, Youth and Children	
Business Unit	Obstetrics and Gynaecology	
Position Number		
Position Title	Obstetrics and Gynaecology Staff Specialist/Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed		

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The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high-risk pregnancies for the region. Currently, gynaecological cancer services are provided principally as an outreach service from the Royal Hospital for Women in Sydney. The principal location of the service will change to CHWC with this appointment. The service will work closely with the Division of Cancer and Ambulatory Care and as part of the wider Gynaecological Oncology network arrangement.

The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

Under limited direction of the Obstetrics and Gynaecology Medical Unit Director you will perform ~~add a brief statement here of the role~~ the following roles. You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
7. Provide leadership and coordination in clinical governance by developing evidence-based guidelines; ensuring high level staff performance; and overseeing quality improvement and risk management activities.
8. Undertake other duties appropriate to this level of classification which contribute to the operation of the organisation.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as LGBTQIA+ are particularly encouraged to apply.

Behavioural Capabilities

1. Strong organisational skills with a high degree of drive.

2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems
3. Highly conscientious and professional in all aspects of work.

Position Requirements / Qualifications

Mandatory

- ~~<Delete if not applicable>~~ Relevant ~~<insert level here e.g. Tertiary, Certificate>~~ qualifications and a minimum of ~~<insert # of years here>~~ years' experience working professionally in ~~<insert name of field here>~~.
- Be registered or be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or an equivalent higher specialist qualification
- ~~<Delete if not applicable>~~ The successful applicant will need to be for weekend and after hours work.
- CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide Digital Health Record. Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Commented [LB(1)]: Already described above

Desirable

- Have an understanding of how the National Safety and Quality Health Service (NSQHS) indicators align with this role.
- Fulfil the responsibilities of this role in alignment to the CHS Exceptional Care Framework, Clinical Governance Framework, Partnering With Consumers Framework and all other related frameworks.

Please note prior to commencement successful candidates will be required to:

- Undergo a pre-employment National Police Check.
- ~~<Delete if not applicable>~~ Prior to commencing this role, a current registration issued under the Working with Vulnerable People (Background Checking) Act 2011 is required.
- Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals.

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.

2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment.
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

ADMINISTRATIVE	FREQUENCY
Telephone use	Frequently
General computer use	Frequently
Extensive keying/data entry	Frequently
Graphical/analytical based	Occasionally
Sitting at a desk	Frequently
Standing for long periods	Occasionally

TRAVEL	FREQUENCY
Frequent travel – multiple work sites	Never
Frequent travel – driving	Never

PSYCHOSOCIAL DEMANDS	FREQUENCY
Distressed People e.g. Emergency or grief situations	Frequently
Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness	Occasionally
Unpredictable People e.g. Dementia, mental illness, head injuries	Occasionally
Restraining e.g. involvement in physical containment of clients/consumers	Never
Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	Occasionally

SPECIFIC HAZARDS	FREQUENCY
Working at heights	Never
Exposure to extreme temperatures	Never
Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Never
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

PHYSICAL DEMANDS	FREQUENCY
Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

MANUAL HANDLING	FREQUENCY
Lifting 0 – 9kg	Frequently
Lifting 10 – 15kg	Never
Lifting 16kg+	Never
Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
Foot and leg movement	Occasionally
Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

Lang, Samantha (Health)

From: CHS, WYC Executive Office
Sent: Tuesday, 9 August 2022 9:42 AM
To: Canberra Health Services Media
Cc: CHS, WYC Executive Office
Subject: RE: Media request

OFFICIAL

Hi Tom,

This is sitting with WYC. I'm concerned the Minister mentioned this without confirming the progression. We have been working with HR to progress this and it should go out today.

Thanks
Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

*Our values are Reliable, Progressive, Respectful, Kind**Our vision is creating exceptional healthcare together**Our role is to be a health service that is trusted by our community.*

CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Hutchins, Tracy (Health) <Tracy.Hutchins@act.gov.au> **On Behalf Of** CHS CAS
Sent: Tuesday, 9 August 2022 9:15 AM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Media request

OFFICIAL

Hi Tom

Probably a question better asked to WYC, they manage this service.

Sam, can you help Tom with this one?

Trace

From: Doyle, Tom (Health) <Tom.Doyle@act.gov.au> **On Behalf Of** Canberra Health Services Media
Sent: Monday, 8 August 2022 5:15 PM
To: CHS CAS <CHS.CAS@act.gov.au>
Subject: FW: Media request

OFFICIAL

Hi Trace

The Minister mentioned in her presser earlier today that a gynaecological oncology surgeon position has been advertised.

Do you know what channels it has been advertised on? I couldn't find it on the ACTPS Jobs website?

Thanks
 Tom

From: [REDACTED]
Sent: Monday, 8 August 2022 3:48 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Media request

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi team,

Could you please forward me the CHS job ad for the gynaecological oncology surgeon?

I just had a look on Seek and can't see it.

Thanks,



[REDACTED]
 Multimedia Reporter, ABC Canberra

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Please consider the environment before printing this e-mail.

The information contained in this email and any attachment is confidential and may contain legally privileged or copyright material. It is intended only for the use of the addressee(s). If you are not the intended recipient of this email, you are not permitted to disseminate, distribute or copy this email or any attachments. If you have received

this message in error, please notify the sender immediately and delete this email from your system. The ABC does not represent or warrant that this transmission is secure or virus free. Before opening any attachment you should check for viruses. The ABC's liability is limited to resupplying any email and attachments.

Lang, Samantha (Health)

From: Barnes, Kelly (Health)
Sent: Wednesday, 10 August 2022 10:28 AM
To: CHS, WYC Executive Office
Subject: FW: Staff Specialist_Gynaecological Oncology Aug 22 BL
Attachments: Staff Specialist Gynaecological Oncology Aug 2022.docx

OFFICIAL

I am hoping he'll be able to help with the duty statements part of things also. He has before but I will let you know.

Kind Regards,

Kelly Barnes

**Personal Assistant to
 Clinical Director of Women, Youth & Children | A/Prof Boon Lim
 Clinical Director of Obstetrics and Gynaecology**

Women, Youth & Children | Canberra Health Services
 WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605

Ph: 02 5124 7583



ACT
Government

**Canberra Health
 Services**

Reliable | Progressive | Respectful | Kind

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Wednesday, 10 August 2022 10:26 AM
To: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi Kelly,

Do you still require me to send it to Duty statements or can James progress from here?

Thanks
 Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Taverner, Grace (Health) <Grace.Taverner@act.gov.au> **On Behalf Of** CHSDutyStatements
Sent: Monday, 8 August 2022 1:16 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi Sam

Unfortunately we are unable to approve of a duty statement without having a position number.

Once you have created one please place this on the duty statement and send back for approval.

Not sure if you are aware, however the EVAs are now to be submitted via the Shared Services Portal:

Establishment Variation Authority – Single Action

You will need to submit this on through the above link.

Not sure if you are aware, however the position template has been amended and now includes mandatory wording.

Can you please place your duty statement on the attached template and then send this back for approval.

Please note: The How to apply section needs to be removed, as this does not form part of the duty statement. This is for the advertisement. You can still place that wording in Taleo in the External advertising section on the req.

Sorry for any inconvenience that this may cause.

Kind Regards

Grace Taverner

Team Leader, Recruitment

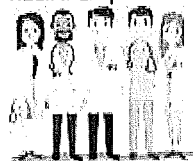
Employee Services

People & Culture | Canberra Health Services | ACT Government

☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Monday, 8 August 2022 12:47 PM
To: CHSDutyStatements <CHSDutyStatements@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL
Importance: High

OFFICIAL

Good afternoon,

Please see attached Staff Specialist Gynaecological Oncology for your review and approval.

Thank you
Sam

Kind Regards

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Division	Women, Youth and Children	
Business Unit	Obstetrics and Gynaecology	
Position Number	P58534	
Position Title	Obstetrics and Gynaecology Staff Specialist/Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed		

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Our **Role**: to be a health service that is trusted by our community

Our **Values**: Reliable, Progressive, Respectful and Kind

POSITION OVERVIEW

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The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

Under limited direction of the Obstetrics and Gynaecology Medical Unit Director you will perform the following roles. You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on-call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
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Behavioural Capabilities

1. Strong organisational skills with a high degree of drive.

2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems
3. Highly conscientious and professional in all aspects of work.

Position Requirements / Qualifications

Mandatory

- Be registered or be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or an equivalent higher specialist qualification
- CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide [Digital Health Record](#). Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Desirable

- Have an understanding of how the [National Safety and Quality Health Service \(NSQHS\)](#) indicators align with this role.
- Fulfil the responsibilities of this role in alignment to the [CHS Exceptional Care Framework](#), [Clinical Governance Framework](#), [Partnering With Consumers Framework](#) and [all other related frameworks](#).

Please note prior to commencement successful candidates will be required to:

- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals.

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
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3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment.
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

ADMINISTRATIVE	FREQUENCY
Telephone use	Frequently
General computer use	Frequently
Extensive keying/data entry	Frequently
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Sitting at a desk	Frequently
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Frequent travel – multiple work sites	Never
Frequent travel – driving	Never

PSYCHOSOCIAL DEMANDS	FREQUENCY
Distressed People e.g. Emergency or grief situations	Frequently
Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness	Occasionally
Unpredictable People e.g. Dementia, mental illness, head injuries	Occasionally
Restraining e.g. involvement in physical containment of clients/consumers	Never
Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	Occasionally

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Working at heights	Never
Exposure to extreme temperatures	Never
Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Never
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

PHYSICAL DEMANDS	FREQUENCY
Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

MANUAL HANDLING	FREQUENCY
Lifting 0 – 9kg	Frequently
Lifting 10 – 15kg	Never
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Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
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Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

Lang, Samantha (Health)

From: CHS, WYC Executive Office
Sent: Wednesday, 10 August 2022 11:14 AM
To: CHSDutyStatements; CHS, WYC Executive Office
Cc: Barnes, Kelly (Health)
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL
Attachments: Staff Specialist Gynaecological Oncology Aug 2022.docx

OFFICIAL

Good morning Grace,

Please see attached amended Duty statement for urgent approval.

Thank you
 Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Taverner, Grace (Health) <Grace.Taverner@act.gov.au> **On Behalf Of** CHSDutyStatements
Sent: Monday, 8 August 2022 1:16 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

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Hi Sam

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Sorry for any inconvenience that this may cause.

Kind Regards

Grace Taverner

Team Leader, Recruitment

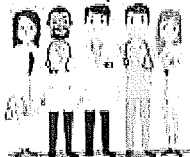
Employee Services

People & Culture | Canberra Health Services | ACT Government

☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>

Sent: Monday, 8 August 2022 12:47 PM

To: CHSDutyStatements <CHSDutyStatements@act.gov.au>

Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>

Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL

Importance: High

OFFICIAL

Good afternoon,

Please see attached Staff Specialist Gynaecological Oncology for your review and approval.

Thank you

Sam

Kind Regards

Samantha Lang | Business Manager

Division of Women, Youth and Children | Canberra Health Services | ACT Government

Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au

Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Directorate	Canberra Health Services	Reporting Relationships <div style="border: 1px solid black; padding: 5px; text-align: center;">Clinical Director Women Youth and Children</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Obs & Gynae Medical Unit Director</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Staff Specialist</div>
Division	Women, Youth and Children	
Business Unit	Obstetrics and Gynaecology	
Position Number	P58534	
Position Title	Obstetrics and Gynaecology Staff Specialist/Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed		

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Our **Vision**: creating exceptional health care together

Our **Role**: to be a health service that is trusted by our community

Our **Values**: Reliable, Progressive, Respectful and Kind

POSITION OVERVIEW

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary and community-based health services, to the Australian Capital Territory (ACT) and surrounding New South Wales region. More information can be found on the CHS website: <https://www.health.act.gov.au/>

The Department of Obstetrics and Gynaecology, Centenary Hospital for Women and Children (CHWC) is seeking a permanent Staff Specialist to lead the Gynaecological Oncology service. The position will provide a diagnostic and management service to all women with gynaecological cancer at CHWC and working with agreed network hospitals in a fractional 0.6 FTE capacity.

The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high-risk pregnancies for the region. Currently, gynaecological cancer services are provided principally as an outreach service from the Royal Hospital for Women in Sydney. The principal location of the service will change to CHWC with this appointment. The service will work closely with the Division of Cancer and Ambulatory Care and as part of the wider Gynaecological Oncology network arrangement.

The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

Under limited direction of the Obstetrics and Gynaecology Medical Unit Director you will perform the following roles. You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on-call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
7. Provide leadership and coordination in clinical governance by developing evidence-based guidelines; ensuring high level staff performance; and overseeing quality improvement and risk management activities.
8. Undertake other duties appropriate to this level of classification which contribute to the operation of the organisation.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as LGBTQIA+ are particularly encouraged to apply.

Behavioural Capabilities

1. Strong organisational skills with a high degree of drive.

2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems
3. Highly conscientious and professional in all aspects of work.

Position Requirements / Qualifications

Mandatory

- Be registered or be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or an equivalent higher specialist qualification
- CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide [Digital Health Record](#). Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Desirable

- Have an understanding of how the [National Safety and Quality Health Service \(NSQHS\)](#) indicators align with this role.
- Fulfil the responsibilities of this role in alignment to the [CHS Exceptional Care Framework](#), [Clinical Governance Framework](#), [Partnering With Consumers Framework](#) and [all other related frameworks](#).

Please note prior to commencement successful candidates will be required to:

- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals.

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment.
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

ADMINISTRATIVE	FREQUENCY
Telephone use	Frequently
General computer use	Frequently
Extensive keying/data entry	Frequently
Graphical/analytical based	Occasionally
Sitting at a desk	Frequently
Standing for long periods	Occasionally

TRAVEL	FREQUENCY
Frequent travel – multiple work sites	Never
Frequent travel – driving	Never

PSYCHOSOCIAL DEMANDS	FREQUENCY
Distressed People e.g. Emergency or grief situations	Frequently
Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness	Occasionally
Unpredictable People e.g. Dementia, mental illness, head injuries	Occasionally
Restraining e.g. involvement in physical containment of clients/consumers	Never
Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	Occasionally

SPECIFIC HAZARDS	FREQUENCY
Working at heights	Never
Exposure to extreme temperatures	Never
Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Never
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

PHYSICAL DEMANDS	FREQUENCY
Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

MANUAL HANDLING	FREQUENCY
Lifting 0 – 9kg	Frequently
Lifting 10 – 15kg	Never
Lifting 16kg+	Never
Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
Foot and leg movement	Occasionally
Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

Lang, Samantha (Health)

From: Lee, JamesE (Health)
Sent: Wednesday, 10 August 2022 12:53 PM
To: Lim, Boon (Health); CHS, WYC Executive Office; Barnes, Kelly (Health)
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Thanks Susan

FYI, the job is now advertised on the careers page (see link below). I will send through the request to get it up on the gazette, SEEK, RANZCOG shortly.

<https://acthealth.taleo.net/careersection/external/jobdetail.ftl?job=02531&tz=GMT%2B10%3A00&tzname=Australia%2FSydney>

Thanks

James Lee | a/g Director – Talent Acquisition

Phone: [REDACTED] | Email: JamesE.Lee@act.gov.au

Workforce Strategy and Planning | People and Culture | Canberra Health Services | ACT Government

Level 1, Building 23, Canberra Hospital | Garran ACT 2605

www.canberrahealthservices.act.gov.au

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ACT
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**Canberra Health
Services**

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Sent: Wednesday, 10 August 2022 12:21 PM

To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Lee, JamesE (Health) <JamesE.Lee@act.gov.au>; Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>

Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Many thanks Susan

Assoc. Prof. Boon H Lim

Clinical Director

Division of Women, Youth and Children

Senior Staff Obstetrician and Gynaecologist

Canberra Health Services

Level 2, Building 11, Canberra Hospital

Garran

ACT 2605

Australia

Tel: +61 (0)2 6174 7500



ACT
Government
Health

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From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au> **On Behalf Of** CHS, WYC Executive Office
Sent: Wednesday, 10 August 2022 11:37 AM
To: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>; Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Cc: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: Re: Staff Specialist_Gynaecological Oncology Aug 22 BL

All signed 😊

Get [Outlook for iOS](#)

From: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Sent: Wednesday, August 10, 2022 11:22:32 AM
To: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Cc: Lim, Boon (Health) <Boon.Lim@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Thanks Kelly – the job requisition should now have gone to Susan for approval. Once approved I will get it advertised.

Thanks
 James

James Lee | a/g Director – Talent Acquisition

Phone: [REDACTED] | Email: JamesE.Lee@act.gov.au

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Level 1, Building 23, Canberra Hospital | Garran ACT 2605

www.canberrahealthservices.act.gov.au

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**Canberra Health
 Services**

From: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Sent: Wednesday, 10 August 2022 10:56 AM
To: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Cc: Lim, Boon (Health) <Boon.Lim@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: FW: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi James,

Thank you for taking my call.

Please see attached the duty statement for the Gynae Onc Position. We would like it to be advertised for 4 weeks and posted to RANZCOG and the college.

Thanks for your help in having this progressed.

Kind Regards,

Kelly Barnes

**Personal Assistant to
Clinical Director of Women, Youth & Children | A/Prof Boon Lim
Clinical Director of Obstetrics and Gynaecology**

Women, Youth & Children | Canberra Health Services
WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605
Ph: 02 5124 7583



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Government

**Canberra Health
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From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>

Sent: Wednesday, 10 August 2022 10:26 AM

To: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>

Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi Kelly,

Do you still require me to send it to Duty statements or can James progress from here?

Thanks
Sam

Kind Regards

**Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government**
Phone: 02 5124 7431 | Email: chs.wyexecutiveoffice@act.gov.au
Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Our values are Reliable, Progressive, Respectful, Kind

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Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Taverner, Grace (Health) <Grace.Taverner@act.gov.au> **On Behalf Of** CHSDutyStatements
Sent: Monday, 8 August 2022 1:16 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Hi Sam

Unfortunately we are unable to approve of a duty statement without having a position number.

Once you have created one please place this on the duty statement and send back for approval.

Not sure if you are aware, however the EVAs are now to be submitted via the Shared Services Portal:

Establishment Variation Authority – Single Action

You will need to submit this on through the above link.

Not sure if you are aware, however the position template has been amended and now includes mandatory wording.

Can you please place your duty statement on the attached template and then send this back for approval.

Please note: The How to apply section needs to be removed, as this does not form part of the duty statement. This is for the advertisement. You can still place that wording in Taleo in the External advertising section on the req.

Sorry for any inconvenience that this may cause.

Kind Regards

Grace Taverner

Team Leader, Recruitment

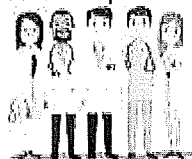
Employee Services

People & Culture | Canberra Health Services | ACT Government

☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

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From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Monday, 8 August 2022 12:47 PM
To: CHSDutyStatements <CHSDutyStatements@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL
Importance: High

OFFICIAL

Good afternoon,

Please see attached Staff Specialist Gynaecological Oncology for your review and approval.

Thank you
Sam

Kind Regards

Samantha Lang | Business Manager

Division of Women, Youth and Children | Canberra Health Services | ACT Government

Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au

Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Barnes, Kelly (Health)

From: Barnes, Kelly (Health)
Sent: Wednesday, 10 August 2022 2:34 PM
To: Leon Foster (Western Sydney LHD)
Cc: Lim, Boon (Health)
Subject: Flights for Friday 12th August 2022

OFFICIAL

Dear Leon,

I hope you are well. I am just checking to see if need any flights for this week?

I also wanted to give you a courtesy email to let you know the Gynaecology Oncology Job is up on the website.

[Job Description - Specialist / Senior Specialist - Gynaecological Oncology \(02531\) \(taleo.net\)](#)

Kind Regards,

Kelly Barnes

Personal Assistant to

Clinical Director of Women, Youth & Children | A/Prof Boon Lim

Clinical Director of Obstetrics and Gynaecology

Women, Youth & Children | Canberra Health Services

WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605

Ph: 02 5124 7583



ACT
Government

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Services**

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Lang, Samantha (Health)

From: CHS, WYC Executive Office
Sent: Wednesday, 10 August 2022 3:38 PM
To: Lim, Boon (Health); Leon Foster (South Eastern Sydney LHD)
Cc: CHS, WYC Executive Office; Freiberg, Susan (Health)
Subject: Just confirming the job isn't actually online.

OFFICIAL

Good afternoon,

Please be advised the Specialist / Senior Specialist - Gynaecological Oncology position has been advertised, see below link.

<https://acthealth.taleo.net/careersection/external/jobdetail.ftl?job=02531&tz=GMT%2B10%3A00&tzname=Australia%2F9>

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Wednesday, 10 August 2022 6:54 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: Re: Just confirming the job isn't actually online.

OFFICIAL

No not yet. The Minister jumped the gun by saying it's been advertised. Still sitting with HR.

Kind regards

Boon

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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, August 10, 2022 6:43:11 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: Just confirming the job isn't actually online.

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi Boon, sorry to bother you with this again. I did hear from a high ranked source that applications were open, but I cannot find them. Just confirming that in fact it's not online yet.

Ta,

Leon

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This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Lang, Samantha (Health)

From: Taverner, Grace (Health) on behalf of CHSDutyStatements
Sent: Wednesday, 10 August 2022 6:29 PM
To: CHS, WYC Executive Office
Cc: Barnes, Kelly (Health)
Subject: RE: Staff Specialist_Gynaecological Oncology Aug 22 BL
Attachments: P58534 - Staff Specialist Gynaecological Oncology - WYC.docx

OFFICIAL

Hi Sam

Please find attached your approved duty statement. I have removed some wording as this was a double up.

*Kind Regards****Grace Taverner*****Team Leader, Recruitment**

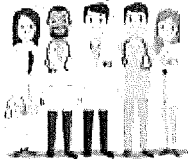
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People & Culture | Canberra Health Services | ACT Government

☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

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From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Wednesday, 10 August 2022 11:14 AM
To: CHSDutyStatements <CHSDutyStatements@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Cc: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL

OFFICIAL

Good morning Grace,

Please see attached amended Duty statement for urgent approval.

Thank you
Sam

Kind Regards

Samantha Lang | Business Manager**Division of Women, Youth and Children | Canberra Health Services | ACT Government**Phone: 02 5124 7431 | Email: chs.wyexecutiveoffice@act.gov.au

Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Sent: Monday, 8 August 2022 1:16 PM

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Team Leader, Recruitment

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☎ 6207 1450 | Email: SMRO@act.gov.au

📍 The Canberra Hospital, Building 23 Level 1, Yamba Drive ACT

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Sent: Monday, 8 August 2022 12:47 PM
To: CHSDutyStatements <CHSDutyStatements@act.gov.au>
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: Staff Specialist_Gynaecological Oncology Aug 22 BL
Importance: High

OFFICIAL

Good afternoon,

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Thank you
 Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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POSITION DESCRIPTION

Directorate	Canberra Health Services	Reporting Relationships <div style="border: 1px solid black; padding: 5px; text-align: center;">Clinical Director Women Youth and Children</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Obs & Gynae Medical Unit Director</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Staff Specialist</div>
Division	Women, Youth and Children	
Business Unit	Obstetrics and Gynaecology	
Position Number	P58534	
Position Title	Obstetrics and Gynaecology Staff Specialist/Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed	10/8/22 - GT	

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POSITION OVERVIEW

The Department of Obstetrics and Gynaecology, Centenary Hospital for Women and Children (CHWC) is seeking a permanent Staff Specialist to lead the Gynaecological Oncology service. The position will provide a diagnostic and management service to all women with gynaecological cancer at CHWC and working with agreed network hospitals in a fractional 0.6 FTE capacity.

The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high-risk pregnancies for the region. Currently, gynaecological cancer services are provided principally as an outreach service from the Royal Hospital for Women in Sydney. The principal location of the service will change to CHWC with this appointment. The service will work closely with the Division of Cancer and Ambulatory Care and as part of the wider Gynaecological Oncology network arrangement.

The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and

holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

Under limited direction of the Obstetrics and Gynaecology Medical Unit Director you will perform the following roles. You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on-call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
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8. Undertake other duties appropriate to this level of classification which contribute to the operation of the organisation.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as LGBTQIA+ are particularly encouraged to apply.

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1. Strong organisational skills with a high degree of drive.
2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems
3. Highly conscientious and professional in all aspects of work.

Position Requirements / Qualifications

Mandatory

- Be registered or be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or an equivalent higher specialist qualification
- CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide Digital Health Record. Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Desirable

- Have an understanding of how the National Safety and Quality Health Service (NSQHS) indicators align with this role.
- Fulfil the responsibilities of this role in alignment to the CHS Exceptional Care Framework, Clinical Governance Framework, Partnering With Consumers Framework and all other related frameworks.

Please note prior to commencement successful candidates will be required to:

- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals.

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment.
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

ADMINISTRATIVE	FREQUENCY
Telephone use	Frequently
General computer use	Frequently
Extensive keying/data entry	Frequently
Graphical/analytical based	Occasionally
Sitting at a desk	Frequently
Standing for long periods	Occasionally

TRAVEL	FREQUENCY
Frequent travel – multiple work sites	Never
Frequent travel – driving	Never

PSYCHOSOCIAL DEMANDS	FREQUENCY
Distressed People e.g. Emergency or grief situations	Frequently
Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental illness	Occasionally
Unpredictable People e.g. Dementia, mental illness, head injuries	Occasionally
Restraining e.g. involvement in physical containment of clients/consumers	Never
Exposure to Distressing Situations e.g. Child abuse, viewing dead / mutilated bodies; verbal abuse; domestic violence; suicide	Occasionally

SPECIFIC HAZARDS	FREQUENCY
Working at heights	Never
Exposure to extreme temperatures	Never
Operation of heavy machinery e.g. forklift	Never
Confined spaces	Never
Excessive noise	Never
Low lighting	Never
Handling of dangerous goods/equipment e.g. gases; liquids; biological.	Frequently
Slippery or uneven surfaces	Never

PHYSICAL DEMANDS	FREQUENCY
Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

MANUAL HANDLING	FREQUENCY
Lifting 0 – 9kg	Frequently
Lifting 10 – 15kg	Never
Lifting 16kg+	Never
Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
Foot and leg movement	Occasionally
Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

Barnes, Kelly (Health)

From: Lee, JamesE (Health)
Sent: Friday, 16 September 2022 10:19 AM
To: Lim, Boon (Health)
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

OFFICIAL

Have just spoken to him and let him know its tentatively on 17 Oct but will confirm next week.

James Lee | a/g Director – Talent Acquisition

Phone: [REDACTED] Email: JamesE.Lee@act.gov.au

Workforce Strategy and Planning | People and Culture | Canberra Health Services | ACT Government

Level 1, Building 23, Canberra Hospital | Garran ACT 2605

www.canberrahealthservices.act.gov.au

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**Canberra Health
Services**

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 16 September 2022 10:13 AM
To: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

OFFICIAL

Thanks James

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



ACT
Government
Health



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National
University**

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Vice President



THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

From: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Sent: Friday, 16 September 2022 10:12 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

OFFICIAL

Hi Boon – sorry, haven't had a chance to call Leon yet. Will ring him today

James Lee | a/g Director – Talent Acquisition

Phone: [REDACTED] | Email: JamesE.Lee@act.gov.au

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**Canberra Health
Services**

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 16 September 2022 10:11 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

OFFICIAL

Hi Leon,

We are trying to sort out dates for interviews and with leave coming up, it will probably happen after mid October. James is co-ordinating this and will be in touch with you soon.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
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Vice President



THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]

Sent: Friday, 16 September 2022 10:03 AM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi Boon,

Do you know if there has been any movement on this position since the applications closed?

Ta,



Dr Leon Foster
Fellow – Gynaecology Oncology
Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200



Health
South Eastern Sydney
Local Health District

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Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 16 September 2022 11:23 AM
To: Lim, Boon (Health)
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

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Hi Boon,

Thanks for getting back to me. James subsequently called me about dates in October. As the service would need to be up and running by the beginning of next year I was wondering whether there is anything I can do to facilitate that draft proposal signed off, or has this been moving forward already?

Ta,

Leon

From: Lim, Boon (Health) [mailto:Boon.Lim@act.gov.au]
Sent: Friday, 16 September 2022 10:11 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Subject: RE: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

OFFICIAL

Hi Leon,

We are trying to sort out dates for interviews and with leave coming up, it will probably happen after mid October. James is co-ordinating this and will be in touch with you soon.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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Vice President



THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 16 September 2022 10:03 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: Re Specialist / Senior Specialist - Gynaecological Oncology (02531)

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Hi Boon,

Do you know if there has been any movement on this position since the applications closed?

Ta,



Dr Leon Foster
 Fellow – Gynaecology Oncology
 Royal Hospital for Women – Barker St Randwick 2031
 Tel: [REDACTED] | Fax: 02 9382 6200



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 South Eastern Sydney
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should not copy or use it for any purpose, nor disclose its contents to any other person.

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Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Barnes, Kelly (Health)

From: Lee, JamesE (Health)
Sent: Thursday, 13 October 2022 9:11 AM
To: Lim, Boon (Health); Barnes, Kelly (Health)
Subject: Gynae Onc Interview - Monday 17 October
Attachments: Interview questions for O&G Gynae Onc Staff Specialist 17 Oct 2022.docx; Staff Specialist Gynaecological Oncology Aug 2022.docx

OFFICIAL

Hi Boon,

Hope you had a good trip. The interview with Dr Leon Foster is booked in next Monday 17 Oct. Not sure if you already have questions prepared. If not, I have drafted some questions for your consideration – see attached.

I have used the general O&G questions as a base and tweaked question 1 and 2 to suit this position and its selection criteria. Have attached the duty statement here for ease of reference.

Once interview questions and confirmed, I'll send round to the panel.

@Barnes, Kelly (Health) – are you able to assist with booking a room to dial in for those in the office? Dr Foster will be in NSW that day so will dial into the Webex.

Thanks
James

James Lee | a/g Director – Talent Acquisition

Phone: [REDACTED] | Email: JamesE.Lee@act.gov.au

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INTERVIEW QUESTIONS

Staff Specialist Gynaecological Oncology

17 October 2022

SCORE: 0 (RD) 1 (RD-C), 2 (C), 3 (C-FC), 4 (FC), 5 (FC-E), 6 (E)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

Directorate	Canberra Health Services	Reporting Relationships <div style="border: 1px solid black; padding: 5px; text-align: center;">Clinical Director Women Youth and Children</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Obs & Gynae Medical Unit Director</div> <div style="text-align: center;">↑</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">Staff Specialist</div>
Division	Women, Youth and Children	
Business Unit	Obstetrics and Gynaecology	
Position Number	P58534	
Position Title	Obstetrics and Gynaecology Staff Specialist/Gynaecological Oncology	
Classification	Staff Specialist	
Location	Canberra Hospital, Garran ACT	
Last Reviewed		

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. We provide acute, sub-acute, primary and community-based health services, to the Australian Capital Territory (ACT) and surrounding regions. More information can be found on the [CHS website](#).

Our **Vision**: creating exceptional health care together

Our **Role**: to be a health service that is trusted by our community

Our **Values**: Reliable, Progressive, Respectful and Kind

POSITION OVERVIEW

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary and community-based health services, to the Australian Capital Territory (ACT) and surrounding New South Wales region. More information can be found on the CHS website: <https://www.health.act.gov.au/>

The Department of Obstetrics and Gynaecology, Centenary Hospital for Women and Children (CHWC) is seeking a permanent Staff Specialist to lead the Gynaecological Oncology service. The position will provide a diagnostic and management service to all women with gynaecological cancer at CHWC and working with agreed network hospitals in a fractional 0.6 FTE capacity.

The Department of Obstetrics and Gynaecology at Canberra Hospital provides tertiary level obstetrics and gynaecological services to the ACT and surrounding regions. The Centenary Hospital for Women and Children has more than 3700 births per year and is a level 6 referral centre for high-risk pregnancies for the region. Currently, gynaecological cancer services are provided principally as an outreach service from the Royal Hospital for Women in Sydney. The principal location of the service will change to CHWC with this appointment. The service will work closely with the Division of Cancer and Ambulatory Care and as part of the wider Gynaecological Oncology network arrangement.

The successful applicant must have RANZCOG Fellowship, with Certification in Gynaecological Oncology (CGO) or equivalent and be able to participate in unit activities in both general Obstetrics and Gynaecology, but with a focus on gynaecological oncology. They must possess excellent communication skills with the ability to interact sensitively and holistically with women experiencing complex pain. They will work in a multidisciplinary team, liaise with various stakeholders and there is significant opportunity for research in this field.

This position will be embedded in the Department of Obstetrics and Gynaecology, with pro-rata on call duties and contribution to inpatient management.

DUTIES

Under limited direction of the Obstetrics and Gynaecology Medical Unit Director you will perform the following roles. You will:

1. Provide clinical expertise in the holistic management of gynaecological oncology, including participation in local and regional clinical network arrangements.
2. Build a multidisciplinary gynaecological oncology service that spans outpatient clinics, provide inpatient care for patients admitted under your team, take consultation requests from colleagues, conduct regular teaching ward rounds and provide ward support to the team of registrars and junior medical officers.
3. Additional clinical commitments include colposcopy clinics and acute Obstetrics and Gynaecology cover in keeping with service requirements
4. Participate in the on-call roster for both Obstetrics and Gynaecology on a pro-rata basis according to service requirements
5. Work in a collaborative partnership with the Medical, Nursing, Allied Health and Administrative Leads to deliver safe, high quality clinical services and contribute to the education and training of all members of the clinical team.
6. Undertaking other duties as directed, within the approved scope of clinical practice ensuring the delivery of high-quality person and family centred care.
7. Provide leadership and coordination in clinical governance by developing evidence-based guidelines; ensuring high level staff performance; and overseeing quality improvement and risk management activities.
8. Undertake other duties appropriate to this level of classification which contribute to the operation of the organisation.

ABOUT YOU

CHS is committed to workforce diversity and to creating an inclusive workplace. As part of this commitment, we welcome applications from all diversity groups. Aboriginal and Torres Strait Islander peoples, people with disability and people who identify as LGBTQIA+ are particularly encouraged to apply.

Behavioural Capabilities

1. Strong organisational skills with a high degree of drive.

2. Flexible approach to work including the ability to embrace challenges and provide innovative solutions to problems
3. Highly conscientious and professional in all aspects of work.

Position Requirements / Qualifications

Mandatory

- Be registered or be eligible for registration with the Australian Health Practitioner Regulation Agency (AHPRA).
- Hold a Fellowship of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) and the RANZCOG Certification in Gynaecological Oncology (CGO) or an equivalent higher specialist qualification
- CHS is leading the drive to digitally transform health service delivery in Australia through the implementation of a territory wide [Digital Health Record](#). Computer literacy skills are required which are relevant to this role as you will be responsible for completing required documentation and becoming a proficient user of the Digital Health Record and/or other Information Technology systems; once proficient, you will need to remain current with changes, updates and contingencies.

Desirable

- Have an understanding of how the [National Safety and Quality Health Service \(NSQHS\)](#) indicators align with this role.
- Fulfil the responsibilities of this role in alignment to the [CHS Exceptional Care Framework](#), [Clinical Governance Framework](#), [Partnering With Consumers Framework](#) and [all other related frameworks](#).

Please note prior to commencement successful candidates will be required to:

- Undergo a pre-employment National Police Check.
- Comply with Canberra Health Services Occupational Assessment, Screening and Vaccination policy.
- Comply with Canberra Health Services Credentialing and scope of clinical practice requirements for medical professionals.

WHAT YOU REQUIRE

These are the key selection criteria for how you will be assessed in conjunction with your resumé and experience.

1. Proven clinical experience in the practice of advanced laparoscopic surgery, gynaecological oncology and generalist Obstetrics and Gynaecology skills.
2. A demonstrated commitment to the maintenance and further development of skills in this area, with involvement in further education, teaching and continuing professional development.
3. Demonstrated ability to provide leadership, teaching and training for junior staff, and ability to work as a team member in a multidisciplinary environment.
4. Demonstrated understanding of, and commitment to all aspects of clinical governance including conducting and leading research and/or audit in relevant areas of practice.
5. Demonstrates understanding of, and adherence to, safety and quality standards, work, health and safety (WH&S) and the positive patient experience. Displays behaviour consistent with CHS's values of reliable, progressive, respectful and kind.

WORK ENVIRONMENT DESCRIPTION

The following work environment description outlines the inherent requirements of the role and indicates how frequently each of these requirements would need to be performed. Please note that the ACT Public Service is committed to providing reasonable adjustments and ensuring all individuals have equal opportunities in the workplace.

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Distance walking (large buildings or inter-building transit)	Occasionally
Working outdoors	Never

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Lifting 10 – 15kg	Never
Lifting 16kg+	Never
Climbing	Never
Running	Never
Reaching	Never
Kneeling	Never
Foot and leg movement	Occasionally
Hand, arm and grasping movements	Frequently
Bending/squatting	Occasionally
Bend/Lean Forward from Waist/Trunk twisting	Never
Push/pull	Occasionally
Sequential repetitive movements in a short amount of time	Frequently

Bell, Amanda (Health)

From: Barnes, Kelly (Health)
Sent: Thursday, 27 October 2022 10:27 AM
To: CHS COO
Cc: Lee, JamesE (Health); CHS, WYC Executive Office
Subject: Gynae Oncology SAC Report for Signing
Attachments: Gynae-Onc-SACReport.pdf

Categories: EA to action

OFFICIAL

Dear Maddy,

Please see attached the selection report for the O&G Gynaecology Oncology position for COO sign off.

Thank you.

Kind Regards,

Kelly Barnes

**Personal Assistant to
Clinical Director of Women, Youth & Children | A/Prof Boon Lim
Clinical Director of Obstetrics and Gynaecology**

Women, Youth & Children | Canberra Health Services

WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605

Ph: 02 5124 7583



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Comparative Assessment

Instructions

This form must be completed and attached with the conflict of interest form and referee reports. Please send as per instructions on final page.

Applicant Shortlist Summary

Position number: 58534	Number of applications received: 2
Number of applicants shortlisted: 1	Number of withdrawals: 1
Number of excess or potentially excess officers:	Number of applicants with incomplete applications:

Panel recommendation – in order of merit

All applicants have been assessed on the basis of merit and in accordance with legislation. All applicants deemed suitable for the position as follows (preferred candidate MUST be ranked):

Applicant	SC1	SC2	SC3	SC4	SC5	Overall	Ranked/Pool
[REDACTED]							
2.							
3.							
4.							
5.							
6.							
7.							
8.							

Recruitment Rating Scale:


E	Excellent (5)
FC	Fully Competent (4)
C	Competent (3)
RD	Requires Development (2)
U	Unsuitable (1)
N/A	Not Assessed (0)

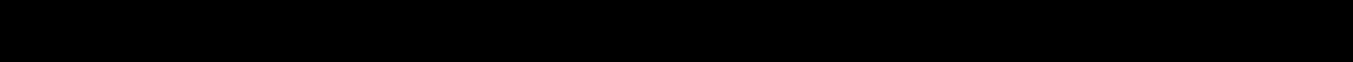
Supporting Comments (summary of reasons – must be completed)

A selection panel was formed to undertake this recruitment process in line with the necessary panel requirements for staff specialist recruitment.

The recruitment process attracted only one application (one application was withdrawn before the closing date). The panel agreed to shortlist [REDACTED] as the only applicant who demonstrated suitability for the position.

Individual Assessment

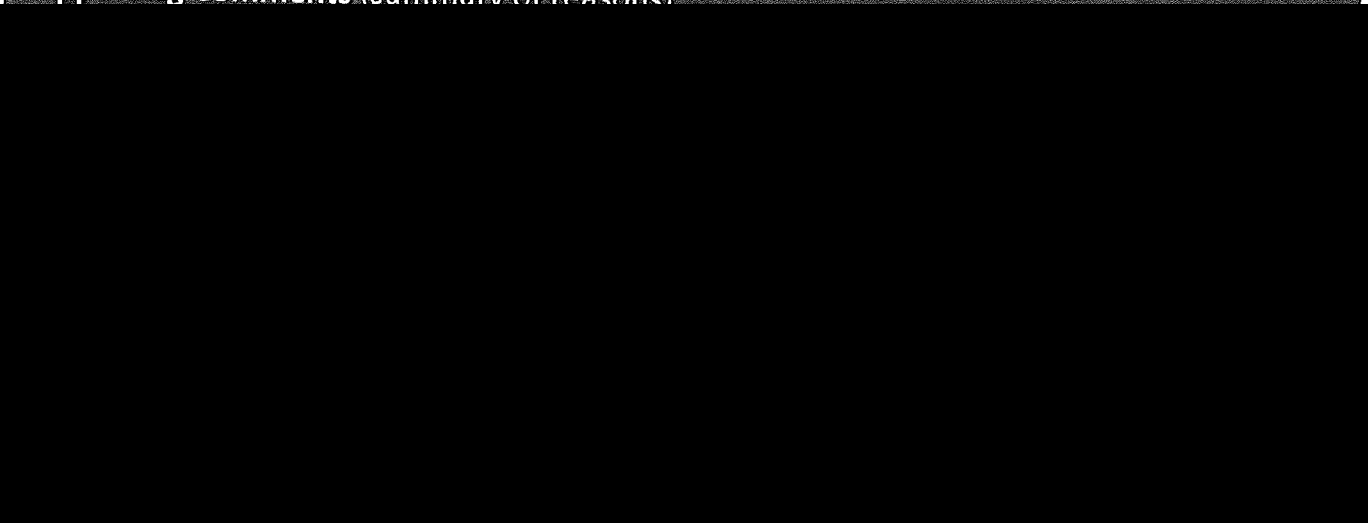
Applicant and Position Details	
Applicant's name 	Position number applied for: 58534

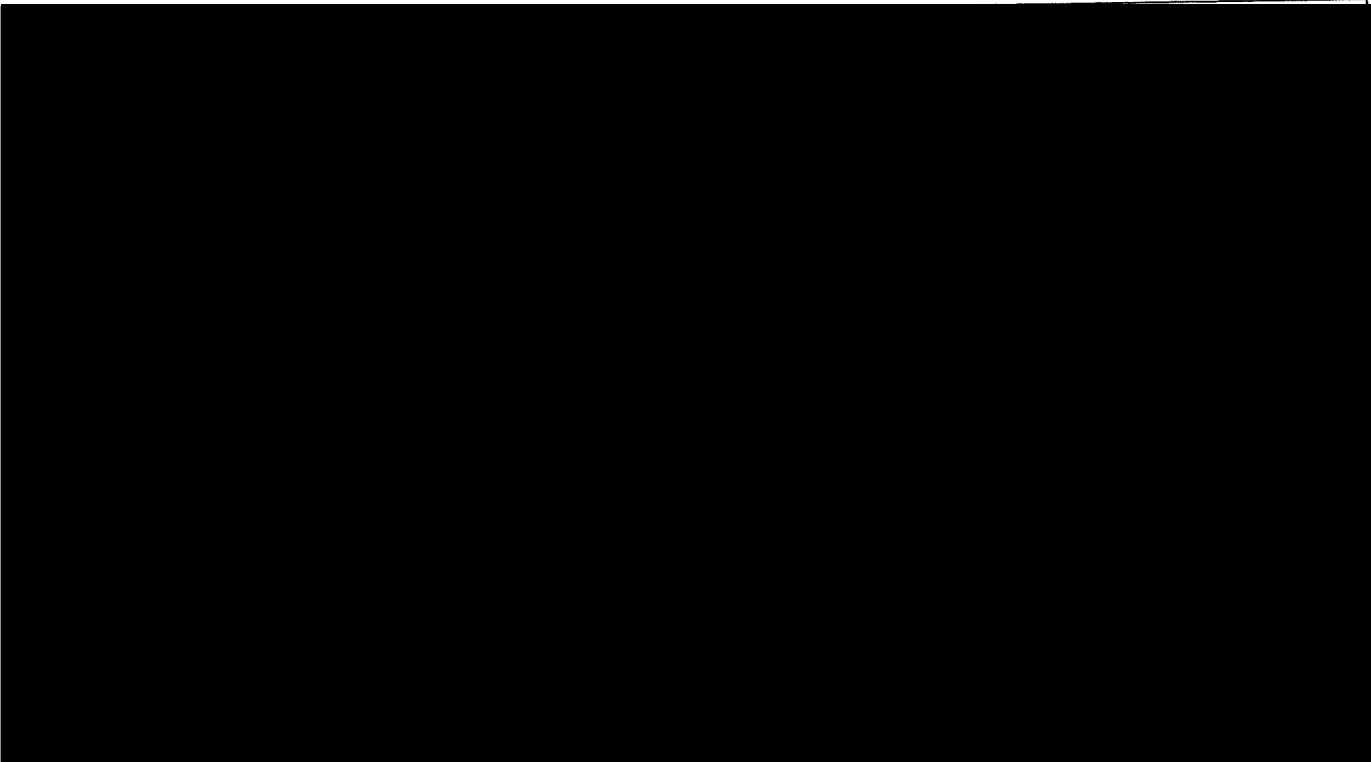
Ratings						
The applicant has been assessed and rated as follows against capabilities/selection criteria:						
SC1	SC2	SC3	SC4	SC5	Overall	
						

Recruitment Rating Scale:

- E Excellent (5)
- FC Fully Competent (4)
- C Competent (3)
- RD Requires Development (2)
- U Unsuitable (1)
- N/A Not Assessed (0)

Eligibility/Qualifications (if applicable)	
Applicant meets eligibility/qualification requirements?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Supporting Comments (summary of reasons)




Lang, Samantha (Health)

From: O'Neill, Cathie (Health)
Sent: Thursday, 3 November 2022 10:34 AM
To: Leon Foster (South Eastern Sydney LHD)
Cc: CHS COO; Bartlett, Madeline (Health); CHS, WYC Executive Office; EDDoS,
Subject: RE: Re meeting - GYN Oncology

UNOFFICIAL

Hi Leon

Congratulations – welcome on board.

I am happy to meet – my problem is that we are going live with a new system wide DHR on the 12th and so we have a meeting blackout before and immediately after and then I am on leave.

I will get my EA Maddy to set up a time with you, Boon, Susan (ED WYC), Lisa Gilmore (ED Surgery), Paul Craft (Clinical Director Cancer), Kath Wakefield (ED Cancer) and their key staff for the last week in Nov.

I am waiting to hear back from Treasury this week re funding for the nurse (which we will proceed with regardless as a cost pressure). The extra kit for theatres we will need to discuss further – however I have flagged that as a priority from our Plant and Equipment fund.

I will facilitate the first meeting to ensure we are all on the same page and then you will know who to follow up directly with for particular issues.

Cathie

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Thursday, 3 November 2022 10:23 AM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re meeting - GYN Oncology

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Hi Cathie,

Boon Lim called me on Tuesday to inform me that I had been the successful applicant to establish the gyn onc service at CHS next year. At our last meeting we discussed catching up again about now to see how things are moving forward. Can we do that pretty soon as, as I'm sure you're well aware, the year is basically over and there is a fair bit to do.

Thanks,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology
Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200 | Mob: [REDACTED]



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South Eastern Sydney
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Barnes, Kelly (Health)

From: Leon Foster [REDACTED]
Sent: Friday, 11 November 2022 10:42 AM
To: Lim, Boon (Health)
Subject: FW: Specialist Remuneration Package Fact Sheet

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Hi Boon,

One of the things that I wanted to discuss last week was issues around the remuneration package in the application. I've asked HR about who to contact about that. Do you know?

Ta,

Leon

From: Leon Foster
Sent: Friday, 11 November 2022 10:40 AM
To: 'CHSHR@act.gov.au' <CHSHR@act.gov.au>
Subject: RE: Specialist Remuneration Package Fact Sheet

Hi Kiran,

Do you have any idea about who I should contact regarding this?

Thanks,

Leon

From: Leon Foster
Sent: Tuesday, 8 November 2022 7:45 PM
To: CHSHR@act.gov.au
Subject: RE: Specialist Remuneration Package Fact Sheet

Hi Kiran,

As I indicated in my application for this position there were several issues with the position as described as well as the remuneration package. As this is a new position within CHS and the ACT that was not unexpected. As such I would to know who to contact regarding this process.

Thanks

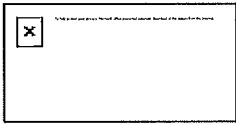
Leon

From: Canberra Health Services - Employment Services <CHSHR@invalidemail.com>
Sent: Monday, 7 November 2022 1:11 PM

To: [REDACTED]

Cc: boon.lim@act.gov.au

Subject: Specialist Remuneration Package Fact Sheet



Dear Dr Foster

Please find attached a Specialist Remuneration Package fact sheet that goes with your successful application for **Req ID 02531**.

Kiran Upadhyay

Canberra Health Services

People & Culture

07/11/22

Bell, Amanda (Health)

From: CHS, WYC Executive Office
Sent: Tuesday, 6 December 2022 10:54 AM
To: O'Neill, Cathie (Health)
Cc: Freiberg, Susan (Health); Bell, Amanda (Health)
Subject: Contract and unit

OFFICIAL

Good morning Cathie,

I understand you have requested a copy of this correspondence.

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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Our vision is creating exceptional healthcare together

Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Tuesday, 6 December 2022 10:02 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: FW: Contract and unit

OFFICIAL

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500

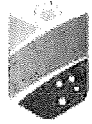


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Vice President



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THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

From: Lim, Boon (Health)

Sent: Tuesday, 29 November 2022 12:01 PM

To: Leon Foster (South Eastern Sydney LHD) [REDACTED]

Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Subject: RE: Contract and unit

OFFICIAL

Dear Leon,

Thank you for your e-mail notifying us of your withdrawal of your acceptance of the job offer. I am sorry that you have come to this decision.

We will now withdraw the offer and wish you all the very best in your future endeavours.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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THE ROYAL AUSTRALIAN AND NEW ZEALAND
COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Monday, 28 November 2022 7:33 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Contract and unit

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Boon,

I wish to withdraw my acceptance of the position as it is currently offered.
 I have attempted to make my reasoning behind this clear below.

Dear Leon,

Thank you for your e-mail of 23 November with your concerns regarding what is the offer of the 0.6 FTE Gynae Oncology Service for Canberra Health Services. I think it will be important to reconfirm the principles of the development of the service for avoidance of doubt.

Thank you for making your position clear. I have responded to each of your comments below.

1. When all the relevant stakeholders, yourself included, met with the Chief Operating Office, it was made clear that the position would be funded and advertised as a 0.6 FTE Staff Specialist position. The clinical load would still be supported by the GO Unit at the Royal Hospital for Women in Sydney in the early stages and there would be a gradual increase of the caseload in Canberra. It was agreed that the service be developed on an incremental basis with the view to increasing the FTE after July 2024, depending on the workload.
 - a. The degree of support from RHW was never detailed and, to my knowledge, has not been negotiated.
 - b. At no time was inadequate operating time discussed and agreed upon.
 - c. My understanding was CHS would aim to be part of the RHW MDT and gain occasional surgical support. Not provide an ongoing outreach service as proposed.
 - d. I had discussed the same with the clinical director and Dr Robertson, with in principle support for the same.
1. It was agreed to purchase the necessary laparoscopic equipment to upgrade the existing equipment in theatre. The business case for this has been approved and is now with the Plant and Equipment Committee for final sign off.
2. The business case for the Clinical Nurse Specialist in Oncology to provide support for Gynaecology Oncology has been approved and this position is to be recruited by the Cancer and Ambulatory Service.
 - o The disposition and function of this position have yet to be confirmed and I think will be contested.
 - o From my perspective, this position would sit within the Gynaecological cancer service entirely and not continue the current cancer care coordinator function.

- Every gynaecology oncology unit has a clinical nurse consultant. They are an invaluable resource for the women who we care for.

3. Although the current theatre allocation for GO is one list every fortnight on a Friday morning, I am happy to revise the job plans to provide you with an all day operating list on one Monday in a 4 week cycle. Unfortunately, we currently do not have any extra spare lists to offer. Again, with the evolution of the service, we can develop the business case for more operating time.

- I reviewed all the RHW operating for Jul – Nov 2022. There were 149 hours of operating on ACT and local area patients.
- In addition, there were 40 hours of operating in the ACT. As you can see below that equates to 2.1 operating lists a week or 9 per 4-week cycle.
- 2 lists per 4 weeks cycle are less than a quarter of what is required to meet the current need.

Jul - Nov 22 OT Hours RHW + CHS	
Total operating hours used	189
Hours per (/22)	8.6
Lists per week (/4)	2.1

4. There is no requirement to be on call.

- In every gynaecology oncology unit in Australia, there is a gynaecological oncologist on call for women with gynaecological cancer. Currently RHW on-call take all of those calls.
- In every obstetrics and gynaecology with an attached gynaecological oncology unit that unit provides operative support for the general roster.

This position comes with a Group Attraction and Retention Incentive (ARIn) payment of \$30,000 for a fulltime position. Being a fractional position, the ARIn should be paid on a pro rata basis. However, I am happy to make a recommendation to approve to pay you the full amount of \$30,000.

As mentioned in my previous e-mail, the position of 0.6 FTE staff specialist is what you applied for, and we cannot now change it to a VMO model without going through the recruitment process again. In your proposed job plan, there will be time allocation to recognise the administrative tasks that will be needed to set up the service.

I requested in my initial response to this position that AIRn be reviewed and a specific gynaecological oncology AIRn be created.

The request for a VMO position was based on what I perceived as a need for flexibility in the position as mentioned in previously emails.

Please let me know of your thoughts on this asap so that we can finalise the recruitment process. If you feel unable to accept the position, please do let me know soon as well so that the offer can be withdrawn in order for us to start the recruitment process again.

To conclude:

- I am unable to support the service as described.
- The described service is inadequate for the existing need and creates a gynaecology oncology unit on paper only. It would be more accurately described as a workup and follow-up service for the Royal Hospital for Women.
- As proposed it would only allow care for four new patients a month.

- Under the current plan, I would be operating 1/12th of the time that I am employed by Canberra Health Services – a poor return on CHS' investment
- The oncologist-patient relationship is a very important one. The current plan adversely affects that relationship.
- Having completed the three-year fellowship to gain appropriate skills, this level of operating is insufficient to maintain the skills required of a gynaecological oncologist.
- The matter of remuneration is important but secondary to this issue.
- The addition of adequate operating time would also benefit the ACT-based RANZCOG trainees. Currently, these training opportunities are taken by RHW trainees.
- Because of my personal and professional relationships, I am privy to the ongoing issues within the O&G department in CHS. I was still willing to come and hoped that the creation of this service would be something good for the department.

Leon

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 25 November 2022 8:25 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Contract and unit

OFFICIAL

Dear Leon,

Thank you for your e-mail of 23 November with your concerns regarding what is the offer of the 0.6 FTE Gynae Oncology Service for Canberra Health Services. I think it will be important to reconfirm the principles of the development of the service for avoidance of doubt.

1. When all the relevant stakeholders, yourself included, met with the Chief Operating Office, it was made clear that the position would be funded and advertised as a 0.6 FTE Staff Specialist position. The clinical load would still be supported by the GO Unit at the Royal Hospital for Women in Sydney in the early stages and there would be a gradual increase of the caseload in Canberra. It was agreed that the service be developed on an incremental basis with the view to increasing the FTE after July 2024, depending on the workload.
2. It was agreed to purchase the necessary laparoscopic equipment to upgrade the existing equipment in theatre. The business case for this has been approved and is now with the Plant and Equipment Committee for final sign off.
3. The business case for the Clinical Nurse Specialist in Oncology to provide support for Gynaecology Oncology has been approved and this position is to be recruited by the Cancer and Ambulatory Service.
4. Although the current theatre allocation for GO is one list every fortnight on a Friday morning, I am happy to revise the job plans to provide you with an all day operating list on one Monday in a 4 week cycle. Unfortunately, we currently do not have any extra spare lists to offer. Again, with the evolution of the service, we can develop the business case for more operating time.
5. There is no requirement to be on call.

This position comes with a Group Attraction and Retention Incentive (ARIn) payment of \$30,000 for a fulltime position. Being a fractional position, the ARIn should be paid on a pro rata basis. However, I am happy to make a recommendation to approve to pay you the full amount of \$30,000.

As mentioned in my previous e-mail, the position of 0.6 FTE staff specialist is what you applied for and we cannot now change it to a VMO model without going through the recruitment process again. In your proposed job plan, there will be time allocation to recognise the administrative tasks that will be needed to set up the service.

Please let me know of your thoughts on this asap so that we can finalise the recruitment process. If you feel unable to accept the position, please do let me know soon as well so that the offer can be withdrawn in order for us to start the recruitment process again.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, 23 November 2022 12:31 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: Contract and unit

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Boon,

We are not on the same page with the development of this service. I was shattered by the news regarding the theatre lists.

Susan, I have included you as Boon did in his previous email and I believe it is relevant to you.

My key points are as follows:

- You cannot provide cancer surgery without operating time. It is impossible to even consider a Canberra based service with no operating time.
- The minimum requirements for me to be involved in this service are in Table 1 below and are in line with discussions over the last two years.
- I will not take up this position with the terms and conditions as they currently stand.

The need for this service in Canberra has been established.

The health minister has declared it a priority and that "funding was not an issue". My expectation was that Canberra Health was supportive of this and would work towards the development of the service. I feel that the current situation is taking advantage of my good will in trying to get this to go ahead.

Service Requirements

My vision for this service was that it provides a high quality GYN oncology surgical service for women of the ACT and region. The draft business case was initially sent to the clinical director WY&C in January 2021.

On that:

- I have not received any feedback that this is an unreasonable request or unlikely to go ahead.
- The estimated number of operative cases indicated there were 240 cases per year.
- I have been reassured that there will be a phased approach to its development.
- On the Friday clinic in Canberra last week (18 Nov), we booked 5 major cases (~12 hours) of cat 1 operating. All of which we will do in Sydney due to no OT availability in Canberra. There is no available operating time in Canberra until February 2023.
- It is not possible to run this service on one half day list a fortnight and I will not try.
- Table 1 contains details that have been discussed on multiple occasions in the past.

I have not organised any other clinical activities as I saw the priority to be establishing clinic, operating and administration time within CHS. The Friday list should be given to a general obstetrician gynaecologist as an all-day gynaecology and Caesar list. Half day lists are largely unsuitable for gynaecological cancer operations.

Your email indicates that there will be some degree of administrative work to get the service into shape.

I think that is a gross underestimate of the amount of work needed to establish and maintain this service. I am happy to elaborate if needed.

Terms and Conditions

My response to the position within CHS included concerns regarding the remuneration. I have attached my initial response to the advertisement to this email. I indicated that the conditions of employment

needed to be negotiated before contract signing / commencement. I have not been approached regarding this at all.

I recommend that this position be converted into a VMO position. I believe that by doing this there will be

- significantly more flexibility required for using additional operating lists,
- Provides the ability to gain additional clinic / administration time as needed
- Applies a loading for the onerous on-call arrangement.
- Allows specific remuneration for the complex surgery undertaken.

An individual AIRn could also be appropriate but I do not see that as being achievable at this point. I am happy to provide a detailed list of how this position would differ from, and therefore should be considered separately, to a standard O&G staff specialist position. I recommend that the position be readvertised if needed and a temporary VMO contract issued in the meantime.

As we have the meeting with Cathie next week I will ask her PA to make the OT issue high on the agenda.

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG

Fellow – Gynaecology Oncology

Department Gynaecological Oncology

Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] | Fax: 02 9382 6200 |

Mob: [REDACTED] E: [REDACTED]

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Barnes, Kelly (Health)

From: Lim, Boon (Health)
Sent: Thursday, 2 February 2023 8:58 AM
To: Barnes, Kelly (Health)
Subject: FW: contract 2023

OFFICIAL

Assoc. Prof. Boon H Lim
 Clinical Director
 Division of Women, Youth and Children
 Senior Staff Obstetrician and Gynaecologist
 Canberra Health Services
 Level 2, Building 11, Canberra Hospital
 Garran
 ACT 2605
 Australia

Tel: +61 (0)2 6174 7500



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From: Lim, Boon (Health)
Sent: Tuesday, 22 November 2022 10:36 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: contract 2023

OFFICIAL

Hi Leon,

Unfortunately, as the position was advertised as a staff specialist position, we cannot, at this stage change it to a VMO contract without readvertising it.

I am in the process of working out job plans. It will help, for a start, if you can let me know which days you see yourself working at CHS, noting that the only gynaecology list available currently is on the Friday mornings that you and Greg currently utilise. The future increase in operating sessions will be part of the business case to increase the operating capacity.

Also, if you can let me have an idea of what clinical sessions will work for you, I can incorporate into your job plan. It is acknowledged that there will be some degree of administrative work to get the service into shape and this can be reflected in your job plan.

Many thanks.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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Vice President



From: Leon Foster (South Eastern Sydney LHD) [REDACTED]

Sent: Tuesday, 22 November 2022 8:38 AM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: contract 2023

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Boon,

I appreciate you're extremely busy. I'm happy to do all the work but would like some advice on where to go from here and who to speak to please.

I don't think the current version of this position as a permanent staff specialist is the most appropriate way forward. I think, and intend to argue, that a VMO contract would be more appropriate in the short term at least. For CHS there is the advantage of being able to increase workload easily if/as needed. For myself, I fear being in a position of undertaking a lot of unpaid work to get this unit going which will not be maintainable even for a short period. Do you know who I should approach about this?

Thanks,

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG

Fellow – Gynaecology Oncology

Department Gynaecological Oncology

Royal Hospital for Women – Barker St Randwick 2031

| Fax: 02 9382 6200 |

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From: Craft, Paul (Health)
Sent: Monday, 11 April 2022 16:47
To: O'Neill, Cathie (Health)
Cc: Freiberg, Susan (Health)
Subject: RE: CHS Gyn oncology

Thanks Cathie,

I have to admit to not knowing Dr Foster.

I do know Greg Robertson who is an absolutely excellent gynae oncologist and has been visiting Canberra for years doing clinics and some less complex operations here. Most of the complex Gynae Oncology surgery, as you know, is done in Sydney, much of it by Greg. It is looking as though the workload in Canberra is placing a strain on the friendship we have with the Royal Women's service.

Tracy Hutchins has been providing some advice to WYC on establishing a service here. There are issues around scale and avoiding a single person isolated specialist service. Having complex cancer surgery in a big unit is measurably better than having it in a very small unit. Where the threshold lies will require a bit of investigation. If it is feasible I would favour our own Canberra based unit, but only if the quality can be maintained. There will be costs, but our patients would not have to move to Sydney for 2 to 4 weeks. Anecdotally we have been noticing some access issues. Dr Alison Davis is our senior gynae med onc and is across the issues.

Obviously creating a unit for a particular practitioner is not where we would want to be.

Paul

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Monday, 11 April 2022 4:21 PM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: FW: CHS Gyn oncology

UNOFFICIAL

Paul

Do you know this guy? Have you heard of his previous approaches? Do we need a 'stand alone' unit – whatever that means

Cathie

From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Monday, 11 April 2022 3:16 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: FW: CHS Gyn oncology

UNOFFICIAL

Hi Cathie

Do you know anything about this??

Regards Susan.

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 10 April 2022 9:05 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Subject: CHS Gyn oncology

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Prof's Freiberg and Lim, Dr De Cure,

This will be the last email I send attempting to progress the development of a stand-alone gynaecology oncology unit within the ACT. Adj. Prof Freiberg, I acknowledge this is the first correspondence I have had with you on this matter, but previous correspondence has occurred with your predecessor.

I am frustrated and disappointed at the lack of correspondence that I have received regarding 2023. I see no choice but to view this as a lack of interest in the development of this service.

When I left the ACT for CGO training in February 2020, I was very clear that my priority would be the development of a standalone GYNONC unit in the ACT. I believed that the leadership within WY&C was also supportive of this proposal. To that end I drafted a detailed business proposal close to 18 months ago. I have not received an email or phone call about that subsequently, but I understand the proposal was deferred to the 2022 budget year, as 2021 was too early to require funding. I also made the very difficult decision to undertake 3 years of subspecialist training away from my family in the hope that I would be moving back at the end of that time.

I have taken a position at the Royal Hospital for Women this year with the express aim of working in the unit that currently supports CHS to aid in the development of the Canberra service. I have requested meetings and updates from Boon and Natalie regularly via email with no real traction or feedback. I have also, in correspondence from January this year and beyond, expressed my concern that I haven't been included in any correspondence or updates on progress of this proposal.

I am indebted to Dr Robertson who has supported this proposal whole heartedly. As you'd be aware he recently resorted to corresponding with the minister for health regarding this, although I am unaware on whether this achieved traction or not.

I have been clear that this endeavour to lead a local unit carries greater professional risk and asks significantly more of me than a position in an established oncology unit. This was a

risk I have been willing to take because of the benefits to the women of the ACT and surrounds. I think this is the right thing, even though it is hard.

I do not know what Dr Robertson's firm plans are for 2023 but he has expressed his plan for retirement in the near future. I know that the current service, that he has worked very hard to maintain, will not survive if he draws back from it. We have a short window where he could continue to provide support during the transition period, a very important factor as we establish this service. This is another reason that the timing for this service is critical, and cannot wait until next year's budget. I wonder what CHS has planned for the eventuality of Dr Robertson's retirement should the current proposal not go ahead, which, given my current level of knowledge is almost certain.

A gynaecological oncologist that is willing to be part of a unit that it just being established is an asset that CHS needs to work to secure. There are only 60 or so gynaecological oncologists in Australia. I am almost entirely certain that, apart from myself, there is no-one else interested in the set-up of a new service in Canberra. There are multiple employment positions available across the country, in established units, in major cities, and subspecialists are currently in very high demand. Canberra Health Services also would find it almost impossible to recruit gynaecological oncologists from overseas. Except for individuals of international renown all overseas specialists will require supervised practice (mostly for 2 years) and to undertake both written and oral CGO examinations.

I have been offered multiple positions for 2023 interstate. I have great respect for the clinicians who have enough faith in me to offer me a position and even, in some cases, to take over their private practices and will not disrespect their offers. Without a negotiated, agreed, and funded path forward by the end of the 2021-2022 financial year I will be taking up a position in Sydney in 2023. Once I relocate my family, I suspect I will not consider returning to the ACT later when Dr Robertson requires replacement.

I ask the leadership of the Division of WY&C to strongly reconsider their timely support for this service, given the unique and short-lived window we are facing. This opportunity is bigger than the Department of O&G or the Division of WY&C, as it will benefit the women at the Territory level, as well as regional NSW, and I ask for a progressive, long term view on this opportunity. The same opportunity will not exist 12 months from now. Dr Robertson and I would welcome the opportunity to meet with you if you would like further information.

For your consideration,

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG

Fellow – Gynaecology Oncology

Department Gynaecological Oncology

Royal Hospital for Women – Barker St Randwick 2031

[REDACTED] | Fax: 02 9382 6200 |
[REDACTED]

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From: Freiberg, Susan (Health)
Sent: Tuesday, 12 April 2022 13:25
To: O'Neill, Cathie (Health)
Subject: RE: CHS Gyn oncology

UNOFFICIAL

I have heard since they did not do costing yet.

I have just got a copy of the proposal and will look at this.

There is a fair bit of pressure from external bodies about the fact we send women away for this service. We have one visiting chat who is just about retired.

Ill let you know if I find anything further.

Regards Susan.

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Monday, 11 April 2022 4:20 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: CHS Gyn oncology

UNOFFICIAL

No nothing

He is a fellow ...

I have cc'd Paul Craft in in case he may of heard of him or his previous approaches.

Cathie

From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Monday, 11 April 2022 3:16 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: FW: CHS Gyn oncology

UNOFFICIAL

Hi Cathie

Do you know anything about this??

Regards Susan.

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 10 April 2022 9:05 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Subject: CHS Gyn oncology

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Prof's Freiberg and Lim, Dr De Cure,

This will be the last email I send attempting to progress the development of a stand-alone gynaecology oncology unit within the ACT. Adj. Prof Freiberg, I acknowledge this is the first correspondence I have had with you on this matter, but previous correspondence has occurred with your predecessor.

I am frustrated and disappointed at the lack of correspondence that I have received regarding 2023. I see no choice but to view this as a lack of interest in the development of this service.

When I left the ACT for CGO training in February 2020, I was very clear that my priority would be the development of a standalone GYNONC unit in the ACT. I believed that the leadership within WY&C was also supportive of this proposal. To that end I drafted a detailed business proposal close to 18 months ago. I have not received an email or phone call about that subsequently, but I understand the proposal was deferred to the 2022 budget year, as 2021 was too early to require funding. I also made the very difficult decision to undertake 3 years of subspecialist training away from my family in the hope that I would be moving back at the end of that time.

I have taken a position at the Royal Hospital for Women this year with the express aim of working in the unit that currently supports CHS to aid in the development of the Canberra service. I have requested meetings and updates from Boon and Natalie regularly via email with no real traction or feedback. I have also, in correspondence from January this year and beyond, expressed my concern that I haven't been included in any correspondence or updates on progress of this proposal.

I am indebted to Dr Robertson who has supported this proposal whole heartedly. As you'd be aware he recently resorted to corresponding with the minister for health regarding this, although I am unaware on whether this achieved traction or not.

I have been clear that this endeavour to lead a local unit carries greater professional risk and asks significantly more of me than a position in an established oncology unit. This was a risk I have been willing to take because of the benefits to the women of the ACT and surrounds. I think this is the right thing, even though it is hard.

I do not know what Dr Robertson's firm plans are for 2023 but he has expressed his plan for retirement in the near future. I know that the current service, that he has worked very hard to maintain, will not survive if he draws back from it. We have a short window where he could continue to provide support during the transition period, a very important factor as we establish this service. This is another reason that the timing for this service is critical, and cannot wait until next year's budget. I wonder what CHS has planned for the

eventuality of Dr Robertson's retirement should the current proposal not go ahead, which, given my current level of knowledge is almost certain.

A gynaecological oncologist that is willing to be part of a unit that it just being established is an asset that CHS needs to work to secure. There are only 60 or so gynaecological oncologists in Australia. I am almost entirely certain that, apart from myself, there is no-one else interested in the set-up of a new service in Canberra. There are multiple employment positions available across the country, in established units, in major cities, and subspecialists are currently in very high demand. Canberra Health Services also would find it almost impossible to recruit gynaecological oncologists from overseas. Except for individuals of international renown all overseas specialists will require supervised practice (mostly for 2 years) and to undertake both written and oral CGO examinations.

I have been offered multiple positions for 2023 interstate. I have great respect for the clinicians who have enough faith in me to offer me a position and even, in some cases, to take over their private practices and will not disrespect their offers. Without a negotiated, agreed, and funded path forward by the end of the 2021-2022 financial year I will be taking up a position in Sydney in 2023. Once I relocate my family, I suspect I will not consider returning to the ACT later when Dr Robertson requires replacement.

I ask the leadership of the Division of WY&C to strongly reconsider their timely support for this service, given the unique and short-lived window we are facing. This opportunity is bigger than the Department of O&G or the Division of WY&C, as it will benefit the women at the Territory level, as well as regional NSW, and I ask for a progressive, long term view on this opportunity. The same opportunity will not exist 12 months from now. Dr Robertson and I would welcome the opportunity to meet with you if you would like further information.

For your consideration,

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG

Fellow – Gynaecology Oncology

Department Gynaecological Oncology

Royal Hospital for Women – Barker St Randwick 2031

Fax: 02 9382 6200 |

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Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Tuesday, 12 April 2022 1:44 PM
To: De Cure, Natalie (Health); CHS, WYC Executive Office
Subject: RE: Gynaecology Onc business case [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

Categories: BM to action

UNOFFICIAL

Hi Sam,

I agree that we need to move forward with a meeting and involve Greg and Leon as well.

Kind regards,

Boon

Assoc. Prof. Boon H, Lim
 Clinical Director
 Division of Women, Youth and Children
 Senior Staff Obstetrician and Gynaecologist
 Canberra Health Services
 Level 2, Building 11, Canberra Hospital
 Garran
 ACT 2605
 Australia

Tel: +61 (0)2 6174 7500



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From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Sent: Tuesday, 12 April 2022 1:41 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: Gynaecology Onc business case [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

UNOFFICIAL

That's incredibly helpful! It would be great to arrange a meeting with the CAS staff as you suggest. Andrew Lee is a radiation oncologist who tends to do most of the gynae work so he would be ideal either instead of, or in addition to Brandon. It would also help for Greg and Leon to be part of the meeting and Chris Twyford is incredibly knowledgeable in the realm of gynae cancers in the ACT.

Nat

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Tuesday, 12 April 2022 1:37 PM
To: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: Gynaecology Onc business case [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

UNOFFICIAL

Hi Nat,

Great, that's a move in the right direction. I think the business case in its current draft would be difficult for Kathy to navigate. Can we break it to down to what is specifically required from WYC perspective?

CAS have provided the outcome of discussion with Prof Craft, see attached. What are your thoughts in scheduling a meeting with staff identified from CAS?

Thanks
 Sam

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: Samantha.Lang@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Sent: Tuesday, 12 April 2022 1:31 PM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: Gynaecology Onc business case [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

UNOFFICIAL

Thanks Sam,

Susan has requested that we cost this business case. Should we meet with Kathy to start this, or is there enough information in the draft for her to progress it?

It would be great to know what the funding arrangement is for comparative services, so your work in reaching out to CAS is much appreciated,

Nat

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Monday, 11 April 2022 11:54 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: Gynaecology Onc business case [SEC=UNCLASSIFIED, DLM=For-Official-Use-Only]

UNOFFICIAL

Good morning Nat and Boon,

I did approach CAS with some thoughts on this and we thought services in GASTRO may be similar.

I spoke further with CAS EO this morning and she was going to follow up with Prof Craft. It may be worthwhile meeting with Prof Craft to discuss further. Tracey (EO) is going to chat with Prof Craft and get back to me.

In terms of Ministerial response, I have attached the response that progressed. You are correct, unfortunately the business case didn't progress due to refined and cut back budget build.

I would be happy to progress to Kathy to cost for a better understanding, however she may require a more refined FTE service position.

Kind Regards

Samantha Lang | Business Manager
Division of Women, Youth and Children | Canberra Health Services | ACT Government
 Phone: 02 5124 7431 | Email: Samantha.Lang@act.gov.au
 Building 11, Level 2, Canberra Hospital, Yamba Drive Garran ACT 2606

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CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Sunday, 10 April 2022 5:37 PM
To: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: Re: Gynaecology Onc business case

Hi Nat,

Thanks for the business case. It is simply impossible to have a Big Bang approach. Realistically, probably the best we can do is offer him a staff specialist position and then build from there.

It's worth another conversation with Greg in advance of the meeting again to help temper Leon's expectations.

I doubt it will be the Division of Surgery's highest priority as well.

I can try to ring Greg again this week.

Kind regards

Boon

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From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Sent: Sunday, April 10, 2022 5:31:46 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Gynaecology Onc business case

UNOFFICIAL

Thanks Boon,

I have attached Leon's business case, although it has not been costed. I agree it is a difficult position for us given Leon has indicated his absolute views on an all or nothing approach which we are unlikely to be able to commit to in the short term. I believe we can secure FTE for his role once I complete the current FTE review and given Rod's plans to resign in June. It is the rest of the funding that is difficult.

I was under the impression after our last meeting that Sam was going to reach out to CAS to find out what funding arrangements are in place for all the other surgical specialities who provide oncology services in the ACT. I doubt the Division of Surgery funds the allied health services embedded in the Cancer Centre solely but I could be wrong. I appreciate this may not have occurred when it became clear that this business case had not been progressed.

Leon is very distressed as he feels he made the decision to leave his family in Canberra, believing he could come back. Now that it is looking like he will be setting up roots in Sydney instead, he feels the three years away from his family were futile. I also believe that if he sets up in Sydney now, we will lose his good will and he will unlikely be willing to contribute down here in the future.

It would be good if we could discuss what arrangements we can offer him from Feb 2023 to allow Leon to make an informed decision about his future. Based on timelines, I believe our only offer could be a staff specialist position, ongoing support from Greg on a fortnightly basis, but the rest would need to be built over time in future budgets past 2023?

We were going to meet on the 21st but he has requested the meeting be brought forward a week, as he has other offers for next year he needs to respond to. I'd like to be able to provide him with open and honest information on Thursday with no ambiguity to assist him in his decision making.

Thanks so much,

Nat

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Sunday, 10 April 2022 11:39 AM
To: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Gynaecology Onc business case

UNOFFICIAL

Hi Nat,

The Minister's response acknowledged the importance of the service but is really non committal. As you know, Leon had asked for really what is a gold plated service. I think Leon did say that he expects the package he suggested to be in place to justify his return. We will have to manage his expectations. I spoke with Greg on Friday and he agreed that we need to be realistic and develop the service in a stepwise manner e.g. there really is no scope for a Fellow initially as Leon will not be able to be a training supervisor from the word go. The other aspects of the service needs to be a joint business case with CAS, but we will need to get it high on their agenda as well.

I think realistically we need to start to try to get the business case for a staff specialist and then work with CAS to work out the other support services that could be joint business cases. Business cases for 2023 are difficult to push through at this stage.

Can you please forward me the business case you put in again? Are you meeting them this Thursday?

Many thanks.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
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Australia

Tel: +61 (0)2 6174 7500



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From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>

Sent: Sunday, 10 April 2022 10:11 AM

To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: Gynaecology Onc business case

UNOFFICIAL

Dear Sam and Boon,

I am meeting with Leon and Greg on Thursday as they have requested direct feedback about the status of the GO Business Case.

The last time this was put forward in 2021 for a 2022 budget, I was advised to leave it aside for the 2023 budget. I put it forward again recently when business case ideas were requested, and have not had formal feedback on the outcome, although I have unofficially heard it was not successful for 2023.

I'd like to give Greg and Leon clear and honest feedback on where this stands, as this decision greatly impacts both their lives on a personal and professional level and they are becoming increasingly distressed with the lack of clear communication.

I would also appreciate any feedback on the nature of the ministerial response following Greg's letter to the minister if possible, as I am certain this will also be asked on Thursday.

Thanks so much,

Nat

2020-21 BUDGET: BUSINESS CASE TEMPLATE (STREAMLINED NOVEMBER 2020 VERSION)

This template is for:

- all expense proposals;
- all revenue proposals;
- all ICT proposals; and
- “Tier 3” capital works and plant and equipment proposals (defined in the *Capital Framework* as having a total project value of under \$10 million).

If you have a Tier 1 or 2 capital works proposal, you will need the alternative template, which is available at <http://www.procurement.act.gov.au/about/capital-framework/single-assessment>.

The accompanying guidance documentation provides more information on what is expected in each section of this template, including particular requirements for capital works and ICT proposals.

To provide a clean copy of your business case, please delete all grey instructive sections of text, as well as this front page.

Please note:

This template has been streamlined in recognition of the compressed timeframes associated with the 2020-21 Budget. If business cases have been prepared on the previous (full) 2020-21 Budget business case template, these can be submitted on the previous template and do not need to be transferred onto this revised template.

Agencies are not required to undertake any form of Wellbeing analysis in completing this business case template. However, Treasury may contact require further information to determine how select proposals relate to the Wellbeing Framework (e.g. how a given proposal aligns with the Government’s wellbeing domains).

2020-21 BUDGET: BUSINESS CASE

Proposal name:	<i>Establishment of Department of Gynaecology Oncology</i>
Minister and Ministerial Portfolio:	Rachel Stephen-Smith
Electorate:	All
Suburb:	All
Election Commitment details:	No
Year to Cease Funding:	<i>Ongoing</i>

Financial Impacts Summary	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Totals \$'000
Capital Impacts					
Capital					
Expense Impacts^(a)					
Expenses					
Expenses – depreciation					
Revenue/Savings/Offsets Impacts					
Revenue					
Savings					
Offsets ^(b)					

Staffing Impact	2020-21	2021-22	2022-23	2023-24	Total
Total additional FTEs (number)					

(a) For capital works proposals, this should be the whole of life cost.

(b) Applies also to expenses associated with capital works and ICT proposals, with the exception of Repairs and Maintenance expenses.

Business case contact officer and phone number:

1. Description

The provision on Gynaecology oncological surgery to women in the ACT and surrounding region has been supplied by an outreach service of the Royal Hospital for Women (RHW) in Randwick, Sydney since XXXX. Currently there a number of ways that women with gynaecological cancer are reviewed by or discussed with a gynaecological oncologist. All administration and appointments are coordinated through the RHW. Best practice cancer care involves the discussion of all newly diagnosed and recurrent cases in a multidisciplinary team meeting (Optimal Ca care Aust). This is currently undertaken in the RHW where gynaecological pathologists, radiologists based in RHW and Prince of Wales Hospital (co-located) reviewed physical slides of pathology and online imaging as part of the meeting. Complex surgery is undertaken at the RHW, St George public hospital or St George private hospital. Women who require surgery that is expected to be uncomplicated can be operated on in the Canberra Hospital. Conversely the medical and radiation oncology departments in Canberra Health Services are very well developed and an excellent service to women of the ACT and surrounding area. The only limitation / proviso on this is that women with locally advanced cervical cancer are treated by high dose brachytherapy at the Prince of Wales hospital in Sydney.

Current service need.

The estimates of service need are based on Aug 2020 ABS statistics and 2019 AIHW cancer statistics (Age standardised ratio (per 100,000)). Referral numbers are estimated from current women's health-based referrals from these areas (primarily obstetric). See attached map and spreadsheet. It is estimated that per year the following histologically proven cancer case numbers will be referred to this service:

- Endometrial Ca (EC) ASR 19.3 - 71 cases
- Ovarian Ca ASR 9.8 – 39 cases
- Cervical Ca ASR 6.9 – 25 cases
- Vulva Ca ASR 2.4 – 9 cases
- Other female genital organs and placenta AST 2.0 – 7 cases
- Vaginal Ca ASR 0.6 – 3 cases.
- Total New Ca cases: **154**

High risk gynaecology or cases at high risk of having a diagnosis of cancer are included in addition to proven malignant cases

- Est 0.6 per Ca case (based on Westmead hospital referral/operations in 2019)
- 92 major operating cases per year.

Obstetric cases

- As discussed below these are in addition to malignant and high risk gynaecology cases.

Pathology / Radiology review

Current clinical practice in Australia sees the precursor lesion for endometrial adenocarcinoma, Atypical Endometrial Hyperplasia, being surgically managed by general gynaecologists. Australian guidelines recommend that all of these cases are discussed with and as required reviewed by an expert gynaecological pathology. (Cancer Australia – Abnormal vaginal bleeding in pre and peri menopausal women) It is estimated for every case of EC there will be X cases of complex atypical hyperplasia (ref Reed Incidence of endometrial hyperplasia AJOG 2009 PMIC 19393600). Current standard of care in this situation is to review histopathology and medical history in a multidisciplinary team scenario to confirm the histological diagnosis. This would add an estimated XX cases to the MDT meeting per week. As well as MDT case review slides have to be sourced from the initial reporting pathologist and reviewed by the MDT pathologist.

Endstate:

- Women in the ACT and surrounding regions will be referred to a holistic multidisciplinary team. Surgery, medical and radiation oncology will all be undertaken in the ACT.
- Local MDT with specialist Gyn radiologist and pathologist
- Local run research and participation in national / international clinical trials. All new Ca have the opportunity to participate in a clinical trial.
- Participation in National gynaecology oncology register.
- Nursing and allied health support within dept of Gyn Oncology

Dept of Gyn Oncology staff:

- Administration Officer: 1.0 FTE APS initially 1.6 FTE when Surg FTE > 1.0
- Social work. – At least 0.6 initially. Aiming for 1.0

- Psychology initially 0.4 aiming for 0.6 in time
 - o AOCs Mercieca-Bebber et al., Ov Ca study dropouts Asia Pac journal of clinical oncology doi: 10.1111/ajco/12580}
 - o Data on why women drop out of ovarian ca treatment for psychological reasons.
 - o Psychologist and SW trained in CA beneficial not only for a general mental health but also to get them to and through treatment
 - o
- CNC – Level 3 RN – aim to provide ongoing support and training for nursing staff.
- Data manager and MDT coordinator 1.0 FTE
- Research Staff – in conjunction with ACT health cancer centre self-funded
- Surgical staff – CGO 1.0 initially aiming 1.6 – 2.0

Non Gyn Oncology support staff:

- Dietetics
- Physiotherapy
- Occupational therapy
- Palliative care
- Interventional radiology
- Level 2 RN

Beds

- 6 beds in female only ward year 1. 8 by year 3.
- Staffed by surgical / Oncology RN – Not RM.

Theatre time:

- Based on 150 new Ca per year with 90 non Ca cases.
- 2 sessions per week. One full day year 1. 4 sessions per week by year 3.
- Level 2 Gyn Onc Scrub / scout – 1.6

2. Research

- The development of a Gynaecology Oncology unit in Canberra health services provides the opportunity to embed a research driven culture at its core. Every woman with a new diagnosis of a gynaecological cancer in the ACT should have the opportunity to be offered an opportunity to contribute to clinical research. This is in line with the Centre for Health and Medical research's vision and priorities to be a leader in research and innovation as well as developing a strong research culture.
- Embedding this capability in the unit at its inception will facilitate research being intrinsic to the culture of the unit.

Clinic – 2 x per week (4 clinic rooms required). Additional joint Medical / Radiation / Gynaecology oncology clinic for one half day per FN. 10 clinic rooms and 1 treatment room with purpose gynaecology bed, standard equipment, colposcope and gynaecology clinic nurse support.

Junior staff support – Fellow – Provisional fellow appointment – 5/6th year O&G (12/12 appointment – in addition to current registrar manning). ITP trainee Registrar (3/12). RMO or SRMO (3/12)

Surgeon support:

- Mentor – surgical for 1.5 list a FN / Month, also in MDT and paid advice position.
- Independent auditor – prior to set up.
- Professional Dev – Attendance at conference 2 per year
- Sabbatical for PD due to isolated surgically. E.g. Q 3 year? 6/52
- Leave with locum cover
- Est of second position in 2-3 years
- On call arrangement
- Pay arrangements

MDT Members

- Pathologist – central review until ? timeline / ? % alteration??? i.e. audit results – is someone interested.
- Radiologist – including interventional with 1 procedure per month.
- Research clinician
- Clinical geneticist
- Medical oncology
- Radiation oncology
- Gynaecology oncology
- Palliative care
- Administration

Medical imaging

- CT 1 public outpatient per FN (26 per year)
- CT 1 public inpatient FN (26 per year)
- PET availability – 24 per year.
- MRI availability. 18 per year
- Lymphoscintigram – 10 per year

Specialist surgical support

- Colorectal 1 list per FN – i.e. utilise on average – on call not in OT.
- Urology support – 1 list per q3m – as above
- Upper GI – 2 lists per year – pre planned cases.

Alternative options:

An alternative option to the establishment of a stand-alone unit would be to maintain the current arrangement with the RHW. This option has the advantage of a reduced service cost. Canberra Health services currently provides a yearly contribution to the RHW. For this the RHW provide surgical and follow-up services in Canberra and move high risk women to Sydney for treatment. The disadvantage to this option is apparent and has been shown regularly since 2017. Manning changes to the RHW team saw decreased specialists available to come to Canberra. This saw an increase in ACT women waiting for appointments and surgery for their gynaecological cancer. As the population of the ACT and surrounding area increases this arrangement will need to be renegotiated within the next 2 – 5 years.

2. Stakeholders and consultation with other directorates

This section should include, but not be restricted to, the following:

- Who are the key stakeholders, including other directorates of community groups impacted by this proposal?

- Will this proposal increase or decrease gender equality or assist in achieving the objectives of the *ACT Women's Plan 2016-26*? The Office for Women can be contacted for a Gender Impact Assessment template and guidance at women@act.gov.au.
- Has this proposal been developed in consultation with/ based on advice the Aboriginal and Torres Strait Islander community and does the proposal advance the outcomes in the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028*?

3. Further cost details

3.1. Preliminary cost estimate

- Provide a preliminary cost estimate for the proposal. This should include a breakdown of costs for both the operating and capital components of the proposal in excel format including calculations (ie no hardcoding). All assumptions used in costing the proposal and risks to the costings should be identified.
- For capital works proposals, this estimate should consider:
 - Whole of life costs, including associated expenses (if appropriate) of repairs and maintenance, depreciation, disposal and evaluation costs.
 - Contingencies.
 - The four per cent Major Projects Canberra management fee (please refer to the 2020-21 Budget Process Rules for additional details).
 - What is the expected useful life of the capital works item?
 - What (if any) design and other capital funding has been previously provided?

	Cost \$'000
Feasibility	<Please specify where funding in prior year>
Design and Supervision	<Please specify where funding in prior year>
Contingency (if any)	
Construction	
Major Projects Canberra management fee of 4 per cent	
Insurance (Approximately 1 per cent of construction costs)	
Other (specify)	
TOTAL	

4. Implementation

4.1. Key deliverables and timetable

This section should include, but not be restricted to, the following:

- Approval of proof of concept by September 2021.
- Identification of What would be the key deliverables, decision points, and stages of implementation?
- Are planning or other approvals needed and have they been factored into the timetable?
- Would there be a need to change any legislation, regulations, policies or guidelines and has this been factored into the timeline?
- For capital works proposals, also
 - append a Project Program (preferably as a Gantt chart)

- outline a proposed schedule float or buffer in the project.

4.2. Governance, resources and risk management

Governance:

- The department of gynaecology oncology will be a part of the directory of women and children's health within Canberra health services. It will be under the same governance structure as that department. In this case it will be equivalent of the maternal foetal medicine unit.
- In addition as this is a new unit it is suggested that a mortality and morbidity brief be conducted with another gynecology oncology unit every 6 months for 2 years.
- The department data manager and the unit fellow will undertake annual clinical audits as part of the ongoing clinical governance under supervision of the head of department.
-

Resources:

- (With reference as appropriate to the "do nothing option" consideration as per Section 5) What would be the major risks to this project achieving its goals, and/or being delivered on time and within budget? How would those risks be mitigated?

Risk management:

From: Peffer, Dave (Health)
Sent: Thursday, 14 April 2022 18:14
To: O'Neill, Cathie (Health)
Subject: FW: Gynaecological cancer services in the ACT

OFFICIAL

Hi Cathie

Can you please have a look at this one with your guys. Not sure if this is in line with anything we're planning to do.

Once you've landed it, can you please contact Leon directly.

Thanks

Dave

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 10 April 2022 8:59 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Subject: Gynaecological cancer services in the ACT

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Mr Peffer,

Approximately 5 per cent of women in Australia will develop a gynaecological cancer in their lifetime. The gold standard of care requires a multidisciplinary team, including the surgical skill set of a subspecialist gynaecological oncologist. There are about 60 subspecialists in Australia, and none based in the ACT. The training pathway for gynaecology oncology is an additional 3 years on top of the 6-year training program of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

My name is Leon Foster, I am a gynaecologist currently subspecialising in gynaecology oncology. I visit the ACT fortnightly to operate and do a clinic with Dr Greg Robertson as part of the visiting gynaecology oncology service. Dr Greg Robertson has been visiting the ACT providing this service under the auspices of the Royal Hospital for Women (Randwick) as part of an arrangement that has been ongoing for more than 20 years. Most women are seen in Canberra but travel to Sydney for surgery, despite the rest of their treatment (primarily chemotherapy, radiotherapy and supportive services) occurring in the ACT.

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Funding and high-level support is essential. We are essentially aiming to create a new unit within the existing WY&C structure – smaller but not dissimilar, in a way, to the foetal medicine unit which has a dedicated multidisciplinary team including allied health members, funded within WY&C. I also suspect that other comparable cancer services requiring a specialist surgical team, such as the upper GI service would have a cross-funding arrangement with the CAS Division. A Gynaecology Oncology Unit would not stand alone, it would work collaboratively with the strong existing infrastructure and staff in the Canberra regional cancer centre.

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Thank you for your consideration.

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

| Fax: 02 9382 6200 |

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From: George, Jacinta (Health)
Sent: Wednesday, 20 April 2022 09:18
To: O'Neill, Cathie (Health)
Subject: Discuss Gynaecological cancer services in the ACT

OFFICIAL

Cathie

Sorry I can't be at the meeting later today.

There are some related actions in the Territory-wide Health Services Plan however it has not been identified as an initial priority: the foreshadowed cancer services plan would identify detailed planning

Cancer care	Invest in screening, diagnostic and endoscopy services in line with increasing demand and undertake modelling of the impacts of these developments on demand for other cancer care services Improve integration with highly specialised low volume cancer care services delivered in major metropolitan areas to support improved access and care coordination for ACT residents Ensure cancer services are well integrated across the care continuum, from screening and diagnosis, through to surgical services, cancer services, palliative care and other supports in the community
Cancer Care	Redesign care pathways to identify gaps and improve access to the right care, in the right place at the right time across the cancer care continuum
Health Systems	Improve continuity of care across the health systems with a particular focus on referral and diagnostic imaging services for patients receiving care interstate
Surgery	Undertake a cost benefit analysis/feasibility study for the development and sustainability of robotic surgery in the ACT, with a particular focus initially on urology, gynaecology and cardiothoracic surgery. This process will consider the patient outcomes benefits, workforce issues, cost of equipment and infrastructure modifications required, equipment maintenance, training, set up time, volumes of procedures

The plan identifies CHS as a Level 6 role for Gynaecology now and in the future (Can provide further detail) which supports the current partnership with RHW or a local service:

As for Level 5. In addition, provide Complex Major gynaecological procedures for all levels of patient risk[^]. Provide multidisciplinary management of gynaecological malignancy including chemotherapy and radiotherapy. May provide specialised services such as reproductive endocrinology and infertility. May provide gynaecological care for neonatal, paediatric and adolescent patients in conjunction with networked paediatric and adult hospitals. May have cross LHD role in a specific field*

Jacinta George
 Executive Group Manager
 Ph: (02) 5124 9180 (Executive Assistant)

Email: jacinta.george@act.gov.au

Health System Planning and Evaluation
 Level 3, 2 Bowes Street Phillip ACT 2606
health.act.gov.au



From: George, Jacinta (Health)
Sent: Tuesday, 19 April 2022 5:25 PM

To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: RE: Discuss Gynaecological cancer services in the ACT

OFFICIAL

Sorry: that clashes with our Minister's meeting. I'm just getting the team to pull out planning detail that I will send through

Jacinta George
 Executive Group Manager
 Ph: (02) 5124 9180 (Executive Assistant)

Email: jacinta.george@act.gov.au

Health System Planning and Evaluation
 Level 3, 2 Bowes Street Phillip ACT 2606
health.act.gov.au



-----Original Appointment-----

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>

Sent: Tuesday, 19 April 2022 5:19 PM

To: O'Neill, Cathie (Health); Mitchell, Andrew (Health); Craft, Paul (Health); Wakefield, Katherine (Health); George, Jacinta (Health); Freiberg, Susan (Health); Lim, Boon (Health); Gilmore, Lisa (Health); Fitzgerald, Ailene (Health)

Subject: Discuss Gynaecological cancer services in the ACT

When: Wednesday, 20 April 2022 3:30 PM-4:00 PM (UTC+10:00) Canberra, Melbourne, Sydney.

Where: webex (link in invite)

Please see below email from Leon. I understand Leon is currently contacting as many people as he can and I have been tasked by Dave with getting back to him.

Can we meet please to discuss what discussions have occurred to date, where this service sits in the priority of services, the implications of Gregs impending retirement is, whether there has been a business case in the past – I haven't seen one, and what we would like to progress if anything?

If you can't attend the meeting please let me know your thoughts prior by email/phone. If you think others should be present feel free to invite them.

Thanks

Cathie

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 10 April 2022 8:59 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Subject: Gynaecological cancer services in the ACT

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Mr Pepper,

Approximately 5 per cent of women in Australia will develop a gynaecological cancer in their lifetime. The gold standard of care requires a multidisciplinary team, including the surgical skill set of a subspecialist gynaecological oncologist. There are about 60 subspecialists in Australia, and none based in the ACT. The training pathway for gynaecology oncology is an additional 3 years on top of the 6-year training program of the Royal Australian and New Zealand College of Obstetricians and Gynaecologists.

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Thank you for your consideration.

Leon



Dr Leon Foster
 BA MBBS MPH FRACGP FRANZCOG
 Fellow – Gynaecology Oncology

Department Gynaecological Oncology
 Royal Hospital for Women – Barker St Randwick 2031

| Fax: 02 9382 6200 |

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**Canberra Health
Services**

Maternity & Gynaecology Department

April 2022

Dr Nat De Cure, Clinical Director &
Wendy Alder, Ag ADOM



Gynaecology Oncology



ACT
Government

**Canberra Health
Services**

Background

- 1 in 20 Australian women will have a diagnosis of a gynaecological cancer in their lifetime
- The specialty of gynaecology oncology requires an additional 3 years of subspecialty training after attaining a FRANZCOG
- There are currently only 70 gynaecology oncologists in Australia, with high demand for this skill set

Current Service

- Reliant on Dr Greg Robertson from RHW Randwick
- Fortnightly theatre list and clinic
- Referrals from ACT, Regional NSW
- High risk/complex women go to Sydney for surgery due to concerns about post-op care without local GO
- \$ pa plus travel/accommodation costs
- Adjuvant therapy (chemo, radiation) and allied health services locally through Division of Cancer and Ambulatory Support
- **Major limitation: Dr Robertson retiring 2022-2023**
- **Clinical Risk Issues: fragmented care, no oversight of referrals or appointments (clerical staff based at RHW), multiple instances of delayed treatment as a result, and poor outcomes**

Gold Standard Service

- Local GO Service, with Gynaecology Oncology Subspecialist
 - Timeline important, subspecialist willing to start in 2023 or not at all
- Minimise displacement for women accessing treatment
- Provide localised consult capability and obstetric support (acreta etc)
- Streamline care with surgery and adjuvant therapy in one centre, in line with other cancer care in the ACT
- Build research capabilities
- Requires significant resourcing in addition to GO FTE: allied health, cancer support services, research nurse, theatre time, anaesthetics staff, inpatient beds with skilled nursing staff to care for very complex post-operative patients
- Resourcing spans multiple Divisions making business case complex

Alternatives

- Engage with RHW to attempt to secure succession planning for Dr Robertson to continue current outreach service
 - Ongoing clinical risk
- Cease RHW arrangement and refer all malignancies to Sydney for complete care
 - Reduces clinical risk, but significant social impacts for community

Action Plan

- Business case being costed
- Meeting to be arranged with Medical Oncologists to discuss options and currently available resources within Cancer Centre
- Will require higher level support in engaging Division of Surgery for theatre lists, anaesthetic staff, surgical ward beds
- Consider a staggered approach for service development, with risk that GO will not take up employment without our commitment to entire plan
- In the event that we lose opportunity to recruit GO, consider cancelling RHW arrangement and referring all women to Sydney, current clinical risk difficult to mitigate

From: Peffer, Dave (Health)
Sent: Monday, 25 April 2022 15:15
To: O'Neill, Cathie (Health)
Subject: FW: Gynaecological cancer services in the ACT
Attachments: Business Case - CBR Health services - Dept of Gyn Onc v2023.docx; SE NSW by LGA.docx; SE NSW Population 2020 V 1.2.xlsx

OFFICIAL

Hi Cathie – here's another email from Leon.

I've thanked him and let him know we'll consider it. I don't intend doing anything else directly with Leon from here – I'm entirely in your hands for whether this is something we look at or not. We have a lot on our plate at the moment.

Thanks for steering the ship over the past week – I've seen it's not been calm seas....

See you in the morning.

Dave

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Saturday, 16 April 2022 9:17 AM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Subject: RE: Gynaecological cancer services in the ACT

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Dave,

I appreciate your reply, especially late on a Thursday before the long weekend. I understand that these things are, unfortunately, not straight forward. I have also experienced that when the right people are interested, funding can be rapidly available. I have attached a non-costed proposal that I drafted in 2020.

I firmly believe that this service is in line with the values that CHS wants to promote and its provision will remove an inequity that exists in health care in the ACT. I know that the care of women with these cancers is not as good as it is in many parts, rural and urban, of NSW. The funding requirement, staff numbers and equipment costs are small compared to the benefit for the population.

Thanks again,

Leon

From: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Sent: Thursday, 14 April 2022 6:13 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Subject: RE: Gynaecological cancer services in the ACT

OFFICIAL

Dear Leon

Thanks for reaching out and taking the time to step that out.

I've asked for some advice from our Chief Operating Officer on the prospect of establishing a service like this. Operating within a fixed funding envelope means hard decisions have to be made about where funding is allocated, and which services grow or commence. Not everything can be done.

But let me talk it through with Cathie and her executives and we'll come back to you shortly.

Thanks

Dave

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 10 April 2022 8:59 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
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2020-21 BUDGET: BUSINESS CASE TEMPLATE (STREAMLINED NOVEMBER 2020 VERSION)

This template is for:

- all expense proposals;
- all revenue proposals;
- all ICT proposals; and
- “Tier 3” capital works and plant and equipment proposals (defined in the *Capital Framework* as having a total project value of under \$10 million).

If you have a Tier 1 or 2 capital works proposal, you will need the alternative template, which is available at <http://www.procurement.act.gov.au/about/capital-framework/single-assessment>.

The accompanying guidance documentation provides more information on what is expected in each section of this template, including particular requirements for capital works and ICT proposals.

To provide a clean copy of your business case, please delete all grey instructive sections of text, as well as this front page.

Please note:

This template has been streamlined in recognition of the compressed timeframes associated with the 2020-21 Budget. If business cases have been prepared on the previous (full) 2020-21 Budget business case template, these can be submitted on the previous template and do not need to be transferred onto this revised template.

Agencies are not required to undertake any form of Wellbeing analysis in completing this business case template. However, Treasury may contact require further information to determine how select proposals relate to the Wellbeing Framework (e.g. how a given proposal aligns with the Government’s wellbeing domains).

2020-21 BUDGET: BUSINESS CASE

Proposal name:	<i>Establishment of Department of Gynaecology Oncology</i>
Minister and Ministerial Portfolio:	Rachel Stephen-Smith
Electorate:	All
Suburb:	All
Election Commitment details:	No
Year to Cease Funding:	<i>Ongoing</i>

Financial Impacts Summary	2020-21 \$'000	2021-22 \$'000	2022-23 \$'000	2023-24 \$'000	Totals \$'000
Capital Impacts					
Capital					
Expense Impacts^(a)					
Expenses					
Expenses – depreciation					
Revenue/Savings/Offsets Impacts					
Revenue					
Savings					
Offsets ^(b)					

Staffing Impact	2020-21	2021-22	2022-23	2023-24	Total
Total additional FTEs (number)					

(a) For capital works proposals, this should be the whole of life cost.

(b) Applies also to expenses associated with capital works and ICT proposals, with the exception of Repairs and Maintenance expenses.

Business case contact officer and phone number:

1. Description

The provision of gynaecological cancer surgery to women in the ACT and surrounding region has been supplied by an outreach service of the Royal Hospital for Women (RHW) in Randwick, for almost 30 years. The ACT is the only state or territory in Australia that does not have a resident gynaecology oncology surgeon and (apart from the Northern Territory), a multi-disciplinary team. The creation of a Canberra based unit would be a great step forward to allow women to be treated and cared for in their home environment. This initiative would put the care of women front and centre as well as allowing them to enjoy the same standard of care as elsewhere in the country without having to leave Canberra. The social dislocation having to travel has a huge impact in terms of carers and separation from support- particularly at a time of great stress in dealing with cancer. It seems iniquitous that men can achieve all treatments for cancer in the ACT but women with gynaecological cancer are forced to travel.

Best practice cancer care involves the discussion of all newly diagnosed and recurrent cases in a multidisciplinary team meeting¹. ACT patients are currently discussed at the RHW multi-disciplinary team meeting where gynaecological pathologists, radiologists based in RHW and Prince of Wales Hospital (co-located) review physical slides of pathology and online imaging as part of the meeting.

Complex gynaecological cancer surgery and operations that cannot be accommodated in a timely manner are undertaken at the RHW, St George public hospital or St George private hospital. Women who require surgery that is expected to be uncomplicated can be operated on in the Canberra Hospital. This is also limited by operating time with only one, half day operating list a fortnight currently available. Conversely the medical and radiation oncology departments in Canberra Health Services are very well developed and provide an excellent service to women of the ACT and surrounding area. The only limitation on this is that women with locally advanced cervical cancer are treated by high dose brachytherapy at the Prince of Wales hospital in Sydney.

Current service need.

The estimates of service need are based on Aug 2020 ABS statistics and 2019 AIHW cancer statistics (Age standardised ratio (per 100,000))^{2,3}. Referral numbers are estimated from current women's health-based referrals from these areas (primarily obstetric). See attached map and spreadsheet. It is estimated that per year the following histologically proven cancer case numbers will be referred to this service:

- Endometrial Ca (EC) ASR 19.3 - 71 cases
- Ovarian Ca ASR 9.8 – 39 cases
- Cervical Ca ASR 6.9 – 25 cases
- Vulva Ca ASR 2.4 – 9 cases
- Other female genital organs and placenta AST 2.0 – 7 cases
- Vaginal Ca ASR 0.6 – 3 cases.
- Total New Ca cases: **154**

High risk gynaecology or cases at high risk of having a diagnosis of cancer are in addition to proven malignant cases:

- Estimated at 0.6 per cancer case (based on Westmead hospital referral/operations in 2019)
- **92** major operating cases per year.

Obstetric cases

- Thirty percent of all deliveries in the ACT are caesarean sections (approx. 1200 per year). Caesarean section is the major risk factor for abnormal placentation and morbidly adherent placentas.
- Abnormal placentation is a risk factor for adverse maternal and perinatal outcomes. They are considered high risk pregnancies and should be managed as part of a multi-disciplinary team. Where available this team includes a gynaecological cancer surgeon.
- Gynaecological cancer surgeons are commonly used, where available, in surgical obstetric emergency cases.

Pathology / Radiology review

Current clinical practice in Australia sees the precursor lesion for endometrial adenocarcinoma, Atypical Endometrial Hyperplasia, being surgically managed by general gynaecologists. Australian guidelines recommend that all these cases are discussed with, and as required reviewed, by an expert gynaecological pathologist. (Cancer Australia – Abnormal vaginal bleeding in pre and peri menopausal women. Current standard of care in this situation is to review histopathology and medical history in a multidisciplinary team scenario to confirm the histological diagnosis. This would add additional cases to the MDT meeting per week. As well as MDT case review slides must be sourced from the initial reporting pathologist and reviewed by the MDT pathologist.

Currently all these pathology slides are express posted from Canberra to the Prince of Wales Pathology department.

Pelvic imaging, especially pelvic MRI is a specialised area of radiology. Multi-disciplinary care relies on specialist radiologists to provide secondary review of imaging within the MDT. This is an area that will need development within CHS.

Endstate:

- Women in the ACT and surrounding regions will be referred to a holistic multidisciplinary team. Surgery, medical and radiation oncology will all be undertaken in the ACT.
- The imaging, pathology and treatment planning will occur in a local MDT with specialist Gyn radiologists and pathologists.
- Locally run research and participation in national / international clinical trials. All women with a diagnosis of a gynaecological cancer can be offered the opportunity to participate in a clinical trial.
- Participation in National gynaecology oncology register.
- Nursing and allied health support within dept of Gyn Oncology

Dept of Gyn Oncology staff:

- Administration Officer: 1.0 FTE APS initially 1.6 FTE when Surg FTE > 1.0
- Social worker – 0.6 initially. Aiming for 1.0
- Psychology initially 0.4 aiming for 0.6 in time
 - o There is Australian data indicating that women who have access to social work and psychology have better mental health but are more likely to complete their cancer treatments ⁴.
- Clinical Nurse Consultant – Level 3 RN 1.0 FTE– aim to provide ongoing education and support for patients and training for nursing staff.
- Data manager and MDT coordinator 1.0 FTE
- Research Staff – in conjunction with ACT health cancer centre – CHS funded ~ 0.2 FTE aiming to self fund additional FTE as possible
- Surgical staff – CGO 1.0 FTE initially aiming 1.6 – 2.0

Non Gyn Oncology support staff:

- Dietetics
- Physiotherapy
- Occupational therapy
- Palliative care
- Interventional radiology
- Level 2 RN Surgical clinical nursing specialist

Post operative Beds:

- 6 beds in female only ward year 1. 8 beds by 2025.
- Staffed by surgical / Oncology registered nurses.

Operating Theatre time:

- Based on 240 major operative cases per year.

- 2 sessions per week. One full day 2023. Increasing to 2 full days by 2025.
- Level 2 Gynaecology Oncology Scrub / scout position.

Research

- The development of a Gynaecology Oncology unit in Canberra health services provides the opportunity to embed a research driven culture at its core. Every woman with a new diagnosis of a gynaecological cancer in the ACT should have the opportunity to be offered an opportunity to contribute to clinical research. This is in line with the Centre for Health and Medical research's vision and priorities to be a leader in research and innovation as well as developing a strong research culture.
- Embedding this capability in the unit at its inception will facilitate research being intrinsic to the culture of the unit.

Clinics:

- 2 x per week (4 clinic rooms required). Additional joint Medical / Radiation / Gynaecology oncology clinic for one half day per FN.
- 10 clinic rooms and 1 treatment room with purpose gynaecology bed, standard equipment, colposcope and gynaecology clinic nurse support.

Junior staff support:

- Fellow – Provisional fellow appointment – 5/6th year O&G (12/12 appointment – in addition to current registrar manning).
- ITP trainee Registrar (3/12). RMO or SRMO (3/12)

Surgeon support:

- Mentor – surgical for 1.5 list a FN / Month, also in MDT and paid advice position.
- Independent auditor – prior to set up.
- Professional Development – Attendance at conference 2 per year
- Sabbatical for PD due to surgically isolated
- Leave with locum cover
- Establishment of additional FTE in 2025
- On call arrangement – loan subspecialist
- Pay arrangements

MDT Members

- Pathologist – central review until ? timeline / i.e. audit results – aim to identify interested pathologist
- Radiologist – including interventional with 1 procedure per month.
- Research clinician
- Clinical geneticist
- Medical oncology
- Radiation oncology
- Gynaecology oncology
- Palliative care
- Administration

Medical imaging

- Computed tomography - 1 public outpatient per FN (26 per year)
- Computed tomography - 1 public inpatient FN (26 per year)
- PET imaging – 24 per year.
- MRI availability - 18 per year
- Lymphoscintigram – 10 per year

Specialist surgical support

- Colorectal 1 list per month – on call on request
- Urology support – 1 list per q3m – as above
- Upper GI – 2 lists per year – pre planned cases as above

Alternative options:

An alternative option to the establishment of a stand-alone unit would be to maintain the current arrangement with the RHW. This option has the advantage of a reduced service cost. Canberra Health services currently provides a yearly contribution to the RHW. For this the RHW provide surgical and follow-up services in Canberra and move high risk women to Sydney for treatment.

The disadvantage to this option is apparent and has been shown regularly since 2017. Manning changes to the RHW team saw decreased specialists available to come to Canberra. This saw an increase in ACT women waiting for appointments and surgery for their gynaecological cancer. As the population of the ACT and surrounding area increases this arrangement will need to be renegotiated.

The ACT is an outlier nationally for this service. The physical dislocation of having care in Sydney for ACT based women as well as those from surrounding areas can have significant effects on their mental health and social support requirements. The COVID-19 pandemic highlighted this issue as services were again reduced due to issues with patients moving between state lines and reduced support for patients dealing with a new cancer diagnosis.

2. Stakeholders and consultation with other directorates

This section should include, but not be restricted to, the following:

- Who are the key stakeholders, including other directorates of community groups impacted by this proposal?
- Will this proposal increase or decrease gender equality or assist in achieving the objectives of the *ACT Women's Plan 2016-26*? The Office for Women can be contacted for a Gender Impact Assessment template and guidance at women@act.gov.au.
- Has this proposal been developed in consultation with/ based on advice the Aboriginal and Torres Strait Islander community and does the proposal advance the outcomes in the *ACT Aboriginal and Torres Strait Islander Agreement 2019-2028*?

3. Further cost details

3.1. Preliminary cost estimate

- Provide a preliminary cost estimate for the proposal. This should include a breakdown of costs for both the operating and capital components of the proposal in excel format including calculations (ie no hardcoding). All assumptions used in costing the proposal and risks to the costings should be identified.
- For capital works proposals, this estimate should consider:
 - Whole of life costs, including associated expenses (if appropriate) of repairs and maintenance, depreciation, disposal and evaluation costs.
 - Contingencies.
 - The four per cent Major Projects Canberra management fee (please refer to the 2020-21 Budget Process Rules for additional details).
 - What is the expected useful life of the capital works item?
 - What (if any) design and other capital funding has been previously provided?

	Cost \$'000
Feasibility	<Please specify where funding in prior year>
Design and Supervision	<Please specify where funding in prior year>
Contingency (if any)	
Construction	
Major Projects Canberra management fee of 4 per cent	
Insurance (Approximately 1 per cent of construction costs)	
Other (specify)	
TOTAL	

4. Implementation

4.1. Key deliverables and timetable

This section should include, but not be restricted to, the following:

- Approval of proof of concept by September 2021.
- Identification of What would be the key deliverables, decision points, and stages of implementation?
- Are planning or other approvals needed and have they been factored into the timetable?
- Would there be a need to change any legislation, regulations, policies or guidelines and has this been factored into the timeline?
- For capital works proposals, also
 - append a Project Program (preferably as a Gantt chart)
 - outline a proposed schedule float or buffer in the project.

4.2. Governance, resources and risk management

Governance:

- The department of gynaecology oncology will be a part of the directory of women and children's health within Canberra health services. It will be under the same governance structure as that department. In this case it will be equivalent of the maternal foetal medicine unit.

- In addition, as this is a new unit it is suggested that a mortality and morbidity brief be conducted with another gynaecology oncology unit every 6 months for 2 years.
- The department data manager and the unit fellow will undertake annual clinical audits as part of the ongoing clinical governance under supervision of the head of department.

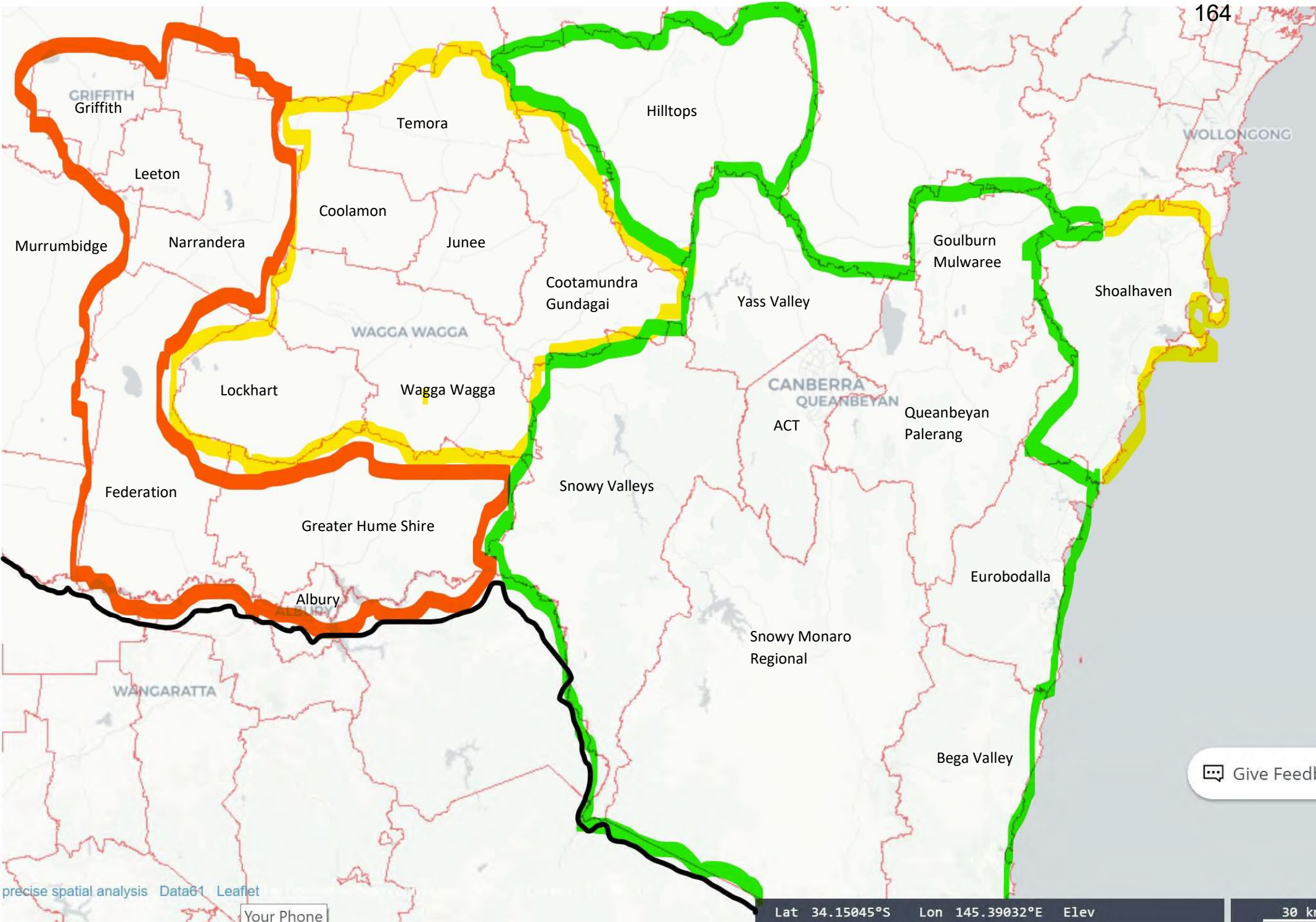
Resources:

- (With reference as appropriate to the “do nothing option” consideration as per Section 5) What would be the major risks to this project achieving its goals, and/or being delivered on time and within budget? How would those risks be mitigated?

Risk management:

References:

1. ovarian-cancer-optimal-cancer-care-pathway.pdf. Accessed January 7, 2021. https://www.cancer.org.au/assets/pdf/ovarian-cancer-optimal-cancer-care-pathway#_ga=2.133693386.597689048.1609973272-1552331108.1588763014
2. Cancer data in Australia, Summary. Australian Institute of Health and Welfare. Accessed April 12, 2022. <https://www.aihw.gov.au/reports/cancer/cancer-data-in-australia/contents/summary>
3. Regional population by age and sex, 2020 | Australian Bureau of Statistics. Published September 3, 2021. Accessed April 12, 2022. <https://www.abs.gov.au/statistics/people/population/regional-population-age-and-sex/latest-release>
4. Mercieca-Bebber RL, Price MA, Bell ML, et al. Ovarian cancer study dropouts had worse health-related quality of life and psychosocial symptoms at baseline and over time. *Asia-Pac J Clin Oncol*. 2017;13(5):e381-e388. doi:10.1111/ajco.12580



Give Feedback



Australian Bureau of Statistics

32326 Regional Population by Age and Sex, Australia
 Released 11.30am (Canberra time) 28 August 2020

Table 2. Estimated Resident Population by Age, by Local Government Area, Females – 30 June 2019

S/T code	S/T name	ASGS 2019 LGA code LGA name	Age group (Years)																	Total Females	Referral Factor	Pop x factor	ASR per 100,000												
			0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84				85 and over	Ovarian 9.8	Cervical 6.9	Endometrial 19.3	Vulva 2.4	vaginal 0.6	Other female genital organs and placenta 2						
1	New South Wales	10050 Albury (C)	1800	1673	1660	1689	1954	1858	1686	1642	1678	1777	1684	1785	1676	1521	1283	1028	743	868	28005	0.25	7001.25												
1	New South Wales	10550 Bega Valley (A)	776	920	1018	942	570	673	738	822	862	1096	1205	1580	1671	1467	1181	860	576	582	17539	0.9	15785.1												
1	New South Wales	12000 Cootamundra (A)	125	130	161	140	86	98	104	98	133	145	156	143	141	123	126	109	71	96	2185	0.5	1092.5												
1	New South Wales	12160 Cootamundra-Gundagai Regional (A)	261	322	348	327	246	251	245	292	299	332	328	403	403	381	365	321	226	225	5565	0.5	2782.5												
1	New South Wales	12750 Eurobodalla (A)	775	889	1025	953	654	671	697	836	923	1205	1189	1699	1888	1863	1685	1135	721	814	19622	0.9	17659.8												
1	New South Wales	12870 Federation (A)	292	373	404	329	269	238	235	333	266	359	418	460	496	524	463	321	274	227	6281	0.25	1570.25												
1	New South Wales	13310 Goulburn Mulwaree (A)	866	956	935	842	788	893	974	858	849	1076	921	1086	991	989	806	574	397	486	15287	0.9	13758.3												
1	New South Wales	13340 Greater Hume Shire (A)	295	393	435	376	169	136	283	283	316	353	367	391	411	342	273	202	121	128	5274	0.25	1318.5												
1	New South Wales	13450 Griffith (C)	943	885	925	833	798	1028	1024	767	756	853	820	850	727	622	503	373	357	502	13566	0.25	3391.5												
1	New South Wales	13910 Hilltops (A)	579	639	632	594	450	513	418	499	503	596	590	694	626	624	571	411	286	313	9538	0.9	8584.2												
1	New South Wales	14300 Junee (A)	193	210	182	161	156	192	178	155	147	167	172	214	195	169	141	110	47	79	2967	0.5	1433.5												
1	New South Wales	14750 Leeton (A)	367	381	469	505	275	366	314	289	288	341	335	401	348	276	246	206	171	154	5732	0.25	1433												
1	New South Wales	14950 Lockhart (A)	103	143	123	100	67	71	88	84	86	98	87	147	97	114	75	63	44	58	1648	0.5	824												
1	New South Wales	15560 Murrumbidgee (A)	105	128	130	119	114	116	95	108	120	126	152	103	108	85	62	52	50	1861	0.25	465.25													
1	New South Wales	15800 Narrandera (A)	179	216	210	145	113	151	146	156	166	187	154	239	207	173	169	124	90	106	2931	0.25	732.75												
1	New South Wales	16490 Queanbeyan-Palerang Regional (A)	2019	1924	1922	1683	1653	2127	2246	2189	2130	2318	2320	2051	1684	1368	1017	713	452	415	30231	0.9	27207.9												
1	New South Wales	16950 Shoalhaven (C)	2733	3028	2973	2701	2515	2474	2626	2695	2806	3196	3124	3854	4303	4214	3687	2681	1865	1916	53181	0.5	26590.5												
1	New South Wales	17040 Snowy Monaro Regional (A)	473	539	677	531	453	559	588	569	600	780	733	747	686	621	518	371	259	277	9981	0.9	8982.9												
1	New South Wales	17080 Snowy Valleys (A)	467	483	475	380	292	346	384	405	368	457	439	534	581	466	399	297	183	224	7180	0.9	6462												
1	New South Wales	17350 Temora (A)	173	206	193	164	138	134	182	138	156	173	222	258	215	222	200	136	132	124	3166	0.5	1583												
1	New South Wales	17750 Wagga Wagga (C)	2234	2222	2186	2177	2654	2586	2249	2125	1802	2030	1883	1956	1835	1578	1215	1001	756	893	33382	0.5	16691												
1	New South Wales	18710 Yass Valley (A)	503	573	660	579	381	383	417	509	599	744	639	581	535	485	419	280	168	192	8647	0.9	7782.3												
8	Australian Capital Ter	89399 Unincorporated ACT	13641	13629	11990	11799	17540	17748	18076	17303	14474	14461	12639	11981	10466	9171	7934	5305	3679	3897	215733	0.9	194159.7												
TOTAL FEMALES AUSTRALIA			29902	30862	29733	28069	32335	33584	34014	33132	30115	32854	30551	32206	30285	27420	23361	16683	11670	12626	499402	est ref base	367291.7	35.99459	25.34313	70.8873	8.815001	2.20375	7.345834						
																					All females > ;	380836	est ref > 20	280090.792											
																					Sum	150.5896													

Source: Regional Population by Age and Sex, Australia, 2019 (cat. no. 3235.0)

ASR per 100,000

Ovarian	Cervical	Endometri	Vulva	vaginal	Other female genital organs and placenta
9.8	6.9	19.3	2.4	0.6	2
35.99459	25.34313	70.8873	8.815001	2.20375	7.345834
Sum	150.5896				

35.99459	25.34313	70.8873	8.815001	2.20375	7.345834
Sum	150.5896				

Lang, Samantha (Health)

From: Freiberg, Susan (Health)
Sent: Tuesday, 26 April 2022 2:55 PM
To: CHS, WYC Executive Office
Subject: FW: for your awareness

UNOFFICIAL

From: Freiberg, Susan (Health)
Sent: Thursday, 21 April 2022 11:00 AM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: for your awareness

UNOFFICIAL

Hi Cathie

Boon advised today that Dr Leon advised Natalie he has written to all the political candidates about his gynaecology plan.

Natalie and Boon are planning another meeting with him today.

Regards Susan.

Assoc Adjunct Prof Susan Freiberg
Executive Director, Division of Women Youth and Children
Phone: (02) 5124 7389 | Email: susan.freiberg@act.gov.au
Canberra Health Services | ACT Government
Level 2, Building 11, Centenary Hospital for Women & Children, Canberra Hospital

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ACT
Government

**Canberra Health
Services**

Lang, Samantha (Health)

From: De Cure, Natalie (Health)
Sent: Tuesday, 26 April 2022 2:55 PM
To: CHS, WYC Executive Office
Cc: Lim, Boon (Health); Freiberg, Susan (Health)
Subject: Gynae Oncology

UNOFFICIAL

Dear all,

I met with Leon and Greg Robertson late last week, and suspect Leon will not take up the option of applying for a staff specialist position and then building a service in the future. Having said that, he will give this a little more thought before confirming.

Assuming this is the likely path forward, I also need to inform you that Greg Robertson has informed his current Director at the RHW that he is retiring at the end of the 2022 Clinical Year. Greg is concerned that RHW will not have the capacity to continue providing an outreach service past December.

I will make contact with the new GO director to clarify this, but can you please send me the MOU between ourselves and RHW to help guide this discussion?

Thanks,

Nat

Kind regards,

Dr Natalie De Cure**Staff Specialist | Obstetrics & Gynaecology**

Division of Women, Youth & Children | Canberra Health Services

P +612 6174 7593

A Building 11 Level 2 | PO Box 11 Woden ACT 2606



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From: Freiberg, Susan (Health)
Sent: Tuesday, 26 April 2022 15:39
To: O'Neill, Cathie (Health); Peffer, Dave (Health); Smitham, Kalena (Health)
Subject: FW: Women's cancer services in the ACT

UNOFFICIAL

For your situational awareness.

Curious to know considering the branding from the Royal Hospital in Randwick in the email signature whether they are aware that their staff member has written to political offices using their branding? Just a thought.

Regards Susan.

From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Sent: Tuesday, 26 April 2022 3:29 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: FW: Women's cancer services in the ACT

UNOFFICIAL

From: Smith, David (MP) <David.Smith.MP@aph.gov.au>
Sent: Tuesday, 26 April 2022 1:22 PM
To: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>
Cc: Leon Foster [REDACTED]
Subject: RE: Women's cancer services in the ACT

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Good Afternoon

Thanks very much for your email to Mr Smith.

He would be happy to meet and I was wondering if you had availability to meet sometime during the week of 2 May at his electorate office , 205 Anketell Street , Greenway ?

Kind Regards

[REDACTED]
 ON BEHALF OF DAVID SMITH MP

[REDACTED] 02 6293 1344 [REDACTED] 205 Anketell St, Greenway, ACT, 2900

[REDACTED] david.smith.mp@aph.gov.au [REDACTED] davidsmith.org.au



The electorate of Bean is on the land of the Ngunnawal and Ngambri people – land that was, is and always will be Aboriginal land.

We acknowledge and pay our respects to the knowledge and traditions of the traditional owners and their elders past, present and emerging. We acknowledge and respect their continuing culture and the contribution they make to life in the electorate of Bean.

From: Leon Foster [REDACTED]
Sent: Friday, 22 April 2022 7:06 PM
To: Smith, David (MP) <David.Smith.MP@aph.gov.au>
Subject: Women's cancer services in the ACT

Dear Mr Smith,

I am addressing this to you in the lead up to the federal election. I believe this is a non-partisan issue and as such have addressed members of all political parties.

Approximately 5 percent of women in Australia will develop a gynaecological cancer in their lifetime. The gold standard of care for these women includes a multidisciplinary team of cancer specialists. This includes medical oncologists, radiation oncologists, surgical oncologists, and specialist nursing staff and allied health professionals. The surgical treatment of gynaecological cancer is undertaken by sub-specialist gynaecological surgeons.

The ACT is the only jurisdiction in Australia that does not have a gynaecological cancer surgical service. Currently, women with gynaecological cancer in the ACT are cared for by an outreach service provided by the Royal Hospital for Women in Randwick, NSW. Most surgery is undertaken in Sydney. These doctors have provided an exceptional service for more than 20 years. This arrangement is likely to come to an end soon. There are no conditions affecting men only that cannot be cared for in the ACT.

An opportunity exists for an ACT based service to be established. This service would provide gynaecological cancer surgical services to women of the ACT and surrounding regions. Like that provided by the Canberra Regional Cancer Service. A proposal has been in place for nearly 2 years aiming to commence a service in 2023. My name is Leon Foster, I am a gynaecologist subspecialising in gynaecology cancer surgery. I have a long connection with the ACT and am a strong advocate for this service to be established in one of the public hospitals within the ACT.

I have been part of this proposal since its inception. I reach out as political support is essential for this service to go ahead as this opportunity will soon be lost. I believe this proposal is about more than the provision of a much-needed medical service, it is also about the equity of access to medical care across genders and the spectrum of medical conditions.

Whilst I am eager to discuss this with you, I would also refer you to current senior ACT based clinicians. Dr Natalie De Cure is the Medical Unit Director for the Department of Obstetrics and Gynaecology at Canberra Hospital. Her email is Natalie.DeCure@act.gov.au . Dr Alison Davis is a pre-eminent medical oncologist who specialises in treating gynaecological cancers. Her email is alison.davis@act.gov.au .

Thank you for your consideration.

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

[REDACTED] | Fax: 02 9382 6200 | [REDACTED]

From: Freiberg, Susan (Health)
Sent: Wednesday, 27 April 2022 09:52
To: Peffer, Dave (Health); O'Neill, Cathie (Health)
Subject: FW: Women's cancer in the ACT

UNOFFICIAL

Dear Dave

Another email for your awareness.

Regards Susan.

From: De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Sent: Wednesday, 27 April 2022 9:50 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: FW: Women's cancer in the ACT

UNOFFICIAL

From: Tim Hollo <tim.hollo@act.greens.org.au>
Sent: Wednesday, 27 April 2022 9:41 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]; De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>
Subject: Re: Women's cancer in the ACT

CAUTION: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe.

Dear Leon,

Thank you very much for getting in touch with me about this. My apologies for the delayed response - the campaign is increasingly frenetic. And I'm delighted to be introduced to you both, Natalie and Alison.

I would be very interested in meeting any of you and hearing about what would be needed for this crucial service to be provided in the ACT. I take it you believe Commonwealth funding is a vital part of the picture?

I'm also interested in hearing more from any of you about the general state of hospital care in Canberra, as I hear very troubling reports, and if you have ideas for what the Commonwealth, or a federal parliamentary crossbench MP, could do to improve the situation.

Please let me know if you might have time to meet and discuss this, perhaps on Thursday May 5 or Tuesday May 10, if I may suggest those options.

Many thanks for the vital work you do,
Tim

TIM HOLLO (HE/HIM)

Candidate for Canberra – ACT Greens ▲

2/18 Lonsdale St, Braddon, ACT 2612

e: tim.hollo@act.greens.org.au m: 0493 115 232

<https://greens.org.au/act>

The Greens recognise that the ACT is situated on lands that First Nations peoples have lived and met on for thousands of years. We acknowledge that sovereignty has never been ceded, and pay respects to elders past and present, as well as all First Nations people on this land.

On Fri, Apr 22, 2022 at 7:15 PM Leon Foster (South Eastern Sydney LHD) 

wrote:

Dear Tim,

I am addressing this to you in the lead up to the federal election. I believe this is a non-partisan issue and as such have addressed members of all political parties.

Approximately 5 percent of women in Australia will develop a gynaecological cancer in their lifetime. The gold standard of care for these women includes a multidisciplinary team of cancer specialists. This includes medical oncologists, radiation oncologists, surgical oncologists, and specialist nursing staff and allied health professionals. The surgical treatment of gynaecological cancer is undertaken by sub-specialist gynaecological surgeons.

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This message is intended for the addressee named and may contain confidential information. If you are not the intended recipient, please delete it and notify the sender.

Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Lang, Samantha (Health)

From: Ramsay, Michelle (Health) on behalf of CHS COO
Sent: Thursday, 28 April 2022 11:58 AM
To: CHS, WYC Executive Office
Subject: FW: Advice re Gynaecological cancer services in the ACT
Attachments: 20220426 GynaeOnc Specialist critical pop mass info_JS.docx

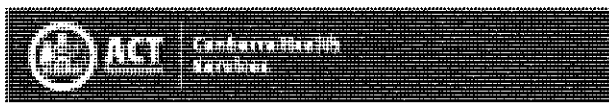
OFFICIAL

Hi Sam

Cathie thought this might be useful context as well for the brief.

Kind regards

Michelle Ramsay | Executive Officer
 Phone: 02 5124 5804 | Email: michelle.ramsay@act.gov.au
 Office of the Chief Operating Officer | Canberra Health Services | ACT Government
 Level 2, Building 28, Canberra Hospital
 PO Box 11, Woden ACT 2606 | health.act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

*Our vision is creating exceptional healthcare together**Our role is to be a health service that is trusted by our community.**Our values are Reliable, Progressive, Respectful, Kind*

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From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Thursday, 28 April 2022 11:07 AM
To: CHS COO <CHSCOO@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Subject: FW: Advice re Gynaecological cancer services in the ACT

OFFICIAL

Useful info for the briefing

C

From: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Sent: Wednesday, 27 April 2022 12:56 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: FW: Advice re Gynaecological cancer services in the ACT

OFFICIAL

FYI in response to your email ahead of the meeting on 20 April.

I've asked my team to check the ANZCOG advice on population catchment is current

Jacinta George
Executive Group Manager
Ph: (02) 5124 9180 (Executive Assistant)

Email: jacinta.george@act.gov.au

Health System Planning and Evaluation
Level 3, 2 Bowes Street Phillip ACT 2606
health.act.gov.au



From: Dufty, Tania (Health) <Tania.Dufty@act.gov.au>
Sent: Wednesday, 27 April 2022 12:39 PM
To: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Cc: Shaw, Julie (Health) <Julie.Shaw@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>
Subject: Advice re Gynaecological cancer services in the ACT

OFFICIAL

Hi Jacinta

In 2018, Prof Neville Hacker, Director Gynaecological Cancer Centre Royal Hospital for Women, provided the following advice re gynaecological cancer services in the ACT:

"With respect to gynaecological cancer care, my unit at the Royal Hospital for Women in Sydney currently conducts a weekly clinic on Friday afternoons, and a second weekly operating session on Friday mornings. Almost all new patients are seen in Canberra, and most endometrial cancers are treated by laparoscopic hysterectomy, bilateral salpingo-oophorectomy, with or without pelvic lymphadenectomy in Canberra. Pelvic masses that may need surgical staging if frozen section reveals an early ovarian cancer are also mainly operated in Canberra. More complex cases such as those requiring radical hysterectomy and pelvic hysterectomy for cervical cancer, cytoreductive surgery for advanced ovarian cancer, or surgery for vulvar cancer are operated in Sydney, because these patients need more intense postoperative care, and the relevant consultants need to be present to see them each day."

All radiation therapy is given in Canberra, except brachytherapy for cervical cancer. This decision was made by the Canberra radiation oncologists themselves, because they felt that the volume of work was not sufficient to maintain their expertise. All chemotherapy is also given in Canberra. We have a weekly Tumour Board discussion via Telemedicine each Monday between 5 pm and 6.30 pm, at which all new patients are discussed. The Canberra medical and radiation oncologists, together with the key oncology nurses in Canberra, attend this meeting to discuss the patients from their catchment area. We have an excellent working relationship with the oncologists in Canberra, and I believe that the current arrangement is advantageous for the patients of Canberra.

I note that there is discussion about getting a local gynaecological oncologist to do this service. In my opinion, this would provide an inferior service. The RANZCOG has determined that there should be one gynaecological oncologist per 500,000 head of population, and there are currently about 50 certified gynaecological oncologists in Australia. Canberra could probably support one gynaecological oncologist, but there is certainly not enough work for two, and it is very difficult, and undesirable, for gynaecological oncologists to work in isolation. We already have the example of cervical cancer brachytherapy being

given in Sydney because the local doctors (Canberra) felt they were not seeing enough cases to maintain their expertise."

- **Cancer Australia and the Royal Australian College of Obstetricians and Gynaecologists. 2011. NATIONAL GYNAECOLOGICAL CANCERS SERVICE DELIVERY AND RESOURCE FRAMEWORK.** Cancer Australia. Canberra
 - The specialist gynaecological cancer service model Services are mostly located in capital cities or larger regional centres and provide services to large volumes of women (more than 150 women per annum) and are supported by at least two to three gynaecological oncologists. Optimally in smaller states, specialist centres should have a minimum caseload of 100 new cases per annum.

Thanks to Julie for putting this together!

Regards

Tania Dufty | Director

Mobile: [REDACTED] Email: tania.dufty@act.gov.au

Health Services Planning Unit

Health System Planning & Evaluation Division

ACT Health Directorate

Level 3, 2-6 Bowes Street Phillip ACT 2606

health.act.gov.au

I acknowledge the traditional custodians of the ACT, the Ngunnawal people. I acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region.



Gynaecological Cancer Services- ACT Context

Royal Australian and New Zealand College of Obstetricians and Gynaecologist (RANZCOG)

Gynaecological Oncology (CGO):

Specialist Gynaecological Oncologists are competent in the comprehensive management of women with a gynaecological malignancy. A subspecialist Gynaecological Oncologist is responsible for ensuring the highest standards of care for women with gynaecological cancer

- **ACTHD Gynaecology Specialty Service Profile** ‘Service directions Future’ potential development of:
 - gynaecological oncology consultation services - currently most women seen in this outpatient clinic are referred interstate to the Royal Hospital for Women, Randwick, Sydney. A limited number of in-reach services are currently provided to CHS with specialists visiting monthly from Sydney. Challenges to future develop these gynaecological oncology services include recruitment of oncology specialists.
- **Consultation with HSPU and Prof Neville Hacker** (Director Gynaecological Cancer Centre Royal Hospital for Women, NSW), 2018:

Professor Neville F Hacker AM

Director

Gynaecological Cancer Centre | **Royal Hospital for Women**

Level 2 Barker Street Randwick NSW 2031

Tel 02 9382 6290 | Fax 02 9382 6200 | N.Hacker@unsw.edu.au

“With respect to gynaecological cancer care, my unit at the Royal Hospital for Women in Sydney currently conducts a weekly clinic on Friday afternoons, and a second weekly operating session on Friday mornings. Almost all new patients are seen in Canberra, and most endometrial cancers are treated by laparoscopic hysterectomy, bilateral salpingo-oophorectomy, with or without pelvic lymphadenectomy in Canberra. Pelvic masses that may need surgical staging if frozen section reveals an early ovarian cancer are also mainly operated in Canberra. More complex cases such as those requiring radical hysterectomy and pelvic hysterectomy for cervical cancer, cytoreductive surgery for advanced ovarian cancer, or surgery for vulvar cancer are operated in Sydney, because these patients need more intense postoperative care, and the relevant consultants need to be present to see them each day.

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- **Cancer Australia and the Royal Australian College of Obstetricians and Gynaecologists. 2011. NATIONAL GYNAECOLOGICAL CANCERS SERVICE DELIVERY AND RESOURCE FRAMEWORK.** Cancer Australia. Canberra
(https://www.canceraustralia.gov.au/sites/default/files/publications/national_gynaecological_cancers_framework_web_504af03f98d32.pdf).
 - The specialist gynaecological cancer service model Services are mostly located in capital cities or larger regional centres and provide services to large volumes of women (more than 150 women per annum) and are supported by at least two to three gynaecological oncologists. Optimally in smaller states, specialist centres should have a minimum caseload of 100 new cases per annum.

Figure 1: Cancer Australia, 2016. National Framework for Gynaecological Cancer Control , Cancer Australia, Surry Hills, NSW (https://www.canceraustralia.gov.au/sites/default/files/publications/national-framework-gynaecological-cancer-control/pdf/2016_gcncf_gynae_framework.pdf).

It is common practice in developed countries for gynaecological cancer services to be centralised, whereby women with gynaecological cancer are treated in a gynaecological cancer unit.

In Australia there are sixteen gynaecological cancer units, as shown in Table C-1.

Table C-1 Gynaecological cancer units as at June 2015

State	Hospital	Location
NSW	Royal Hospital for Women	Sydney
	Westmead Hospital	Sydney
	Royal North Shore Hospital	Sydney
	Chris O'Brien Lifehouse at RPA	Sydney
	Liverpool Hospital	Sydney
	John Hunter Hospital	Regional NSW
VIC	Mercy Hospital for Women, Melbourne	Melbourne
	Royal Women's Hospital	Melbourne
	Monash Medical Centre	Melbourne
QLD	Royal Brisbane & Women's Hospital	Brisbane
	Mater Hospital Brisbane	Brisbane
	Gold Coast University Hospital	Gold Coast
SA	Flinders Medical Centre	Adelaide
	Royal Adelaide Hospital	Adelaide
WA	King Edward Memorial Hospital for Women	Perth
TAS	Royal Hobart Hospital	Tasmania

Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Thursday, 28 April 2022 3:19 PM
To: Freiberg, Susan (Health); De Cure, Natalie (Health)
Cc: CHS, WYC Executive Office
Subject: Re: 20220426 GynaeOnc Specialist critical pop mass info_JS (002)

Hi Susan,

I had a chat with the EDMS of the Royal Hospital for Women, Wayne Hsueh today and he is aware of the challenges with the Gynae Onc service not just at CHS but also at RHW with Greg's impending retirement.

I appraised him of where we are in discussions with Leon and he agree that even if we started with a full service from day 1 with Leon, it would not be immediately sustainable with a solo junior Gynae Oncologist running the service in Canberra.

He is going to speak to his Gynae Onc Director and will are for us all for a meeting to discuss the way forward as they have concerns with the current service and would like to tidy up the processes going forward recognising that they are very supportive of providing us with a good service.

I'll keep you posted.

Kind regards

Boon

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From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Thursday, April 28, 2022 2:53:28 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; De Cure, Natalie (Health) <Natalie.DeCure@act.gov.au>
Subject: 20220426 GynaeOnc Specialist critical pop mass info_JS (002)

UNOFFICIAL

FYI

From: Peffer, Dave (Health)
Sent: Monday, 2 May 2022 21:09
To: O'Neill, Cathie (Health)
Subject: Re: Gynaecological Oncology Service to Canberra

thanks Cathie

Dave

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Monday, May 2, 2022 12:32:33 PM
To: Peffer, Dave (Health) <Dave.Peffer@act.gov.au>
Cc: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: FW: Gynaecological Oncology Service to Canberra

OFFICIAL

fyi

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 29 April 2022 1:05 PM
To: Wayne Hsueh (South Eastern Sydney LHD) [REDACTED]; Ramanand Athavale (South Eastern Sydney LHD) [REDACTED]
Cc: Leonie Watterson [REDACTED]; Maria Fenn (South Eastern Sydney LHD) [REDACTED]; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: RE: Gynaecological Oncology Service to Canberra

OFFICIAL

Dear Wayne,

Many thanks for taking my call to discuss this yesterday. As mentioned, we have been informed by Greg Robertson that he has served notice to retire at the end of this clinical year. At the same time, Leon Foster has approached us to appoint him as the gynae oncologist based in Canberra from February 2023. As we discussed, having a solo practitioner, especially in their early career, would not be a safe option. Hence, we need to look long term at how we can develop a safe and sustainable service for the women of ACT and southern NSW going forward.

If you are happy, I am happy to ask my PA Kelly to arrange a meeting by Webex. I have informed my Executive Director Susan Freiberg of the meeting and no doubt she will wish to attend. Our Chief Operating Officer may also be keen to be involved as she is looking at it from the multidisciplinary aspect.

Please let me know how you would like to proceed and we can make the necessary arrangements to invite the appropriate people to attend.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



Reliable | Progressive | Respectful | Kind



From: Wayne Hsueh (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 29 April 2022 10:57 AM
To: Ramanand Athavale (South Eastern Sydney LHD) [REDACTED]
Cc: Leonie Watterson [REDACTED]; Lim, Boon (Health) <Boon.Lim@act.gov.au>; Maria Fenn (South Eastern Sydney LHD) [REDACTED]
Subject: Gynaecological Oncology Service to Canberra

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Dear Ram

Boon Lim who is the Executive Director of Women's and Children's Services in Canberra Hospital contacted me yesterday regarding Gynaecological Oncology in Canberra, including ongoing arrangements with RHW given Greg Robertson's plan to retire at the end of the current clinical year.

I said we've discussed this previously but not recently. If Greg's plan is now confirmed there needs to be planning for recruitment and appropriate models of service which may be substantial given the historical lack of transparency with some of the arrangements. I suggested a brief meeting in the next couple of weeks for us to touch base and work out a plan to progress.

Perhaps the initial meeting should include you, Boon and I, +/- Maria. Once there's an understanding of how best to proceed then you can liaise with Maria and Leonie to map out ideal arrangements. Happy to be involved where needed and I'm sure you've got some ideas already how you'd like to structure this service.

Boon is included in this email and his number is [REDACTED].

Kind regards

Wayne

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Lang, Samantha (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, 25 May 2022 10:10 AM
To: CHS COO
Cc: CHS, WYC Executive Office; Freiberg, Susan (Health); Greg Robertson
Subject: RE: CHS GYN oncology

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Hi Maddy,

I can make myself available either time. On Tuesday it would have to be via zoom and on Friday I could come down for the day. Dr Robertson would also like to be involved and he would have to be on zoom. I have cc'd him to confirm his availability.

Thanks,

Leon

From: Bartlett, Madeline (Health) [mailto:Madeline.Bartlett@act.gov.au] **On Behalf Of** CHS COO
Sent: Tuesday, 24 May 2022 2:48 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: CHS GYN oncology

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UNOFFICIAL

Good Afternoon Leon

Thank you for your email and apologies for the delay in providing a response.

Would you be available to meet with Cathie the week of 6 June, either Tuesday after 3pm or Friday between 11am and 1pm? Happy to arrange face-to-face or virtual.

Kind Regards

Maddy

**Madeline Bartlett | Executive Assistant to
Chief Operating Officer | Cathie O'Neill**
P | 5124 2147
E | CHSCOO@act.gov.au
Canberra Health Service | ACT Government
Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Thursday, 19 May 2022 10:32 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; Raco, Ida (Health) <Ida.Raco@act.gov.au>
Subject: RE: CHS GYN oncology

UNOFFICIAL

Hi Leon

Apologies for the delayed response.

I have just been busy with various components for Women Youth and Children.

If you would like an appointment I will ask Ida to book us a spot to catch up.

My understanding from your extensive correspondence as outlined below is that the COO Cathie O'Neill was planning to meet with you.

She may have been held up with accreditation and with COVID. I will follow up with her office to see if we can make the time together.

Regards Susan.

Assoc Adjunct Prof Susan Freiberg
Executive Director, Division of Women Youth and Children
Phone: (02) 5124 7389 | Email: susan.freiberg@act.gov.au
Canberra Health Services | ACT Government
Level 2, Building 11, Centenary Hospital for Women & Children, Canberra Hospital

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 13 May 2022 11:31 AM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: CHS GYN oncology

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Hi Susan,

It's been a month since our last correspondence and I was wondering if there is any update on the GYN oncology unit proposal? Greg and I have been down and tried to pop in a couple of times but I think you may be out in the community every second Friday. Is that correct? We'll be down again next Thursday pm and Friday all day if you are available to catch up.

For your information since we last swapped emails I have reached out to a number of different areas to attempt to gain traction for this service.

I swapped emails with Dave Peffer – he indicated he would ask Cathi O'Neill to look into it

Similarly I have spoken briefly to Ross Hawkins the CEO of Cavalry health care ACT and Dr Piscionari and Dr Porteous at Calvary

I have sent a letter to all the major party candidates for the house of representatives in the ACT and subsequently spoken to the member for Bean and Mr Tim Hollo a greens candidate for the Canberra electorate.

I have also corresponded with the ACT local minister for women

As Dr Robertson and I haven't heard back from the ACT Health minister I have also approached Mrs Guila Jones MLA and the shadow minister for health in the ACT Leanne Castley MLA – they have yet to get back to me.

I have also given patients a handout with contact details for their local members.

I have contact the Ovarian Cancer Australia and will speak to them in the next week.

Thanks,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
 Fellow – Gynaecology Oncology
 Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] | Fax: 02 9382 6200 | Mob: [REDACTED]



Health
 South Eastern Sydney
 Local Health District

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Lang, Samantha (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Thursday, 26 May 2022 9:01 PM
To: CHS COO
Cc: CHS, WYC Executive Office; Freiberg, Susan (Health)
Subject: RE: CHS GYN oncology

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Hi,

I think Friday will work better if that OK. That way I will fly down for a face to face meeting. Also Dr Alison Davis (medical oncologist) would like to attend as well.

Thanks

Leon

From: Bartlett, Madeline (Health) <Madeline.Bartlett@act.gov.au> **On Behalf Of** CHS COO
Sent: Tuesday, 24 May 2022 2:48 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: CHS GYN oncology

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UNOFFICIAL

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Sent: Thursday, 19 May 2022 10:32 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; CHS COO <CHSCOO@act.gov.au>; Raco, Ida (Health) <Ida.Raco@act.gov.au>
Subject: RE: CHS GYN oncology

UNOFFICIAL

Hi Leon

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Regards Susan.

Assoc Adjunct Prof Susan Freiberg

Executive Director, Division of Women Youth and Children

Phone: (02) 5124 7389 | Email: susan.freiberg@act.gov.au

Canberra Health Services | ACT Government

Level 2, Building 11, Centenary Hospital for Women & Children, Canberra Hospital

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



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Sent: Friday, 13 May 2022 11:31 AM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: CHS GYN oncology

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Thanks,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
 Fellow – Gynaecology Oncology
 Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] | Fax: 02 9382 6200 | Mob: [REDACTED]



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Lang, Samantha (Health)

From: Ramsay, Michelle (Health) on behalf of CHS COO
Sent: Tuesday, 21 June 2022 4:13 PM
To: CHS DLO; CHS, WYC Executive Office
Cc: Canberra Health Services Ministerial
Subject: RE: FURTHER ACTION: MCHS22/284: PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Email - Women's Cancer in the ACT - Senator Katy Gallagher

OFFICIAL

Hi both

Cathie met with Leon Foster, Greg Robertson and Alison Davis last week.

They had a good discussion and Cathie has agreed to come up with a MoC in the next four weeks as to how we can provide support for these women.

Can we hold off doing anything at the moment until Cathie has had a chance to do this?

Kind regards

Michelle Ramsay | Executive Officer
 Phone: 02 5124 5804 | Email: michelle.ramsay@act.gov.au
 Office of the Chief Operating Officer | Canberra Health Services | ACT Government
 Level 2, Building 28, Canberra Hospital
 PO Box 11, Woden ACT 2606 | health.act.gov.au
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From: Hunter, Kerryn (Health) <Kerryn.Hunter@act.gov.au> **On Behalf Of** CHS DLO
Sent: Tuesday, 21 June 2022 9:56 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Cc: Canberra Health Services Ministerial <CHS.Ministerial@act.gov.au>; CHS COO <CHSCOO@act.gov.au>
Subject: FURTHER ACTION: MCHS22/284: PATIENT SERVICES ADMINISTRATION - Service Delivery - Minister for Health - Email - Women's Cancer in the ACT - Senator Katy Gallagher

OFFICIAL

Hi Sam

The minister has signed the advisory note for this one with the following comment:

Does lack of visibility mean CHS is unable to provide numbers on the current waiting list for the fortnightly theatre session and outpatient clinic at CHS with Dr Robertson? This would be useful. Please discuss insights into current approach including implications for patients needing to access RHW service, current cost to ACT (inclusive of CHS service and IPTAS). Please discuss any work with NSW Health that could make Option 1 feasible if more patients in NSW region were able to access a complete service in the ACT. More broadly, there are ongoing calls for paediatric oncology - it would be good to get a bit of an overview of population required for various cancer service viability, noting Tasmania has a paediatric oncology service but it does not do highly specialised work.

I will list this for a future Minister's Meeting but I am not sure which one as yet. Will let you know shortly.

Kind Regards

Kerryn Hunter

Directorate Liaison Officer | Canberra Health Services

Phone: 620 55030 | Mobile: [REDACTED] | Email: chsdl@act.gov.au

Office of Rachel Stephen-Smith MLA | Minister for Health | ACT Government

Office of Emma Davidson MLA | Minister for Mental Health and Justice Health | ACT Government

From: Barnes, Kelly (Health)
Sent: Monday, 11 July 2022 09:47
To: Freiberg, Susan (Health); Wayne Hsueh (South Eastern Sydney LHD); [REDACTED]; Ramanand Athavale (South Eastern Sydney LHD); Leonie Watterson [REDACTED]; O'Neill, Cathie (Health); Maria Fenn (South Eastern Sydney LHD); [REDACTED] Craft, Paul (Health)
Cc: CHS COO; Bronwyn Leix (South Eastern Sydney LHD); Joanne Kakoschke (South Eastern Sydney LHD); Lim, Boon (Health); CHS, WYC Executive Office
Subject: Gynaecological Oncology Service to Canberra
Attachments: Agenda, Minutes and Action Statement Gynaecology Oncology - July 2022.docx

OFFICIAL

Dear All,

Please see attached proposed agenda for Thursday's meeting regarding Gynaecological Oncology Service to Canberra.

Please advise if you would like anything to be added.

Bronwyn and Joanne I wondered if you may assist me with the correct titles for the RHW team for minuting purposes.

Thank you.

Kind Regards,

Kelly Barnes

**Personal Assistant to
Clinical Director of Women, Youth & Children | A/Prof Boon Lim
Clinical Director of Obstetrics and Gynaecology**

Women, Youth & Children | Canberra Health Services
WYC Clinical Admin Building 11 | Yamba Drive, Garran ACT 2605

Ph: 02 5124 7583



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Meeting Details

Date	Thursday 14 th July 2022
Time	13:00 – 14:00
Location	WEBEX
Chair	A/Prof Boon Lim
Secretariat	Personal Assistant – Clinical Director Women, Youth & Children
Guest Speaker	

Item	Item	Lead / Presenter
1	Welcome, Acknowledgment of Country, Attendance and Apologies <i>We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region</i>	Chair
2	Introductions	Chair
3	Overview of current arrangements for the Gynaecology Oncology Service in Canberra	Boon Lim (BL)/Ram Athavale (RA)
4	Current network arrangements	Ram Athavale (RA)
5	Confirmation of Greg Robertson's position from 2023 and plans for replacement	Ram Athavale (RA)
6	Proposed plans for Gynae Oncology Service in Canberra	COO
7	Future network and support arrangements from RHW	Ram Athavale (RA)
8	Next steps	Chair

Next Meeting: June 2022

No.	Item
1	Welcome, Acknowledgment of Country, Attendance and Apologies <i>We wish to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. We acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region</i>
2	Introductions
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5	Confirmation of Greg Robertson's position from 2023 and plans for replacement
6	Proposed plans for Gynae Oncology Service in Canberra
7	Future network and support arrangements from RHW
8	Next steps



	Item Description	Person(s) Responsible	Action	Due	Remarks

From: Freiberg, Susan (Health)
Sent: Tuesday, 19 July 2022 10:27
To: Seng, Martin (Health); Craft, Paul (Health); Lim, Boon (Health); O'Neill, Cathie (Health); Davis, Alison (Health); O'Brien, Melissa (Health); Green, Margot (Health)
Cc: Bell, Amanda (Health); George, Jacinta (Health)
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi there

Concur with comments.

Nil further inputs from me.

Regards Susan.

From: Seng, Martin (Health) <Martin.Seng@act.gov.au>
Sent: Monday, 18 July 2022 8:52 AM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi Cathie,
Notes from me attached.
Thanks
Kind regards,

Martin Seng | Director of Radiation Therapy / Director of Allied Health - CAS

Phone: 02 5124 2284 | [REDACTED] | Email: martin.seng@act.gov.au

Division of Cancer and Ambulatory Support | Canberra Health Services | ACT Government

Building 20, Level 1, The Canberra Hospital

PO Box 11, Woden ACT 2606 | health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

Our vision is creating exceptional healthcare together

Our role is to be a health service that is trusted by our community.

Our values are Reliable, Progressive, Respectful, Kind



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GET UP! STAND UP! SH!

24 JULY 2022

From: Craft, Paul (Health) <Paul.Craft@act.gov.au>

Sent: Sunday, 17 July 2022 4:16 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>

Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

Cathie,

A few comments from me.

Also have attached the ovarian cancer section of the RBCO report for SNSW LHD. Most relevant are the last few pages which show the average annual flow of patients out of area for treatment. (Although the table on the second page did surprise me).

Paul

PS we shouldn't be working on Sunday afternoon.

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Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Dear Cathie,

Many thanks for putting the paper together. Please find my comments and responses to your specific queries in the attached.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Sunday, 17 July 2022 9:31 AM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan
Importance: High

UNOFFICIAL

Hi All

As many of you are aware we are negotiating the commencement of a Gynaecological Cancer Service here to commence from early 2023. This is necessary due to the impending retirement of the current specialist who is providing a FIFO service from RBH. RBH have also informed us that they do not have any capacity to support an ongoing FIFO service, although are committed to assisting us establish a service and providing ongoing support for the highest complexity of services. You may also be aware that we are getting significant pressure from the community and through ministers to be able to clearly outline our intent in this area.

Can you all please take a look at the attached, it is pretty high level and once agreed will required some developmental work to ensure we have the appropriate clinical pathways, referral flows etc in place? There will be no new money initially so anything we want to commit to will have to be through resource reallocation. We can look to put in a business case for next financial year or look to alternate revenue options.

I have asked specific questions of @O'Brien, Melissa (Health) @Seng, Martin (Health) @Freiberg, Susan (Health) and @Lim, Boon (Health) in the attached, but it is a bit light on and I would appreciate you all providing some input.

I am meeting with key stakeholders the week after next where I will present this draft. Could you please provide feedback to me on this by 22nd?

Thanks

Cathie

Bell, Amanda (Health)

From: Davis, Alison (Health)
Sent: Tuesday, 19 July 2022 2:31 PM
To: Craft, Paul (Health); Lim, Boon (Health); O'Neill, Cathie (Health); O'Brien, Melissa (Health); Seng, Martin (Health); Green, Margot (Health); Freiberg, Susan (Health)
Cc: Bell, Amanda (Health); George, Jacinta (Health)
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

Follow Up Flag: Follow up
Flag Status: Completed

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I really struggle with the figures and tables in the RBCO report- which I'm sure is just my lack of familiarity. I would point out however, that although the number of ovarian cancer cases is likely fairly stable over time (as we don't have a good screening approach), the number of endometrial cancers is rising exponentially! Is there a similar report for endo cancer? Endo cancer is the predominant cancer in our MDTs now-a-days, due mainly to the obesity epidemic. This is not likely to change in the foreseeable future.

PS: Just a thought- does the wellness centre intend to have dieticians? A focus on obesity is definitely needed, with loads of data to support weight loss being associated with reduced recurrence risk in a number of malignancies.

Regards,
 Alison

From: Craft, Paul (Health) <Paul.Craft@act.gov.au>
Sent: Sunday, July 17, 2022 4:16 PM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
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Cathie,

A few comments from me.

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Dear Cathie,

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Kind regards,

Boon

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Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>

Subject: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

Importance: High

UNOFFICIAL

Hi All

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I have asked specific questions of @O'Brien, Melissa (Health) @Seng, Martin (Health) @Freiberg, Susan (Health) and @Lim, Boon (Health) in the attached, but it is a bit light on and I would appreciate you all providing some input.

I am meeting with key stakeholders the week after next where I will present this draft. Could you please provide feedback to me on this by 22nd?

Thanks

Cathie

From: Bell, Amanda (Health)
Sent: Wednesday, 20 July 2022 12:17
To: O'Neill, Cathie (Health)
Subject: UPDATED - Gynaecological Oncology Service - Phased Implementation Plan
Attachments: Phased Implementation Plan - Gynae Onc Service Draft V2 - clean.docx; Phased Implementation Plan - Gynae Onc Service Draft V2 - all comments.docx

UNOFFICIAL

Hi Cathie,

Attached are updated versions since this morning. Have reviewed with Margot's new addition and overall review/tidy of plan.

I think draft ok to send for meeting.

Amanda

From: Bell, Amanda (Health)
Sent: Wednesday, 20 July 2022 7:47 AM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Morning,

I've pulled all comments together and updated to reflect. Attached is a clean draft and a version with all comments.

See you soon,
Amanda

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Monday, 18 July 2022 12:48 PM
To: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Subject: FW: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

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Hey did you see everyone has responded already to the gynae paper – are you happy to consolidate feedback for me and update the document

Here is some more context just FYI

C

From: Craft, Paul (Health) <Paul.Craft@act.gov.au>
Sent: Monday, 18 July 2022 12:28 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

Hi Cathie,

Ovarian cancer is the most common gynae cancer, maybe 70% of cases (off the cuff estimate), and has variable but generally very complex surgery. Endometrial would be about 20%, and is generally less complex. Cervix cancer and the rest about 10%. Cervix cancer surgery can be complex, also these women (cervix) may need brachytherapy as part of the XRT.

Did you notice that RWH is listed as a network branch of Chris Obrien Lifehouse? This is quite a downgrade from their past status as a lead centre.

Endometrial cancer may be slowly increasing in frequency due to life style effects. I'm not sure how material this is.

Paul

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Monday, 18 July 2022 10:56 AM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Thanks Paul – I did look at RBCO but was unsure how much of the case load of gynae cases ovarian cancers comprised?

They mentioned at the meeting I had with them that there is increasing incidence of endometrial cancers?

Is ovarian the most complex – or they all are if advanced enough?

Sorry for my question of ignorance...

C

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Thanks

Cathie

PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Service (GOS)	
Objectives	Implement a phased approach for the safe delivery of care for those with gynaecological oncology conditions to limit the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOS • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment
Overview of phased implementation s	
PHASE 0 Current	
<ul style="list-style-type: none"> • Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly) • Initial and follow up consultations occur fortnightly as part of FIFO • Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary • Medical Oncology and Radiation Therapy undertaken in CHS • Adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer • Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team • Limited access to local fertility preservation funded privately by consumers (Commonwealth support) • Access to Women's Physiotherapy Service and other allied health as required • Access to limited Genetic Counselling services • Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS • Complications and palliation managed in CHS • Cases referred to RHW MDT with CHS participation (variable participation due to time clashes) • Minimal access to clinical trials <p>NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live Nov 2022</p>	

¹ NSW Health. [Model Scope of Clinical Practice for Gynaecological Oncology](#)

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

PHASE 1 (18mths) Jan 2023 to Jun 2024

- Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22)
- Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services
- Increase theatre allocation to weekly from current allocation of once a fortnight
- Expand to provide clinics weekly to support increased activity/patients
- Implement referral pathways, clinical pathways and other supports to ensure evidence based service
- Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity Cases
- Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist)
- Refer high complexity consumers to RHW for review and/or treatment as required
- Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW
- Participate in RHW support and training options, including potential leave relief
- Increase access to local clinical trials
- Confirm Commonwealth commitment to local fertility preservation and explore further gaps
- Incorporate expansion of this service in the review of genetic services
- Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options

PHASE 2 (2yrs) Jul 2024 – Jun 2025

- Increase Staff Specialist FTE in line with increasing case load
- Increase theatre allocation and clinics in line with increasing caseload
- Commence limited research locally
- Prepare for accreditation from RANZCOG as specialist service

Note:

- Cancer Wellbeing Centre Opens
- Cancer Research Hub Opens
- CSB opens – increased theatres

PHASE 3 Jun 2025 - ongoing

- Consolidation of service
- Introduction of new therapies

Key measures	<ul style="list-style-type: none"> • RSI of caseload • HACs for caseload • Number of cases referred to RHW • Audit of cases referred to the Morbidity and Mortality Meeting • Audit of Riskman and MET call data, as reported at Quality and Safety Meetings (WYC/CAS - TBC)
Risks and Issues	<ul style="list-style-type: none"> • Availability of specialist skills to be managed through targeted recruitment • Expansion will be contingent on resource re-allocation or successful business cases • Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.



PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Service (GOS)

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Benefits to be realised	<ul style="list-style-type: none"> Agreed implementation approach to the development of a GOS Reduction in the number of women needing to accessing these services from outside the ACT Improved consumer experience Outcomes comparable to peer services Reduced waiting times to definitive treatment

Overview of phased implementation

PHASE 0 Current

- Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly)
- Initial and follow up consultations occur fortnightly as part of FIFO
- Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary
- Medical Oncology and Radiation Therapy undertaken in CHS
- Adjuvant (±) Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer
- Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team
- Limited access to fertility preservation locally funded privately by consumers with Commonwealth support
- Access to Women's Physiotherapy Service and other allied health as required
- Access to limited Genetic Counselling services
- Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS, F/U/Rx in CHS.
- Complications and palliation managed in CHS.
- Cases referred to RHW MDT with CHS participation (variable participation due to time clashes)
- Minimal access to clinical trials – minimal

NOTE: FIFO and current support from RHW to cease end of 2022.
DHR go live Nov 2022

PHASE 1 (18mths) Jan 2023 to Jun 2024

Commented [OM(1)]: Is this meaning reduction in number of women having to access treatment outside the ACT? I read it that we wanted to reduce the number of women coming to CHS.

Commented [LB(2)]: Yes, Paul mentioned that they are doing less of this and have now referred them on to Sydney. I am not sure when from but this is one aspect that could come back.

Commented [OC(3): Marty - Need to confirm – is this one that we have stopped? Would we reintroduce with higher case load – at what time point?

Commented [SM(4R3)]: We haven't stopped this service, but it has been on the cards for a while as it's very underutilised. I've recently re-negotiated a cheaper service contract with the vendor (1 year extension), and the machine still has 5 years of life according to the vendor (though it is past its usual end-of-life). We're able to take on more workload at any time in this area if required.

Commented [DA(5)]: My understanding is the ACT radonc no longer does brachy for advanced cervix cancer but does provide adjuvant brachy for endometrial and cervix cancer. The reason they stopped (I think at least 5yrs ago) was because the radoncs felt they weren't seeing enough to maintain their expertise. Anecdotally since that time I feel there has been a steady increase in the case load of these cases that we are sending to POWH for this brachy. Whether or not this will persist overtime with vaccine uptake is unclear, but I suspect it will get worse initially (post COVID) and it will always occur in the lower socio-economic group who are less likely to get vaccinated or undergo screening.

I would suggest asking Andrew Lee his views on brachy going forward. I would be interested in the patient numbers- but needing adjuvant and therapeutic brachy over the past few years.

Commented [OC(6)]: Melissa – Please confirm – and see notes re expansion below

Commented [OM(7)]: I note the feedback from Boon – there does not seem to be a consistent approach to this and it is privately funded by consumers.

Commented [LB(8)]: Currently done on an ad hoc basis and usually privately. This has Commonwealth funding commitment

¹ NSW Health. [Model Scope of Clinical Practice for Gynaecological Oncology](#)

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

<ul style="list-style-type: none"> Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22) Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services Retain current Increase theatre allocation to weekly from current allocation once a fortnight confirm Expand to provide clinics weekly to support increased activity/patients/clinics to XX sessions / appointments Implement referral pathways, clinical pathways and other supports to ensure evidence based service Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity Cases Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist) Refer high complexity consumers to RHW for review and/or treatment as required Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW Participate in RHW support and training options, including potential leave relief Increase access to local clinical trials <ul style="list-style-type: none"> Confirm F/U Commonwealth commitment to local fertility preservation and explore further gaps Incorporate expansion of this service in the review of genetic services/service review Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options 	
<p>PHASE 2 (2yrs) Jul 2024 – Jun 2025</p>	
<ul style="list-style-type: none"> Increase SS-Staff Specialist FTE in line with increasing case load Increase theatre allocation and clinics in line with increasing caseload Commence limited research locally Prepare for accreditation from RANZCOG as specialist service <p>Note:</p> <ul style="list-style-type: none"> Cancer Wellbeing Centre Opens Cancer Research Hub Opens CSB opens – increased theatres 	
<p>PHASE 3 Jun 2025 - ongoing</p>	
<ul style="list-style-type: none"> Consolidation of service Introduction of new therapies 	
<p>Key measures</p>	<ul style="list-style-type: none"> RSI of caseload HACs for caseload Number of cases referred to RHW Audit of cases referred to the Morbidity and Mortality Meeting Audit of Riskman and MET call data, as reported at the Quality and Safety Meetings (WY/CAS -TBC)
<p>Risks and Issues</p>	<ul style="list-style-type: none"> Availability of specialist skills to be managed through targeted recruitment Expansion will be contingent on resource re-allocation or successful business cases Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 the out years, so continuation of a network supported service will be critical to the provision of a safe service.

- Commented [DA(9)]:** How will this position dove-tail with the current gynae specialist nurse (Chris Tywford) role going forward? I think it is time to split the gynae/brain job then this nurse can be more involved in the co-ordination between the 3 services. Will still likely need a nurse able to assist with surgery bookings etc and certain procedures such as colposcopy. GR would be able to expand on specific surgical needs.
- Commented [OC(10)]:** Melissa – thoughts?
- Commented [OM(11R10)]:** I agree there is a need to increase the service particularly if we are working towards a dedicated gynae onc service. There has been talk for some time that the workload for the current position is too great and patients are potentially missing out (with the brain/gynae combination). 1 FTE would be helpful as case numbers being treated locally increase but also to assist with pts during the transition from where we are now to Phase 3 of the plan.
- Commented [OC(12)]:** Margot – can you confirm cur... [1]
- Commented [LB(13R12)]:** Once a fortnight on a Frid... [2]
- Commented [BA(14)]:** Margot - Greg Robertson has... [3]
- Commented [OC(15)]:** Boon – will these need to incr... [4]
- Commented [LB(16R15)]:** This can be increased to w... [6]
- Commented [DA(17R15)]:** In my opinion it definitely... [5]
- Commented [OC(18)]:** Melissa ?? is this OK... [7]
- Commented [LB(19R18)]:** This will need to increase... [10]
- Commented [OM(20R18)]:** If it is an increase just to... [9]
- Commented [DA(21)]:** What admin cover will there... [8]
- Commented [CP(22)]:** It wasn't clear to me in the n... [11]
- Commented [DA(24)]:** I totally agree we need some... [12]
- Commented [LB(23R22)]:** Yes it would be. Clinical... [14]
- Commented [OC(25)]:** Paul / Boon / Alison – comm... [13]
- Commented [CP(26R25)]:** More clinical trials woul... [15]
- Commented [CP(27R25)]:** More clinical trials woul... [17]
- Commented [DA(28R25)]:** Yes they would. There... [16]
- Commented [OM(29)]:** YES ! I think this is critical, n... [19]
- Formatted** ... [18]
- Commented [OC(30)]:** Boon – is this appropriate –... [20]
- Commented [LB(31R30)]:** This will have to be Fello... [21]
- Commented [LB(32R30)]:** Yes, there will be opport... [22]
- Commented [OC(33)]:** Paul / Boon / Alison – comment?
- Commented [CP(34R33)]:** As noted above, local re... [23]
- Commented [CP(35R33)]:** As noted above, local re... [24]
- Commented [OC(36)]:** Boon - ??
- Commented [LB(37R36)]:** As above in terms of RA... [25]
- Commented [OM(38)]:** WYC?
- Commented [DA(39)]:** I honestly feel the work-load... [26]

Page 2: [1] Commented [OC(12) O'Neill, Cathie (Health) 17/07/2022 09:08:00

Margot – can you confirm current theatre sessions for Greg Robertson please

Page 2: [2] Commented [LB(13R12) Lim, Boon (Health) 17/07/2022 15:18:00

Once a fortnight on a Friday morning. This could increase to once a week within existing theatre allocation in the department

Page 2: [3] Commented [BA(14) Bell, Amanda (Health) 20/07/2022 11:12:00

Margot - Greg Robertson has 1 session every fortnight. Currently Friday morning of Week 2 and Week 4 of the Theatre Schedule.

Page 2: [4] Commented [OC(15) O'Neill, Cathie (Health) 17/07/2022 09:08:00

Boon – will these need to increase or is what Greg currently has allocated is sufficient

Page 2: [5] Commented [DA(17R15) Davis, Alison (Health) 19/07/2022 13:46:00

In my opinion it definitely wont be sufficient. He does a fortnightly half day session. Cant really do more than one more complex case in that time.

Page 2: [6] Commented [LB(16R15) Lim, Boon (Health) 17/07/2022 15:20:00

This can be increased to weekly as we increase the theatre sessions to weekly as well.

Page 2: [7] Commented [OC(18) O'Neill, Cathie (Health) 17/07/2022 09:10:00

Melissa ?? is this OK

Susan – do we need to aim to increase WYC admin to support or will it be sufficient to transfer current resource supporting Gregs clinics to these

Page 2: [8] Commented [DA(21) Davis, Alison (Health) 19/07/2022 13:52:00

What admin cover will there be allotted before adding this? Will this fall under the current mdt model or be stand alone? I guess I'm used to stand alone, but see advantages in both

Page 2: [9] Commented [OM(20R18) O'Brien, Melissa (Health) 19/07/2022 21:06:00

If it is an increase just to support the MDT, that would be sufficient initially – depending on MDT frequency.

Page 2: [10] Commented [LB(19R18) Lim, Boon (Health) 17/07/2022 15:22:00

This will need to increase because currently appointments are made by his secretary in Sydney and he also takes his dictation back to Sydney for typing. We can use Winscribe here for clinic letters.

Page 2: [11] Commented [CP(22) Craft, Paul (Health) 17/07/2022 15:52:00

It wasn't clear to me in the meeting how enthusiastic RHW were about providing support. This is a major risk for us with a one-person service. For RHW the benefits include referrals, from us, of rare and complex cases cementing their role as a quaternary academic centre.

Page 2: [12] Commented [DA(24) Davis, Alison (Health) 19/07/2022 13:54:00

I totally agree we need some real commitment from them to provide support. Verbally Ram has given me that but he said he would be very happy to assist in any way he can. Maybe we should have a formal discussion with him (and also the RHW admin- who historically have been challenging!)

Greg has also previously said he would be happy to provide assistance. I think they should both be asked what level of support they can provider.

There will always be cases that need quaternary referral. We currently send to Lifehouse cases for consideration for exenteration or peritonectomies for example, as they have a dedicated service., although the RHW surgeons do some themselves.

To be honest- we may consider expanding our quaternary referral service beyond RWH in future, but will need some initial support from them.

Page 2: [13] Commented [OC(25)] O'Neill, Cathie (Health) 17/07/2022 09:23:00

Paul / Boon / Alison – comment – feasible?

Page 2: [14] Commented [LB(23R22)] Lim, Boon (Health) 17/07/2022 15:25:00

Yes it would be. Clinical trials tend to be mainly conducted by RACS but I am sure there will be opportunity for more trials/studies

Page 2: [15] Commented [CP(26R25)] Craft, Paul (Health) 17/07/2022 15:46:00

More clinical trials would be feasible with in house gynae cancer surgery.

Page 2: [16] Commented [DA(28R25)] Davis, Alison (Health) 19/07/2022 14:01:00

Yes they would. There have been several good gynae surgery trials run through ANZGOG they were not candidates for. Neither were RHW- as they have been under-manned for quite some time. If we establish a well run unit with adequate supports including a data base and adequate research staff (bigger picture) then there will definitely be increased trial options in gynae cancer. Not only larger intergroup studies but also in house research.

Page 2: [17] Commented [CP(27R25)] Craft, Paul (Health) 17/07/2022 15:46:00

More clinical trials would be feasible with in house gynae cancer surgery.

Page 2: [18] Formatted Amanda Bell 20/07/2022 07:23:00

Indent: Left: 0.76 cm, No bullets or numbering

Page 2: [19] Commented [OM(29)] O'Brien, Melissa (Health) 19/07/2022 21:09:00

YES ! I think this is critical, not just for gynae onc, but in general for our patients. This is a significant issue (I'm not aware of the scope of the Commonwealth commitment, so I might be a bit out of line here!).

Page 2: [20] Commented [OC(30)] O'Neill, Cathie (Health) 17/07/2022 08:54:00

Boon – is this appropriate – is this about the right time frame?

Page 2: [21] Commented [LB(31R30)] Lim, Boon (Health) 17/07/2022 15:27:00

This will have to be Fellow's position i.e. if the ambition is to get the unit accredited by RANZCOG as a training site. However, to be accredited as a training site, there needs to be 2 subspecialists. The way around it would be to explore having CHS as a satellite training unit. Another way around this is to do what Hobart does i.e. to call it a Pelvic (Sidewall) Surgery Fellowship and not an accredited Gynae Onc unit.

Page 2: [22] Commented [LB(32R30)] Lim, Boon (Health) 17/07/2022 15:31:00

Yes, there will be opportunities to develop research on an incremental basis. I am not sure what research he did in his current fellowship year but will be important to tease this out in the interview and what his strategy would be.

Page 2: [23] Commented [CP(34R33)] Craft, Paul (Health) 17/07/2022 15:42:00

As noted above, local research in gynae cancer has been held back because most of the surgery is done in Sydney – causing a form of disconnect. Alison Davis has opened some clinical trials , but not all studies are feasible in an “outreach “situation if they are focussed on peri-operative period.

Page 2: [24] Commented [CP(35R33)] Craft, Paul (Health) 17/07/2022 15:42:00

As noted above, local research in gynae cancer has been held back because most of the surgery is done in Sydney – causing a form of disconnect. Alison Davis has opened some clinical trials , but not all studies are feasible in an “outreach “situation if they are focussed on peri-operative period.

Page 2: [25] Commented [LB(37R36)] Lim, Boon (Health) 17/07/2022 15:32:00

As above in terms of RANZCOG Subspecialist accreditation. Will need 2 subspecialists in order to achieve this.

Page 2: [26] Commented [DA(39)] Davis, Alison (Health) 19/07/2022 14:07:00

I honestly feel the work-load will outstrip 1FTE sooner than this. If there is adequate theatre time then the work will come. This level of subspeciality care requires adequate support and a sole gynae-onc practitioner really is not sustainable.

At other centres they are also expected to provide surgical support for gynae emergencies.

The on-call would be excessive.

I understand the need to do this gradually- but if you can't aim to make it sustainable more quickly then it is destined to fail in my opinion.

Is there any point reaching out to Ram Athavale (director at RHW) or Alison Brand (Director at Westmead), to discuss these expectations? I know them both well and would be happy to either chat with them or arrange a meeting with key people.

Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Wednesday, 20 July 2022 1:18 PM
To: CHS, WYC Executive Office
Subject: FW: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi Sam, thought you might be interested in attached fyi.

Cheers,
 Amanda

From: Bell, Amanda (Health)
Sent: Wednesday, 20 July 2022 1:16 PM
To: Green, Margot (Health) <Margot.Green@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: George, Jacinta (Health) <Jacinta.George@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi all,

Thanks all for your quick response on the draft phased implementation plan for the Gynaecological Cancer Service.

I've consolidated feedback and sent a revised draft for discussion with Leon in Friday's meeting. This is attached fyi noting that some of the finer details will need to be further developed as we progress.

Kind regards,
 Amanda

Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] E: amanda.bell@act.gov.au

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Level 2, Building 28, Canberra Hospital

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From: Green, Margot (Health) <Margot.Green@act.gov.au>
Sent: Wednesday, 20 July 2022 9:39 AM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Good morning Cathie,

I have inserted the operating room sessions into the version Mel provided feedback on.

Kind Regards

Margot Green | Director of Operations

Phone [REDACTED] | Email: Margot.Green@act.gov.au

Division of Surgery | Canberra Health Services | ACT Government

Building 28, Level 2, Canberra Hospital PO Box 11, Woden ACT 2606 | health.act.gov.au

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From: O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>
Sent: Tuesday, 19 July 2022 9:17 PM
To: Davis, Alison (Health) <Alison.Davis@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi Cathie,

Please see my initial comments attached. I tried to work on a version with several respondents so that there is less need to consolidate.

I will confirm the current Gynae CSN FTE by the end of the week, but thought it would be worthwhile to send back my initial thoughts now.

Mel

Melissa O'Brien
 Executive Director
 Cancer and Ambulatory Support
 Canberra Health Services
 Building 19, Level 5
 Yamba Drive
 GARRAN, ACT, 2605

Phone: 02 5124 5198 mobile [REDACTED]
E-mail: melissa.o'brien@act.gov.au
Postal Address: P.O. Box 11 Woden ACT 2606

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Canberra Health Services

From: Davis, Alison (Health) <Alison.Davis@act.gov.au>
Sent: Tuesday, 19 July 2022 2:16 PM
To: Seng, Martin (Health) <Martin.Seng@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Dear Cathie,

Please find my comments attached. Happy to discuss more if needed.

Kind regards,
 Alison

From: Seng, Martin (Health) <Martin.Seng@act.gov.au>
Sent: Monday, July 18, 2022 8:52 AM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Hi Cathie,
 Notes from me attached.
 Thanks
 Kind regards,

Martin Seng | Director of Radiation Therapy / Director of Allied Health - CAS

Phone: 02 5124 2284 [REDACTED] Email: martin.seng@act.gov.au

Division of Cancer and Ambulatory Support | Canberra Health Services | ACT Government

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GET UP! STAND UP! SHOW UP!

3-10 JULY 2022

From: Craft, Paul (Health) <Paul.Craft@act.gov.au>

Sent: Sunday, 17 July 2022 4:16 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>

Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

Cathie,

A few comments from me.

Also have attached the ovarian cancer section of the RBCO report for SNSW LHD. Most relevant are the last few pages which show the average annual flow of patients out of area for treatment. (Although the table on the second page did surprise me).

Paul

PS we shouldn't be working on Sunday afternoon.

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Sent: Sunday, 17 July 2022 3:35 PM

To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Craft, Paul (Health) <Paul.Craft@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>

Subject: RE: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan

UNOFFICIAL

Dear Cathie,

Many thanks for putting the paper together. Please find my comments and responses to your specific queries in the attached.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist

Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Sunday, 17 July 2022 9:31 AM
To: Craft, Paul (Health) <Paul.Craft@act.gov.au>; Davis, Alison (Health) <Alison.Davis@act.gov.au>; O'Brien, Melissa (Health) <Melissa.O'Brien@act.gov.au>; Seng, Martin (Health) <Martin.Seng@act.gov.au>; Green, Margot (Health) <Margot.Green@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>; Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>
Subject: ACTION by 22 July - Gynaecological Oncology Service - Phased Implementation Plan
Importance: High

UNOFFICIAL

Hi All

As many of you are aware we are negotiating the commencement of a Gynaecological Cancer Service here to commence from early 2023. This is necessary due to the impending retirement of the current specialist who is providing a FIFO service from RBH. RBH have also informed us that they do not have any capacity to support an ongoing FIFO service, although are committed to assisting us establish a service and providing ongoing support for the highest complexity of services. You may also be aware that we are getting significant pressure from the community and through ministers to be able to clearly outline our intent in this area.

Can you all please take a look at the attached, it is pretty high level and once agreed will required some developmental work to ensure we have the appropriate clinical pathways, referral flows etc in place? There will be no new money initially so anything we want to commit to will have to be through resource reallocation. We can look to put in a business case for next financial year or look to alternate revenue options.

I have asked specific questions of @O'Brien, Melissa (Health) @Seng, Martin (Health) @Freiberg, Susan (Health) and @Lim, Boon (Health) in the attached, but it is a bit light on and I would appreciate you all providing some input.

I am meeting with key stakeholders the week after next where I will present this draft. Could you please provide feedback to me on this by 22nd?

Thanks

Cathie

From: O'Neill, Cathie (Health)
Sent: Wednesday, 20 July 2022 15:40
To: Bell, Amanda (Health)
Subject: Phased Implementation Plan - Gynae Onc Service Draft V2 - clean
Attachments: Phased Implementation Plan - Gynae Onc Service Draft V2 - clean.docx

UNOFFICIAL

Good job thanks – add a couple of words to objective

Good to go

C

PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Service (GOS)	
Objectives	Implement a phased approach for the local delivery of a Gynaecological Oncology service that provide safe delivery of care for those with gynaecological oncology conditions, limiting the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOS • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment
Overview of phased implementation s	
PHASE 0 Current	
<ul style="list-style-type: none"> • Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly) • Initial and follow up consultations occur fortnightly as part of FIFO • Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary • Medical Oncology and Radiation Therapy undertaken in CHS • Adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer • Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team • Limited access to local fertility preservation funded privately by consumers (Commonwealth support) • Access to Women's Physiotherapy Service and other allied health as required • Access to limited Genetic Counselling services • Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS • Complications and palliation managed in CHS • Cases referred to RHW MDT with CHS participation (variable participation due to time clashes) • Minimal access to clinical trials <p>NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live Nov 2022</p>	

¹ NSW Health. [Model Scope of Clinical Practice for Gynaecological Oncology](#)

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

PHASE 1 (18mths) Jan 2023 to Jun 2024

- Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22)
- Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services
- Increase theatre allocation to weekly from current allocation of once a fortnight
- Expand to provide clinics weekly to support increased activity/patients
- Implement referral pathways, clinical pathways and other supports to ensure evidence based service
- Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity GOS Cases
- Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist)
- Refer high complexity consumers to RHW for review and/or treatment as required
- Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW
- Participate in RHW support and training options, including potential leave relief
- Increase access to local clinical trials
- Confirm Commonwealth commitment to local fertility preservation and explore further gaps
- Incorporate expansion of this service in the review of genetic services
- Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options

PHASE 2 (2yrs) Jul 2024 – Jun 2025

- Increase Staff Specialist FTE in line with increasing case load
- Increase theatre allocation and clinics in line with increasing caseload
- Commence limited research locally
- Prepare for accreditation from RANZCOG as specialist service

Note:

- Cancer Wellbeing Centre Opens
- Cancer Research Hub Opens
- CSB opens – increased theatres

PHASE 3 Jun 2025 - ongoing

- Consolidation of service
- Introduction of new therapies

Key measures	<ul style="list-style-type: none"> • RSI of caseload • HACs for caseload • Number of cases referred to RHW • Audit of cases referred to the Morbidity and Mortality Meeting • Audit of Riskman and MET call data, as reported at Quality and Safety Meetings (WYC/CAS - TBC)
Risks and Issues	<ul style="list-style-type: none"> • Availability of specialist skills to be managed through targeted recruitment • Expansion will be contingent on resource re-allocation or successful business cases • Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

From: O'Neill, Cathie (Health)
Sent: Wednesday, 20 July 2022 15:44
To: George, Jacinta (Health); Mitchell, Andrew (Health); Howard, Grant (Health); Zagari, Janet (Health)
Cc: Bell, Amanda (Health)
Subject: Phased Implementation Plan - Gynae Onc Service Draft V2 - clean
Attachments: Phased Implementation Plan - Gynae Onc Service Draft V2 - clean.docx

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FYI

BACKGROUND:

Current FIFO specialist retiring at end of year. RHW unable to continue to support. Significant political and community push to establish service here – partially based on Dr Leon Foster lobbying to be employed (currently completing his fellowship in Sydney but wishing to return to Canberra).

Consulting with Division of Surgery, WYC, CAS and RHW.

Let me know if you have comments or wish to become involved at all

Cathie



PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Service (GOS)	
Objectives	Implement a phased approach for the local delivery of a Gynaecological Oncology service that provide safe delivery of care for those with gynaecological oncology conditions, limiting the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOS • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment
Overview of phased implementation s	
PHASE 0 Current	
<ul style="list-style-type: none"> • Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly) • Initial and follow up consultations occur fortnightly as part of FIFO • Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary • Medical Oncology and Radiation Therapy undertaken in CHS • Adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer • Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team • Limited access to local fertility preservation funded privately by consumers (Commonwealth support) • Access to Women's Physiotherapy Service and other allied health as required • Access to limited Genetic Counselling services • Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS • Complications and palliation managed in CHS • Cases referred to RHW MDT with CHS participation (variable participation due to time clashes) • Minimal access to clinical trials <p>NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live Nov 2022</p>	

¹ NSW Health. [Model Scope of Clinical Practice for Gynaecological Oncology](#)

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

PHASE 1 (18mths) Jan 2023 to Jun 2024

- Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22)
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- Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist)
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- Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW
- Participate in RHW support and training options, including potential leave relief
- Increase access to local clinical trials
- Confirm Commonwealth commitment to local fertility preservation and explore further gaps
- Incorporate expansion of this service in the review of genetic services
- Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options

PHASE 2 (2yrs) Jul 2024 – Jun 2025

- Increase Staff Specialist FTE in line with increasing case load
- Increase theatre allocation and clinics in line with increasing caseload
- Commence limited research locally
- Prepare for accreditation from RANZCOG as specialist service

Note:

- Cancer Wellbeing Centre Opens
- Cancer Research Hub Opens
- CSB opens – increased theatres

PHASE 3 Jun 2025 - ongoing

- Consolidation of service
- Introduction of new therapies

Key measures	<ul style="list-style-type: none"> • RSI of caseload • HACs for caseload • Number of cases referred to RHW • Audit of cases referred to the Morbidity and Mortality Meeting • Audit of Riskman and MET call data, as reported at Quality and Safety Meetings (WYC/CAS - TBC)
Risks and Issues	<ul style="list-style-type: none"> • Availability of specialist skills to be managed through targeted recruitment • Expansion will be contingent on resource re-allocation or successful business cases • Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

From: Freiberg, Susan (Health)
Sent: Thursday, 21 July 2022 17:16
To: O'Neill, Cathie (Health)
Subject: RE: Gynaecological Oncology Service

UNOFFICIAL

Thanks

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Thursday, 21 July 2022 5:04 PM
To: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Cc: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: RE: Gynaecological Oncology Service

UNOFFICIAL

Susan

I am happy for you both not to attend – it has ended up being earlier than originally intended because of Leon's availability.

I'm just going to talk through the draft plan so happy that you guys have already provided your feedback so happy if you want some time back in your diaries and I will let you know how I go

C

From: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Sent: Thursday, 21 July 2022 4:59 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Barnes, Kelly (Health) <Kelly.Barnes@act.gov.au>
Subject: RE: Gynaecological Oncology Service

UNOFFICIAL

Hi Cathie

Just s heads up Boon may not be able to attend and I will be coming from another meeting so may be a few min late.

Let us know if this is a problem.

Regards Susan.

-----Original Appointment-----

From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Wednesday, 20 July 2022 12:53 PM
To: O'Neill, Cathie (Health); Bell, Amanda (Health); Lim, Boon (Health); Freiberg, Susan (Health); O'Brien, Melissa (Health); Davis, Alison (Health); Leon Foster [REDACTED]
Subject: Gynaecological Oncology Service
When: Friday, 22 July 2022 9:00 AM-10:00 AM (UTC+10:00) Canberra, Melbourne, Sydney.
Where: CHS-B28-L2-Meeting Room 3

Hi all

A follow up meeting as discussed. Please see attached the **UPDATED** draft phased implementation for a Gynaecology Oncology Service for discussion at this meeting.

Kind Regards

Maddy

**Madeline Bartlett | Executive Assistant to
Chief Operating Officer | Cathie O'Neill**

P | 5124 2147

E | CHSCOO@act.gov.au

Canberra Health Service | ACT Government

Building 28, Level 2, Canberra Hospital, Garran, ACT 2605 | health.act.gov.au

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From: O'Neill, Cathie (Health)
Sent: Monday, 25 July 2022 12:00
To: Bell, Amanda (Health)
Subject: FW: Re CHS Gyn oncology draft
Attachments: Phased Implementation Plan - Gynae Onc Service Draft LF edit.docx

UNOFFICIAL

FYI

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Sunday, 24 July 2022 9:06 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re CHS Gyn oncology draft

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Hi Cathie,

Thanks for the meeting on Friday. I was encouraged that most people appeared to be on the same page (or at least were good at appearing that way).

I have attached the draft responses with some amendments which I think are minor overall.

As I have said from the beginning my key concern is that this unit is created to be sustainable and appropriate growth is supported in the long term. If I am the successful applicant I would want to create a strong emphasis on data collection and audit to enable us to identify both where we are lacking and where we excel and for that to be audited and published.

Regarding the capital expenditure. In short CHS currently uses STORZ brand equipment for laparoscopic surgery. The current models do not allow sentinel lymph node dissection to be undertaken. This is currently the standard of practice in endometrial and likely to be in the near future for cervical cancer. The newer STORZ equipment does do that. The tower on which the equipment sits and the camera heads (3) would be part of that requirement. The STORZ rep indicated that she would send me a quote this weekend.

Thanks again,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

[REDACTED] | Fax: 02 9382 6200 | [REDACTED]

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PHASED IMPLEMENTATION PLAN – Gynaecological Oncology (GOU)	
Objectives	Implement a phased approach for the local delivery of a Gynaecological Oncology unit that provide safe delivery of care for those with gynaecological oncology conditions, limiting the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOU • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment

Commented [LF1]: I think we should use the term unit rather than service. This is in line with how subspecialty units are treated within O&G generally. For instance at TCH - FMU is it's own unit with it's own admin, director, space etc... Rather than empire build I think this helps delineate the service. General gynaecology and gynaecology oncology are very different specialties. As such I have changed them all to GOU. Also.... Some form of banner can be make for the opening and someone important can cut a ribbon if they like.

Overview of phased implementation s

SI
<ul style="list-style-type: none"> • Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly) • Initial and follow up consultations occur fortnightly as part of FIFO • Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary • Medical Oncology and Radiation Therapy undertaken in CHS • Adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer • Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team • Limited access to local fertility preservation funded privately by consumers (Commonwealth support) • Access to Women's Physiotherapy Service and other allied health as required • Access to limited Genetic Counselling services • Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS • Complications and palliation managed in CHS by other surgical specialties or non cancer surgeons. • Cases referred to RHW MDT with CHS participation (variable participation due to time clashes) • Minimal access to clinical trials <p>NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live Nov 2022</p>

Commented [LF2]: FIFO MDT coordinator position unfilled at RHW. Currently 90% of work is undertaken by medical officers (i.e. me and others) . This is an additional risk.

Commented [LF3]: Significant social work and psychological input for these women are often undertaken at RHW. Discussion with the SW / Psychology dept about the additional load astd with a new unit would be beneficial.

¹ NSW Health. [Model Scope of Clinical Practice for Gynaecological Oncology](#)

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

PHASE 1 (18mths) Jan 2023 to Jun 2024	
<ul style="list-style-type: none"> Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22) Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services Increase theatre allocation to weekly from current allocation of once a fortnight Expand to provide clinics weekly to support increased activity/patients Creation of GOU administration position FTE 1.0. Implement referral pathways, clinical pathways and other supports to ensure evidence-based service Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity GOU Cases Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist) Refer high complexity consumers to RHW for review and/or treatment as required Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW Participate in RHW support and training options, including potential leave relief Increase access to local clinical trials Confirm Commonwealth commitment to local fertility preservation and explore further gaps Incorporate expansion of this service in the review of genetic services Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options Capital requirement for introduction limited to laparoscopic operating stack upgrade and three operating camera. 	
PHASE 2 (2yrs) Jul 2024 – Jun 2025	
<ul style="list-style-type: none"> Increase Staff Specialist FTE in line with increasing case load Increase theatre allocation and clinics in line with increasing caseload Additional allied health (primarily social work and psychology FTE appointed). Commence limited research locally Prepare for accreditation from RANZCOG as subspecialist service <p>Note:</p> <ul style="list-style-type: none"> Cancer Wellbeing Centre Opens Cancer Research Hub Opens CSB opens – increased theatres 	
PHASE 3 Jun 2025 - ongoing	
<ul style="list-style-type: none"> Consolidation of service Introduction of new therapies Preparation for accreditation as CGO training location if case numbers / staffing levels are sufficient. 	
Key measures	<ul style="list-style-type: none"> RSI of caseload HACs for caseload Number of cases referred to RHW Audit of cases referred to the Morbidity and Mortality Meeting Audit of Riskman and MET call data, as reported at Quality and Safety Meetings (WYC/CAS - TBC)
Risks and Issues	<ul style="list-style-type: none"> Availability of specialist skills to be managed through targeted recruitment Expansion will be contingent on resource re-allocation or successful business cases Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

Commented [LF4]: Suggest removing staff. The 0.6 / 6 sessions a week would allow flexibility in negotiation.

Commented [LF5]: The CSN role is an essential one for this to go ahead. This should be a senior oncology / surgical nurse specialist. I am unaware of the current level of the position. I have job descriptions of similar positions in other institutions.

Commented [LF6]: Is that one session per week. I think that it will easily cover a day a week. I know that TCH has issues with elective theatre space and could consider doing some lower risk procedures outside. E.g. calvary.

Commented [LF7]: This is not clear. I think in the context of a new unit a dedicated administration position is reasonable. It also reduces the likelihood of missed referrals and correspondence as there is a central POC.

Commented [LF8]: If we're working as a larger team we would discuss / consult rather than refer. Outside of exenterations requiring bone removal and peritonectomy my preference would be for visiting surgeons to come as required (probably monthly or less) rather than send women to Sydney.

Commented [LF9]: Good idea

Commented [LF10]: Again not staff

Commented [LF11]: I have met with Ross Hawkins - CEO of calvary ACT about this. His wife is a friend of my wife's. I am concerned about public operating time as my understanding is that it is very tight at TCH. He and Frank Piscioneri have indicated that there may be capacity there for some day only / laparoscopic cases as well. ALSO - wondering whether we could look outside CHS for an auditor to review unit performance against benchmarks and recommend expansion plan to remove stakeholder bias.

Commented [LF12]: RSI - I don't know what that means sorry.

Commented [LF13]: HAC - I don't know this acronym sorry.

Commented [LF14]: Is this a get out of jail free card for the future? My concern in jumping into this is that post starting we are unable to expand as needed due to just this issue. I know this is the case overall. I just wonder whether including this in the implementation plan opens up whoever is in the service to have needed upgrades rejected?

Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Monday, 25 July 2022 12:55 PM
To: O'Neill, Cathie (Health)
Cc: Lim, Boon (Health)
Subject: Re Equipment for GOU submission - Karl Storz ICG
Attachments: Q3772- ACT Canberra- ICG New.pdf

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Cathie / Boon,

To follow up from Friday, CHS laparoscopic stacks do not have the capability to perform sentinel LN biopsies on endometrial (and soon cervical) cancer. This is the currently used brand in OT. The quote is for a new stack and 3 camera allowing 2-3 cases per day. There is an optional 3D system which, in my opinion, is not required.

Thanks,

Leon

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Views expressed in this message are those of the individual sender, and are not necessarily the views of NSW Health or any of its entities.

Response by

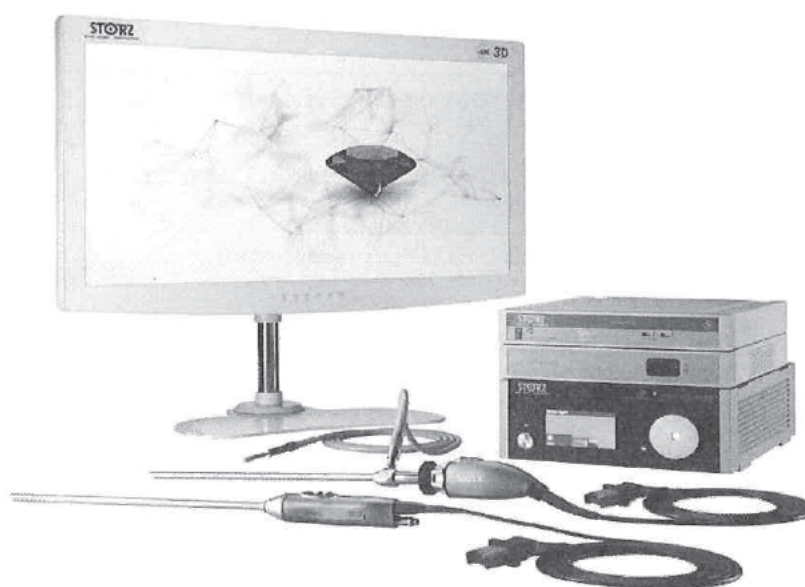
KARL STORZ Endoscopy Australia
Suite 1/68 Waterloo Road, Macquarie
Park NSW 2113



STORZ

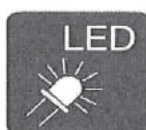
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Quotation: Q3772

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ACT HEALTH- THE CANBERRA HOSPITAL

22/07/2022



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INSTRUMENTS FOR OTO-RHINO-LARYNGOLOGY

STORZ
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KARL STORZ Endoscopy Australia Pty Ltd, Suite 1, 68 Waterloo Road, Macquarie Park 2113 NSW

Dr Leon Foster
GYN Surgeon
ACT HEALTH- THE CANBERRA HOSPITAL
GILMORE CRESCENT
GARRAN
ACT 2605

Quotation Number: **Q3772**

Date:	22/07/2022
Customer Number:	ACTM01N
In case of questions:	Ryan Tombs
Phone:	0418963822
Email:	ryan.tombs@karlstorz.com

Art.no	Qty	Description	List Price	Discount Price	Total Price Discounted
KARL STORZ Camera System					
TC201EN	1	Image1S™ Connect II, 4K Video Outputs, 4K UHD Image Processing	\$15,000	\$13,500	\$13,500
TC304	1	Image1S™ 4K Link Module For connection of Image1S 4K camera heads 4K UHD resolution (3840 x 2160, progressive scan)	\$15,000	\$13,000	\$13,000
TH121	3	Camera Head IMAGE1S™ 4U Rubina, NIR/ICG Resolution 3840 x 2180P with S-Technologies Two-Chip 4K UHD Camera Head for NIR/ICG fluorescence imaging in combination with TL400 Power LED Rubina, Low Temperature Sterilization	\$19,000	\$15,500	\$46,500
495TIP	3	Fibre Optic Light Cable with new safety lock. Diam 4.8mm x Length 300cm	\$1,391	\$1,200	\$3,600
TL400	1	Power LED RUBINA OPAL1 ICG For fluorescence imaging and standard endoscopic diagnosis, including two LEDs for NIR/ICG and whitelight.	\$15,000	\$13,000	\$13,000
UI500S1	1	High Flow Endoflator - 50L/Min, Intuitive colour touch screen and Procedure Preset With integrated heating element, constant CO2 heating 37C, minimises telescope fogging	\$13,995	\$12,500	\$12,500
UG140AUS/UG 619	1	Camera Equipment Cart, small footprint, Rides on 4 antistatic dual wheels equipped with locking brakes, mains switch on cover, integrated electrical subdistributors with 12 sockets, Cable Management, Drawer Unit with Lock, Keyboard Tray, Dual CO2 Bottle holder, Isolation Transformer 2000VA, Long Monitor Holding Arm	\$9,500	\$8,500	\$8,500
WD350- EN/TC009	1	AIDA 4K/HD Image and Video Capture Unit. with high resolution 'SmartScreen' (Touchscreen) Dual channel recording 2D/3D up to 4K resolution, Open task manager, Windows 10 OS (2TB) SSD, Wireless Network modem, DICOM and HL7 compliant. White list antiviral software + 256bit encryption.	\$22,995	\$19,500	\$19,500
Z-120	1	Logitech USB speakers, For use with AIDA WD350/300-EN	\$48	\$48	\$48
TM350/COV32	1	32" Karl Storz LED LCD 4K 3D UHD Monitor Resolution: 3840 x 2160, progressive scan, includes monitor cover High Brightness 650 cd, Ultra-wide colour gamet technology, 3D/2D, splash proof, edge to edge glass,	\$25,750	\$20,900	\$20,900

G8415-KS-V2	1	Dual Co2 Supply With switching connector and additional Co2 hoses for connecting 2 Co2 bottles to the Karl Storz Endoflator - with modified bracket. Includes gas mounting bracket as companion item	\$1,700	\$1,500	\$1,500
UPDR80MD	1	Sony Printer Medical grade, A4 printer	\$3,900	\$3,250	\$3,250
26003BRA	3	HOPKINS® II Straight Forward Telescope 30°, for NIR indocyanine green (ICG) Diameter 10 mm, length 31 cm, autoclavable	\$8,986	\$6,543	\$19,629
26003ARA	3	HOPKINS® II Straight Forward Telescope 0°, for NIR indocyanine green (ICG), Diameter 10 mm, length 31 cm, autoclavable	\$8,986	\$6,543	\$19,629
39501B1	6	Wire sterilisation tray and storage; for 4mm - 10mm diameter and 30cm working length	\$376	\$320	\$1,920
39502ZH/ 39502LH/ 39100SH	3	Wire mesh tray with lid, Stackable; Compatible with Image1 camera heads External dimension (w x d x h): 240 x 250 x 70	\$761	\$761	\$2,283
Optional					
26606ACA	3	Tipcam1S 3D ICG LAP, 0°, 3840 x 2160p scan, with dual 4K distal CCD image sensors, direction of view 0°, diameter 10.3 mm, length 31 cm, for use with TC304 3D CCU, Autoclavable NIR fluorescence enabled.	\$39,327	\$32,500	\$97,500
39501XTC	3	Wire Tray for Cleaning and storage; for 10mm 3D Tipcam, External dimensions (w x d x h): 640 x 150 x 87 mm	\$1,383	\$1,200	\$3,600

Value Of Goods	\$	364,646
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Discounted Total (excl GST)	\$	300,359
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GST:	\$	30,036
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Total amount (incl. GST):	\$	330,395
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Service Program Options:		
Stay READY - Camera Protect	<p>Annual performance testing and management program KARL STORZ application specialists provide routine infrastructure and performance testing and reporting program. Including installation of software upgrades and onsite troubleshooting assistance</p>	\$1500 annual fee per camera stack
CSA	<p>5-Year Comprehensive Service Agreement Includes Extended warranty + Accidental damage protection. + Includes Stay READY - Camera Protect program: Annual Performance testing and management program, including installation of functional software upgrades and onsite troubleshooting assistance + hospital site review meetings. Detailed service contract included with quote</p> <p>60 monthly payments from Day 1 (12 month manufacturers warranty included)</p>	\$404.00

This quotation is valid for 30 days.

GST will apply at time of invoicing.

Goods supplied in accordance with our General Conditions for the Sale and Supply of goods.

Some items may not be on SOA tender at time of quoting.

A full 1-year manufacturers warranty is offered on all new KARL STORZ products or replacement items which provides security against faulty materials or workmanship through the period with normal use & handling. This does not include faults relating to or mishandling or mistreatment. 12 month warranty offered for all Sony and ITD products. Staff in-servicing, on-site or phone support troubleshooting will be provided at no charge as required. All camera equipment requiring repair will be undertaken either on-site by our certified service engineers or in our service centre in Sydney and Brisbane. Loan units can be provided as necessary free of charge. KARL STORZ Australia offers the option of Camera Protect, which is a comprehensive program for providing after sales service in maintaining the entire imaging chain, identifying and resolving potential issues to minimise equipment downtime.

Delivery charge: nil for orders over \$300.00.

Goods supplied in accordance with our General Conditions for the Sale and Supply of goods.

Office address:

KARL STORZ Endoscopy
Australia Pty Ltd
Suite 1 / 68 Waterloo Road
Macquarie Park 2113 NSW
Australia

Phone: (02) 9490 6700
Toll free: 1800 996 562
Fax: (02) 9420 0695
Email: karlstorz@karlstorz.com.au
Web: www.karlstorz.com
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Account: 233265
Swift: WPACAU2S

Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Tuesday, 26 July 2022 7:32 AM
To: Lim, Boon (Health)
Subject: FW: Re CHS Gyn oncology draft
Attachments: Phased Implementation Plan - Gynae Onc Service Draft LF edit.docx

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Morning Boon,

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To me a GOU within an O&G Dept **must** be similarly structured to the current FMU. In that it has its own admin, senior midwife (in this case nurse) etc..

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A unit structure, the CSN and dedicated admin support have been the only personnel conditions I see as a prerequisite to get this off the ground.

Otherwise I would essentially be by myself which will not viable and I cannot commit to.

I am less concerned with where my position sits (i.e. Cancer services, O&G, Dept of surgery) and our physical location rather than it be as a team.

I hope that makes my position clear. Having sent 2 emails in 2 days to Cathie and knowing how busy she would be at the moment I haven't forwarded this to her but would of course be happy to do so and provide any more information as required.

Thanks,

Leon

From: Leon Foster (South Eastern Sydney LHD)
Sent: Sunday, 24 July 2022 9:06 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re CHS Gyn oncology draft

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I have attached the draft responses with some amendments which I think are minor overall.

As I have said from the beginning my key concern is that this unit is created to be sustainable and appropriate growth is supported in the long term. If I am the successful applicant I would want to create a strong emphasis on

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Thanks again,

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Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG

Fellow – Gynaecology Oncology

Department Gynaecological Oncology

Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200 |

Mob: [REDACTED] E: [REDACTED]

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PHASED IMPLEMENTATION PLAN – Gynaecological Oncology (GOU)

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Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOU • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment

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Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Tuesday, 26 July 2022 4:17 PM
To: Lim, Boon (Health)
Subject: RE: Re CHS Gyn oncology draft

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Hi Boon,

I don't I have asked the most recently employed CGO at both places for one. I'll also ask the directory at Westmead when I work up the courage to tell her I won't be there next year.

Ta,

Leon

From: Lim, Boon (Health) [mailto:Boon.Lim@act.gov.au]
Sent: Tuesday, 26 July 2022 8:14 AM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Re CHS Gyn oncology draft

OFFICIAL

Dear Leon,

Thank you for your e-mail and the response to Cathie's draft.

We are still working out where the position of the CSN will sit. Equally, the current FMU service will be under review as the governance structure is problematic.

We have started the recruitment process. If you have a sample of a position description of a CGO from Westmead or RHW, can you please forward to me?

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Tuesday, 26 July 2022 7:32 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: FW: Re CHS Gyn oncology draft

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To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
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Thanks again,

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Tel: [REDACTED] Fax: 02 9382 6200 |

Mob: [REDACTED] E: [REDACTED]

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From: Bell, Amanda (Health)
Sent: Friday, 29 July 2022 10:08
To: O'Neill, Cathie (Health)
Subject: Gynae oncology unit update
Attachments: Phased Implementation Plan - Gynae Onc Service Draft V4.docx; Phased Implementation Plan - Gynae Onc Service Draft LF edit tracked.docx; Minister brief Gynaecological oncology unit July2022.dotx

Hi Cathie,

I've reviewed Leon's edits and attach V4 that responds to his comments. He's full edits/comments attached fyi.

I started the brief but didn't get far, I can come back to on Monday but not feeling well so logging off for now.

Thanks
Amanda

Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] | E: amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

PO Box 11, Woden ACT 2606 | health.act.gov.au

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PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Unit (GOU)	
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PHASE 1 (18mths) Jan 2023 to Jun 2024

- Employ 0.6 FTE ~~Staff~~ Specialist Gynaecological Oncologist (commence recruitment ~~July August 22~~)
 - Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services
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 - Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity GOSGOU Cases
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PHASE 2 (2yrs) Jul 2024 – Jun 2025

- Increase ~~Staff~~ Specialist FTE in line with increasing case load
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Note:

- Cancer Wellbeing Centre Opens
- Cancer Research Hub Opens
- CSB opens – increased theatres

PHASE 3 Jun 2025 - ongoing

- Consolidation of service
- Introduction of new therapies
- Preparation for accreditation as CGO training location if case numbers / staffing levels are sufficient-

Key measures

- Relative Stay Index (RSI) of caseload
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-------------------------	---

DRAFT



Style Definition: Comment Text

PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Service (GOSGOU)

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Risks and Issues

- Availability of specialist skills to be managed through targeted recruitment
- Expansion will be contingent on resource re-allocation or successful business cases
- Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

Commented [LF14]: Is this a get out of jail free card for the future? My concern in jumping into this is that post starting we are unable to expand as needed due to just this issue. I know this is the case overall. I just wonder whether including this in the implementation plan opens up whoever is in the service to have needed upgrades rejected?

DRAFT



Canberra Health Services

To: Minister for Health Tracking No.: Click here to enter text.

Date: 01/08/2022

CC: Click here to enter text.

From: Dave Pepper, Chief Executive Officer

Subject: Phased establishment of a Gynaecological Oncology Unit in the ACT

Critical Date: 18/08/2022

Critical Reason: Commence recruitment and development of model

Recommendations

That you:

1. Note the information contained in this brief; and

Noted / Please Discuss

2. Agree for the progression of the Phased Implementation Plan

Agreed / Not Agreed / Please Discuss

3. Support funding...

Agreed / Not Agreed / Please Discuss

Choose an item. MLA/...../.....

Minister's Office Feedback

Background

1.

Issues

2.

Financial Implications

3.

ConsultationInternal

4.

Cross Directorate

5.

External

6.

Work Health and Safety

7.

Benefits/Sensitivities

8.

Communications, media and engagement implications

9.

Signatory Name:

Phone:

Action Officer:

Phone:

Attachments

Attachment	Title
Attachment A	Phased Implementation Plan – Gynaecological Oncology Unit

Barnes, Kelly (Health)

From: Mitchell, Imogen (Health)
Sent: Saturday, 30 July 2022 3:45 PM
To: Lim, Boon (Health)
Subject: RE: Leon Foster

UNOFFICIAL

How funny!

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Saturday, 30 July 2022 3:14 PM
To: Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>
Subject: RE: Leon Foster

UNOFFICIAL

Hi Imogen,

Interesting. Looks like he has appointed himself!

We are working up the recruitment of a 0.6 FTE Gynae Oncology position to replace Greg Robertson and anticipate advertising soon. Accepting that there is unlikely to be anyone else applying for the job, looks like he will be the only applicant.

He will complete his subspecialist training in Gynae Oncology and will come as a staff specialist.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: Mitchell, Imogen (Health) <Imogen.Mitchell@act.gov.au>

Sent: Friday, 29 July 2022 6:32 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: Leon Foster

UNOFFICIAL

Dear Boon

I do hope you are ok, I can only imagine what a tough time you will have been having over the last few weeks.

I was wondering, I had an email from Leon Foster who was inquiring about an academic title (I sent him onto Paul Fitzgerald). Are you able to confirm that he is coming to Canberra and what as?

With huge thanks

Imogen

Professor Imogen Mitchell

Intensive Care Specialist, Canberra Hospital

Executive Director, Research and Academic Partnerships, Canberra Health Services

Clinical Director, ACT COVID-19 Response

M: 



OFFICIAL

MINISTERIAL BRIEF

Canberra Health Services

To: Minister for Health

Tracking No.: MCHS22/564

Date: 01/08/2022

From: Dave Peffer, Chief Executive Officer

Subject: Phased establishment of a Gynaecological Oncology Unit in the ACT

Critical Date: Not applicable

Critical Reason: Not applicable

Recommendation

That you support funding allocation to assist with expansion from 2023 onwards.

Agreed / Not Agreed / Please Discuss

Rachel Stephen-Smith
Choose an item. MLA

RSS 1/8/22

Minister's Office Feedback

Thank you - this is good news. Will look at announcing as quickly as possible.

Background

1. Women from the ACT and surrounding region requiring surgery for moderate to complex gynaecological cancers are required to access that surgery from Sydney.

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2. A fly-in fly-out (FIFO) gynaecological oncologist has been providing visiting services fortnightly, including lower complexity surgery and clinics. This service has been supported by Royal Hospital for Women, Randwick (RHW) who employ this doctor. Canberra Health Services (CHS) has been paying all costs associated with the FIFO service.
3. Dr Robertson (the surgeon) has notified CHS of his impending retirement. RHS has subsequently advised CHS that they are unable to support any further FIFO service due to low FTE numbers.
4. A Fellow being trained by Dr Robertson, Dr Leon Foster, originally from Canberra and whose family reside in Canberra, has been agitating to be employed locally to continue the service. Dr Foster completes his fellowship at the end of 2022.
5. Oncology and radiation therapy for these women is provided by CHS.

Issues

6. Gynae-oncology is a sub-specialty of gynaecology and requires a reasonable caseload to ensure ongoing competence. Caseload is not specifically defined but 100 – 150 cases per year is considered sufficient.
7. The travel to Sydney places a significant burden on women and consistent with the Government's care closer to home approach, CHS has undertaken a review to determine the feasibility of establishing a local service.
8. Discussions have occurred with a number of stakeholders and a phased implementation plan has been developed and consulted on, Attachment A.
9. There is consensus that the caseload in the ACT is now sufficient to warrant a local service.
10. The complexity of the surgery being performed is considered in line with the complex lower and upper gastro-intestinal surgery currently being safely performed, and supported peri-operatively at CHS. There may be women for whom their condition is sufficiently complex to still warrant treatment in a larger specialised unit and these women will continue to be referred.
11. CHS can use the resources currently budgeted for the FIFO service to fund a 0.6FTE specialist. Initial supports for this service can be established within existing roles/resources. The exception is for the Cancer Specialist Nurse (CSN). Currently, there is one CSN who provides care coordination, support, education and care to gynaecological and brain cancer clients. This is insufficient for a dedicated service and an additional 1 FTE is required. In addition, CHS is aware of the requirement for a dedicated colo-rectal cancer nurse who will be able to work alongside the gynae-oncology nurse.

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12. There is a requirement to purchase some additional theatre equipment. This has been quoted at \$300,000. An application will be submitted for funding from CHS Plant and Equipment budget.
13. Further expansion in the out years will be subject to future business cases.
14. Recruitment to the medical position will commence in August 2022 with an anticipated commencement date in early 2023. ✓

Financial Implications

15. To establish a safe and patient centred service in 2023, an additional \$400,000 is required to fund the additional CSN positions. These costs will be a cost pressure to CHS. CHS will work with your office on a submission for the mid-year review.

ConsultationInternal

16.

- A/Prof Paul Craft – Clinical Director Cancer Services
- Dr Alison Davis – Medical Oncologist – specialising in gynaecological cancer
- Prof Boon Lim – Clinical Director, Women Youth and Children
- Melissa O’Brien – Executive Director, Cancer and Ambulatory Support
- Susan Frieberg – Executive Director, Women Youth and Children
- Lisa Gilmore – Executive Director, Division of Surgery
- Marten Seng – Director, Radiation Therapy
- Margot Green – Director of Operations, Division of Surgery

Cross Directorate

17. Jacinta George – ACT Health Directorate

External

18. Dr Leon Foster, Dr Greg Robertson, RHW Executive

Work Health and Safety

19. Nil

Benefits/Sensitivities

20. There has been considerable media and community interest in this issue.

OFFICIAL

21. Concerns exist over the risk of a single practitioner, sub-specialist service. Further discussions will occur with the RHW and Westmead Hospital to ensure that the sole practitioner in the ACT is well supported for training, shared decision making, leave relief and the potential to participate in complex surgeries at either location. This will be formalised into a Memorandum of Understanding. ✓
22. An open, merit based recruitment process will be undertaken. No guarantees have been provided to Dr Leon Foster that he will be appointed.

Communications, media and engagement implications

23. An announcement of the plans for the service and recruitment of a local specialist can occur at a timing suitable to Minister. ✓

Signatory Name: Cathie O'Neill

Phone: 

Action Officer: Cathie O'Neill

Phone: 

Attachments

Attachment	Title
Attachment A	Phased Implementation Plan – Gynaecological Oncology Unit

PHASED IMPLEMENTATION PLAN – Gynaecological Oncology Unit (GOU)

Objectives	Implement a phased approach for the local delivery of a Gynaecological Oncology Unit that provide safe delivery of care for those with gynaecological oncology conditions, limiting the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOU • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment

Overview of phased implementation s
PHASE 0 Current

- Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly)
- Initial and follow up consultations occur fortnightly as part of FIFO
- Administrative support provided by WYC with RHW medical officers undertaking MDT administration as the FIFO MDT Coordinator position is currently vacant
- Medical Oncology and Radiation Therapy undertaken in CHS
- CHS provision of adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer
- Access to CHS Cancer Specialist Nurse – Gynaecology (0.4 FTE) and CHS Cancer Psycho-social Team
- Limited access to local fertility preservation funded privately by consumers (Commonwealth support)
- Access to CHS Women’s Physiotherapy Service and other allied health as required
- RHW provision of social work and psychological as required
- Access to limited Genetic Counselling services provided by CHS
- Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS
- Complications and palliation managed in CHS by other surgical specialties or non-cancer surgeons
- Cases referred to RHW MDT with CHS participation (variable participation due to time clashes)
- Minimal access to clinical trials

NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live November 2022

¹ NSW Health. Model Scope of Clinical Practice for Gynaecological Oncology

* MDT – refers to the specific approach used to discuss, stage and plan cancer diagnoses and treatment plans

PHASE 1 (18mths) Jan 2023 to Jun 2024

- Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment August 2022)
- Increase CSN to 1.0 FTE by February 2023 with potential review of existing positions to enable coordination across services
- Based on caseload, increase theatre allocation to one day a week from current allocation of once a fortnight
- Expand to provide clinics weekly to support increased activity/patients
- Increase allocation of administrative support to ensure adequate back office and clinic support
- Implement referral pathways, clinical pathways and other supports to ensure evidence-based service
- Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity GOU Cases
- Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist)
- Consult with other GO units for high complexity consumers for review and/or treatment interstate or locally with visiting surgeon
- Formalise agreement of the collaboration between CHS/RHW (and/or other unit) and the level and frequency of support provided
- Participate in external support and training options, including potential leave relief
- Increase access to local clinical trials
- Confirm Commonwealth commitment to local fertility preservation and explore further gaps
- Incorporate expansion of this service in the planned review of genetic services
- Employ Dedicated Registrar (RANZCOG Fellow) by February 2024 and confirm accreditation options
- Procure additional laparoscopic operating stack upgrade and three operating cameras
- Commence limited research

PHASE 2 (2yrs) Jul 2024 – Jun 2025

- Increase medical FTE in line with increasing case load
- Increase theatre allocation and clinics in line with increasing caseload
- Additional allied health (primarily social work and psychology FTE appointed).
- Expand limited research locally
- Prepare for accreditation from RANZCOG as subspecialist service

Note:

- Cancer Wellbeing Centre Opens
- Cancer Research Hub Opens
- CSB opens – increased theatres

PHASE 3 June 2025 - ongoing

- Consolidation of service
- Introduction of new therapies
- Preparation for accreditation as CGO training location if case numbers / staffing levels are sufficient

Key measures	<ul style="list-style-type: none"> • Relative Stay Index (RSI) of caseload • Hospital Acquired Complications (HAC) for caseload • Number of cases referred outside ACT • Audit of cases referred to the Morbidity and Mortality Meeting • Review of NSW Cancer Institute Benchmark Cancer Outcome data (RBCO)
Risks and Issues	<ul style="list-style-type: none"> • Availability of specialist skills to be managed through targeted recruitment • Expansion will be contingent on resource re-allocation or successful business cases • Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 5 August 2022 6:47 PM
To: Lim, Boon (Health)
Subject: RE: Any progress

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Thanks

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 5 August 2022 1:25 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Subject: RE: Any progress

OFFICIAL

Hi Leon,

The PD is being developed. I'll check with Sam regarding progress.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 5 August 2022 1:17 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Subject: Any progress

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Hi Boon,

Just wondering if there is any forward movement after the last meeting. Or should I bother someone else.

Leon



Dr Leon Foster

Fellow – Gynaecology Oncology

Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200



Health
South Eastern Sydney
Local Health District

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Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 26 August 2022 9:33 AM
To: Lim, Boon (Health)
Subject: Re draft service / unit proposal

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Hi Boon,

I was just wanting to check in about whether there has been any movement in signing off the draft proposal? Or is this a better question to raise with Cathy O'Neil?

Greg and I are in clinic today if you need to chat about it. Ta.

Leon

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Lang, Samantha (Health)

From: Lim, Boon (Health)
Sent: Sunday, 28 August 2022 1:36 PM
To: Freiberg, Susan (Health)
Cc: CHS, WYC Executive Office; Barnes, Kelly (Health)
Subject: FW: Re CHS Gyn oncology draft
Attachments: Phased Implementation Plan - Gynae Onc Service Draft LF edit.docx

OFFICIAL

Hi Susan,

Leon is chasing me for a reply and I note that he originally only communicated with the COO. I think she has handed the development of this to us. I note in his response that he has also used his wife's personal links to negotiate with Calvary for operating time.

I suggest we discuss this before we, or I respond to him as he wants the plan signed off. Sam, I think you should be included in the discussion too.

Many thanks.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

Tel: +61 (0)2 6174 7500



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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Tuesday, 26 July 2022 7:32 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Subject: FW: Re CHS Gyn oncology draft

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Morning Boon,

This is my response to the draft that we discussed on Friday. I hadn't included you in the original reply sorry.

To me a GOU within an O&G Dept **must** be similarly structured to the current FMU. In that it has its own admin, senior midwife (in this case nurse) etc..

Where does this draft have the 1.0 FTE CSN working under? I think they must be physically and functionally located with the remainder of the GOU. Currently the CSN's work is primarily chemotherapy and radiotherapy related. Not something that will transition well to the other end of the hospital and not something that allows a lot of time to take care of surgical patients. The majority of whom will not need adjuvant treatment.

A unit structure, the CSN and dedicated admin support have been the only personnel conditions I see as a prerequisite to get this off the ground.

Otherwise I would essentially be by myself which will not viable and I cannot commit to.

I am less concerned with where my position sits (i.e. Cancer services, O&G, Dept of surgery) and our physical location rather than it be as a team.

I hope that makes my position clear. Having sent 2 emails in 2 days to Cathie and knowing how busy she would be at the moment I haven't forwarded this to her but would of course be happy to do so and provide any more information as required.

Thanks,

Leon

From: Leon Foster (South Eastern Sydney LHD)
Sent: Sunday, 24 July 2022 9:06 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re CHS Gyn oncology draft

Hi Cathie,

Thanks for the meeting on Friday. I was encouraged that most people appeared to be on the same page (or at least were good at appearing that way).

I have attached the draft responses with some amendments which I think are minor overall.

As I have said from the beginning my key concern is that this unit is created to be sustainable and appropriate growth is supported in the long term. If I am the successful applicant I would want to create a strong emphasis on data collection and audit to enable us to identify both where we are lacking and where we excel and for that to be audited and published.

Regarding the capital expenditure. In short CHS currently uses STORZ brand equipment for laparoscopic surgery. The current models do not allow sentinel lymph node dissection to be undertaken. This is currently the standard of practice in endometrial and likely to be in the near future for cervical cancer. The newer STORZ equipment does do that. The tower on which the equipment sits and the camera heads (3) would be part of that requirement. The STORZ rep indicated that she would send me a quote this weekend.

Thanks again,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200 |

Mob: [REDACTED] E: [REDACTED]

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PHASED IMPLEMENTATION PLAN – Gynaecological Oncology (GOU)

Objectives	Implement a phased approach for the local delivery of a Gynaecological Oncology unit that provide safe delivery of care for those with gynaecological oncology conditions, limiting the number of consumers having to access services outside the ACT.
Scope	<p>Those referred to CHS for definitive diagnosis, staging, surgery, treatment, and management of gynaecological oncological conditions.</p> <p>Gynaecological Oncologists¹ generally work within multidisciplinary teams, providing surgical and therapeutic treatment to female patients with gynaecologic cancer and complications resulting therefrom, including carcinomas of the cervix, ovary and fallopian tubes, uterus, vulva, and vagina and the performance of procedures on the bowel, urethra, and bladder. This includes Advanced Laparoscopic Surgery at level 6 relevant to Gynaecological Oncology and advanced pelvic surgery.</p>
Benefits to be realised	<ul style="list-style-type: none"> • Agreed implementation approach to the development of a GOU • Reduction in the number of women needing to access these services outside the ACT • Improved consumer experience • Outcomes comparable to peer services • Reduced waiting times to definitive treatment

Commented [LF1]: I think we should use the term unit rather than service. This is in line with how subspecialty units are treated within O&G generally. For instance at TCH - FMU is it's own unit with it's own admin, director, space etc... Rather than empire build I think this helps delineate the service. General gynaecology and gynaecology oncology are very different specialties. As such I have changed them all to GOU. Also.... Some form of banner can be make for the opening and someone important can cut a ribbon if they like.

Overview of phased implementation s

SI

- Low complexity surgery undertaken in ACT by FIFO GO Specialist from RHW (fortnightly)
- Initial and follow up consultations occur fortnightly as part of FIFO
- Administrative support provided by WYC with MDT administration by the FIFO specialist's secretary
- Medical Oncology and Radiation Therapy undertaken in CHS
- Adjuvant Brachytherapy for endometrial and cervix cancer with referral for advanced cervix cancer
- Access to Cancer Specialist Nurse – Gynaecology (0.4 FTE) and Cancer Psycho-social Team
- Limited access to local fertility preservation funded privately by consumers (Commonwealth support)
- Access to Women's Physiotherapy Service and other allied health as required
- Access to limited Genetic Counselling services
- Moderate to high complexity cases referred to Sydney with follow-up care provided in CHS
- Complications and palliation managed in CHS by other surgical specialties or non cancer surgeons.
- Cases referred to RHW MDT with CHS participation (variable participation due to time clashes)
- Minimal access to clinical trials

Commented [LF2]: FIFO MDT coordinator position unfilled at RHW. Currently 90% of work is undertaken by medical officers (i.e. me and others) . This is an additional risk.

Commented [LF3]: Significant social work and psychological input for these women are often undertaken at RHW. Discussion with the SW / Psychology dept about the additional load astd with a new unit would be beneficial.

NOTE: FIFO and current support from RHW to cease end of 2022. DHR go live Nov 2022

¹ NSW Health. Model Scope of Clinical Practice for Gynaecological Oncology

* Note - Anaesthetic/ Paed Anaesthetic not standard and only at request of senior doctor in attendance at MET call

PHASE 1 (18mths) Jan 2023 to Jun 2024	
<ul style="list-style-type: none"> Employ 0.6 FTE Staff Specialist Gynaecological Oncologist (commence recruitment July 22) Increase CSN to 1.0 FTE by Feb 23 with potential review of existing positions to enable coordination across services Increase theatre allocation to weekly from current allocation of once a fortnight Expand to provide clinics weekly to support increased activity/patients Creation of GOU administration position FTE 1.0. Implement referral pathways, clinical pathways and other supports to ensure evidence-based service Expand Enhanced Recovered After Surgery Program to include Moderate to High Complexity GOU Cases Commence MDTs locally (increase MDT administration support by 0.2 FTE to assist) Refer high complexity consumers to RHW for review and/or treatment as required Formal agreement of CHS/RHW collaboration and the level and frequency of support provided by RHW Participate in RHW support and training options, including potential leave relief Increase access to local clinical trials Confirm Commonwealth commitment to local fertility preservation and explore further gaps Incorporate expansion of this service in the review of genetic services Employ Dedicated Registrar (RANZCOG Fellow) by Feb 24 and confirm accreditation options Capital requirement for introduction limited to laparoscopic operating stack upgrade and three operating camera. 	
PHASE 2 (2yrs) Jul 2024 – Jun 2025	
<ul style="list-style-type: none"> Increase Staff Specialist FTE in line with increasing case load Increase theatre allocation and clinics in line with increasing caseload Additional allied health (primarily social work and psychology FTE appointed). Commence limited research locally Prepare for accreditation from RANZCOG as subspecialist service <p>Note:</p> <ul style="list-style-type: none"> Cancer Wellbeing Centre Opens Cancer Research Hub Opens CSB opens – increased theatres 	
PHASE 3 Jun 2025 - ongoing	
<ul style="list-style-type: none"> Consolidation of service Introduction of new therapies Preparation for accreditation as CGO training location if case numbers / staffing levels are sufficient. 	
Key measures	<ul style="list-style-type: none"> RSI of caseload HACs for caseload Number of cases referred to RHW Audit of cases referred to the Morbidity and Mortality Meeting Audit of Riskman and MET call data, as reported at Quality and Safety Meetings (WYC/CAS - TBC)
Risks and Issues	<ul style="list-style-type: none"> Availability of specialist skills to be managed through targeted recruitment Expansion will be contingent on resource re-allocation or successful business cases Service will be run by sole practitioner initially in phase 1 until FTE increased in July 2024 so continuation of a network supported service will be critical to the provision of a safe service.

Commented [LF4]: Suggest removing staff. The 0.6 / 6 sessions a week would allow flexibility in negotiation.

Commented [LF5]: The CSN role is an essential one for this to go ahead. This should be a senior oncology / surgical nurse specialist. I am unaware of the current level of the position. I have job descriptions of similar positions in other institutions.

Commented [LF6]: Is that one session per week. I think that it will easily cover a day a week. I know that TCH has issues with elective theatre space and could consider doing some lower risk procedures outside. E.g. calvary.

Commented [LF7]: This is not clear. I think in the context of a new unit a dedicated administration position is reasonable. It also reduces the likelihood of missed referrals and correspondence as there is a central POC.

Commented [LF8]: If we're working as a larger team we would discuss / consult rather than refer. Outside of exenterations requiring bone removal and peritonectomy my preference would be for visiting surgeons to come as required (probably monthly or less) rather than send women to Sydney.

Commented [LF9]: Good idea

Commented [LF10]: Again not staff

Commented [LF11]: I have met with Ross Hawkins - CEO of calvary ACT about this. His wife is a friend of my wife's. I am concerned about public operating time as my understanding is that it is very tight at TCH. He and Frank Piscionei have indicated that there may be capacity there for some day only / laparoscopic cases as well. ALSO - wondering whether we could look outside CHS for an auditor to review unit performance against benchmarks and recommend expansion plan to remove stakeholder bias.

Commented [LF12]: RSI - I don't know what that means sorry.

Commented [LF13]: HAC - I don't know this acronym sorry.

Commented [LF14]: Is this a get out of jail free card for the future? My concern in jumping into this is that post starting we are unable to expand as needed due to just this issue. I know this is the case overall. I just wonder whether including this in the implementation plan opens up whoever is in the service to have needed upgrades rejected?

Barnes, Kelly (Health)

From: O'Neill, Cathie (Health)
Sent: Sunday, 4 September 2022 8:48 AM
To: Leon Foster (South Eastern Sydney LHD)
Cc: Freiberg, Susan (Health); Lim, Boon (Health)
Subject: RE: Re any progress on proposal thus far

UNOFFICIAL

Leon

I have sent through your request to the Periop Team to assess and then that will go to the Plant and Equipment Committee for funding allocation.

Cathie

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Friday, 2 September 2022 12:58 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Subject: Re any progress on proposal thus far

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Hi Cathie,

The job advertisement has nearly been up for a month now. I was wondering if there had been any progress on the draft proposal from the last meeting. Boon was not aware of any movement since the last meeting. Even just from a equipment perspective I suspect that getting equipment in will take a number of months once ordered.

Thanks,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology
Royal Hospital for Women – Barker St Randwick 2031

Tel [REDACTED] | Fax: 02 9382 6200 | Mob [REDACTED]



Health
South Eastern Sydney
Local Health District

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Barnes, Kelly (Health)

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Wednesday, 28 September 2022 7:26 PM
To: Lim, Boon (Health)
Subject: Checking in on things again

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Hi Boon,

Continuing to be a pain about this. Do you know if there has been any movement on the equipment and the rest of the proposal? I'm happy to follow up with Cathie O'Neill if you'd prefer. don't work for anyone in CHS...

Cheers,

Leon



Dr Leon Foster
BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

Tel: [REDACTED] Fax: 02 9382 6200 |

Mob: [REDACTED] E: [REDACTED]

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From: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Sent: Monday, 28 November 2022 07:36
To: O'Neill, Cathie (Health)
Subject: GYN Oncology unit

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Hi Cathie,

I apologise for this turn of events. Having pushed for this for a long time I am devastated by how this has turned out. I am unable to be involved in the service as described below.

Kind Regards,

Leon

From: Leon Foster (South Eastern Sydney LHD)
Sent: Monday, 28 November 2022 7:33 AM
To: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Contract and unit

Boon,

I wish to withdraw my acceptance of the position as it is currently offered.
I have attempted to make my reasoning behind this clear below.

Dear Leon,

Thank you for your e-mail of 23 November with your concerns regarding what is the offer of the 0.6 FTE Gynae Oncology Service for Canberra Health Services. I think it will be important to reconfirm the principles of the development of the service for avoidance of doubt.

Thank you for making your position clear. I have responded to each of your comments below.

1. When all the relevant stakeholders, yourself included, met with the Chief Operating Office, it was made clear that the position would be funded and advertised as a 0.6 FTE Staff Specialist position. The clinical load would still be supported by the GO Unit at the Royal Hospital for Women in Sydney in the early stages and there would be a gradual increase of the caseload in Canberra. It was agreed that the service be developed on an incremental basis with the view to increasing the FTE after July 2024, depending on the workload.
 - a. The degree of support from RHW was never detailed and, to my knowledge, has not been negotiated.
 - b. At no time was inadequate operating time discussed and agreed upon.
 - c. My understanding was CHS would aim to be part of the RHW MDT and gain occasional surgical support. Not provide an ongoing outreach service as proposed.

d. I had discussed the same with the clinical director and Dr Robertson, with in principle support for the same.

1. It was agreed to purchase the necessary laparoscopic equipment to upgrade the existing equipment in theatre. The business case for this has been approved and is now with the Plant and Equipment Committee for final sign off.
2. The business case for the Clinical Nurse Specialist in Oncology to provide support for Gynaecology Oncology has been approved and this position is to be recruited by the Cancer and Ambulatory Service.
 - The disposition and function of this position have yet to be confirmed and I think will be contested.
 - From my perspective, this position would sit within the Gynaecological cancer service entirely and not continue the current cancer care coordinator function.
 - Every gynaecology oncology unit has a clinical nurse consultant. They are an invaluable resource for the women who we care for.
3. Although the current theatre allocation for GO is one list every fortnight on a Friday morning, I am happy to revise the job plans to provide you with an all day operating list on one Monday in a 4 week cycle. Unfortunately, we currently do not have any extra spare lists to offer. Again, with the evolution of the service, we can develop the business case for more operating time.
 - I reviewed all the RHW operating for Jul – Nov 2022. There were 149 hours of operating on ACT and local area patients.
 - In addition, there were 40 hours of operating in the ACT. As you can see below that equates to 2.1 operating lists a week or 9 per 4-week cycle.
 - 2 lists per 4 weeks cycle are less than a quarter of what is required to meet the current need.

Jul - Nov 22 OT Hours RHW + CHS	
Total operating hours used	189
Hours per (/22)	8.6
Lists per week (/4)	2.1

4. There is no requirement to be on call.
 - In every gynaecology oncology unit in Australia, there is a gynaecological oncologist on call for women with gynaecological cancer. Currently RHW on-call take all of those calls.
 - In every obstetrics and gynaecology with an attached gynaecological oncology unit that unit provides operative support for the general roster.

This position comes with a Group Attraction and Retention Incentive (ARIn) payment of \$30,000 for a fulltime position. Being a fractional position, the ARIn should be paid on a pro rata basis. However, I am happy to make a recommendation to approve to pay you the full amount of \$30,000.

As mentioned in my previous e-mail, the position of 0.6 FTE staff specialist is what you applied for, and we cannot now change it to a VMO model without going through the recruitment process again. In your proposed job plan, there will be time allocation to recognise the administrative tasks that will be needed to set up the service.

I requested in my initial response to this position that AIRn be reviewed and a specific gynaecological oncology AIRn be created.

The request for a VMO position was based on what I perceived as a need for flexibility in the position as mentioned in previously emails.

Please let me know of your thoughts on this asap so that we can finalise the recruitment process. If you feel unable to accept the position, please do let me know soon as well so that the offer can be withdrawn in order for us to start the recruitment process again.

To conclude:

- I am unable to support the service as described.
- The described service is inadequate for the existing need and creates a gynaecology oncology unit on paper only. It would be more accurately described as a workup and follow-up service for the Royal Hospital for Women.
- As proposed it would only allow care for four new patients a month.
- Under the current plan, I would be operating 1/12th of the time that I am employed by Canberra Health Services – a poor return on CHS' investment
- The oncologist-patient relationship is a very important one. The current plan adversely affects that relationship.
- Having completed the three-year fellowship to gain appropriate skills, this level of operating is insufficient to maintain the skills required of a gynaecological oncologist.
- The matter of remuneration is important but secondary to this issue.
- The addition of adequate operating time would also benefit the ACT-based RANZCOG trainees. Currently, these training opportunities are taken by RHW trainees.
- Because of my personal and professional relationships, I am privy to the ongoing issues within the O&G department in CHS. I was still willing to come and hoped that the creation of this service would be something good for the department.

Leon

From: Lim, Boon (Health) <Boon.Lim@act.gov.au>
Sent: Friday, 25 November 2022 8:25 PM
To: Leon Foster (South Eastern Sydney LHD) [REDACTED]
Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>
Subject: RE: Contract and unit

OFFICIAL

Dear Leon,

Thank you for your e-mail of 23 November with your concerns regarding what is the offer of the 0.6 FTE Gynae Oncology Service for Canberra Health Services. I think it will be important to reconfirm the principles of the development of the service for avoidance of doubt.

1. When all the relevant stakeholders, yourself included, met with the Chief Operating Office, it was made clear that the position would be funded and advertised as a 0.6 FTE Staff Specialist position. The clinical load would still be supported by the GO Unit at the Royal Hospital for Women in Sydney in the early stages and there

would be a gradual increase of the caseload in Canberra. It was agreed that the service be developed on an incremental basis with the view to increasing the FTE after July 2024, depending on the workload.

2. It was agreed to purchase the necessary laparoscopic equipment to upgrade the existing equipment in theatre. The business case for this has been approved and is now with the Plant and Equipment Committee for final sign off.
3. The business case for the Clinical Nurse Specialist in Oncology to provide support for Gynaecology Oncology has been approved and this position is to be recruited by the Cancer and Ambulatory Service.
4. Although the current theatre allocation for GO is one list every fortnight on a Friday morning, I am happy to revise the job plans to provide you with an all day operating list on one Monday in a 4 week cycle. Unfortunately, we currently do not have any extra spare lists to offer. Again, with the evolution of the service, we can develop the business case for more operating time.
5. There is no requirement to be on call.

This position comes with a Group Attraction and Retention Incentive (ARIn) payment of \$30,000 for a fulltime position. Being a fractional position, the ARIn should be paid on a pro rata basis. However, I am happy to make a recommendation to approve to pay you the full amount of \$30,000.

As mentioned in my previous e-mail, the position of 0.6 FTE staff specialist is what you applied for and we cannot now change it to a VMO model without going through the recruitment process again. In your proposed job plan, there will be time allocation to recognise the administrative tasks that will be needed to set up the service.

Please let me know of your thoughts on this asap so that we can finalise the recruitment process. If you feel unable to accept the position, please do let me know soon as well so that the offer can be withdrawn in order for us to start the recruitment process again.

Kind regards,

Boon

Assoc. Prof. Boon H Lim
Clinical Director
Division of Women, Youth and Children
Senior Staff Obstetrician and Gynaecologist
Canberra Health Services
Level 2, Building 11, Canberra Hospital
Garran
ACT 2605
Australia

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Vice President



THE ROYAL AUSTRALIAN AND NEW ZEALANDI

From: Leon Foster (South Eastern Sydney LHD) [REDACTED]

Sent: Wednesday, 23 November 2022 12:31 PM

To: Lim, Boon (Health) <Boon.Lim@act.gov.au>

Cc: Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Subject: Contract and unit

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Boon,

We are not on the same page with the development of this service. I was shattered by the news regarding the theatre lists.

Susan, I have included you as Boon did in his previous email and I believe it is relevant to you.

My key points are as follows:

- You cannot provide cancer surgery without operating time. It is impossible to even consider a Canberra based service with no operating time.
- The minimum requirements for me to be involved in this service are in Table 1 below and are in line with discussions over the last two years.
- I will not take up this position with the terms and conditions as they currently stand.

The need for this service in Canberra has been established.

The health minister has declared it a priority and that “funding was not an issue”. My expectation was that Canberra Health was supportive of this and would work towards the development of the service. I feel that the current situation is taking advantage of my good will in trying to get this to go ahead.

Service Requirements

My vision for this service was that it provides a high quality GYN oncology surgical service for women of the ACT and region. The draft business case was initially sent to the clinical director WY&C in January 2021. On that:

- I have not received any feedback that this is an unreasonable request or unlikely to go ahead.
- The estimated number of operative cases indicated there were 240 cases per year.
- I have been reassured that there will be a phased approach to its development.
- On the Friday clinic in Canberra last week (18 Nov), we booked 5 major cases (~12 hours) of cat 1 operating. All of which we will do in Sydney due to no OT availability in Canberra. There is no available operating time in Canberra until February 2023.
- It is not possible to run this service on one half day list a fortnight and I will not try.
- Table 1 contains details that have been discussed on multiple occasions in the past.

I have not organised any other clinical activities as I saw the priority to be establishing clinic, operating and administration time within CHS. The Friday list should be given to a general obstetrician gynaecologist as an all-day gynaecology and Caesar list. Half day lists are largely unsuitable for gynaecological cancer operations.

Your email indicates that there will be some degree of administrative work to get the service into shape.

I think that is a gross underestimate of the amount of work needed to establish and maintain this service. I am happy to elaborate if needed.

Terms and Conditions

My response to the position within CHS included concerns regarding the remuneration. I have attached my initial response to the advertisement to this email. I indicated that the conditions of employment needed to be negotiated before contract signing / commencement. I have not been approached regarding this at all.

I recommend that this position be converted into a VMO position. I believe that by doing this there will be

- significantly more flexibility required for using additional operating lists,
- Provides the ability to gain additional clinic / administration time as needed
- Applies a loading for the onerous on-call arrangement.
- Allows specific remuneration for the complex surgery undertaken.

An individual AIRn could also be appropriate but I do not see that as being achievable at this point. I am happy to provide a detailed list of how this position would differ from, and therefore should be considered separately, to a standard O&G staff specialist position. I recommend that the position be advertised if needed and a temporary VMO contract issued in the meantime.

As we have the meeting with Cathie next week I will ask her PA to make the OT issue high on the agenda.

Leon



Dr Leon Foster

BA MBBS MPH FRACGP FRANZCOG
Fellow – Gynaecology Oncology

Department Gynaecological Oncology
Royal Hospital for Women – Barker St Randwick 2031

| Fax: 02 9382 6200 |

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From: O'Neill, Cathie (Health)
Sent: Wednesday, 15 June 2022 13:12
To: George, Jacinta (Health); Health Media
Cc: Spencer, Jo (Health); Williams, Gareth (Health); Konovalov, Alexander (Health); HSPE; Canberra Health Services Media
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit
Attachments: gynaecology cancer - media response_JG.docx

OFFICIAL

Thanks Jacinta Some edits in the attached for consideration.

Cathie

Cathie O'Neill

Chief Operating Officer
Canberra Health Services

E-mail: Cathie.O'Neill@act.gov.au

EA: Maddy Bartlett 512 42147
EO: Michelle Ramsay 512 45804
BM: Amanda Bell 512 48688

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From: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Sent: Wednesday, 15 June 2022 12:51 PM
To: Health Media <HealthMedia@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Williams, Gareth <Gareth.Williams@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Please see attached for CHS review

Jacinta George
Executive Group Manager
Ph: (02) 5124 9180 (Executive Assistant)

Email: jacinta.george@act.gov.au

Health System Planning and Evaluation
Level 3, 2 Bowes Street Phillip ACT 2606
health.act.gov.au



From: Williams, Gareth <Gareth.Williams@act.gov.au>
Sent: Wednesday, 15 June 2022 10:32 AM
To: George, Jacinta (Health) <Jacinta.George@act.gov.au>; Stewart, Margaret (Health) <Margaret.Stewart@act.gov.au>
Cc: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Subject: FW: Media inquiry: Permanent gynaecological cancer surgical unit
Importance: High

OFFICIAL

Good afternoon Jacinta and Margaret,

My name is Gareth Williams and I am currently filling in for Benno in the health media space while he is on leave (I normally manage COVID-19 media).

I was just enquiring whether the below media enquiry sits within your space? Jed in the Min's Office has asked for content from us so it can be used for a Min response. If this is not your area, please let me know as well as a steer as to where it sits.

Kind Regards

Gareth Williams | Director, Media and Communications
COVID-19 Communications | COVID-19 Response | ACT Health Directorate
Level 3, 2-6 Bowes Street Phillip ACT 2606
M [REDACTED] E covid-19media@act.gov.au
health.act.gov.au

Media line: 02 6205 9099

From: [REDACTED]
Sent: Wednesday, 15 June 2022 9:31 AM
To: Rainbow, Jed <Jed.Rainbow@act.gov.au>
Subject: Media inquiry: Permanent gynaecological cancer surgical unit

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Morning Jed,

I hope you're well. I have a couple of questions for the Health Minister regarding funding for a permanent gynaecological surgical unit in the territory. My deadline is 4pm this afternoon. Happy to chat further if you would like me to clarify anything!

1. Does the ACT government have any plans to announce funding for a permanent gynaecological cancer surgical unit in the territory?

2. Is the ACT government aware there is a surgeon who is willing to establish a permanent service in Canberra? Is work being done to ensure this can happen?
3. A group of concerned doctors say they have lobbied the ACT government over recent years for a permanent surgery unit but to no avail, what responses has the Health Minister provided so far?
4. Does the Minister think it is acceptable that currently Canberrans need to travel to access most treatment for gynaecological cancers?
5. There is currently a fortnightly clinic in Canberra but this is due to finish at the end of the year, is the government aware of this deadline and what is being done to ensure Canberrans can still access some form of surgical treatment for gynecological cancers?

Regards,

██████████

Journalist

Australian Community Media

M ██████████

W www.canberratimes.com.au

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The Government is aware that, in recent years, members of the community have advocated for a permanent gynaecology cancer surgical unit in the ACT. ACT Health and CHS are committed to providing the best quality care to women with gynaecological cancers – their advocacy and input are appreciated.

CHS have a formal arrangement with the Royal Hospital for Women in Sydney who provide an outreach service including clinics and operating sessions at Canberra Hospital for some specialised treatments. More complex surgeries are managed by the Specialist team in Sydney because these patients need more intense postoperative care, and the relevant consultants need to be present to see them each day. [CHS provides specialist medical oncology, radiation oncology and supportive care to provide the oncology treatment and support following surgery. This includes for those women who have surgery in Sydney and can then return home for their follow up care and treatment.](#)

Gynaecology cancer is a specialised, low volume service. The Government often faces a tension when planning for specialised, low volume health services. In some cases it makes sense to plan for additional investment and capacity for the ACT as the local population and demand grows over time. However in other cases there isn't enough volume for the local service to build up enough expertise and capability, and agreements are developed to ensure care for ACT residents in a more established service, often in Sydney.

The Government also faces competing demands for health funding and workforce constraints.

To date ACT Health and CHS have considered that there is insufficient demand to sustain a safe service delivering quality care.

However demand may grow to support [up to](#) two gynaecological oncologists, and the Government will continue to monitor demand and work with specialists in this area on a phased approach to [wards the full](#) implementation of a specialist unit.

1. Does the ACT government have any plans to announce funding for a permanent gynaecological cancer surgical unit in the territory?

No, the Government will explore the potential for a specialist unit over time but there are no plans to announce funding.

2. Is the ACT government aware there is a surgeon who is willing to establish a permanent service in Canberra? Is work being done to ensure this can happen?

Yes, ~~however~~ the Government is working with specialists in the area of gynaecological cancer to plan a phased approach to a sustainable permanent service, within available resources. [CHS is in consultation directly with the surgeon and welcomes his passion and desire to provide his specialist skills in Canberra.](#)

3. A group of concerned doctors say they have lobbied the ACT government over recent years for a permanent surgery unit but to no avail, what responses has the Health Minister provided so far?

The Government has taken their input on-board and Canberra Health Services is working with them (see response to Question 2).

- 4. Does the Minister think it is acceptable that currently Canberrans need to travel to access most treatment for gynaecological cancers?**

Yes, it makes sense for Canberrans to travel for very specialised treatments when a service cannot be delivered in a sustainable way locally, where they can access a more established service.

- 5. There is currently a fortnightly clinic in Canberra but this is due to finish at the end of the year, is the government aware of this deadline and what is being done to ensure Canberrans can still access some form of surgical treatment for gynecological cancers?**

Canberra Health Services is working with the Royal Hospital for Women to establish suitable arrangements and to ensure that Canberra patients receive good health care during this transition.

From: Spencer, Jo (Health)
Sent: Friday, 17 June 2022 14:41
To: Konovalov, Alexander (Health); Williams, Gareth (Health); George, Jacinta (Health); O'Neill, Cathie (Health); Health Media
Cc: HSPE; Canberra Health Services Media
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Thanks Alex, appreciate the feedback! 😊

Jo

Jo Spencer | Executive Branch Manager Communication and Engagement

Phone: [REDACTED] | Email: Jo.Spencer@act.gov.au

Office of the Director General | ACT Health Directorate

Level 5, 6 Bowes Street Phillip ACT 2606 health.act.gov.au

From: Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>
Sent: Friday, 17 June 2022 2:28 PM
To: Williams, Gareth <Gareth.Williams@act.gov.au>; Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Cc: HSPE <HSPE@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Good afternoon all.

Many of you are probably already aware of the Canberra Times article this morning. But here it is in case you didn't get it (I only just read it).

The Minister's statement: 'I support in-principle the development of a gynaecological cancer service in the ACT when the government can be assured of patient safety in the provision of this service away from the larger specialty centre in Sydney'.

Alex

From: Williams, Gareth <Gareth.Williams@act.gov.au>
Sent: Wednesday, 15 June 2022 1:37 PM
To: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; George, Jacinta (Health) <Jacinta.George@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Cc: Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Many thanks all.

Kind Regards

Gareth Williams | Director, Media and Communications
COVID-19 Communications | COVID-19 Response | ACT Health Directorate
 Level 3, 2-6 Bowes Street Phillip ACT 2606
 M [REDACTED] E covid-19media@act.gov.au
health.act.gov.au

Media line: 02 6205 9099

From: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>
Sent: Wednesday, 15 June 2022 1:25 PM
To: George, Jacinta (Health) <Jacinta.George@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Cc: Williams, Gareth <Gareth.Williams@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Thanks very much all.

Great work Gareth.

Jo

Jo Spencer | Executive Branch Manager Communication and Engagement

Phone: [REDACTED] | Email: Jo.Spencer@act.gov.au
Office of the Director General | ACT Health Directorate
 Level 5, 6 Bowes Street Phillip ACT 2606 health.act.gov.au

From: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Sent: Wednesday, 15 June 2022 1:23 PM
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Cc: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Williams, Gareth <Gareth.Williams@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Thanks – those changes are great

Good to go Gareth

Thanks everyone

Jacinta George
 Executive Group Manager
 Ph: (02) 5124 9180 (Executive Assistant)
 [REDACTED]
 Email: jacinta.george@act.gov.au
Health System Planning and Evaluation



From: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Sent: Wednesday, 15 June 2022 1:12 PM
To: George, Jacinta (Health) <Jacinta.George@act.gov.au>; Health Media <HealthMedia@act.gov.au>
Cc: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Williams, Gareth <Gareth.Williams@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Thanks Jacinta Some edits in the attached for consideration.

Cathie

Cathie O'Neill

Chief Operating Officer
 Canberra Health Services

E-mail: Cathie.O'Neill@act.gov.au

EA: Maddy Bartlett 512 42147
 EO: Michelle Ramsay 512 45804
 BM: Amanda Bell 512 48688

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From: George, Jacinta (Health) <Jacinta.George@act.gov.au>
Sent: Wednesday, 15 June 2022 12:51 PM
To: Health Media <HealthMedia@act.gov.au>; O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Williams, Gareth <Gareth.Williams@act.gov.au>; Konovalov, Alexander (Health) <Alexander.Konovalov@act.gov.au>; HSPE <HSPE@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecological cancer surgical unit

OFFICIAL

Please see attached for CHS review

Jacinta George
 Executive Group Manager
 Ph: (02) 5124 9180 (Executive Assistant)
 [REDACTED]
 Email: jacinta.george@act.gov.au

Health System Planning and Evaluation

Level 3, 2 Bowes Street Phillip ACT 2606

health.act.gov.au**From:** Williams, Gareth <Gareth.Williams@act.gov.au>**Sent:** Wednesday, 15 June 2022 10:32 AM**To:** George, Jacinta (Health) <Jacinta.George@act.gov.au>; Stewart, Margaret (Health) <Margaret.Stewart@act.gov.au>**Cc:** Spencer, Jo (Health) <Jo.Spencer@act.gov.au>; Health Media <HealthMedia@act.gov.au>**Subject:** FW: Media inquiry: Permanent gynaecological cancer surgical unit**Importance:** High**OFFICIAL**

Good afternoon Jacinta and Margaret,

My name is Gareth Williams and I am currently filling in for Benno in the health media space while he is on leave (I normally manage COVID-19 media).

I was just enquiring whether the below media enquiry sits within your space? Jed in the Min's Office has asked for content from us so it can be used for a Min response. If this is not your area, please let me know as well as a steer as to where it sits.

Kind Regards

Gareth Williams | Director, Media and Communications

COVID-19 Communications | COVID-19 Response | ACT Health Directorate

Level 3, 2-6 Bowes Street Phillip ACT 2606

M [REDACTED] E covid-19media@act.gov.au

health.act.gov.au

Media line: 02 6205 9099

From: [REDACTED]**Sent:** Wednesday, 15 June 2022 9:31 AM**To:** Rainbow, Jed <Jed.Rainbow@act.gov.au>**Subject:** Media inquiry: Permanent gynaecological cancer surgical unit

Caution: This email originated from outside of the ACT Government. Do not click links or open attachments unless you recognise the sender and know the content is safe. [Learn why this is important](#)

Morning Jed,

I hope you're well. I have a couple of questions for the Health Minister regarding funding for a permanent gynaecological surgical unit in the territory. My deadline is 4pm this afternoon. Happy to chat further if you would like me to clarify anything!

1. Does the ACT government have any plans to announce funding for a permanent gynaecological cancer surgical unit in the territory?
2. Is the ACT government aware there is a surgeon who is willing to establish a permanent service in Canberra? Is work being done to ensure this can happen?
3. A group of concerned doctors say they have lobbied the ACT government over recent years for a permanent surgery unit but to no avail, what responses has the Health Minister provided so far?
4. Does the Minister think it is acceptable that currently Canberrans need to travel to access most treatment for gynaecological cancers?
5. There is currently a fortnightly clinic in Canberra but this is due to finish at the end of the year, is the government aware of this deadline and what is being done to ensure Canberrans can still access some form of surgical treatment for gynecological cancers?

Regards,

██████████

Journalist
Australian Community Media

M ██████████
W www.canberratimes.com.au

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17 JUN, 2022

Waiting for care to arrive

Canberra Times, Canberra



Doctors push for permanent surgery unit

Lucy Bladen

DOCTORS have expressed fears that Canberrans suffering from gynaecological cancers could face "potentially compromised" care unless the government urgently commits funding

to a permanent surgical unit for gynaecological oncology in the nation's capital.

A group of doctors have been lobbying both the territory and federal government for funding for a permanent

surgery unit for gynaecological cancers and a specialist is prepared to establish a service in Canberra but they have not yet received a firm commitment.

The ACT has never had

its own permanent public gynaecological cancer surgery service, instead the Royal Women's Hospital has provided a fortnightly clinic to Canberra for about 30 years but it is set to finish at



17 JUN, 2022

Waiting for care to arrive

Canberra Times, Canberra



Page 2 of 4

the end of the year.

This fortnightly clinic has too many patients and there is not enough time to provide the service to all patients, meaning sufferers have to go to Sydney for most operations and post-operative care.

For women like Wendy Dodd, the travel for surgery is very taxing.

Ms Dodd was diagnosed with ovarian cancer earlier this year. She has undergone four rounds of "pretty severe" chemotherapy and recently had surgery in Sydney, which included a complete hysterectomy and a bowel resection.

"I'm a widow and I needed somebody to take me and fortunately my brother was prepared to take me," Ms Dodd said.

"The doctors in Sydney told me to come... [but] as soon as I was well enough I had to go home, they didn't want me hanging around Sydney and so I had to make a trip in weather that was pretty ghastly."

Gynaecological oncology surgeon Dr Greg Robertson has been providing a fortnightly service in Canberra for more than two decades. Multiple specialists used to also provide services at the same clinic but it has dwindled in recent years due to retirements and Dr Robertson is the only specialist who still travels to the capital.

Dr Robertson is also set to retire at the end of this year, which could potentially leave a huge gap if the government does not commit to further funding. Gynaeco-

logical oncology surgery is a rare sub-speciality and there are only about 60 people in Australia qualified in the field.

However, Dr Leon Foster, a Canberra local working in Sydney, said he is prepared to establish a permanent clinic in Canberra. There have been lobbying efforts over recent years to the government to commit funding to this service.

It is time critical as Dr Foster is set to complete training in the incredibly rare speciality this year. If government funding is not forthcoming, he will be forced to take a job elsewhere.

The doctors have ramped up lobbying efforts in recent months. Multiple letters have been sent to ministers at both a federal and territory level.

Health Minister Rachel Stephen-Smith said she supported a gynaecological cancer surgery "in-principle" but could not provide a budgetary commitment at this stage. Ms Stephen-Smith said work was under way to plan a phased approach to a phased service within available resources and consultation was underway with Dr Foster.

The service isn't costed, but funding is being asked for three people in the first year and five people in the second year. There would also need to be some funding for equipment.

"It's not an ideal situation and Canberra has the opportunity now to no longer be the only major city that doesn't have this service," Dr

Robertson said.

"This is the time where you have all the ducks in a row, you've got an oncologist who is properly trained and has committed himself to come back. This is the time to do it because you will not get it otherwise."

Australia New Zealand Gynaecological Oncology Group scientific adviser Dr Alison Davis said she was "quite nervous" that Canberrans could be left without any local care by the end of the year.

"[It could mean] that the women who have gone through treatment and are currently in the observation phase will be getting less follow up care than would be expected... what I'm worried about is that we'll enter into a period of very splintered care," she said.

"That care will be potentially compromised."

The group had sent a letter to Ms Stephen-Smith about the funding on March 23 2022 but did not hear back until Wednesday morning. The Health Minister responded to Dr Robertson at about 10.30am on Wednesday morning, an hour after *The Canberra Times* had sent questions about the situation.

"I apologise for the significant delay in formally responding to you but can assure you that your correspondence was referred to relevant officials in a timely way," Ms Stephen-Smith wrote.

"I agree the opportunity to bring this important service to the ACT should



17 JUN, 2022

Waiting for care to arrive

Canberra Times, Canberra

be explored."

Ms Stephen-Smith told *The Canberra Times* the government was committed to improving specialist services, she said any announcement about funding was unable to be made at this stage as it was part of the budget process.

"I support in-principle the development of a gynaecological cancer service in the ACT when the government can be assured of patient safety in the provision of this service away from the larger speciality centre in Sydney," she said. "This type of service is highly specialised and requires detailed consideration to ensure there is sufficient demand in the ACT and surrounding regions to sustain a permanent service with the right supports for the health professionals that would provide it."



17 JUN, 2022

Waiting for care to arrive

Canberra Times, Canberra



Wendy Dodd said Canberra needed its own surgery unit, especially since a doctor was willing to establish it. **Picture: Karleen Minney**

Bell, Amanda (Health)


From: Williams, Gareth (Health)
Sent: Wednesday, 7 December 2022 5:13 PM
To: CHS, WYC Executive Office; Bell, Amanda (Health)
Cc: CHS COO; Jean, David (Health); Canberra Health Services Media
Subject: RE: Media inquiry: Permanent gynaecology oncology unit

OFFICIAL

Thanks Sam.

Amanda, is Cathie okay with this to go to MO?

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone [REDACTED] Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>
Sent: Wednesday, 7 December 2022 5:01 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Media inquiry: Permanent gynaecology oncology unit
Importance: High

OFFICIAL

Hi Gareth

Please see below, verbally cleared by ED WYC.

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month? The candidate was aware of the terms and conditions of the position including existing available operating sessions for the gynaecology oncology services. The agreed planned approach is to increase theatre allocation to weekly from current allocation of once a fortnight as the service evolved.
- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week? Through the planned approach aspects of the position will expand, including clinics to support increased activity/patients, commencement of local MDT meetings
- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days? As above, the candidate was aware of the existing service provision with an agreed planned approach to increase theatre allocation and clinics in line with increasing caseload.

- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery? As above
- Will more days be offered? If not, would the ACT government be prepared to let go of this service? In line with the phased implementation plan for Gynaecological Oncology Service, Increase of staff specialist FTE, theatre allocation and clinics in line with increase caseload. Funding has also just been received for the Gynaecology Oncology Nurse as per the phased approach to increase the service.
- Is the Minister aware of this offer? Does the Minister believe this is an appropriate offer to make?

Kind Regards

Samantha Lang | Business Manager

Division of Women, Youth and Children | Canberra Health Services | ACT Government

Phone: 02 5124 7431 | Email: chs.wyccexecutiveoffice@act.gov.au

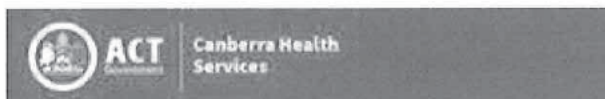
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Our role is to be a health service that is trusted by our community.



CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Wednesday, 7 December 2022 2:26 PM

To: CHS, WYC Executive Office <CHS.WYCCExecutiveOffice@act.gov.au>; Freiberg, Susan (Health) <Susan.Freiberg@act.gov.au>

Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit

Importance: High

OFFICIAL

Hi Sam and Susan,

Please see urgent request from MO re a media enquiry they've received from CT.

Response will come from MO, so they're not concerned with getting a well-crafted response from us, just the relevant info and facts so they can shape the response.

Update to the below email, CT will run this tomorrow morning regardless of whether they are provided comment from the Minister, so MO need content on this asap this afternoon so they draft and provide a response to the journalist.

Sorry for the timeframe!

Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Cook, Caitlin <Caitlin.Cook@act.gov.au>

Sent: Wednesday, 7 December 2022 2:12 PM

To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit

Hey team –

Can we get some urgent action on below please? We'll also look at any info provided to MO and I'll respond to highlighted Q.

As priority, can we confirm if the surgeon was offered the job or did they withdraw before an offer happened?

Deadline is 10am tomorrow so don't stress too much on crafting a well written response, let's just get proper facts and info and I can tidy up on my end.

Thanks!

Caitlin Cook

Senior Communications Adviser – Minister Rachel Stephen-Smith

Government Communications Unit

Office of the ACT Chief Minister

T: (02) 6207 8731 | M: [REDACTED] E: caitlin.cook@act.gov.au

From [REDACTED]

Sent: Wednesday, 7 December 2022 1:18 PM

To: Cook, Caitlin <Caitlin.Cook@act.gov.au>

Subject: Media inquiry: Permanent gynaecology oncology unit

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Hey Caitlin,

I'm writing about [the permanent gynaecology oncology unit in Canberra](#).

People working within the hospital have expressed concern to me about the offer put forward to the surgeon, which would cut the number of surgery days from the already existing temporary service.

I have some questions below but please give me a call if you need to clarify anything. My deadline is 10am tomorrow. I would really appreciate it if this deadline could be met. If you could get it to me earlier that would be great.

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month?
- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week?
- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days
- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?
- Will more days be offered? If not, would the ACT government be prepared to let go of this service?
- Is the Minister aware of this offer? Does the Minister believe this is an appropriate offer to make?

Thanks,

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Wednesday, 7 December 2022 5:28 PM
To: Williams, Gareth (Health); CHS COO
Cc: Jean, David (Health); Canberra Health Services Media; CHS, WYC Executive Office
Subject: RE: Media inquiry: Permanent gynaecology oncology unit

OFFICIAL

Thanks Gareth, below response looks good. I'm just working on some tweaks to the other questions.

Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] | E: amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

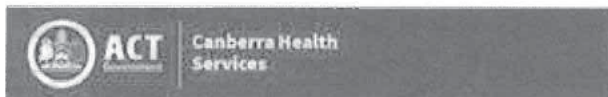
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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Wednesday, 7 December 2022 5:16 PM

To: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>

Cc: Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit

OFFICIAL

Hi again COO team (what a day!),

MO has also drafted the below for the Min to respond to the last question. They just want to check if we have any concerns with this?

Cheers


Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Cook, Caitlin <Caitlin.Cook@act.gov.au>
Sent: Wednesday, 7 December 2022 5:05 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecology oncology unit

Hey Gareth-

Below will likely change with Min edits but I've drafted suggested response to our Q. Let me know if any issues on your end with below

STARTS

I am not in a position to comment on individual recruitment matters at Canberra Health Services but am aware of Canberra Health Services undertaking a recruitment process for this position.

The ACT Government is committed to expanding gynaecological oncology services in the ACT, this is a key action in the ACT Health Services Plan.

Gynaecology Oncology is a very specialist service. Due to our location and population, sustained demand for a specialty service can be challenging. In expanding this service, Canberra Health Services need to balance demand, staff and continuity of care. Canberra Health Services takes great care in planning for specialty services to ensure appropriate and safe healthcare.

ENDS

From: Cook, Caitlin
Sent: Wednesday, 7 December 2022 2:12 PM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>
Subject: FW: Media inquiry: Permanent gynaecology oncology unit

Hey team –

Can we get some urgent action on below please? We'll also look at any info provided to MO and I'll respond to highlighted Q.

As priority, can we confirm if the surgeon was offered the job or did they withdraw before an offer happened?

Deadline is 10am tomorrow so don't stress too much on crafting a well written response, let's just get proper facts and info and I can tidy up on my end.

Thanks!

Caitlin Cook
 Senior Communications Adviser – Minister Rachel Stephen-Smith
 Government Communications Unit
 Office of the ACT Chief Minister

T: (02) 6207 8731 | M: [REDACTED] E: caitlin.cook@act.gov.au

From: [REDACTED]
Sent: Wednesday, 7 December 2022 1:18 PM
To: Cook, Caitlin <Caitlin.Cook@act.gov.au>
Subject: Media inquiry: Permanent gynaecology oncology unit

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Hey Caitlin,

I'm writing about [the permanent gynaecology oncology unit in Canberra](#).

People working within the hospital have expressed concern to me about the offer put forward to the surgeon, which would cut the number of surgery days from the already existing temporary service.

I have some questions below but please give me a call if you need to clarify anything. My deadline is 10am tomorrow. I would really appreciate it if this deadline could be met. If you could get it to me earlier that would be great.

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month?
- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week?
- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days?
- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?
- Will more days be offered? If not, would the ACT government be prepared to let go of this service?
- Is the Minister aware of this offer? Does the Minister believe this is an appropriate offer to make?

Thanks,

[REDACTED]
Journalist
Australian Community Media

N [REDACTED]
W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Wednesday, 7 December 2022 5:59 PM
To: Williams, Gareth (Health); Cook, Caitlin; Bransgrove, Meagen
Cc: Canberra Health Services Media; Jean, David (Health)
Subject: RE: Media inquiry: Permanent gynaecology oncology unit

OFFICIAL

Hi Caitlin,

Sorry for delay on this. I'm just with Gareth and provide below points for this response. Let me know if anything else needed.

Thanks,
 Amanda

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month?

The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre list per fortnight. A phased approach has been agreed to expand theatre lists as the service evolves over time. This includes an intention to increase theatre allocation for the service to weekly from current allocation of once a fortnight. The candidate was aware of the terms and conditions of the position and the intention to increase theatre time as the service evolves.

- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week?

The position is a 0.6 FTE position which provides for the allocated surgery as well as clinics to support increased activity/patients and commencement of local Multi-disciplinary Team (MDT) meetings.

- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days?

As above, there is an agreed plan to increase theatre allocation and clinics in line with increasing caseload.

- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?

As above

- Will more days be offered? If not, would the ACT government be prepared to let go of this service?

As above, there is an agreed plan for a phased approach to increase theatre allocation and clinics in line with increasing caseload.

- Is the Minister aware of this offer? Does the Minister believe this is an appropriate offer to make?

I am not in a position to comment on individual recruitment matters at Canberra Health Services but am aware of Canberra Health Services undertaking a recruitment process for this position.

The ACT Government is committed to expanding gynaecological oncology services in the ACT, this is a key action in the ACT Health Services Plan.

Gynaecology Oncology is a very specialist service. Due to our location and population, sustained demand for a specialty service can be challenging. In expanding this service, Canberra Health Services need to balance demand, staff and continuity of care. Canberra Health Services takes great care in planning for specialty services to ensure appropriate and safe healthcare.

Amanda Bell | Business Manager

T: 02 5124 8688 | M [REDACTED] | E: amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

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From: Cook, Caitlin <Caitlin.Cook@act.gov.au>

Sent: Wednesday, 7 December 2022 5:05 PM

To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>

Subject: RE: Media inquiry: Permanent gynaecology oncology unit

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To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>
Subject: FW: Media inquiry: Permanent gynaecology oncology unit

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Thanks!

Caitlin Cook
Senior Communications Adviser – Minister Rachel Stephen-Smith
Government Communications Unit
Office of the ACT Chief Minister

T: (02) 6207 8731 | M: [REDACTED] E: caitlin.cook@act.gov.au

From: [REDACTED]
Sent: Wednesday, 7 December 2022 1:18 PM
To: Cook, Caitlin <Caitlin.Cook@act.gov.au>
Subject: Media inquiry: Permanent gynaecology oncology unit

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Hey Caitlin,

I'm writing about [the permanent gynaecology oncology unit in Canberra](#).

People working within the hospital have expressed concern to me about the offer put forward to the surgeon, which would cut the number of surgery days from the already existing temporary service.

I have some questions below but please give me a call if you need to clarify anything. My deadline is 10am tomorrow. I would really appreciate it if this deadline could be met. If you could get it to me earlier that would be great.

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month?
- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week?
- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days?
- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?
- Will more days be offered? If not, would the ACT government be prepared to let go of this service?
- Is the Minister aware of this offer? Does the Minister believe this is an appropriate offer to make?

Thanks,

Journalist
Australian Community Media

W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Wednesday, 7 December 2022 6:41 PM
To: Canberra Health Services Media; CHS COO; O'Neill, Cathie (Health); Cook, Caitlin; Williams, Gareth (Health); Bransgrove, Meagen
Subject: RE: Proposed edits:

OFFICIAL

Hi Caitlin, thanks for edits.

I've had a quick chat with Dave P as Cathie is not available. There is some sensitivities as the fortnightly list is a morning list so would suggest below edits and good to go.

Why has the surgeon who was offered the job only been told there would be one day of surgery a month?

~~This is not accurate.~~ The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre list per fortnight. A phased approach has been agreed to expand theatre lists as the service evolves over time. This includes an intention to increase theatre allocation for the service from fortnightly to weekly. The candidate was aware of the terms and conditions of the position and the intention to increase theatre time as the service evolves.

- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week?

The position is a 0.6 FTE position which provides for the allocated fortnightly theatre list (increasing to weekly as the service evolves) as well as clinics to support increased patient consultations and commencement of local Multi-disciplinary Team (MDT) meetings.

- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days?

There is no plan to cut the number of surgery days. As above, there is an agreed plan to increase theatre allocation and clinics in line with increasing caseload.

- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?

As above

- Will more days be offered? If not, would the ACT government be prepared to let go of this service?

As above, there is an agreed plan for a phased approach to increase theatre allocation and clinics in line with increasing caseload.

Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] | E: amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

PO Box 11, Woden ACT 2606 | health.act.gov.au

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Our values are Reliable, Progressive, Respectful, Kind



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From: Canberra Health Services Media <CHSmedia@act.gov.au>
Sent: Wednesday, 7 December 2022 6:26 PM
To: CHS COO <CHSCOO@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Subject: Fwd: Proposed edits:

OFFICIAL

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From: Cook, Caitlin <Caitlin.Cook@act.gov.au>
Sent: Wednesday, 7 December 2022, 6:21 pm
To: O'Neill, Cathie (Health) <Cathie.O'Neill@act.gov.au>
Cc: Bransgrove, Meagen <Meagen.Bransgrove@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: Proposed edits:

Hi Cathie –

Below edits from MO – are we ok to send this over as is?

Thanks!
 Caitlin

- Why has the surgeon who was offered the job only been told there would be one day of surgery a month? This is not accurate. The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre list per fortnight. A phased approach has been agreed to expand theatre lists as the service evolves over time. This includes an intention to increase theatre allocation for the service from fortnightly to weekly. The candidate was aware of the terms and conditions of the position and the intention to increase theatre time as the service evolves.
- The position, announced in August, is a 0.6 FTE, which is about three days a week. Why would only one day a month be offered when the surgeon will be there three days a week? The position is a 0.6 FTE position which provides for the allocated fortnightly theatre day (increasing to weekly as the service evolves) as well as clinics to support increased patient consultations and commencement of local Multi-disciplinary Team (MDT) meetings.
- The current service is a fortnightly clinic offering surgery. Many people who have worked within the fortnightly clinic have stressed there is great demand for this service to be extended beyond that. Why then is the ACT government cutting the number of surgery days? There is no plan to cut the number of surgery days. As above, there is an agreed plan to increase theatre allocation and clinics in line with increasing caseload.
- Several times the ACT government has said clinicians need to be offered the opportunity to ensure their skillsets are improving by conducting surgeries. One day a month is clearly not enough to do this, so why would the government then only offer one day a month of surgery?
 As above

- Will more days be offered? If not, would the ACT government be prepared to let go of this service?

As above, there is an agreed plan for a phased approach to increase theatre allocation and clinics in line with increasing caseload.

Caitlin Cook

Senior Communications Adviser – Minister Rachel Stephen-Smith

Government Communications Unit

Office of the ACT Chief Minister

T: (02) 6207 8731 | M: [REDACTED] E: caitlin.cook@act.gov.au

Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Thursday, 8 December 2022 11:28 AM
To: Williams, Gareth (Health)
Cc: Canberra Health Services Media
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions

OFFICIAL

Hi Gareth, draft response from me on Q4. Please incorporate in full response for Cathie's approval.

- The current allocation of two theatre days, is this a full day or a half day?
- The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre list per fortnight. This is currently a list on a Friday morning with plans to increase theatre allocation as the service evolves.

I've reiterated our initial response with added detail.

Thanks
 Amanda

Amanda Bell | Business Manager

T: 02 5124 8688 | **M:** [REDACTED] | **E:** amanda.bell@act.gov.au

Office of the Chief Operating Officer | Canberra Health Services | ACT Government

Level 2, Building 28, Canberra Hospital

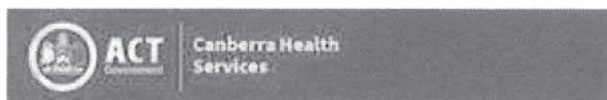
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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Thursday, 8 December 2022 10:13 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions
Importance: High

OFFICIAL


Sorry team, journalist has just sent through one more question:

- Is the visiting clinic from the Royal Hospital for Women still expected to stop at the end of this year? If a surgeon is not appointed before then will there be any way this service can continue into the new year?

Would that be for you @CHS, WYC Executive Office Sam?

Kind Regards

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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 I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

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Sent: Thursday, 8 December 2022 10:11 AM
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Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: FW: Media inquiry: Permanent gynaecology oncology unit follow up questions
Importance: High

OFFICIAL

Hi WYC, P&C and COO team,

We've received a follow up media enquiry from CT about the permanent gynaecology oncology unit, due back ASAP.

I've just colour coded questions for response from different areas.


@Canberra Health Services People and Culture Jenni, can we please have some advice on Q1 and 2 in yellow? Could this information be provided or would it breach some kind of recruitment privacy rules, specifically in relation to Q2?

@CHS, WYC Executive Office Sam, are you able to provide some words for Q3 in blue?

@Bell, Amanda (Health), can you provide a response for Q4 in green?

Many thanks team

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: [REDACTED]
Sent: Thursday, 8 December 2022 9:40 AM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: Cook, Caitlin <Caitlin.Cook@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>
Subject: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Hi team,

I have some follow up questions to my inquiry on the permanent gynaecology oncology unit. If you could please respond as soon as possible that would be great.

- How many applicants were there for the role?
- Was a job offer made? If so, has that been withdrawn?
- Will there be another recruitment process? If so, when will that start?
- The current allocation of two theatre days, is this a full day or a half day?

Regards.


Journalist
Australian Community Media


W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Smitham, Kalena (Health)
Sent: Thursday, 8 December 2022 11:39 AM
To: Canberra Health Services People and Culture; Williams, Gareth (Health)
Subject: RE: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 - RE: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

OFFICIAL

I wouldn't be commenting on any of this specific recruitment action stuff. . The division might say something like the recruitment is in process with a search underway - if that is true and they have readvertised the role. They could also make a broader statement about timeframes for the service etc .

From: Eley, Jennifer (Health) <Jennifer.Eley@act.gov.au> **On Behalf Of** Canberra Health Services People and Culture
Sent: Thursday, 8 December 2022 11:06 AM
To: Smitham, Kalena (Health) <Kalena.Smitham@act.gov.au>
Subject: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 - RE: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

OFFICIAL

Good morning Kalena – just seeking your clearance on the response provided by James below and confirming that this information won't be a breach of confidentiality.

Thank you

Jenni Eley
 Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture
 Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au
 People and Culture | Canberra Health Services | ACT Government
 PO Box 11, WODEN ACT 2605 | health.act.gov.au
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From: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>
Sent: Thursday, 8 December 2022 10:38 AM
To: Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: Media 22-36 - RE: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

OFFICIAL

Hi Jenni,

Yes I was involved with the recruitment of the following position: Specialist / Senior Specialist - Gynaecological Oncology (Requisition ID: 02531, Position Number: P58534)

Question 1: The position received 1 complete application (there was 1 application that was withdrawn prior to the closing date)

Question 2: An offer was made and I was advised by the division on 1 Dec 2022 that the applicant declined the offer.

I am not sure of the privacy rules surrounding releasing this information so maybe best to check with Kalena.

Thanks
James

James Lee | Director – Talent Acquisition

Phone: [REDACTED] Email: JamesE.Lee@act.gov.au

Workforce Strategy and Planning | People and Culture | Canberra Health Services | ACT Government

Level 1, Building 23, Canberra Hospital | Garran ACT 2605

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Services**

From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> **On Behalf Of** Canberra Health Services People and Culture

Sent: Thursday, 8 December 2022 10:16 AM

To: Lee, JamesE (Health) <JamesE.Lee@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

Importance: High

OFFICIAL

Hi James – just wondering if you were involved with any of this recruitment ?

Jenni Elsey

Executive Officer to Kalena Smitham, Executive Group Manager, People and Culture

Phone: 02 5124 9635 | Email: chspeople-culture@act.gov.au

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From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>

Sent: Thursday, 8 December 2022 10:11 AM

To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>

Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit follow up questions

Importance: High

OFFICIAL

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@Canberra Health Services People and Culture Jenni, can we please have some advice on Q1 and 2 in yellow? Could this information be provided or would it breach some kind of recruitment privacy rules, specifically in relation to Q2?

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@Bell, Amanda (Health), can you provide a response for Q4 in green?

Many thanks team

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 Canberra Health Services | ACT Government
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Hi team,

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- How many applicants were there for the role?
- Was a job offer made? If so, has that been withdrawn?
- Will there be another recruitment process? If so, when will that start?
- The current allocation of two theatre days, is this a full day or a half day?

Regards.

[REDACTED]
 Journalist
 Australian Community Media

N [REDACTED]
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Bell, Amanda (Health)

From: Williams, Gareth (Health)
Sent: Thursday, 8 December 2022 12:21 PM
To: Smitham, Kalena (Health)
Subject: RE: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 - RE: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

OFFICIAL

Thanks Kalena!

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone [REDACTED] Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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Sent: Thursday, 8 December 2022 12:20 PM
To: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Subject: FW: URGENT: FOR ADVICE/CLEARANCE: Media 22-36 - RE: Media inquiry: Permanent gynaecology oncology unit follow up questions [SEC=UNCLASSIFIED]

OFFICIAL

Hi,

A recruitment process was undertaken using merit selection principles. A preferred candidate was identified and offered the position as advertised. The preferred candidate rejected the offer.

From: Elsey, Jennifer (Health) <Jennifer.Elsey@act.gov.au> **On Behalf Of** Canberra Health Services People and Culture
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M [REDACTED]
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Bell, Amanda (Health)

From: Bell, Amanda (Health)
Sent: Thursday, 8 December 2022 1:06 PM
To: O'Neill, Cathie (Health)
Subject: For clearance - Follow-up questions gynaecology oncology

OFFICIAL

Hi Cathie,

Are you happy with our draft response below to follow-up questions – includes WYC/P&C and my input

Thanks,
 Amanda

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Thursday, 8 December 2022 12:47 PM
To: Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; CHS COO <CHSCOO@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Fewer than five applicants.

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Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone: [REDACTED] Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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Susan is off campus, therefore can COO please clear.

Kind Regards

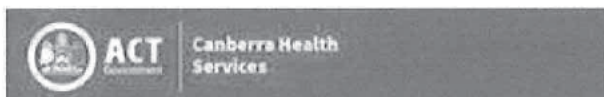
Samantha Lang | Business Manager
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 Phone: 02 5124 7431 | Email: chs.wycexecutiveoffice@act.gov.au
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Subject: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Regards.

[REDACTED]
Journalist
Australian Community Media

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Thanks,
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Amanda Bell | Business Manager

T: 02 5124 8688 | M: [REDACTED] | E: amanda.bell@act.gov.au

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Level 2, Building 28, Canberra Hospital

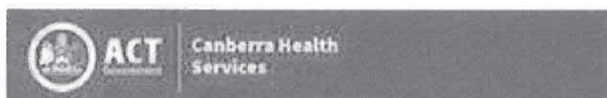
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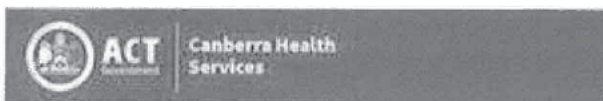
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[REDACTED]

Journalist
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From: Stevenson, Nicole (Health)
Sent: Thursday, 8 December 2022 2:46 PM
To: Williams, Gareth (Health)
Cc: Canberra Health Services Media; Jean, David (Health); Bell, Amanda (Health); CHS COO
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions

OFFICIAL

Thanks, happy for this to progress..

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Thursday, 8 December 2022 2:42 PM
To: CEOHealth <CEOHealth@act.gov.au>; Stevenson, Nicole (Health) <Nicole.Stevenson@act.gov.au>
Cc: Canberra Health Services Media <CHSmedia@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>; CHS COO <CHSCOO@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions

OFFICIAL

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@CEOHealth team, okay with this before I send to MO?

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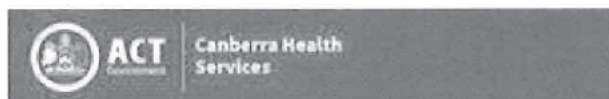
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CHS has flexible work practices, and I may be working at unusual times due to family commitments. If you receive my emails out of standard work hours, please know that I have no expectation that you will respond at that time.

From: Williams, Gareth (Health) <Gareth.Williams@act.gov.au>
Sent: Thursday, 8 December 2022 10:13 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Canberra Health Services People and Culture <CHSPeople-Culture@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>
Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions
Importance: High

OFFICIAL

Sorry team, journalist has just sent through one more question:

- Is the visiting clinic from the Royal Hospital for Women still expected to stop at the end of this year? If a surgeon is not appointed before then will there be any way this service can continue into the new year?

Would that be for you @CHS, WYC Executive Office Sam?

Kind Regards

Gareth Williams | Director, Media
Canberra Health Services | ACT Government
 Phone: [REDACTED] | Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
 RELIABLE | PROGRESSIVE | RESPECTFUL | KIND



I acknowledge the Aboriginal and Torres Strait Islander peoples as the traditional custodians of the lands and waters of Australia, and the Ngunnawal and Ngambri people as the traditional custodians of the land in the ACT and surrounding NSW. I value the continuing contribution of their culture to this region and pay my respects to Elders past, present and emerging.

From: Williams, Gareth (Health)
Sent: Thursday, 8 December 2022 10:11 AM
To: CHS, WYC Executive Office <CHS.WYCExecutiveOffice@act.gov.au>; Canberra Health Services People and Culture

<CHSPeople-Culture@act.gov.au>; Bell, Amanda (Health) <Amanda.Bell@act.gov.au>

Cc: CHS COO <CHSCOO@act.gov.au>; Jean, David (Health) <David.Jean@act.gov.au>; Canberra Health Services Media <CHSmedia@act.gov.au>

Subject: FW: Media inquiry: Permanent gynaecology oncology unit follow up questions

Importance: High

OFFICIAL

Hi WYC, P&C and COO team,

We've received a follow up media enquiry from CT about the permanent gynaecology oncology unit, due back ASAP.

I've just colour coded questions for response from different areas.

@Canberra Health Services People and Culture Jenni, can we please have some advice on Q1 and 2 in yellow? Could this information be provided or would it breach some kind of recruitment privacy rules, specifically in relation to Q2?

@CHS, WYC Executive Office Sam, are you able to provide some words for Q3 in blue?

@Bell, Amanda (Health), can you provide a response for Q4 in green?

Many thanks team


Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone [REDACTED] Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

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From: [REDACTED]

Sent: Thursday, 8 December 2022 9:40 AM

To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: Cook, Caitlin <Caitlin.Cook@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>

Subject: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Hi team,

I have some follow up questions to my inquiry on the permanent gynaecology oncology unit. If you could please respond as soon as possible that would be great.

- How many applicants were there for the role?
- Was a job offer made? If so, has that been withdrawn?
- Will there be another recruitment process? If so, when will that start?
- The current allocation of two theatre days, is this a full day or a half day?

Regards.

[REDACTED]
Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Williams, Gareth (Health)
Sent: Thursday, 8 December 2022 2:51 PM
To: Cook, Caitlin; Cassidy, Lily
Cc: Canberra Health Services Media; Jean, David (Health)
Subject: FW: Media inquiry: Permanent gynaecology oncology unit follow up questions

OFFICIAL

Hi Caitlin and Lily,

Please see below:

- **How many applicants were there for the role?**

Fewer than five applicants.

- **Was a job offer made? If so, has that been withdrawn?**

A recruitment process was undertaken using merit selection principles. A preferred candidate was identified and offered the position as advertised. The preferred candidate rejected the offer.

- **Will there be another recruitment process? If so, when will that start?**

Recruitment for this position will continue nationally to identify a suitable applicant.

- **The current allocation of two theatre days, is this a full day or a half day?**

The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre session (half day) per fortnight.

- **Is the visiting clinic from the Royal Hospital for Women still expected to stop at the end of this year? If a surgeon is not appointed before then will is there any way this service can continue into the new year?**

Canberra Health Services is in discussion with Royal Hospital for Women to ensure continuity of service.



Gareth Williams | Director, Media

Canberra Health Services | ACT Government

Phone [REDACTED] | Email: gareth.williams@act.gov.au

Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au

RELIABLE | PROGRESSIVE | RESPECTFUL | KIND

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From: [REDACTED]

Sent: Thursday, 8 December 2022 10:06 AM

To: Canberra Health Services Media <CHSmedia@act.gov.au>

Cc: Cook, Caitlin <Caitlin.Cook@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>

Subject: Re: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Hello,

I have one more follow-up question.

- Is the visiting clinic from the Royal Hospital for Women still expected to stop at the end of this year? If a surgeon is not appointed before then will there be any way this service can continue into the new year?

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

On Thu, Dec 8, 2022 at 9:40 AM [REDACTED] wrote:

Hi team,

I have some follow up questions to my inquiry on the permanent gynaecology oncology unit. If you could please respond as soon as possible that would be great.

- How many applicants were there for the role?
- Was a job offer made? If so, has that been withdrawn?
- Will there be another recruitment process? If so, when will that start?
- The current allocation of two theatre days, is this a full day or a half day?

Regards.

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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Bell, Amanda (Health)

From: Williams, Gareth (Health)
Sent: Thursday, 8 December 2022 5:26 PM
To: [REDACTED]
Cc: Cook, Caitlin; Cassidy, Lily; Canberra Health Services Media
Subject: RE: Media inquiry: Permanent gynaecology oncology unit follow up questions

OFFICIAL

Hi [REDACTED]

Please see below from a Canberra Health Services spokesperson:

- **How many applicants were there for the role?**

Fewer than five applicants.

- **Was a job offer made? If so, has that been withdrawn?**

A recruitment process was undertaken using merit selection principles. A preferred candidate was identified and offered the position as advertised. The preferred candidate rejected the offer.

- **Will there be another recruitment process? If so, when will that start?**

Recruitment for this position will continue nationally to identify a suitable applicant.

- **The current allocation of two theatre days, is this a full day or a half day?**


The current theatre allocation for gynaecology oncology surgery at the Canberra Hospital is one theatre session (half day) per fortnight.

- **Is the visiting clinic from the Royal Hospital for Women still expected to stop at the end of this year? If a surgeon is not appointed before then will there be any way this service can continue into the new year?**

Canberra Health Services is in discussion with Royal Hospital for Women to ensure continuity of service.

Thanks

Gareth Williams | Director, Media
 Canberra Health Services | ACT Government
 Phone: [REDACTED] Email: gareth.williams@act.gov.au
 Building 23, Level 2, Canberra Hospital, Garran ACT 2605 | www.health.act.gov.au
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From: [REDACTED]
Sent: Thursday, 8 December 2022 10:06 AM
To: Canberra Health Services Media <CHSmedia@act.gov.au>
Cc: Cook, Caitlin <Caitlin.Cook@act.gov.au>; Cassidy, Lily <Lily.Cassidy@act.gov.au>
Subject: Re: Media inquiry: Permanent gynaecology oncology unit follow up questions

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Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

On Thu, Dec 8, 2022 at 9:40 AM [REDACTED] wrote:

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- Was a job offer made? If so, has that been withdrawn?
- Will there be another recruitment process? If so, when will that start?
- The current allocation of two theatre days, is this a full day or a half day?

Regards.

Journalist
Australian Community Media

M [REDACTED]
W www.canberratimes.com.au

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