



**AMA**

Management Guidelines  
for  
Implementing Flexibility

**CONTENTS**

**Preface..... 3**

**A Note On Terminology ..... 3**

**Introduction..... 3**

**Why Flexibility ..... 4**

**Benefits Of Flexibility ..... 5**

**What’s Available? ..... 5**

**The Supervisor’s Role..... 6**

**Implementing Flexibility ..... 7**

**Some Challenges..... 7**

**Supervisor Competencies ..... 7**

**Getting Started ..... 8**

**Decision Making Guidelines ..... 9**

    MONITORING ..... 9

**Evaluation..... 10**

**In Addition..... 10**

**Back Up..... 11**

**Summary..... 11**

**Implementation Checklist ..... 12**

**Establishing A Flexible Work Agreement ..... 13**

**Summary Of The Process..... 14**

**Appendix 1 Example Employee Applications ..... 15**

**Flexible Work Option Planner *Example 1* ..... 15**

**Flexible Work Option Planner *Example 2* ..... 18**

**Appendix 2 Flexible Work Agreement Example ..... 21**

## PREFACE

This document is designed for heads of units and unit supervisors. It provides information about flexible work options policies together with guidelines on how these can be implemented at this hospital. This resource also includes a step-by-step guide on how to respond to requests by doctors who wish to work flexibly.

For more detailed information on Flexible Work Option Policies unit supervisors should refer to the hospital's intranet site under Work/Life. In developing these Management Guidelines for Implementing Flexibility the AMA acknowledges Managing Work | Life Balance as the authors of the original materials.

You can also talk to:

Workplace Policy Department  
Australian Medical Association  
PO Box 6090  
Kingston ACT 2604  
Phone: (02) 6270 5400  
Fax: (02) 6270 5499  
Email: [workplace@ama.com.au](mailto:workplace@ama.com.au)

## A NOTE ON TERMINOLOGY

These guides have been developed to be as widely applicable as possible. For that reason the terminology used in this document is very general. A supervisor, for example, can be taken to mean 'a person with the authority to approve or reject flexible employment options.' For doctors-in-training it is also important to include the Director of Clinical Training (or the equivalent) in these discussions. In some cases this person may not be the same person responsible for the employment conditions. Where that is the case both should be consulted.

Similarly, the guides are intended to be applicable to all doctors in seeking flexible employment options, so that it may be necessary for senior doctors to seek a flexible working arrangement at some point in order to complete further professional development of a maintenance of professional standards program.

## INTRODUCTION

[Hospital Name] is committed to providing and maintaining, so far as practicable, a flexible work environment that enables doctors and all staff members to manage their work, family and lifestyle responsibilities. [Hospital Name]'s flexible work options policies and programs enable

staff to meet their workplace commitments and ensure that adequate patient care is always provided, while maintaining a balance between work and life.

The success of a flexible work program depends on a mutually satisfactory agreement that is developed by doctors and their unit supervisors. Both parties are responsible for making the agreement work and both should commit to a process of continuous improvement and evaluation. Initially the doctor needs to develop their case for a flexible work arrangement. As the unit supervisor you are responsible for assessing these requests fairly and equitably and to give reasons for accepting, amending or rejecting any requests. This will allow the doctor to amend their proposal and also to better understand the reason for any possible rejection.

In the following pages you will find out more about the flexible work options that are available, why they are important to the success of [Hospital Name] and most importantly how to ensure that where staff are able to work flexibly, there is a positive result for doctors, unit supervisors and patients.

## WHY FLEXIBILITY

Flexible work practices are changes to working time and leave arrangements, mutually agreed between employees and management, which accommodate both organisational needs and the family or lifestyle requirements of staff. In this case the arrangements are between doctors and their supervisors in order to maintain both high quality patient care, but also allow doctors to maintain family and other lifestyle responsibilities. Such practices allow hospitals to respond to doctors' needs, while continuing to meet the hospital's goals of high quality patient care within the hospital's budget. These practices also facilitate diversity, opportunity and equity in the workplace.

Doctors who are responsive to patients, provide high quality care, and are willing to go the extra mile really exist. They can be found in hospitals that have invested in resources that help doctors work to their full potential.

These doctors thrive because the hospitals employing them have successfully created supportive work environments and unit supervisors have acknowledged the inextricable link between work and life. Research from different employment fields around the world shows that reliable and highly skilled employees have supportive managers, supervisors and team leaders.

Research both within this hospital and the wider community indicates that flexibility is the key to recruiting and retaining quality staff. There is also a wide range of data that show that supportive supervisors look for fair and equitable (not uniform) ways to assist doctors. They know that doctors work best when they are free from personal stresses and concerns. They use all the tools available including flexible work options. They measure performance and contributions based on value added not hours worked.

## Benefits of Flexibility

Balancing work and life thus has many benefits both to the doctors, to the hospital and to the patients. There are also a number of additional benefits which result from a sensible use of work life flexibility policies. In summary the benefits include:

- Reduced recruitment costs because doctors are retained
- Increased attractiveness as an employer resulting in an enhanced pool of applicants for vacant positions, including enhancing the international reputation
- Being perceived as an employer of choice
- Development of an organisational culture which facilitates change and effective work performance
- Allows for clearer balancing of hours doctors are able to work without problems. Experience in other service industries has shown that all hours were well provided for by asking staff their preferred hours
- Helps doctors to manage the balance between work and life responsibilities
- Gives greater access to doctors with a wider range of skills and competencies
- Enables doctors to attend to their education and continuing professional development
- Using two sets of skills in the job (in a job-share arrangement) can enhance productivity and customer / client / client service

These benefits can only be achieved where there is mutual cooperation, commitment to change and the development of an agreement between the supervisor and the doctor. Supervisors play a crucial role in the success of any flexible work agreement.

## WHAT'S AVAILABLE?

There are a range of flexible options that may help you and doctors in your unit (they are listed in greater detail in the policy document, which can be found on the intranet site.)

The options include:

- ➔ Part-time work
- ➔ Job-sharing
- ➔ Flexible working hours
- ➔ Working (some of the time) from home / telecommuting
- ➔ Flexible return from parental leave
- ➔ Paid maternity leave
- ➔ Flexible Working Year
- ➔ Compressed work week.

[Hospital Name] also provides a number of programs and services that may assist doctors to balance their work / life responsibilities. These include: (*add own information here*)

- ➔ Carers leave
- ➔ Access to Before and After Care School Programs and Vacation Care
- ➔ Child Care and Elder/Carers Information Kit

## The Supervisor's Role

As a supervisor you are responsible for approving and implementing flexibility for doctors within your unit who seek such arrangements. Doctors wanting to adopt a flexible work arrangement are encouraged to initially prepare their case by using the resources within the flexibility guide and to then present their case to you. You will then need to consider a number of issues (using the checklist below) to come to a decision that is fair and equitable for you and the doctor. It is important to remember that you do not have to approve any request, but if you do reject one, you should be able to provide legitimate written reasons as to why a request was not accepted. If you are not able to do this, you may need to give the request for flexibility further consideration. In making your decision you will need to be sure that your unit is able to provide quality patient care at all times while staying within your allowed budget.

It is important to recognize that there is no 'one-size fits all' solution to flexibility and sometimes you and the doctors in your unit will need to use a creative approach to problem-solving and implementation issues.

Supervisors are also encouraged to look for opportunities to increase the availability of flexible working within their units. This can be done by:

- Re-thinking about the way work is done in your unit, can jobs be re-designed to offer greater flexibility?
- Offering flexibility at the recruitment stage eg can the job be undertaken as a job-share arrangement? Or could the working hours be staggered?
- Can a doctor returning from parental leave work flexible hours?
- Could a doctor receive their training by distance learning?

A supervisor can demonstrate commitment to increased flexibility by not only encouraging doctors to access the options available but also by:

- Scheduling meetings so that staff that work flexibly can attend
- Making training / education sessions available to all doctors in the unit, whatever their work hours
- Allocating work on the basis of merit rather than presence in the workplace
- Objectively assessing performance on results rather than the hours worked
- Recognise successes and learn from difficulties especially in the area of flexible working

## IMPLEMENTING FLEXIBILITY

### Some Challenges

The challenge remains to implement flexible work/life policies within the context of high quality patient care.

There are a number of reasons why organisations fail in their implementation of flexible work/life policies. One of these is the failure to address some of the myths and objections sometimes raised by people as to why they cannot implement the necessary changes. These include:

- Patient needs make it impossible for flexible options to be used
- If you make an arrangement for one person everyone in the group will want the same
- Flexible work options mean part-time work
- Doctors wanting assistance to manage family responsibilities aren't serious about their careers or care about patients
- It's difficult to manage people who work flexible hours or who job share
- Work and family programs are about promoting women

The majority of these myths can be tracked back to the influence of a culture within organisations and the competencies and attitudes of supervisors, staff, including doctors, and sometimes even patients. This hospital is committed to helping everyone involved to create win-win solutions to the challenges they face.

### Supervisor Competencies

Recent research has identified supportive and non-supportive supervision behaviours that can be learned through experience and training. These can be measured and evaluated as part of regular performance appraisal.

The research, which is supported by practical experience, shows that a supportive supervisor is one who:

- engages in two-way communications
- listens attentively
- shares information and seeks as well as gives regular feedback
- recognises contributions made by employees, in this case doctors in their unit
- offers positive, constructive and honest appraisal of work
- plays a mentoring role

- models supportive behaviours and exemplary work habits
- empowers employees by giving them autonomy and support to make decisions and complete tasks
- recognises that doctors have a life outside work and sees that work / life balance is something positive and not an interference or annoyance

These competencies are compatible with the skills and behaviours exhibited by proficient supervisors within [Hospital Name]. They can be used most effectively to maximise the potential of doctors by assisting them to balance their work / life responsibilities. This can often be achieved by providing greater flexibility in working hours.

## Getting Started

The following steps will assist you to not only respond appropriately to requests for flexibility or an alternative work arrangement, but will also assist you to manage the people who use these options in a fair and equitable manner.

On receipt of a request for flexibility; (see appendix 1 for an example):

1. Discuss with the doctor their specific needs, focus on outcomes and the impact on both the hospital and the individual. It is important to treat each request on its merit.
2. Check with Human Resources to ensure that the arrangement would comply with current Enterprise Agreements and other legislative requirements such as Awards<sup>1</sup>.
3. Consider the budgetary implications both in the short and long-term. If there are excessive financial costs associated with the proposals it may need to be rejected, despite other benefits.
4. Assess the needs of the team and patients? Could the doctor's request work in its current form or is there a need for some modification? Recognise that there may be a potential for conflict with other doctors and that this will need to be resolved. Consult with the other doctors and others concerned to develop strategies to overcome these concerns.
5. Look at other ways jobs can be structured and the work done to improve the way that patient needs are being met. This may include the elimination of non-medical functions from jobs, or the possibility of allowing doctors to do some administrative work from home.
6. Refer to OH&S checklist to assess whether any safety or occupational health issues may need to be addressed especially if doctors are planning to work from home.
7. Establish specific performance objectives, as part of the development of the Flexible Work Agreement. (*see example*). Performance objectives should focus on clearly defined

---

<sup>1</sup> Check local info



outcomes, be measurable and may include patient feedback<sup>2</sup>. Mutually decide when and how performance will be monitored and evaluated.

8. Schedule frequent discussions between the head of unit and the doctor to assess the specifics of how the arrangement is working, ensuring that all issues are addressed.
9. Organise communication processes within the unit to ensure that all doctors can attend.

## Decision Making Guidelines

In assessing the doctor's request to access a flexible work option you will need to consider the following questions as part of the decision making process.

It is strongly recommended that you discuss the doctor's proposal and your responses with the doctor concerned and with Human Resources before making a final decision.

1. What are the unit requirements that will influence your decision as to whether the flexible work option is feasible? ie. peak work times, patient requirements, handover etc.
2. What will be the benefits of accepting this doctors' request for greater flexibility? What will be the positive outcomes for the unit if this doctor is able to access a flexible work arrangement?
3. What are the potential impacts on the budget if any, patient care and how can these be addressed?
4. Is the requested flexible option compatible with the needs of the unit and the level of interaction that the doctor needs with the other members of the unit to do their job well?
5. How will performance be measured to ensure that the flexible option and the doctor's efforts are given a fair assessment?
6. What would be a fair time to give the requested flexible arrangement chance to succeed?
7. What arrangements will need to be made to ensure communications between the doctor, yourself and other doctors in the unit are adequate to meet everyone's needs?
8. If the option requested by the doctor is not compatible with the unit's and patient needs, is there an alternative that will meet people's needs?
9. What are the short and long-term implications of rejecting / accepting this request?
10. What is the impact on training going to be where applicable?
11. What are the next steps?

## Monitoring

1. Trial the options for 3-6 months.

---

<sup>2</sup> Please note that patient feedback needs to be considered in context and a new flexible work arrangement cannot be *expected* to produce better patient feedback than prior to the arrangement, although a significant reduction in patient satisfaction would be a concern.

2. Communicate and consult with other doctors in the unit as part of the on-going monitoring process. Resolve difficulties as they arise.
3. Carefully examine the amount of work given to doctors working reduced time schedules and periodically discuss whether the workload is reasonable. Be aware of the possibility of 'workload creep' occurring. This is when an employee takes on a full-time workload whilst working reduced hours.
4. Focus on specific training needs. For example; it may be difficult for a doctor to manage their time or workload when working flexible hours, they may need to develop new skills in the area of time management, or delegation. Ensure that training needs of registrars and junior medical officers are considered.
5. Assess the impact of the arrangement on other doctors in the unit, other staff in the unit and patients. Adjust the arrangements according to what will work well for all concerned.
6. Ensure that clinical handover is conducted diligently between job-share or other part-time doctors.

## Evaluation

A flexible work arrangement needs to be monitored on a regular basis in addition to the normal review that will occur as part of the performance management process. Timely discussions of issues and concerns can help to address potential problems and lead to success for both the doctor and the unit.

Monitoring and evaluation discussions should address:

- Doctor satisfaction and concerns.
- Achievement of agreed work and training objectives.
- Achievement of patient care standards.
- Co-operation between staff in the unit and the maintenance of communication between the part-time staff and staff working full-time.

## In Addition

- At the end of the trial period collect feedback from other doctors in the unit and evaluate the impact of the flexible arrangements on their ability to meet their performance goals.
- Obtain feedback from patients and other staff in the unit to assess the impact of the flexible arrangements.
- Establish goals with the doctor for the next 6 months. Agree how performance will be monitored and evaluated.

## Back Up

If you require further information, or would like to discuss flexible work option issues contact your Human Resources Department or talk to the:

Workplace Policy Department  
Australian Medical Association  
PO Box 6090  
Kingston ACT 2604  
Phone: (02) 6270 5400  
Fax: (02) 6270 5499  
Email: [workplace@ama.com.au](mailto:workplace@ama.com.au)

## Summary

The support and encouragement of the unit supervisor or head of the unit is critical to the success of any attempt to implement flexibility in the workplace. It requires strong leadership and coaching for those involved. Heads of units need to be able to listen and respond empathically when concerns are raised and be able to develop with their members of the unit, solutions that provide a win/win for all concerned. This investment of time will provide long-term improvements in patient care.

## IMPLEMENTATION CHECKLIST

The following questions may act as useful reminders during the set-up and implementation of flexible work practices.

- Has the job design and work allocation been reviewed?
- Does the job description require amendment?
- Has a work plan been developed?
- Have the hours and days of work been negotiated? What are the rostering requirements?
- Has the option of flexible standard or staggered starting times been negotiated?
- Can the doctor work additional hours if necessary during peak times of the year? How much notice is required?
- Has a plan been organised and agreed on how the doctor and their supervisor will communicate about day to day issues, as well as in times of crisis?
- What will happen when the doctor needs to attend training and how will this be managed?
- Have we discussed information provision, for example attendance at meetings/briefings or receiving newsletters? How will the doctor be included in work related activities?
- Is there potential to work from home?
- Is there a need for additional equipment if so has this cost been factored into the budget?
- What processes will be used to resolve potential conflict situations before they become a crisis?
- How will both parties monitor and evaluate success?
- If this arrangement is unsatisfactory what will happen? Can the doctor return to their previous work arrangement?
- What is the duration of this agreement?
- Has Flexible Work Agreement been finalised, signed and clearly understood by all concerned?

## ESTABLISHING A FLEXIBLE WORK AGREEMENT

It is the responsibility of the head of the unit or supervisor (having accepted a doctor's request to work flexibly) to work with the doctor to develop a flexible work agreement that will outline how the new arrangement will work. It is unlikely that any two arrangements will be the same so the following steps are guidelines that will help you develop a win-win for you and the doctor. Once you have reached agreement on all of the criteria below then the agreement should be written up and signed by both parties. Human Resources and the rostering officer will need to confirm the arrangement. You should forward a copy of the agreement to HR for implementation.

1. Confirm just what the flexible arrangement will be. Is it a change of hours or a job-share arrangement or working from home or another type of flexible working?
2. How many hours per week / month will the doctor be working? Will there be a change in the number of rostered shifts, will these shifts be longer or shorter? Do the arrangements still comply with the AMA's Safe Hours code?
3. If it is necessary how have you changed the workload of the doctor to reflect the changes in work-time (if moving from full to part-time work, or establishing a job-share arrangement)?
4. If moving to a part-time or job-share arrangement, is clinical handover addressed?
5. What will be the impact on the doctor's salary and any other benefits? You should refer to Human Resources for clarification. Also, check that the doctor understands the implications of any change as this may impact their decision to access the flexible work option.
6. If the doctor wishes to return to standard working conditions (at some later date) how will this be addressed?
7. Is there any potential for the doctor to work from home for some administrative duties?
8. How will performance be measured? What are the performance criteria, eg patient care.
9. How will you both communicate with each other and with other doctors in the unit? What frequency? What will happen if you need to make contact with each other if a work – related crisis occurs?
10. Identify how holidays / leave and other absences will be covered if this is an issue that affects ongoing patient care and contact.
11. What is the trial period and how will you both monitor and measure success?
12. The agreement should list any additional equipment or materials supplied to the doctor (for example if the employee moves to a working from home situation the hospital may supply some equipment).
13. Consider how potential conflicts will be resolved and outline this process in the agreement.

## Summary of the Process

There are **six key stages** in the process of accessing and implementing flexible work options. The following checklist can be used to ensure that you have completed all the necessary stages.

- The doctor requesting a flexible arrangement completes the flexible work options planner and holds discussions with the supervisor and head of the unit.
- The supervisor and head of the unit check their understanding of the policies and the hospital's procedures.
- The supervisor and head of the unit consider the application and the possible implications for the budget.
- The supervisor and doctor review all options, assemble other relevant data such financial and salary implications and where possible develop an appropriate flexible work agreement that meets the needs of the unit and the doctor. Where the request has been declined, the doctor and supervisor have to discuss the situation and the full reasons for the decision need to be explained.
- Establish a flexible work agreement, gain approval from Human Resources, ensure it is signed by the doctor and the supervisor.
- Implementation strategies are in place and an agreement is reached on how performance will be monitored.

## APPENDIX 1 EXAMPLE EMPLOYEE APPLICATIONS

### FLEXIBLE WORK OPTION PLANNER *EXAMPLE 1*

(To be completed by Doctor)

**1. Employee details**

Name **Albert Schweitzer** Date **23 Sept 2004** Submitted to Supervisor **Jo Bersier**  
Job Title **Registrar** Location **Gunsbach** Division **Intensive Care Unit**

**2. Identify the preferred flexible work option. Describe how this option will best suit your needs. (As outlined in XXX W/F Policies)**

**I want to job share with a colleague because I would like to spend more time with my family and require time to complete my postgraduate studies at the same time.**

**3. Describe the working arrangements that will best suit your needs.**

**I currently work a five-day week usually from 8am to 6pm. Job Sharing with XXXXX, who is in a similar position, means that we can manage the same number of patients. We would both work part time, alternating on a fortnightly basis between morning and afternoons, overlapping for 1 hour in order to handover all patients. This means that an extra 30 minutes will be worked by each of us, at no extra cost in order to ensure that handover is completed adequately. We would also equally share on-call requirements.**

**4. How do you perceive the impact your proposed new schedule sustaining or improving the unit's ability to provide care for all patients?**

**We could provide continuity for our patients by the arrangements described above.**

**5. What impact could your proposed changes have on patients, other doctors, your supervisors, other staff in the unit and/or others?**

**It would create an opportunity to employ a new team member as XXXXX and I would both be moving to a part-time arrangement. There would be little or no impact on co-workers and the slight additional cost of hiring an additional person would be balanced or outweighed by the skills, knowledge and different perspective a new person would bring to the Unit. I would stay with XXX rather than looking for a part-time job elsewhere.**

**Only challenge would be the communications with the team or coping with a patient crisis.**

**6. How do you plan to overcome these potential problems?**

**We could communicate by e-mail and phone with each other to hand-over patient information outside of our normal arrangements. Better use of the current paging system would mean that we are easily contactable for colleagues. We would both attend team meetings.**

**7. Will you need any additional equipment? Are there any additional costs associated with your request?**

**No.**

**8. What cost-benefits will accrue to the hospital if your request is approved?**

**It will mean that I will stay with XXX rather than look for alternative employment so it will save my replacement costs. We will provide continuity of service to patients.**

**9. What measures do you believe can be used to assess how your performance is meeting or exceeding expectation?**

**The same KPIs will still be applicable.**

**10. What review process do you propose for monitoring and improvement of your flexible work option?**

**Initially we should have fortnightly meetings to review progress, after the first 8 weeks this can move to a monthly meeting. After 4 months quarterly meetings should be sufficient.**



(To be completed by the Supervisor)

**Supervisor's Comments**

**11. How will this option help or hinder patient care provided in your unit?**

The job-share arrangement will mean that we can maintain the workload of the unit. However I am concerned about the financial impact of hiring an additional staff member and the ongoing disruption to patients who really need continuity of care. In particular in an Intensive Care Unit, continuity and availability of all information is crucial.

**12. Please give your reasons for approving or declining this request.**

I am declining this request, as I believe that whilst Albert is an experienced employee and his contribution to the team is very valuable, the expense of hiring a full-time staff member and establishing the job-share arrangement will be too great. In addition I am concerned about the disruptive effect on our patients. To help Albert deal with his current dependant care issues we have looked at other ways he may be able to cope with work and family responsibilities and have agreed that for the next 3 months he will work a compressed work week part of which will be by undertaking some administrative work from home. We will evaluate the situation again in 12 weeks time.

Date 25/9/04

Supervisor's Signature Jo Bersier

Date 25/9/04

Doctor's Signature *Albert Schweitzer*

**On completion of discussions regarding this request the supervisor and the employee should retain a copy and one copy sent to Human Resources**

## FLEXIBLE WORK OPTION PLANNER *EXAMPLE 2*

(To be completed by Doctor)

### 1. Employee Details

Name	Jane Smith	Date	8/11/04	Submitted to Supervisor	M Blog
Job Title	Registrar	Location	Sydney	Division	Maternity Ward

### 2. Identify the preferred flexible work option. Describe how this option will best suit your needs. (As outlined in XXX W/F Policies)

I would like to take my maternity leave at 8 months pregnancy, for a period of six months post birth, with a part time return to work.

### 3. Describe the working arrangements that will best suit your needs.

I would begin my maternity leave at 8 months pregnancy, 1 month prior to expected date of delivery. I would like to take 6 months maternity leave after the delivery, in order to establish breastfeeding and recover from the birth. After this I would like to work part time, in order to be able to share the care of the baby with my husband.

### 4. How do you perceive the impact your proposed new schedule sustaining or improving the Ward's ability to provide care for all patients?

Allowing me to go onto maternity leave will allow the ward to retain my employment. This will then allow the ward to continue me to look after patients, instead of my ceasing employment and subsequently seeking alternative employment. By allowing my return on a part-time basis, will allow me to perform all normal duties of patient care on that basis. The Ward may need to employ someone while I am on maternity leave and consider creating another part time position upon my return. Under these circumstances patient care would not be affected. By allowing me to work part-time I would also be able to care for patients better, as I would be confident in the care provided to my child by my husband and myself, instead of relying entirely on child care.

### 5. What impact could your proposed changes have on patients, other doctors, your supervisors, other staff in the Ward and/or others?

There may be some difficulty in my remaining up to date on all developments in the hospitals ward. There may also be some difficulties in attending meetings outside my part time working hours.

**6. How do you plan to overcome these potential problems?**

**In regard to remaining up to date I can be included on all hospital and Ward mailing lists even while on leave. In regard to attending meetings outside my part time work hours, I can ensure in negotiation, to be able to be present for these, when they cannot be scheduled during my working hours.**

**7. Will you need any additional equipment? Are there any additional costs (that you are aware of) associated with your request?**

**There will be some costs due to the need to employ another doctor to work part-time upon my return.**

**8. What cost-benefits will accrue to the hospital if your request is approved?**

**The hospital will be seen as an employer of choice who assists families in balancing their work and family responsibilities.**

**9. What measures do you believe can be used to assess how your performance is meeting or exceeding expectation?**

**Normal KPIs can apply once I return to take up part-time employment.**

**10. What review process do you propose for monitoring and improvement of your flexible work option?**

**Arrangements can be monitored on a monthly basis.**

(To be completed by the Supervisor)

**Supervisor's Comments**

**11. How will this option help or hinder patient care provided in your unit?**

**It is important for the Ward to retain Jane's services. This will involve covering Jane's shifts during her absence but I note that the hospital is required to provide this maternity leave.**

**12. Please give your reasons for approving or declining this request.**

**I am approving the request with a minor amendment. The Hospital's industrial agreement requires that women have access to 3 months paid maternity leave, or 6 months maternity leave at part time. I am thus reducing the total period of maternity leave to six months, from 1 month prior to the expected birth to 5 months after the birth, in line with the hospital's responsibilities. I note that Jane has applied for 1 month annual leave at the end of her agreed period of maternity leave.**

**Date 9/11/04**

**Supervisor's Signature M Blog**

**Date 9/11/04**

**Employee's Signature Jane Smith**

**On completion of discussions regarding this request the Supervisor and the Employee should retain a copy and one copy sent to Human Resources**

## APPENDIX 2 FLEXIBLE WORK AGREEMENT *EXAMPLE*

### Flexible Work Agreement

<b>Employee</b>	Jane Smith	<b>Supervisor</b>	M Blog
<b>Job</b>	Registrar	<b>Division</b>	Maternity
<b>Commencement Date</b>	24/12/04		
<b>Initial Review date</b>	24/7/05		
<b>Evaluation Date</b>	24/9/05		

### Background Information about the Change

As a result of Jane's falling pregnant, she requested to go onto maternity leave, and have a flexible return to work, at the end of her maternity leave

### New Work Schedule

- Jane will go onto maternity leave at 8 months pregnancy and complete her maternity leave 6 months later. This period will be paid at half pay. At the end of her maternity leave period she will take 4 weeks annual leave.
- Jane will work part-time after returning from maternity leave.
- She will be early/late in order to ensure a smooth clinical handover.

### Work Locations

- Jane will continue to work from this location.

### Measures to meet the Unit's and patient needs

- No special measures are needed. Extra staff may need to be employed as per hospital guidelines to cover maternity leave.

### Communication Plan

- Jane will receive all correspondence in order to stay up to date while on maternity leave.
- Where it is not possible to schedule a staff meeting so that Jane can attend as part of her part-time work schedule, she will endeavour to attend outside her regular schedule.

### Performance Measures

- All current performance measures will continue to be the basis on which this flexible agreement will be measured.

**Evaluation Criteria**

- Success of this flexible work arrangement will be based on Jane’s continued ability to meet her KPIs.
- All normal standards of patient care will continue to apply.

**Additional Equipment Supplied**

- None.

**Signed**

**Date**