



Canberra Health Services Consultation Paper.

Cardiology Allied Health Leadership Positions

Cardiology, Division of Medicine

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Contents

Contents.....	2
1. Introduction	3
2. Purpose	4
3. Current model	5
4. Rationale for change	6
5. Proposed Future model	7
5.1. Scope of the future model	7
5.2. Physical design/structure	7
5.3. Benefits of the future model.....	8
5.4. Implementation of the future model.....	9
5.5. Implications for not undertaking the change	10
6. Consultation methodology	10
7. References	11

1. Introduction

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)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire, and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **North Canberra Hospital and Clare Holland House:** these sites are now run and operated by CHS. ACT Government is committed to delivering a new billion dollar hospital on the Northside Hospital campus, providing more beds and increased services for the ACT community.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at several locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community-based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra, and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency, and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

The Department of Cardiology is well-established with 11 consultant medical staff and 3 Advanced Trainees in Cardiology. There are 2 cardiac catheter laboratories which undertake a total of 700 coronary interventional procedures annually. The unit provides a 24/7 service for primary PCI for

acute ST elevation myocardial infarction for the region. The Coronary Care Unit is a 15-bed unit with an additional 3 short stay beds for the chest pain evaluation unit (CPEU). The Coronary Care Unit has 2000 acute and elective admissions and the CPEU 1000 patient assessments annually. The Cardiology Outpatient Service provides up to 4500 episodes of care annually with increasing demand each year. There is a close working relationship with our busy cardiothoracic surgical unit. Clinical cardiac electrophysiology services commenced in April 2019 with complex ablation procedures, an arrhythmia clinic, cardiac device clinics. Cardiac CT program commenced in 2017 in collaboration with the Department of Radiology. The department is supported by dedicated heart function and pulmonary hypertension clinics designed to provide ready access to phone advice, education on self-management, avoid recurrent presentations and to assist with reducing length of hospitalisation by early bridging to outpatient care or closer to home care program. Planning is underway for state-of-the-art expanded acute cardiac care unit and cardiac catheterisation laboratories in the Canberra Hospital Expansion Project (scheduled for completion in 2024).

2. Purpose

The purpose of this paper is to describe the proposed changes to the Cardiology Allied Health leadership structure within the Cardiology Department, Division of Medicine, CHS. The proposed staff structure change aims to:

- Continue to improve patient health outcomes, patient experience, quality of care and efficiency of care delivered by Cardiology Allied Health services.
- Support a sustainable staff structure that promotes clinical supervision, peer support, career progression and succession planning to allow for staff leave, development and evolution of clinical scope.

Consultation is required due to the proposed:

- Changes in the composition, operation, and size of Cardiology Allied Health services.
- Changes to workforce reporting line and professional supervision.

The proposed changes are:

- Re-define the current Health Professional 5 (HP5) Cardiology Allied Health Manager (Physiologist and Sonographers) to a **HP5 Allied Health Manager (Physiologists)**. This will create a role with clear responsibilities specific to cardiac physiologists only, that include high level clinical care, service delivery management, clinical supervision, consultation and engagement with stakeholders, participation and implementation of governance and research/quality improvement programs relevant to the area of service delivery. The proposed reporting line for the re-defined HP position is the Unit Director Cardiology for managerial tasks and will have the health professional staff (proposed 10 FTE) reporting to them.

- Create a Medical Imaging Level 5 (MI5) **Cardiology Allied Health Manager (Sonographers)**. This will create a role with clear responsibilities specific to cardiac sonographers only, that include high level clinical care, service delivery management, clinical supervision, consultation and engagement with stakeholders, participation and implementation of governance and research/quality improvement programs relevant to the area of service delivery. The proposed reporting line for the newly established MI5 position is the Unit Director Cardiology for managerial tasks and will have the medical imaging staff (3.25 FTE) reporting to them.
- In collaboration with the Division of Allied Health, ensure Cardiac Physiologist and Cardiac Sonographer leadership duty statements align with the organisation’s expectations of classification levels detailed in the *Work Level Standards for Health Professionals and Allied Health Assistants* (review in progress). This will involve a review of current duty statements and potential change in role description and duties.

3. Current model

At CHS, cardiac physiology and cardiac sonographer professions are included in the Clinical Measurement Science (CMS) disciplines. The other CMS disciplines are neurophysiology science, respiratory science, and sleep science. Scientific staff employed across CMS work under a collective vision; *Clinical Measurement Science professionals deliver compassionate service through collaboration and excellence.*

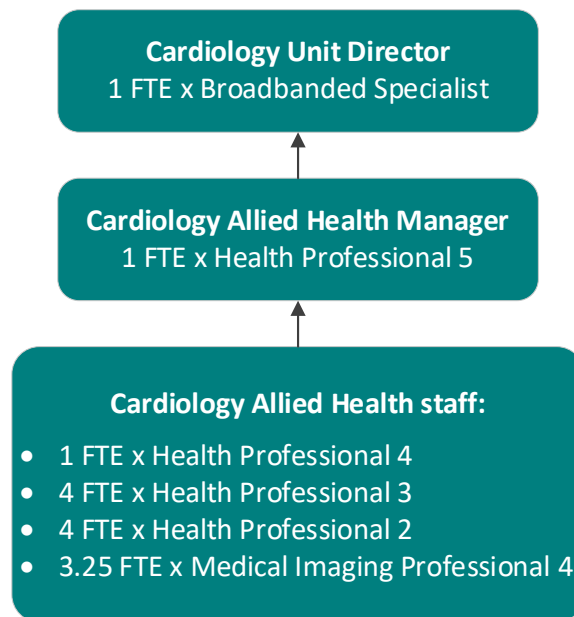
The Cardiology Allied Health service provides a range of allied health-led diagnostic investigations and interventions. Referrals for cardiology allied health services are accepted for both inpatient and outpatient clinical areas, including the community and other surrounding region health systems. The teams’ current funded FTE is outlined in Table 1 with positions under review also briefly described, based on currently approved duty statements.

Table 1: Current FTE

	Actual FTEs	Budget FTEs	Variance
Health Professionals	8.87	10.08	1.21
Health Professional 5	1.00	1.08	0.08
Health Professional 4	-	1.00	1.00
Health Professional 3	1.00	4.00	3.00
Health Professional 2	3.87	4.00	0.13
Health Professional 1	3.00	-	3.00

	Actual FTEs	Budget FTEs	Variance
Medical Imaging	2.00	3.25	1.25
Medical Imaging Level 4	2.00	3.25	1.25

Below is the current organisational structure of the Cardiology Allied Health Services (note; this is based off of the funded FTE):



HP5 Cardiology Allied Health Manager (Physiologists and Sonographers)

The Cardiology Allied Health Manager (Physiologists and Sonographers) is currently responsible for the leadership and management of a busy team of Cardiac Sonographers and Physiologist, organising the maintenance of all relevant cardiology equipment (including acquisition, maintenance, and replacement), participation in tender and contract negotiations, and the submission of budget applications, expenditure reports and inventory management. The position requires the performance of clinical duties equivalent to at least 0.6 FTE and the successful candidate must have the capacity to participate in an on-call roster, if required.

4. Rationale for change

4.1 Staffing

Increased clinical and non-clinical responsibilities due to the expansion of cardiology services has led to significant changes in duties required of the current HP5 Cardiology Allied Health Manager (Physiologists and Sonographers) position. The position is responsible for managing challenges associated with waitlist management, service delivery, recruitment and retention, education and research opportunities, clinical supervision and backfill of annual and unplanned leave across both the physiologists and sonographer clinical stream.

The service has also not been able to accommodate student industry placements due to supervision limitations. Re-introduction of these placements will allow students to be trained and competent in clinical duties specific to CHS service delivery, allowing for recruitment and substantive leave cover as required.

4.2 Building 5

As part of the Canberra Hospital Expansion, the centrepiece Building 5 will deliver more emergency, surgical and critical care capacity for the ACT and surrounding region. To ensure the Cardiology Department can meet expected increase in demand, the staffing model must promote a knowledgeable and sustainable workforce operating within current scope with possibilities to extend scope to allow innovative service provision.

4.3 Territory-wide Cardiology Service

Work is underway to assist in establishment of a territory-wide cardiology service that will aim to ensure our cardiology services are aligned with the future health needs of people living in the ACT and surrounding region. The services would improve integration to support seamless transition of care, provide the foundations for a sustainable service and support the need of priority populations groups, ensuring equitable access to care. An appropriately staffed Cardiology Allied Health Service is an integral part of this health service planning.

5. Proposed Future Model

5.1. Scope of the future model

The proposed staffing model change will affect Cardiac Physiologists and Cardiac Sonographers working in the Division of Medicine at Canberra Health Services.

- The Health Professionals (9 funded FTE across 3 different classifications) within the unit will report directly to the proposed HP5 Cardiology Allied Health Manager (Physiologists) position.
 - This will include an increase to the funded FTE for the HP2 classification.
- The Medical Imaging Professionals (3.25 funded FTE in the Medical Imaging 4 classification) within the unit will report directly to the proposed *Cardiology Allied Health Manager (Sonographers)* position.

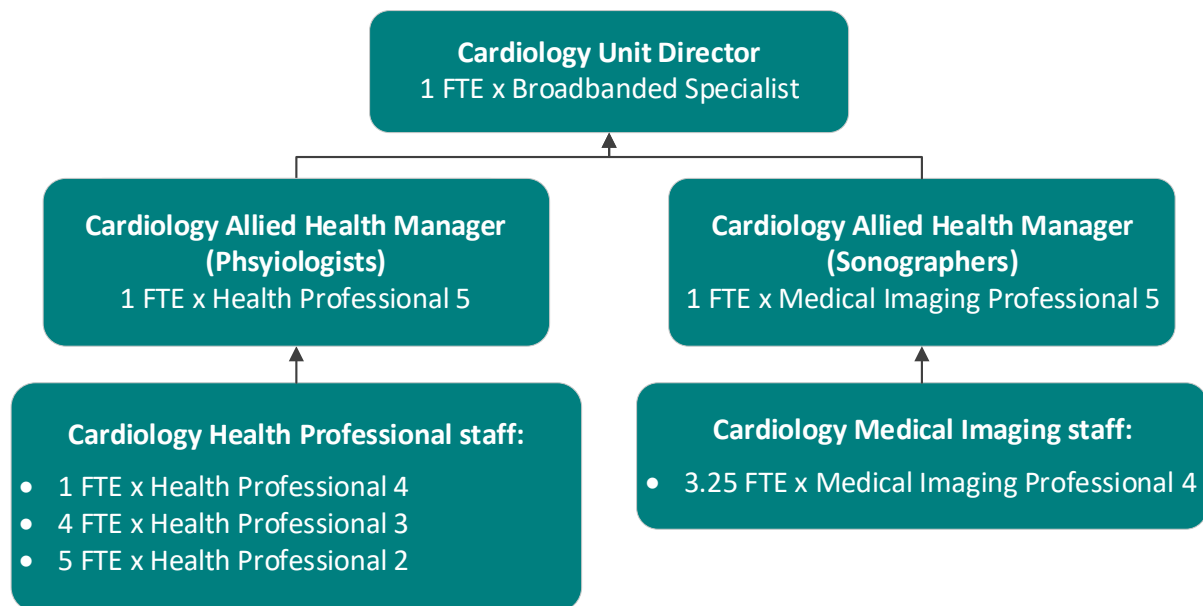
5.2. Physical design/structure

- No changes to physical design or office space layout
- Change in FTE to allow proposed model to be implemented.
- An updated organisation chart and governance processes will be published and communicated with stakeholders (see example below).

Table 1: Proposed FTE

	Budget FTEs	Proposed FTE
Health Professionals		
Health Professional 5	1.00	1.00
Health Professional 4	1.00	1.00
Health Professional 3	4.00	4.00
Health Professional 2	4.00	5.00
Health Professional 1	-	-
Medical Imaging		
Medical Imaging 5	-	1.00
Medical Imaging 4	3.25	3.25

Below is the proposed updated organisational structure within the Cardiology Allied Health Services:



5.3. Benefits of the future model

The scope of the future model aims to:

- Continued improvement to patient outcomes, patient experience, quality of care and efficiency of care delivered by the Cardiology Allied Health Service.

- Recruitment to the proposed positions will support a sustainable structure that promotes clinical supervision, career progression and sustainability of the service to allow for staff leave and evolution of the service across both the physiology and sonography clinical streams.
- Ability to develop innovative rostering and clinic schedules to improve accessibility and efficiency of the service.
- Improved retention rates of staff within the cardiology allied health service.
- Improved consistency in roles, responsibilities, and expectations, leading to more consistent and improved service delivery outcomes.

5.4. Implementation of the future model

Following review and feedback, the changes outlined in this proposal have been endorsed in principle by the:

- Executive Director Division of Medicine
- Clinical Director Division of Medicine
- Director of Allied Health Division of Medicine
- Unit Director Cardiology
- Operations Manager Division of Medicine

Following the consultation process, final endorsement will be sought from the officers above.

The current HP5 position will be re-defined and recruited to as described in this document. A MI5 position will be established and recruited to as described in this document.

Under the Union Encouragement Policy, employees will be given full access to union officials/ delegates and facilities during working hours to discuss the restructure on the provision that work requirements are not unreasonable affected. It is envisaged the proposed structure will be implemented as soon as possible after the consultation period as closed as per table 2:

Table 2: Proposed Structure implementation timeline

Steps	Action	Dates
1	Letter and consultation document to be provided to a Unions	15 November 2023
2	Management to meet with affected staff to discuss proposed changes	15 November 2023
3	Consultation period begins with all affected staff and unions	15 November 2023
4	Staff forum (Webex)	TBC
5	Consultation period ends	30 November 2023

Steps	Action	Dates
6	Any provided suggestions from consultations will be reviewed and any changes incorporated into the final paper within one week	December 2023
7	Position descriptions for MI5 and HP5 role updated and/or developed	December 2023
8	Recruitment processes commence	January 2024

5.5. Implications for not undertaking the change

Nil change to the staffing structure will have a significant negative impact on service delivery, patient care, and staff retention. Clear roles and responsibilities, career progression and clinical supervision are vital for safe and effective clinical care and team dynamics that support it. Impacts on service delivery have a negative impact on staff motivation and psychological wellbeing. Lack of review could lead to high leave levels, resignation in cardiology allied health service and potentially other professional and support groups within the cardiology department.

6. Consultation methodology

This proposal provides more detail in relation to the Cardiology Allied Health Leadership position review. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the proposed staffing structure.

Feedback can be provided via email to CHSDOM@act.gov.au.

Feedback is due by 30 November 2023

We are seeking responses to the following questions:

1. Do you support the proposal to change the staffing model for CHS Cardiology Allied Health services?
2. Do you have any concerns about the proposal? If so, what are they?
3. Do you have any other feedback you would like to be considered in relation to the proposal?

For any further information relating to the proposal and subsequent consultation process, please contact CHSDOM@act.gov.au.

7. References

Document	Author
<i>Canberra Health Services Strategic Plan</i>	<i>CEO, Canberra Health Services</i>
<i>Work Level Standards – Health Professionals</i>	<i>ACT Public Service</i>
<i>Recruitment policy</i>	<i>People & Culture, Canberra Health Services</i>
<i>Recruitment procedure</i>	<i>People & Culture, Canberra Health Services</i>
<i>People & Culture Business Plan/Strategic Objectives</i>	<i>People & Culture, Canberra Health Services</i>