Canberra Health Services

Consultation Paper

Medical Imaging - Interim Management Arrangements

Contents

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Introduction

The Medical Imaging department within Canberra Health Services (CHS) is a key part of the health system offering diagnostic and therapeutic services and support to a wide range of clinical services.

Over a significant period, the department has been required to address several challenges with respect to:

- Increasing workload,
- The addition of progressive models of care, such as interventional radiology (endovascular clot retrieval) and similar approaches,
- Change in hospital working patterns towards a seven day working week, and more after-hours loading,
- The COVID pandemic,
- The introduction of a Digital Health Record, and
- Changing models and movement of services to allow for the movement to a new facility (or in fact facilities).

In addition, a question has arisen regarding how best to resource and configure the department moving forward, a significant part of which is benchmarking against other imaging centres with respect to budget, cost, staff and so on. This has led to an informative piece of work being undertaken by an external agency, The Francis Health Group, to provide some answers to these questions.

In trying to address all the above challenges and changes constructively, it stands to reason that Medical Imaging will require expertise and support to navigate successfully through to a positive conclusion.

Purpose

The purpose of this paper is to describe an interim management arrangement for the period of transition that we (Medical Imaging) are undergoing, and to provide a fit for purpose support structure thereafter.

Current model

The current arrangement for the leadership and management of Medical Imaging has a Clinical Director as the single point of accountability for the department. The Clinical Director also carries a clinical workload.

The Clinical Director has a number of direct reports responsible for:

- Radiographers
- Nurses
- Operations support (administration)

- Medical staff

Rationale for change

Management as a Professional Pursuit

As the department evolved to a larger and more complex department, the need for an integrated organisational approach should also evolve.

As much as management may be observed as the enemy in many healthcare organisations, there is no other discipline that has been trained to assess and implement strategic, tactical and operational approaches to solve complex issues such as integrated rostering and scheduling.

Misalignment of Accountabilities

Although the Clinical Director is the single point of accountability for the department, budget management is found within the Director of Operations' position description. This might have seemed like a reasonable way to align things with people's knowledge and strengths, but ultimately it isn't sustainable.

Many of the operational requirements to support rostering and scheduling are being conducted at a senior manager level. These activities should be considered transactional, and the senior management team should be focussing on tasks and responsibilities more relevant to their roles.

Similarly, many of the operational tasks are being performed outside of the operations portfolio of the department.

Change and Culture

Medical Imaging has self-identified that their current culture needs improvement.

If something isn't working well now, then putting it under more pressure will not make it work any better.

If we simply place the current leadership and management arrangements under more pressure, it will likely lead to further implications on the culture of Medical Imaging and quite possibly the loss of members of the department's leadership team.

Proposed Future model

Changes

The following interim changes are proposed for a period of at least three months but no more than six months. A substantive change will be consulted on and prepared for implementation prior to dissolution of this interim arrangement.

Partitioning of Clinical Director Role

Although the current Clinical Director position is the single point of accountability, it is in fact two roles:

1. Clinical Director
2. Director of Medical Imaging

It is proposed that the Clinical Director role will continue as the clinical leader and line manager of the department's medical staff, and will remain the lead doctor with respect to advice on matters relating to clinical matters.

(Re)Instatement of the Director of Medical Imaging Role

Reinstating the Director or Medical Imaging role will ensure that Medical Imaging has a single point of accountability, a Director.

For the period of this proposal, this role will be filled by the Executive Branch Manager for the Medical Services Division.

Realignment of Reporting Lines to the Director

In accordance with the above changes, the current alignment of direct reporting lines to the Clinical Director, will be realigned to the Department Director.

Each of the professions will retain professional reporting arrangements to the respective professional lead within the organisation[1].

Affected Positions

Title	Nature of proposed change
Executive Branch Manager, Medical Services	Commences position of Director of Medical Imaging
Clinical Director, Medical Imaging	Remains Clinical Director, no change in terms or conditions.

1 For the Clinical Director, this will be to the Executive Director Medical Services.

	Change in subordinate reporting lines.
Personal Assistant to the Clinical Director	Personal Assistant to Director of Medical Imaging
Director Allied Health, Medical Imaging	Change in reporting line – to Director of Medical Imaging
Assistant Director of Nursing, Medical Imaging	Change in reporting line – to Director of Medical Imaging
Director Operations, Medical Imaging	Change in reporting line – to Director of Medical Imaging

Organisational charts outlining the above changes can be found at Attachment A.

Physical design/structure

- No material changes to physical design or office space layout
- Some consideration will need to be given to allow for accommodation for the Director of Medical Imaging within the department.

Benefits of the Change

Change is unavoidable in the context of the pressures described already.

To adequately support the department, we are required to implement a leadership model that:

- Preserves and looks after the current team,
- Increases the capacity and resilience of the current leadership group while several change proposals are being conceived (and while some of these will need to be implemented), and
- Allows and supports each of the current staff groups to come to solutions that work for each of them, and in a way that augments what the service offers our community and CHS consumers.

At the same time, we wish to:

- Avoid wholesale disruption to the department,
- Align people's strengths with their accountabilities, and
- Facilitate a process that leads to a sustainable fit-for-purpose team, at all levels, while not presuming what that might become at end state.

Implementation of the interim model

The implementation timeline is provided in Table 1.

The consultation period will be abbreviated given the limited nature of the change and the work pressures currently being experienced within the department.

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 is closed.

Table 1: Proposed Structure implementation timeline

Steps	Action	Anticipated Completion Date
1	Clinical Director consulted	28 July 2022
2	Letter and consultation paper to be provided to Unions and all affected staff.	29 July 2022
3	Consultation period begins with all affected staff and unions	1 August 2022
4	Consultation period ends	8 August 2022
5	Any feedback provided during consultation will be reviewed and any relevant changes incorporated into the final paper, which will then be presented for information	12 August 2022
6	Implement change	TBC

Consultation

During consultation, we are seeking responses to the following questions:

- Do you have any concerns about the proposal? If so, what are they?
- Do you have any other feedback you would like to be considered in relation to the interim changes?

Feedback on this paper should be provided via email to edms@act.gov.au by **COB Monday 8 August 2022**.

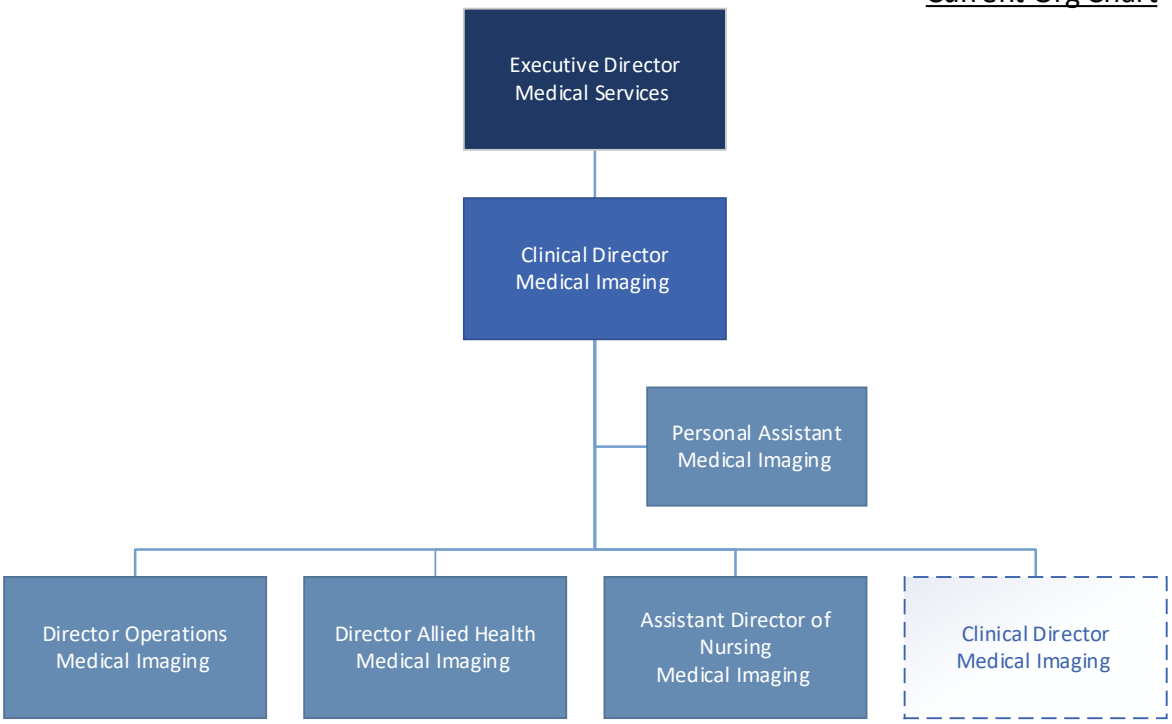
For any further information relating to the change and subsequent consultation process, please contact edms@act.gov.au

References

Document	**Author**
Canberra Health Services Strategic Plan	CEO, Canberra Health Services
Recruitment policy	People & Culture, Canberra Health Services

Attachment A

Current Org Chart



Proposed Org Chart