

# CONSULTATION PAPER

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Medical Administration Review – Proposed changes

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Northern NSW Local Health District

26 September 2022

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## 1. Purpose

The purpose of this document is to provide employees with the opportunity to comment on the proposed Medical Administration Unit structure at their site. The Executive Director of Medical Services and the Director of Clinical Operations invite staff to provide comments and feedback on the proposed structure, prior to its finalisation.

## 2. Background and introduction

In early 2022 a review was conducted of the Medical Administration Unit structures and processes in the Northern NSW Local Health District (NNSWLHD). The purpose of the review was to explore options for improving the organisation of our Medical Administration Units, to optimise productivity, customer service and staff experience.

That review was conducted by an independent external team of two subject matter experts: a Medical Administrator and an experienced Medical Administration Manager.

The review was informed by structured interviews of over 100 Medical Administration Unit staff and internal and external stakeholders, and included consideration of comparative data from several other rural Local Health Districts, including organisational structures and workflows.

An Executive Summary report has been received from the review team, and provided to NNSWLHD site management teams, and made available to staff within the Medical Administration Units during June 2022. The report contains recommendations on high, medium and low priority actions. The report has been considered at district Executive level, and several recommendations have been approved for consideration of early implementation. Other recommendations may be considered for implementation in a later phase, and some may not be implemented. Reasons for non-implementation can include budgetary and cost-benefit considerations, and alternative solutions that respond to the continually changing circumstances of a health service.

**This consultation paper focusses only on those recommendations which are currently proposed by NNSWLHD for implementation.**

Those recommendations are:

### **Clarence – new additional 1 FTE**

- The addition of a Medical Administration Manager position, to manage the local Medical Administration Unit (HM2)\*
- A currently temporary position to be changed to a permanent AO5 position, to support Locum and Accommodation activities and other medical administration duties\*

### **Richmond – FTE neutral**

- The splitting of a current dual role into two separate roles. Funding currently exists for the Operations Manager role (through the LHD) and the separate Rural Training Hub Manager role (through the University Centre for Rural Health [UCRH]). However the two roles have for several years been done in a combined way by one person. Under the proposed change, the current Operations Manager/Rural Training Hub Manager (HM3) dual position will become separate full time Medical Administration Manager (HM3) and Rural Training Hub Manager (HM3) positions, fully utilising the existing funding.
- The current temporary Support Services Manager position will no longer be required, once the Operations Manager role (to be renamed Medical Administration Manager) reverts from being required to fulfil the dual (Operations Manager/Rural Training Hub) role above.

- The removal of the temporary Support Services Manager role, and the filling of the separated RTH Manager role, result in a net zero FTE change.
- The V Money Processing Officer role to be transferred to management by the Finance/Business Directorate (consistent with the supervision of that role at other sites).
- Established positions which are temporarily filled to be permanently recruited to.

**Tweed – new additional 1.5 FTE**

- The addition of a Medical Administration Manager position, to manage the local Medical Administration Unit (HM3)\*
- The addition of 0.5 FTE into JMO Support (AO4)\*
- Established positions which are temporarily filled to be permanently recruited to

**Mental Health Alcohol and Other Drugs (MHAOD) – new additional 0.4 FTE**

- A change from having a Medical Support Manager 0.6 FTE HM3 role, to a Medical Administration Manager 1.0 FTE HM2 role, to manage medical administration business within MHAOD\*

[\*All new positions and positions with changes will be subject to usual grading processes]

In view of the common request in recent years for Medical Administration Unit staff members to provide after hours or on-call duties, the availability to join in on-call rosters has been added to several positions. In view of the occasional need for staff to work across networks, the requirement for a driver's licence has been added to some positions. **All such changes to individual positions have been detailed in the tables in section 6 of this document.**

The intended impact of the changes proposed is to:

- Provide a robust local management structure for each unit
- Provide job security for Medical Administration Unit staff
- Refine position descriptions to better delineate roles and responsibilities
- Enable more consistency in process within Units and across the LHD
- Increase the productivity and responsiveness of Medical Administration Units to service needs
- Enable units to collaborate and further engage in LHD-wide Medical Administration strategy

Current temporary staff are encouraged to apply for the new roles, and for roles which have been temporarily filled but are now available to be permanently recruited to. (Note that the temporary Richmond Support Services Manager role will not continue, so is not available for permanent recruitment.)

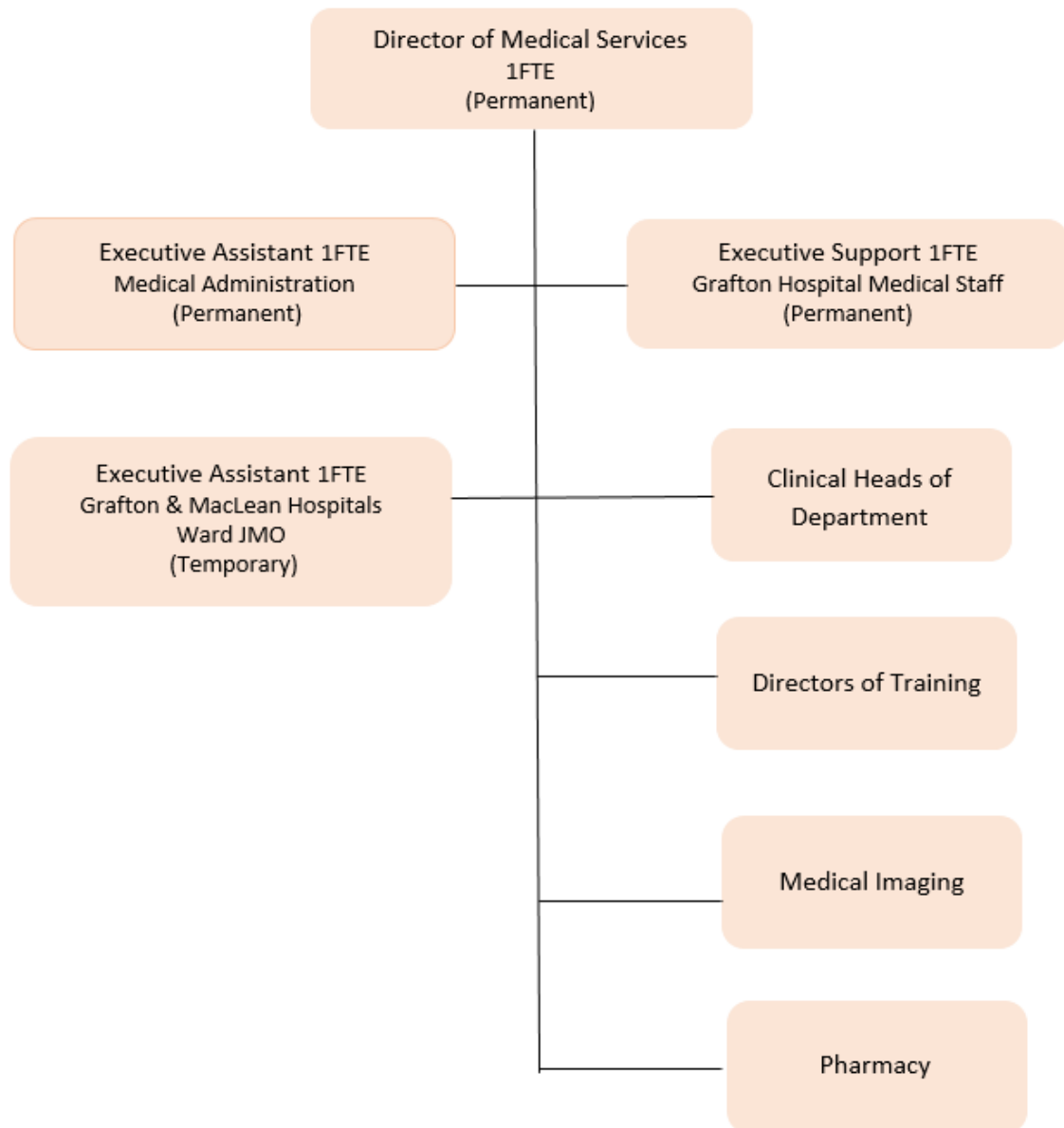
### 3. Current situation and structures

Medical Administration Units in NNSWLHD report to Directors of Medical Services (DMSs) at their sites. DMSs report to General Managers, through the Clinical Operations Directorate, or through MHAOD.

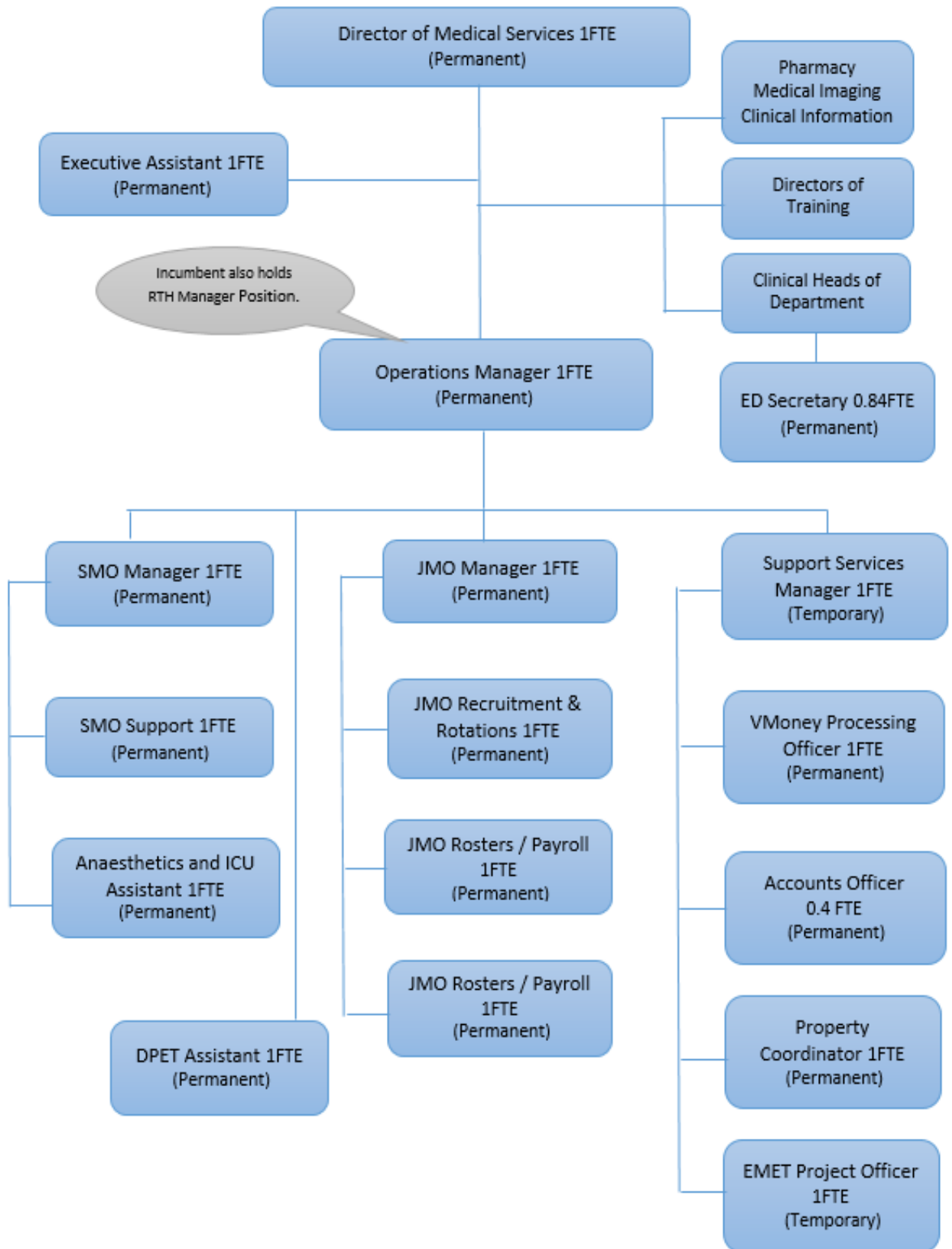
Professional support and expertise is also provided to DMSs and Medical Administration Units by the Executive Director of Medical Services (EDMS), who reports to the Chief Executive.

Medical Administration Units at the three main sites and in MHAOD have developed relatively autonomously over time, and in response to the size, medical staffing and services at the site. The individual units have developed differing management and internal structures. Those structures are described below.

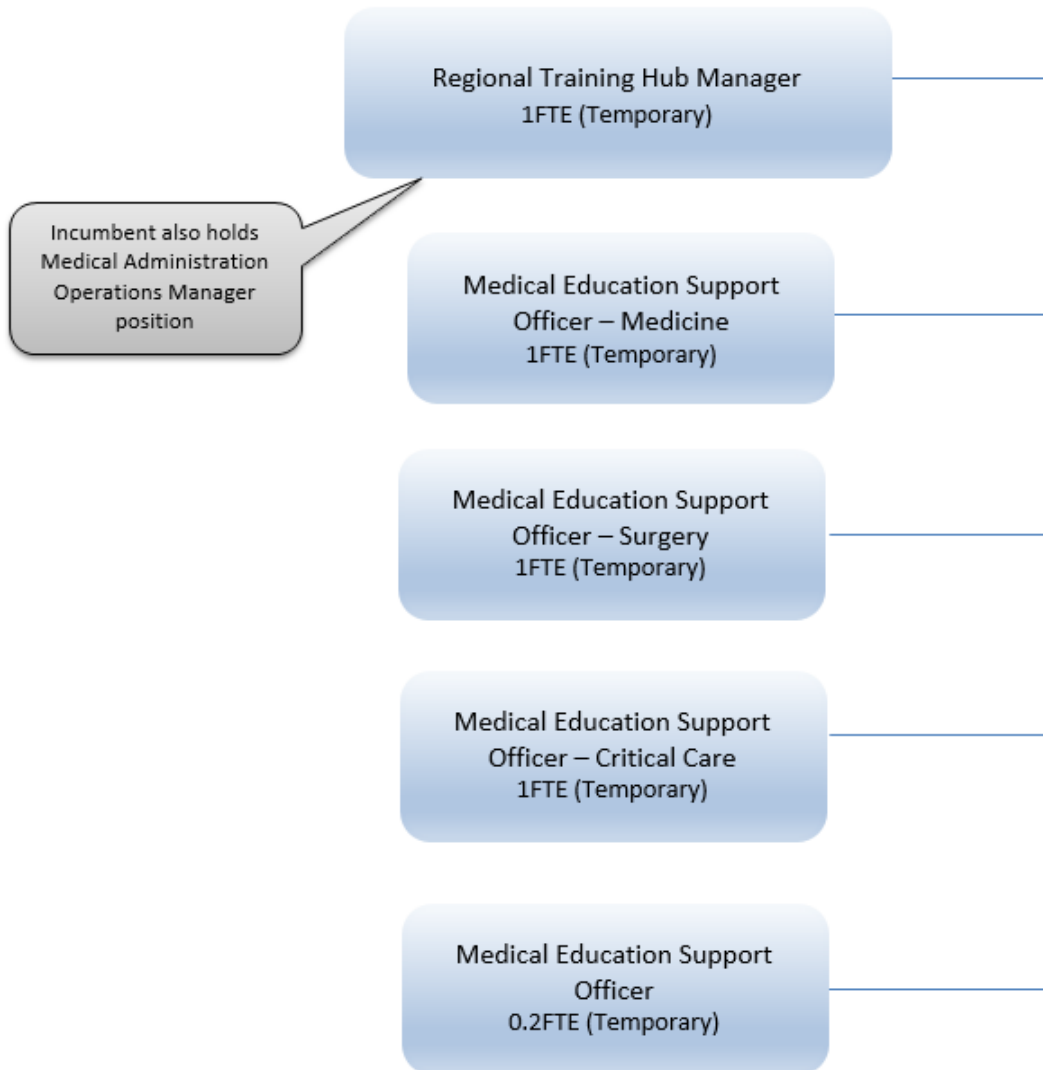
## Clarence Medical Administration Structure - Current



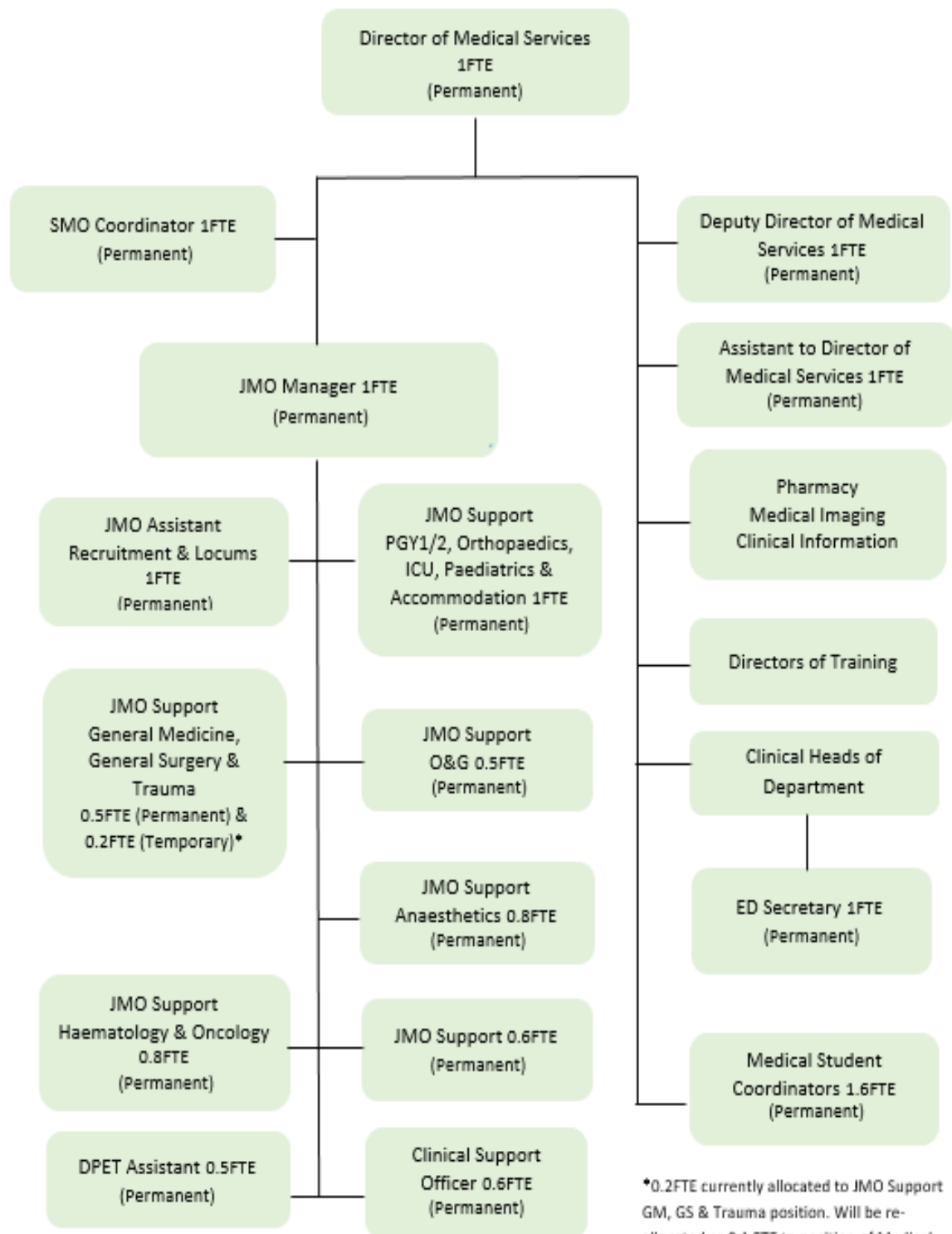
**Richmond Medical Administration Structure – Current**



**Richmond Regional Training Hub Structure - Current**



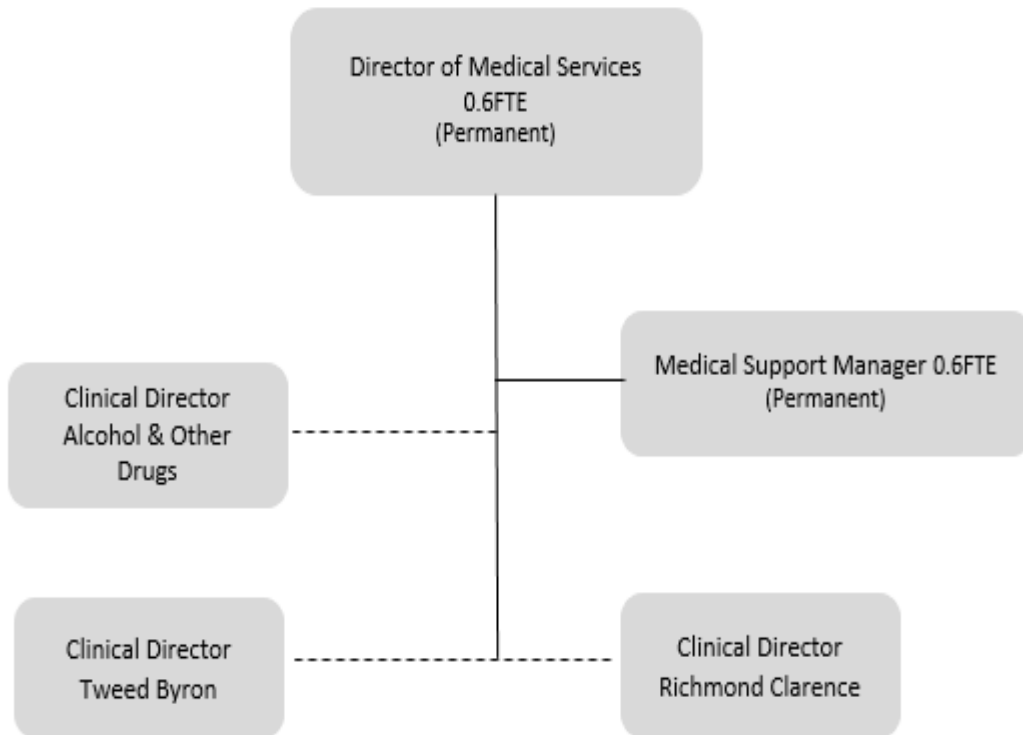
Tweed Medical Administration Structure - Current



\*0.2FTE currently allocated to JMO Support GM, GS & Trauma position. Will be re-allocated as 0.1 FTE to position of Medical Head of Department Support O&G and Paediatrics and 0.1FTE to position of DPET Support Officer.



## MHAOD | Medical Administration Structure - Current



#### 4. Key issues and gaps

The locally-focussed development of Medical Administration Units has responded to each unique site environment, including the size and shape of clinical services provided at that site. The achievements of individual units has been significant, ensuring that Medical Administration Unit services support the increasing activity and complexity of medical recruitment, medical support, doctor training, external stakeholders and compliance activities.

However, divergence in the management and internal structures of units at different sites has also contributed to the following issues:

- Some inequity in resourcing between sites
- Differences in roles, responsibilities and related processes across different sites, to the extent that skills and process-knowledge is not easily transferable between sites
- The development of temporary positions, many 'acting' arrangements and temporary appointments, without progression to permanently establishing or filling positions, which would provide greater job security and more stable structures and processes
- A greater focus on site-responsive activity, with less capacity for developing LHD-wide goals, strategy, and procedural consistency

The LHD proposes the changes detailed in Section 2 above, to address those issues and gaps.

Medical Administration Managers for each site and in MHAOD will provide leadership and stability, and be a consistent customer-facing point of responsibility for their Medical Administration Unit. They will also be engaged in collaboration with all DMSs and the EDMS, to progress LHD-wide medical administration strategy and operational consistency. They will continue to report to their local DMS, and through their General Managers, to the Clinical Operations Directorate or MHAOD.

The permanent filling of positions will enable job security, and clarity of roles and responsibilities. It will also support the development of procedure manuals that reflect consistent processes and workflows, which in turn will support training, and the capability of the units to continue optimal functioning when individual staff members are on leave.

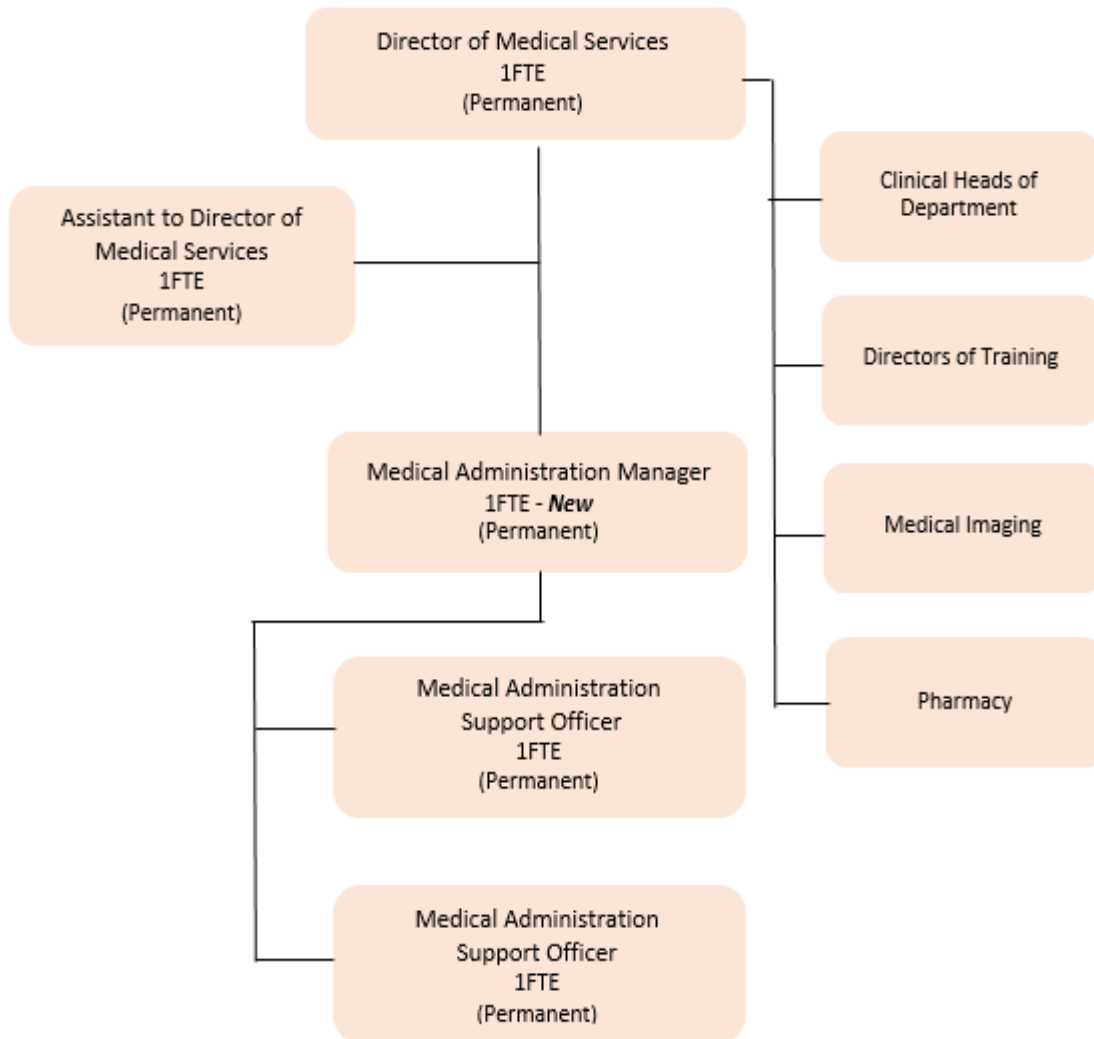
The addition of several positions will assist with the overall workload, and is intended to support timely, comprehensive quality output from Medical Administration Units.

Greater collaboration between Medical Administration Units, DMSs, the General Managers, the EDMS and a broad range of stakeholders is intended to ensure that the units work efficiently and effectively, not only in the interests of individual sites, but to progress the interests of the LHD. Collaborative Medical Administration Units can support LHD-wide medical recruitment and retention, doctor training opportunities and experience, the success of specialist departments and services, and effective engagement between our medical professionals and LHD management.

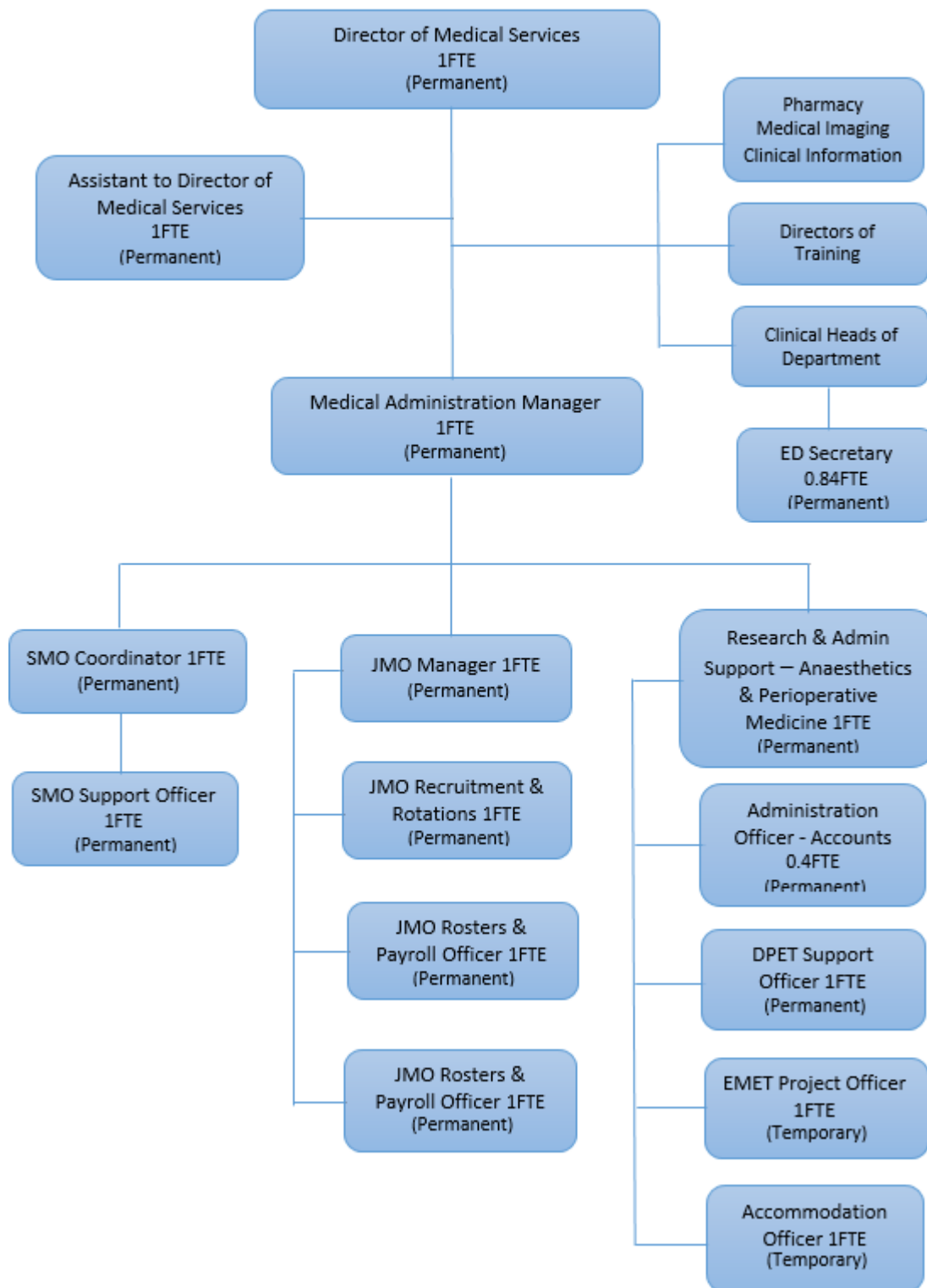
#### 5. Proposed future model and structures

The future structures described below are the product of the recommendations of the Medical Administration Review, approvals from NNSWLHD Executive, and discussions with Directors of Medical Services and General Managers.

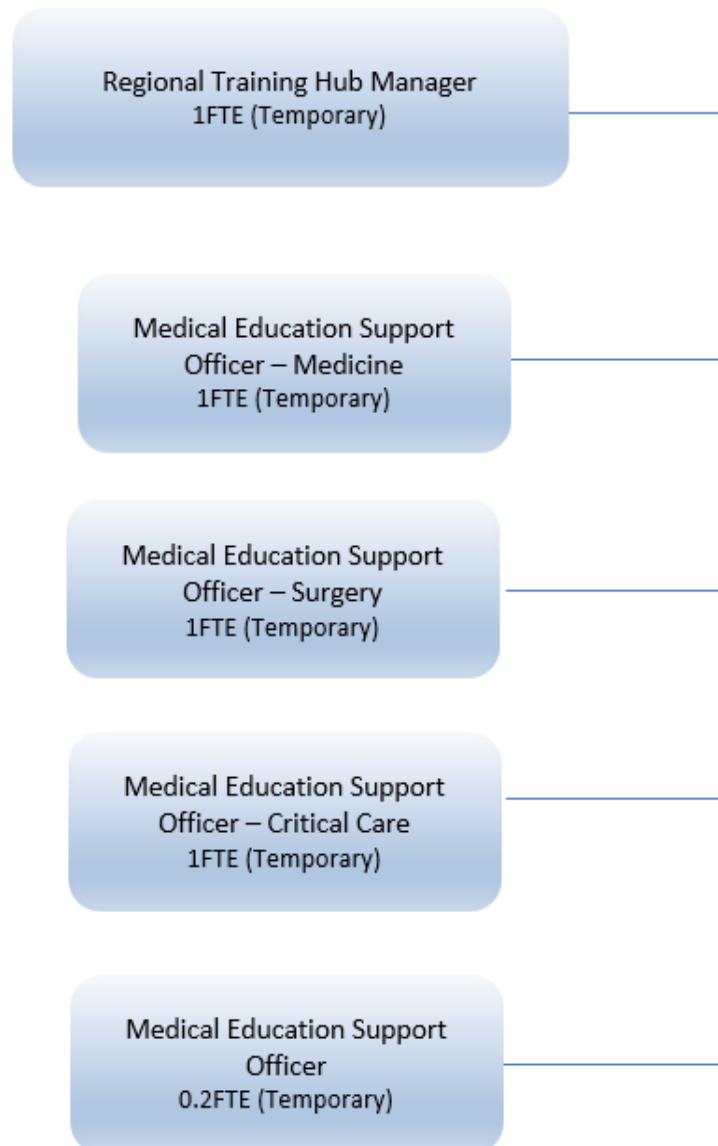
### Clarence Medical Administration Structure - Future



## Richmond Medical Administration Structure - Future



### Richmond Regional Training Hub Structure - Future

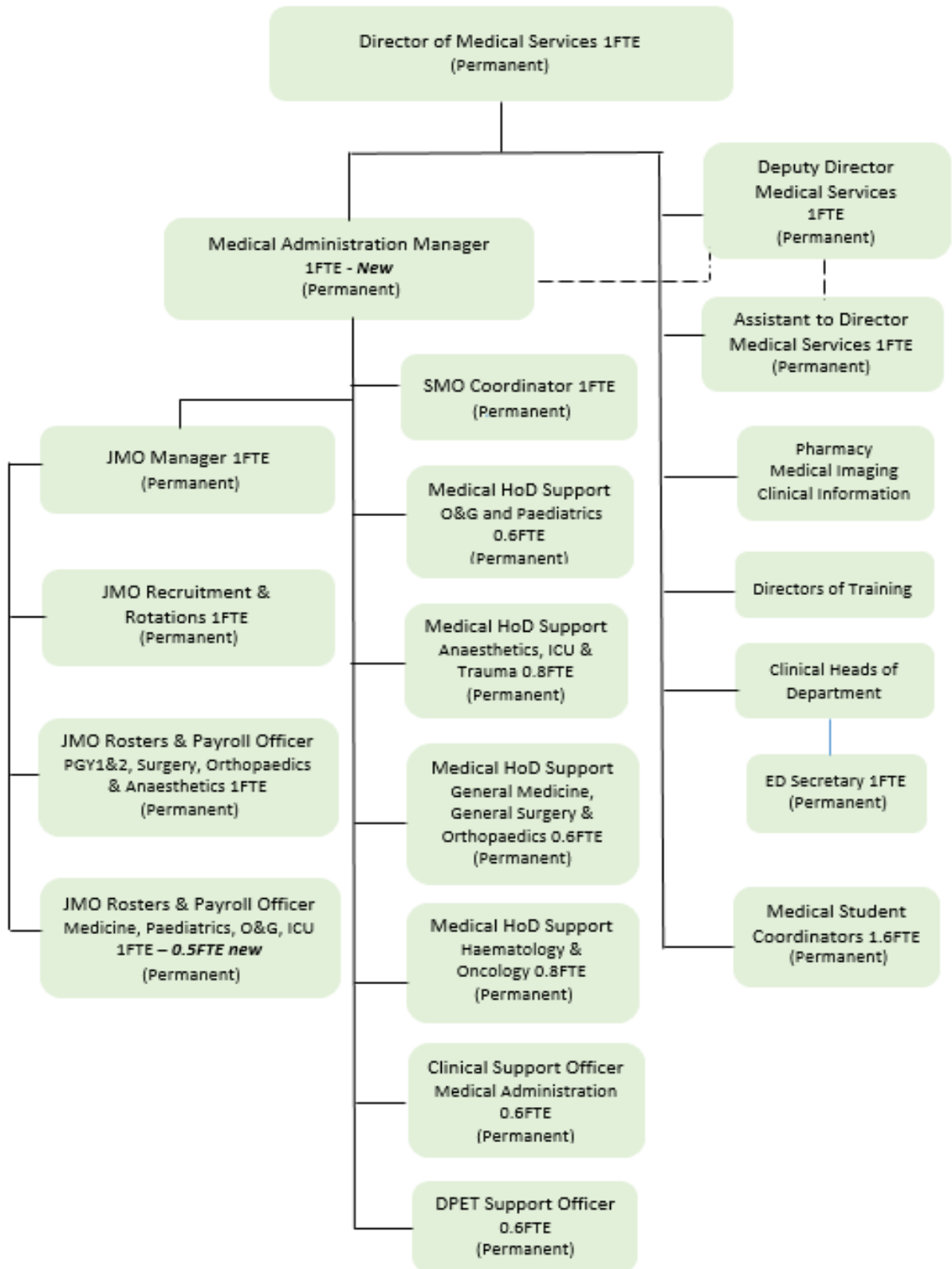


**The Regional Training Hub (RTH) is funded through University Centre for Rural Health (UCRH) and hosted within Medical Administration.**

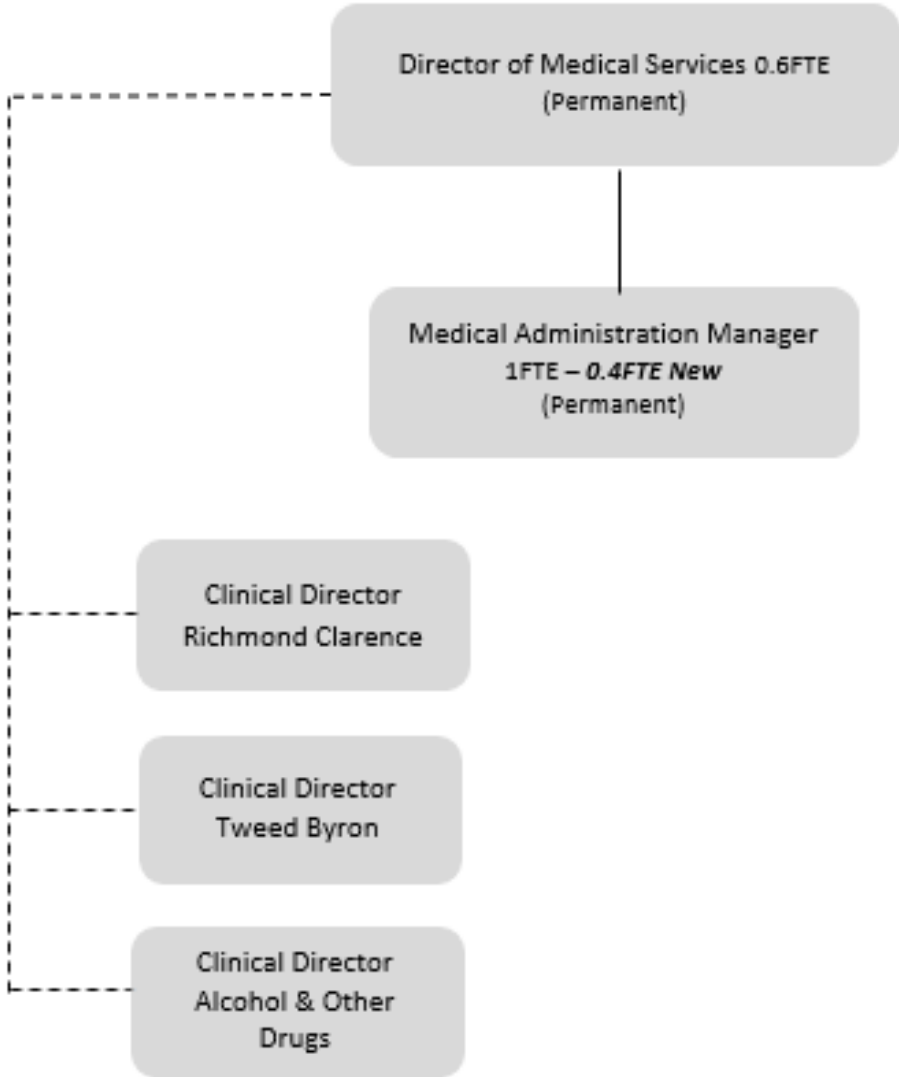
These positions are supplied by NNSWLHD and currently report through to the Richmond Operations Manager role.

The UCRH funded RTH Manager will now be recruited to in its own right. These role responsibilities will no longer be combined with the Richmond Operations Manager position.

**Tweed Medical Administration Structure - Future**



**MHAOD Medical Administration Structure - Future**



## 6. Proposed changes

The new positions, and the changes to existing position descriptions, are listed below. All grading is proposed, and subject to usual grading processes.

Any permanent employee will not be required to reapply or be interviewed for their substantive position, unless the role is re-graded up by at least two levels.

If you have a current substantive position, once your acting role is concluded, you will revert to your substantive position (unless you become permanently recruited to your acting role or another role).

If you are a temporary employee, you are encouraged to apply for your current role, or other roles, as they are advertised.

### Clarence Medical Administration

Position/Title	FTE	Grading	Changes
Assistant to the Director of Medical Services  (previously Executive Assistant)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO5  Proposed AO6	Proposed increase from AO5; PD updated to current format and same as Tweed & Lismore (which are currently graded at AO6); Additional key accountability added to cover assistance with senior workforce; Selection criteria updated although covers majority of old ones; Added Driver's Licence and on call requirements
Medical Administration Manager	Current Nil  Proposed 1FTE Permanent	Current Nil  Proposed HM2	Nil - New Position Based on combination of current HM3 Manager and HM2 JMO Manager duties at Lismore and Tweed
Medical Administration Support Officer  (previously Executive Support)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO5  Proposed AO5	PD updated to current format; Reporting line to Manager Medical Administration; Secretariat support to the DMS and to Emergency Department has been removed and allocated to the Assistant to the Director of Medical Services; Key accountabilities match the tasks of the role Selection criteria updated slightly to match other similar roles in current Medical Administration structures review; Driver's Licence and on call requirement added.
Medical Administration Support Officer  (previously Executive Support)	Current 1FTE Temporary  Proposed 1FTE Permanent	Current AO5  Proposed AO5	PD updated to current format; Reporting line to Manager Medical Administration Key accountabilities match the tasks of the role Selection criteria updated slightly to match other similar roles in current Medical Administration structures review; Driver's Licence and on call requirement added.



## Richmond Medical Administration

Position /Title	FTE	Grading	Changes
Assistant to the Director of Medical Services  (Previously Executive Assistant)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO6  Proposed AO6	Update of Title PD has been updated to the new template with accountabilities consolidated. Selection criteria updated, although covers some required experience and knowledge. On call requirement added.  PD in line with Tweed
Medical Administration Manager  (previously Operations Manager role)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current HM3  Proposed HM3	Current Operations Manager PD with update of Title; Slight change to grammar in key accountabilities; One key accountability change; On call component added to selection criteria; To separate from Hub Manager role  PD in line with Tweed
JMO Manager	Current 1FTE Permanent  Proposed 1FTE Permanent	Current HM2  Proposed HM2	Reporting line to Manager Medical Administration; Slight wording and grammar changes to key responsibilities; Slight changes to selection criteria to combine and add Driver's Licence and on call requirement.  PD in line with Tweed
JMO Recruitment & Rotations  (previously JMO Assistant)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO6  Proposed AO6	Update of Title; Removed sourcing locums and arranging locum accommodation as this is undertaken by the JMO Rostering and Payroll Officer; Slight rewording of some key accountabilities; Updated key challenge; Slight change to wording in selection criteria; On call component added to selection criteria.  PD in line with Tweed
JMO Rostering and Payroll Officer	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO4  Proposed AO4	No changes, and PD was recently graded  PD in line with Tweed
JMO Rostering and Payroll Officer	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO4  Proposed AO4	No changes, and PD was recently graded  PD in line with Tweed

SMO Coordinator (previously SMO Manager)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current HM1  Proposed AO6	Title has been changed from Manager to Coordinator (Grade maintained as currently [HM1], while incumbent is in the role); Reporting line to Manager Medical Administration On call component and requirement of Driver's Licence added.  PD in line with Tweed
SMO Support Officer	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO3  Proposed AO3	Only change to PD is in reference to the new "SMO Coordinator" title change
Support Services Manager	1 FTE Current temporary  Proposed discontinued	HM2	This temporary role will be discontinued. It was developed to support the Operations Manager's previous dual job responsibilities of Operations Manager and Manager Regional Training Hub. Most responsibilities of this role will revert back to the Operations Manager (now Medical Administration Manager) role, or the Manager Regional Training Hub role when appointed. Some duties described in the PD related to other roles: SMO Coordination, V Money checking, Complaints Management; and these will revert to the relevant staff - SMO Coordinator and Support Officer, V Money Processing Officer, and Assistant to the DMS respectively.
Administration Officer – Accounts  (previously Accounts Officer)	Current 0.4FTE Permanent  Proposed 0.4FTE Permanent	Current AO2  Proposed AO3	Proposed increase from AO2; Key accountabilities updated to accurately reflect the role; Selection criteria increased to match the role, and includes previous criteria; Capacity to work under broad supervision, and skills and understanding of Finance and Accounts added to criteria; Driver's Licence requirement added
Director of Prevocational Education and Training Support Officer  (previously DPET Support)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO5  Proposed AO4	Proposed decrease from AO5 Update of Title; Reporting line to Manager Medical Administration PD has been updated to accurately reflect the role Vacant position PD in line with Tweed
Research & Administration Support Officer Anaesthesia & Perioperative Medicine  (previously Anaesthetic & ICU Administration Assistant)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO5  Proposed AO4	PD developed in line with the updated position and responsibilities; Reporting line to Manager Medical Administration Updated position has proposed decrease in grading from AO5; Previous PD included ICU duties which were never implemented, and have been deleted. Vacant position

Accommodation Officer (previously Property Coordinator)	Current 1FTE Permanent	Current Ungraded	Reporting line to Manager Medical Administration PD developed from previous ungraded PD; Vacant position
	Proposed 1FTE Temporary 2 years	Proposed AO4	Position is temporary for 2 years, during which time NNSWLHD intends to transition to a centralised corporate accommodation management structure.
VMoney Processing Officer	Current 1FTE Permanent	Current AO4	Position to change reporting line from Medical Administration to Lismore Business Manager, in line with reporting to Business/Finance at other sites.
	Proposed 1FTE Permanent	Proposed AO4	
Medical Education Officers - Medicine - Critical Care - Surgery - Support	Current 3.2FTE Temporary  Proposed 3.2FTE Temporary	Current AO4  Proposed AO4	No changes to PD  Positions to report to the RTH Manager, which is to be a separate position to Medical Administration Manager
Project Support Officer - EMET	Current 1FTE Temporary	Current HM1	No changes to PD – project role funded outside of Medical Administration
	Proposed 1FTE Temporary	Proposed HM1	

## Tweed Medical Administration

Position/Title	FTE	Grading	Changes
Assistant to the Director of Medical Services	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO6  Proposed AO6	Slight changes made to primary purpose to indicate reporting to DMS and / or Deputy DMS only (not to Executive Management generally); Key accountabilities reworded for grammar and removal of repeated items; Selection criteria updated and on call requirement added.  PD in line with Lismore
Medical Administration Manager	Current Nil  Proposed 1FTE Permanent	Current Nil  Proposed HM3	Nil - New Position reflecting the current Operations Manager PD at Lismore
JMO Manager	Current 1FTE Permanent  Proposed 1FTE Permanent	Current HM2  Proposed HM2	Reporting line to Manager Medical Administration; Slight wording and grammar changes to key responsibilities; Slight changes to selection criteria to combine and add Driver's Licence and on call requirement.  PD in line with Lismore
JMO Recruitment & Rotations (previously JMO Assistant)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO6  Proposed AO6	Update of Title; Removed sourcing locums and arranging locum accommodation as this is undertaken by the JMO Rostering and Payroll Officer; Slight rewording of some key accountabilities; Updated key challenge; Slight change to wording in selection criteria and added on call requirement.  PD in line with Lismore
JMO Rostering and Payroll Officer - PGY1 & 2, General Surgery, Orthopaedics and Anaesthetics  (previously JMO Admin Support)	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO4  Proposed AO4	Update of Title; Includes locum coordination; Primary purpose updated; Key accountabilities updated; Selection criteria updated  Utilised PD from Lismore's position, which was recently graded, so both now standardised.
JMO Rostering and Payroll Officer - General Medicine, Paediatrics, O&G and ICU  (previously JMO Support General Medicine, General Surgery & Trauma)	Current 0.5FTE Permanent, 0.2FTE Temporary  Proposed 1FTE Permanent	Current AO4  Proposed AO4	Increase of 0.5FTE to Rostering and Payroll role; Change of the position duties – position now replicates other JMO Rostering and Payroll Officer above. Reallocation of the 0.2 FTE temporary duties to: 0.1 FTE to Medical Head of Department Support O&G and Paediatrics; and 0.1 to DPET role. Utilised PD from Lismore's position, which was recently graded, so now standardised across sites.

SMO Coordinator	Current 1FTE Permanent  Proposed 1FTE Permanent	Current AO6  Proposed AO6	Reporting line to Manager Medical Administration; Added one key accountability; Added one key challenge; Selection criteria updated to include on call requirement  PD in line with Lismore
Medical Heads of Department Support – O&G and Paediatrics  (previously Medical Admin Support O&G)	Current 0.5FTE Permanent  Proposed 0.6FTE Permanent	Current AO4  Proposed AO4	Update of Title; Increase of 0.1FTE from the temporary allocated 0.2FTE of JMO Support General Medicine, General Surgery & Trauma position; Reporting line to Manager Medical Administration; Paediatrics department support included; Primary purpose updated; Key accountabilities reworded to remove responsibility of JMO roster creation and HealthRoster entry as this will be undertaken by the Rostering & Payroll Officer; Added Key Challenge; Selection criteria updated to reflect department support duties  Standard PD used for all Medical Heads of Department Support roles
Medical Heads of Department Support – Anaesthetics, ICU & Trauma  (previously Medical Admin Support Anaesthetics)	Current 0.8FTE Permanent  Proposed 0.8FTE Permanent	Current AO4 x 20hrs and AO3 x 12hrs  Proposed AO4 x 32 hrs	Update of Title; Reporting line to Manager Medical Administration; ICU & Trauma department support included; Primary purpose updated; Key accountabilities reworded to remove responsibility of JMO roster creation and HealthRoster entry as this will be undertaken by the Rostering & Payroll Officer; Added Key Challenge; Selection criteria updated to reflect department support duties  Standard PD used for all Medical Heads of Department Support roles
Medical Heads of Department Support – General Medicine, General Surgery & Orthopaedics	Current 0.6FTE Permanent  Proposed 0.6FTE Permanent	Current AO4  Proposed AO4	Title to reflect Department Support; Reporting line to Manager Medical Administration; Primary purpose updated; Key accountabilities reworded to remove responsibility of JMO roster creation and HealthRoster entry as this will be undertaken by the Rostering & Payroll Officer; Added Key Challenge; Selection criteria updated to reflect department support duties  Standard PD used for all Medical Heads of Department Support roles
Medical Heads of Department Support – Haematology / Oncology	Current 0.8FTE Permanent  Proposed 0.8FTE Permanent	Current AO4  Proposed AO4	Reporting line to Manager Medical Administration; Primary purpose updated; Key accountabilities reworded to remove responsibility of JMO roster creation and HealthRoster entry as this will be undertaken by the Rostering & Payroll Officer; Added Key Challenge;
<i>(continued over page)</i>			<i>(continued over page)</i>

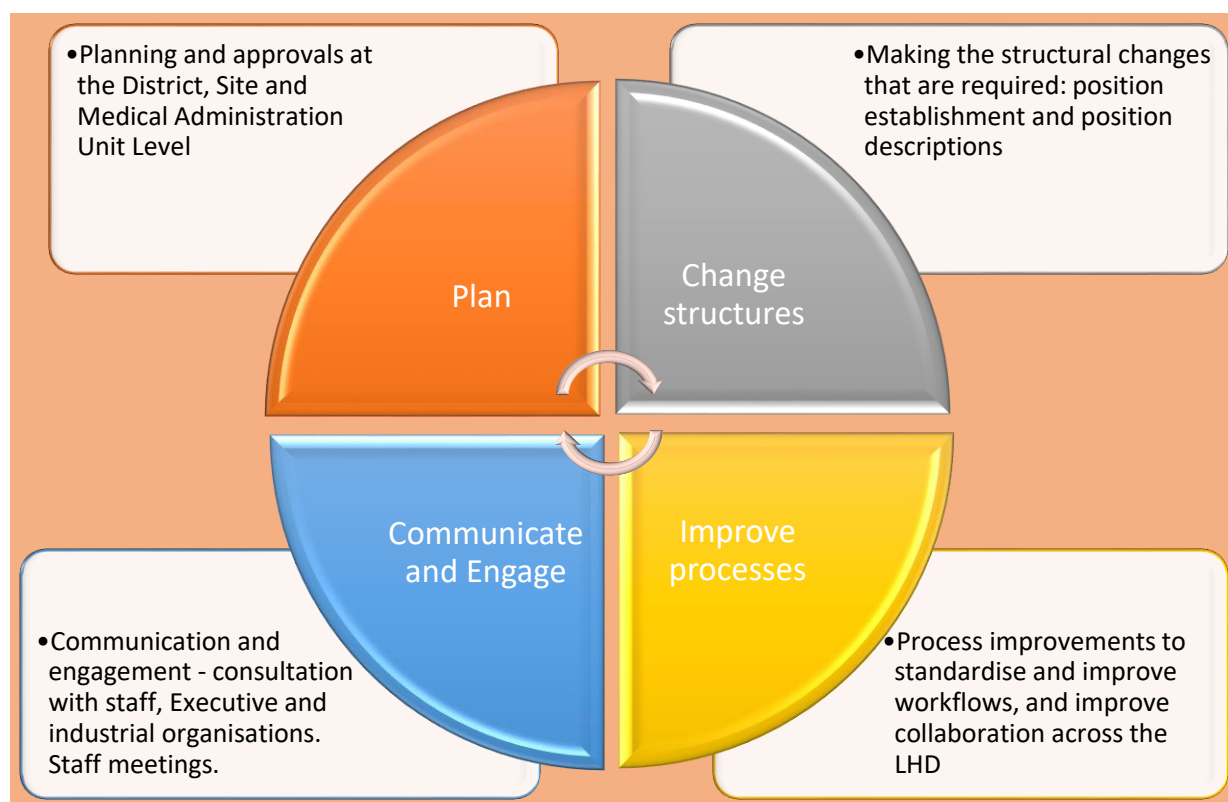
			Selection criteria updated to reflect department support duties; Standard PD used for all Medical Heads of Department Support roles
CSO – Medical Administration	Current 0.6FTE Permanent  Proposed 0.6FTE Permanent	Current AO3  Proposed AO3	PD changed to include related duties of accounts and accommodation tasks under manager direction.  Reporting line to Manager Medical Administration
Director of Prevocational Education and Training Support  (previously DPET Support)	Current 0.5FTE Permanent  Proposed 0.6FTE Permanent	Current AO4  Proposed AO4	Increase of 0.1FTE from the temporary allocated 0.2FTE of JMO Support General Medicine, General Surgery & Trauma position; Update of Title; Reporting line to Manager Medical Administration; Slight change to Primary Purpose to remove JMO Manager; Grammar change to one Key accountability; Added Key Challenge; Rewording of selection criteria and removed need for medical terminology;  PD in line with Lismore
Medical Student Coordinator	Current 0.8FTE Permanent  Proposed 0.8FTE Permanent	Current AO4  Proposed AO4	No changes – still reporting to DMS, and PD remains the same
Medical Student Coordinator	Current 0.8FTE Permanent  Proposed 0.8FTE Permanent	Current AO4  Proposed AO4	No changes – still reporting to DMS, and PD remains the same

### Mental Health, Alcohol and Other Drugs

Position/Title	FTE	Grading	Changes
Manager Administration Manager (previously Medical Support Manager)	Current 0.6FTE Permanent  Proposed 1FTE Permanent	Current HM3  Proposed HM2	Position increased to full time; PD updated to current format; Key accountabilities slightly change to reflect the job requirements of recruitment, rostering and working with the DMS across the service groups Vacant position

## 7. Transitioning to the new model and structure

To guide the transition to the new structures and processes at sites, several activities will need to concurrently occur, involving the cooperation of staff, management, and relevant directorates.



The transition is about more than changes in structure. The processes in the diagram above will need to interact, to ensure that the changes occur in an orderly and timely way, have the intended impacts, and are continuously communicated so that staff stay connected, informed and supported. Although the structural changes are intended to be made within 2022, developing new procedures and working relationships will continue to evolve through 2023 and beyond. Ensuring that staff are well informed and have the opportunity to be involved in improvements and ask any questions is vital to obtaining all of the intended benefits of the proposed changes.

Communication and engagement opportunities will include:

- Quarterly updates on the progress of the changes across the LHD
- Talking to your manager and your colleagues
- Medical Administration Unit meetings and huddles
- Talking to your HR Manager or industrial representative about any unresolved concerns

### **Employee Assistance Program (EAP).**

As time of change are stressful, we remind staff of the Employee Assistance Program, available to you online via (user name: nswlhdeap) (password: NNSWLHD lifeworks) or by telephone 1300 361 008

## 8. Consultation process and timetable

Medical Administration Review Executive Summary provided to sites	July 2022
Letter advising individual staff members that they are affected	September 2022
Email to staff advising of industrial consultation meeting at site, and including consultation paper	September 2022
Consultation paper provided to HSU, AMA and ASMOF	September 2022
Consultation paper provided to staff and management	September 2022
Staff Consultation Meeting (at each site)	October 2022
Staff comments and feedback due within two weeks of staff consultation paper being provided	October 2022
Industrial organisation feedback due within three weeks of staff consultation meeting	October 2022
Notification to staff of outcome of consultation	October/November 2022
Final grading, LHD approvals and recruitment processes to follow	November 2022 and onward

## 9. Staff comments and feedback

**We invite any comments, queries or feedback on the proposed structural and position changes to the Project Email Box at [NNSWLHD-EDMSProjects@health.nsw.gov.au](mailto:NNSWLHD-EDMSProjects@health.nsw.gov.au)**