



Consultation Paper

Structure Reform: ACT Pathology

- Laboratory Department Structures
 - Anatomical Pathology & Diagnostic Genomics
 - Specimen Reception & Customer Services

- Senior Leadership Role Requirements

July 2023

Work Area	Author(s)	Contact Details
ACT Pathology	Glenn Edwards	actpathologyed@act.gov.au

Contents

Contents.....	2
1. Introduction	3
2. Purpose	3
3. Current Models	3
4. Rationale for Change.....	4
5. Future Model	7
6. Implications of Not Undertaking the Change	11
7. Consultation Methodology	12
8. References	13

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 (NSW) region.

CHS administers a range of publicly funded health facilities, programs and services.

ACT Pathology is a part of CHS and is responsible for providing specialist pathology services to all CHS facilities as well as services to private hospitals and community patients.

Pathology is a medical specialty that determines the cause and nature of diseases by examining and testing body tissues (from biopsies and aspirates, for example) and bodily fluids (from samples including blood and urine). Pathology is essential to the prevention, early detection, diagnosis and treatment of many clinical disorders.

2. Purpose

The purpose of this consultative process is to describe the proposed changes to the staffing model of the ACT Pathology team. The proposed structure aims to:

1. Adapt to significant changes in workflows that have been introduced by the new Digital Health Records (DHR) information system in some areas of Pathology;
2. Embrace new opportunities afforded by convergent technologies such as automation and genomics; and
3. Ensure a sustainable workforce, and mitigate our significant recruitment risk, by transforming our senior leadership model and the organisational structure of service departments.

Consultation is required due to the proposed new positions and reporting lines:

- Creation of 2 new roles
- Abolition of 2 existing roles

ACT Pathology is seeking further input from staff and unions regarding this proposal, prior to any final decisions being taken.

3. Current Models

3.1. Anatomical Pathology (AP) and Diagnostic Genomics (DG)

- Each section is led by a Chief Scientist (AP: HP5; DG: HP4).
- These roles report to the Director, Laboratory Operations.
- All scientific and technical staff in AP and DG report to these Chief Scientist positions.

3.2. Specimen Reception and Customer Services

- Each section is led by a Manager at the HP4 level. The Manager, Customer Services reports to the Director, Pathology Services and Strategy. The Manager, Specimen Reception reports to the Director, Laboratory Operations.
- All operational staff in these areas report to one of the HP4 roles.

Refer to section 5.1 which outlines the function of the two new roles.

3.3. Clinical Governance

Each of these laboratory sections (other than Customer Services and Specimen Reception) has oversight under the NPAAC clinical governance requirements by one or more Clinical Directors.

These clinical governance arrangements are not impacted by the changes proposed herein. Thus, only the non-medical operational roles are considered further in this document.

4. Rationale for Change

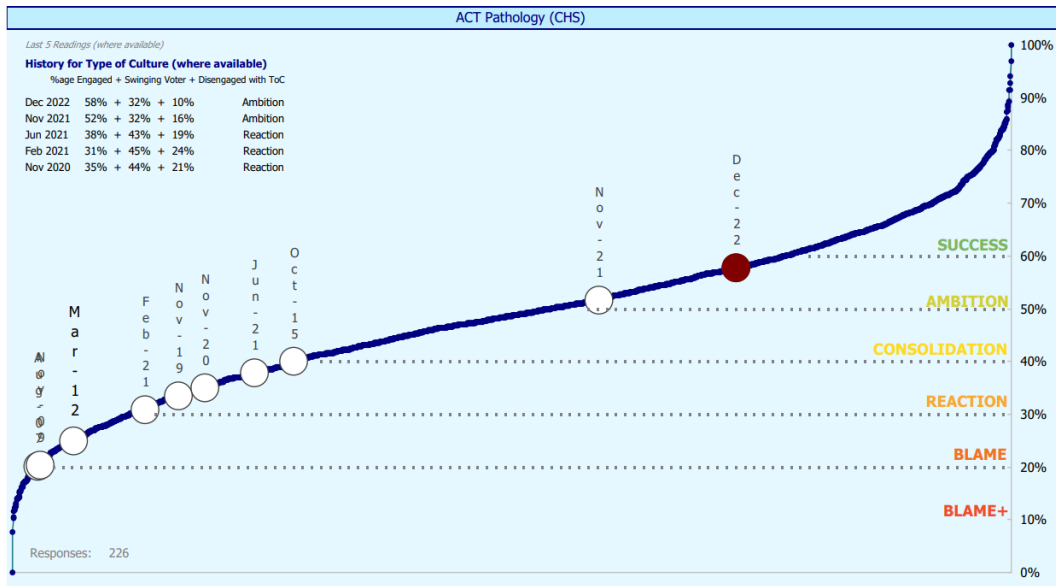
4.1. Recruitment Risk and Leadership

ACT Pathology faces a significant risk related to our leadership workforce. There are several reasons for this:

- A nation-wide shortage of skilled pathology experts;
- The large number of separate leadership roles to be secured;
- The narrow and specialised technical expertise requirements, at a senior level, that currently define each role;
- A relatively negative external reputation as an employer due to poor workplace culture data which have been publicly discussed; and
- Geographic isolation.

Mitigating this risk will require us to create an environment with a stronger focus on developing and nurturing new leaders. This should include a renewed emphasis on succession planning, proactive career planning, team development, leadership skills development and regular review of role requirements.

Encouragingly, recent experience at ACT Pathology, shows some evidence that a renewed emphasis on values-based leadership and accountability can be effective. Recent CHS workplace culture survey results have begun a significant positive shift. As of December 2022, the BPA Analytics “engagement cycle” is now in the Ambition phase. This is remarkable progress, after many years of survey reports showing engagement in the Blame or Blame+ categories.



There are three key factors now driving workplace culture improvement at ACT Pathology:

- Strong, unambiguous messaging on our commitment to the organisation’s values;
- A genuine and visible commitment to change within Pathology;
- An expectation of accountable leadership at all levels:
 - a commitment to psychological safety,
 - giving everyone a say in their future,
 - open, transparent and genuine communication.

Studies of leading organisations show that these factors, underpinning contemporary leadership models, effectively support service excellence and provide for sustainability and growth. Pleasingly, our hands-on experience at ACT Pathology in recent times confirms that this approach is effective here. This underscores the need for modernising our leadership capabilities as proposed herein.

There is also an opportunity to facilitate greater strategic collaboration between teams. With significant change facing Pathology, we need senior leaders working effectively together to support innovation and change, and for this collaborative work to be built into senior leaders’ roles requirements. This would see leaders working proactively and regularly together, across conventional departmental boundaries, to identify improvement opportunities and lead change. To be effective, this would require a re-balancing of senior leaders’ roles to ensure that sufficient time and expertise is devoted to this collaborative improvement work.

4.2. Opportunities with New Technologies

4.2.1. Information technology and informatics:

The recent implementation of the Epic electronic medical record, including the Beaker laboratory information system (LIS) module, has already transformed the way that ACT Pathology team members work. It also offers a myriad of new opportunities – with real-time access to a rich source of patient data, smart data analysis tools, and decision support capabilities.

These opportunities are further enhanced by other new tools, such as the Abbott AIP application, DHR and others. Thus, ACT Pathology has a unique opportunity to redesign the way we work, to further enhance clinical outcomes and the patient experience, as well as operational effectiveness for the Health Service and its clinicians. We also have an obligation to team members whose roles have been significantly impacted to ensure that they are working in a rewarding and productive environment.

4.2.2. Convergent technologies: Genomics

There is no doubt that genomics is transforming healthcare, and the practice of Pathology. There is already considerable overlap between various ACT Pathology disciplines, including Diagnostic Genomics, Anatomical Pathology and Haematology.

The next decade will see further transformation of genetic medicine and pathology. To embrace these transformative trends, ACT Pathology will proactively review our structures and coordinate our clinical and technical expertise. This will help to position ACT Pathology to respond to, and to lead, these new directions.

These, and other technical innovations, will drive change in Pathology laboratory service models. Some current departmental boundaries are increasingly redundant. And redundant boundaries only serve to stymie collaboration and innovation, while causing unnecessary and costly duplication in management processes.

Thus, ACT Pathology has an opportunity to create a more rational and effective leadership model and organisational structure for our service departments. This in turn creates opportunities to fully leverage these new technologies, thereby improving service to the community.

4.3. DHR Workflow Disruption: Customer Services and Specimen Reception

Our Customer Services and Specimen Reception teams have been significantly impacted by DHR. The workflows and role requirements for each area are now materially changed.

DHR was deployed in November 2022. Collection and receipting functions are substantially altered by DHR in both teams.

For Specimen Reception, a key function – data entry for paper requests – has now largely been removed by DHR (other than direct courier-delivered samples). Other roles such as managing provider details in the IT system, have been centralised with new governance arrangements. Therefore, the senior HP4 leadership role, dedicated solely to Specimen Reception, has been considerably diminished.

For the Customer Services team, patient registration into DHR and other request-related tasks are now central to the role, for every patient.

In part, DHR creates a significant overlap between the functions of Specimen Reception and Customer Services. It therefore makes sense to coordinate recruitment, training and competency. These tasks can be more easily coordinated with a single, new structure - a “Pre-Analytical” team.

In addition, DHR and other IT systems such as DHR and the Abbott AIP system offer timely new opportunities for improving ACT Pathology's service model. We are now in a position to engage more directly and proactively with Health Service stakeholders, to lead and guide improvement projects.

Thus, it is timely to consider new functions for this Pre-Analytical team that leverage these new technologies. Examples would be the use of new data capabilities to engage collaboratively with clinicians, consumers and other stakeholders. For example, smart data dashboards, enhanced reporting, and targeted clinical and operational improvement initiatives, can support improved care processes and outcome. This may also support better test utilisation and customisation of laboratory workflows to enhance operational performance.

5. Future Model

5.1. Scope of the Proposed Future Model

The changes proposed here involve reducing the number of current service departments, in order to:

- a) Mitigate recruitment risk; and
- b) Enable new synergies and value-adding role functions.

5.1.1. New Teams Roles and Responsibilities

Two new teams will be created, as follows:

Anatomical Pathology and Genomics

- Incorporating Anatomical Pathology and Diagnostic Genomics
- Function: these merged teams will continue to provide an excellent diagnostic service. The closer working relationship will provide an opportunity to better leverage new technologies (genomics and imaging in particular) and the evolving, closer professional relationships that are already emerging.

Pre-Analytical

- Incorporating Customer Services and Specimen Reception
- Function: This team will continue to provide excellent care to consumers via ACT Pathology collection centres, and a safe, timely and effective specimen receipting function.
- New tools such as DHR, business intelligence applications and others will support a proactive and engaged approach to improving care. This may include quality initiatives related to collections and specimen handling, performance metrics to support clinical and business decision making, and collaborative initiatives such as Choosing Wisely. This will also include opportunities for data-driven improvements in laboratory workflows, to improve efficiency and effectiveness of pathology processes.
- The new Pre-Analytical Operations Manager is in an ideal position to support these new value-added functions. The role will require the support and collaboration of other Pathology team members with skills in data management and improvement.

- In the first instance, the newly created Operations Manager role will work with the Pathology leadership team and external stakeholders to identify and prioritise initiatives for this new function.

5.1.2. Leadership

Each of these new teams will have a new senior leadership position created, with a title of Operations Manager. These Operations Manager positions will each have position descriptions that emphasise the following:

- People and team development
- Collaboration across teams
- Collaboration with external stakeholders
- Workplace culture development
- Succession planning
- Career planning
- Innovation

Operations Manager reporting

- Operations Manager, Anatomical Pathology and Diagnostic Genomics. This role will report to the Directory, Laboratory Operations
- Operations Manager, Pre-Analytical: As this is a stakeholder-facing role, this new Operations Manager role will report to the existing Director, Pathology Services and Strategy.

At this stage, these new formalised leadership requirements will only apply to the new Operations Manager roles being created herein. That is, no changes to the role descriptions of other current leadership positions are being proposed here.

5.1.3. Role Impacts

Given this material change in role requirements for the most senior leadership positions, two current leadership roles will be abolished. The role changes are summaries as follows:

Roles to be abolished (2)

Specimen Reception:	Manager (HP4)
Anatomical Pathology:	Chief Scientist (HP5)

Roles to be created (2)

Pre-Analytical:	Operations Manager (HP5/SOGB)
Anatomical Pathology and Genomics:	Operations Manager (HP5/SOGB)

Roles with changed reporting lines

Chief Scientist, Diagnostic Genomics:	To: Operations Manager, Anatomical Pathology and Genomics
Manager, Customer Services:	To: Operations Manager, Pre-Analytical

Roles for other team members in each of the newly merged departments remain unchanged by this proposed restructure.

Note on Clinical Governance arrangements

For clarity, the changes proposed here DO NOT impact clinical governance arrangements, which operate across operational departmental boundaries. The changes proposed here relate to non-medical operational reporting lines, and various position descriptions. No changes to supervision arrangements for Clinical Directors are proposed, and therefore no impact on clinical quality or risk. Thus, Clinical Director reporting lines are not considered in scope for this consultation.

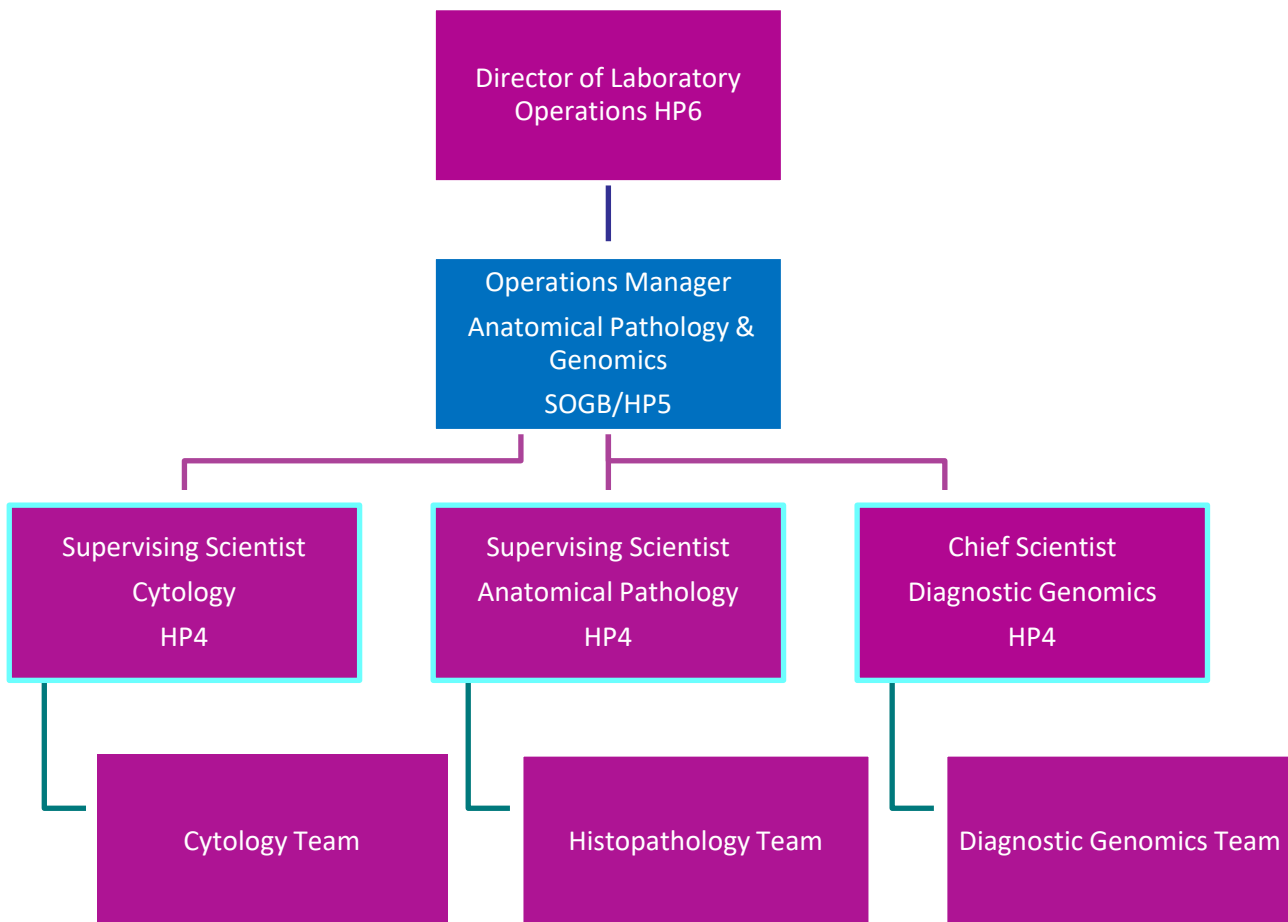
5.1.4. Organisational Charts

Proposed new reporting relationships are shown in the proposed new organisation charts below.

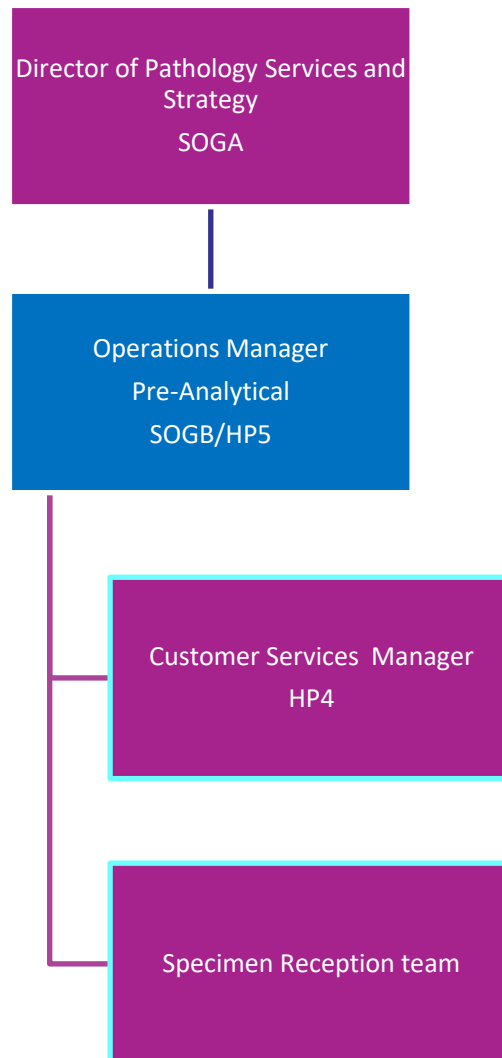
Key:



Anatomical Pathology and Genomics Team Leadership Chart:



Pre-Analytical Team Leadership Chart:



5.2. Benefits of the Future Model

Recent experience at ACT Pathology has shown that a new approach to leadership can be very effective in improving workplace culture, team engagement, and providing a nurturing and values-based environment for our people. There have been demonstrable benefits from appointing experienced, capable, values-driven individuals, with contemporary approaches to leadership, whilst de-prioritising the requirement for narrow specialist expertise, into the most senior leadership roles.

This recent experience highlights an opportunity to mitigate the significant risk attached to recruitment and retention. Where the role requirements for the most senior laboratory leaders pivot towards leadership and people development, and away from high level specialised technical skill, ACT Pathology will:

- Broaden the potential pool of individuals qualified for senior leadership roles;
- “Grow our own team” by providing focused leadership development training and more attractive career paths for emerging leaders; and
- Improve the reputation and brand of ACT Pathology as workplace culture continues to improve.

Reducing the overall number of departments and therefore the number of individual senior leadership roles further mitigates this significant workforce risk.

A further benefit of these renewed role definitions is in broadening the potential candidate pool for recruitment. Currently recruiting to highly specialised senior technical roles is extremely challenging. The changes proposed here potentially create new opportunities for a broader pool of experienced individuals with Pathology leadership skills and aspirations.

These changes will allow ACT Pathology to further build on recent successes in workplace culture. Team members will be more engaged, and more able to share their skills, experience and interest to contribute to the future of the organisation. Team members will have a broader range of skill and career development opportunities, including leadership skills development. In turn this will strengthen ACT Pathology’s ability to “grow our own team” and thus provide greater certainty for the future.

These changes proposed here also allow Pathology to further unlock the value provided by new technologies, such as automation and genomics. The simplified structure provides both greater leadership support for smaller teams and also affords greater opportunities for collaborative work and synergies among team members sharing like technologies.

5.3. Implementation of the Future Model

It is envisaged that the proposed structure will be implemented as soon as possible after the consultation period has closed.

5.4. Related Change Processes

Following the completion of the consultation process, the changes to be implemented will be communicated as soon as practical to ACT Pathology, the unions and any relevant external stakeholders.

6. Implications of Not Undertaking the Change

Not implementing the proposed structure will have the following implications:

- Deteriorating workforce resilience;
- Escalating risk re retention and recruitment;
- Deteriorating brand as an employer;
- Deteriorating brand as progressive service provider, for both internal and external stakeholders (including consumers);

- Loss of recent gains in engagement scores and workplace culture;
- Business continuity preparedness at increased risk;
- Ineffective strategic planning and poor readiness for environmental challenges; and
- Operational inefficiencies with unnecessary role overlap and duplication.

7. Consultation Methodology

This proposal provides the detail in relation to the ACT Pathology Executive restructure. There are still details that needs to be determined and your feedback, suggestions and questions will assist in further refining the proposal.

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 unreasonably affected.

	Action	Dates
1	<p>1a. Meet with staff in abolished roles to provide letter and consultation document prior to staff announcement;</p> <p>1b. Initial presentation of the proposal at whole of Departmental Staff Meeting by the Pathology Executive team, including capacity to vet questions;</p> <p>1c. letter and consultation document to be provided to all ACT Pathology Staff; and</p> <p>1d. letter and consultation document to be provided to the unions advising information will be shared with all staff on the same day - HSU, CPSU. Consultation documents also to be provided to other interested parties e.g. ASMOF, RCPA.</p>	05 July 2023
2	<p>Consultation period open. Feedback can be provided via the anonymous Survey Monkey https://www.surveymonkey.com/r/S77KMVT or via Suzie Lueck at ACTPathologyED@act.gov.au</p>	From 05 July 2023 to 19 July 2023
3	All suggestions from consultation to be reviewed and any changes incorporated into the final paper	Two weeks from consultation closing date
4	Final paper to be circulated and implemented	
5	Recruitment to the new positions will commence	After circulation of final paper

8. References

Document	Author
Consultation Guidelines for Managers	People & Culture, Canberra Health Services
Recruitment policy	People & Culture, Canberra Health Services
ACTPS Union Engagement Policy	ACT Public Service
Health Professionals Enterprise Agreement 2021-2022; and Administrative and Related Classifications Enterprise Agreement 2021-2022	ACT Public Service