

To: All staff, Illawarra Shoalhaven Medical Imaging (ISMI)

**Position Descriptions for proposed new ISMI Safety and Quality positions
Extension of consultation period to Friday 19 November.**

On 19 August the Executive Director of Infrastructure Development and I presented a proposal for consultation that addresses two concerns that were a focus of the Paxton Partners review: (1) that we need to improve conditions to attract and retain radiologists, and (2) that the current organisational structure does not support a contemporary approach to safety and quality management. A decision has not yet been made on the proposed changes.

The proposal contains changes that will facilitate these aims: establishment of a Director of Medical Imaging Services (DMIS) position, two new positions in safety and quality reporting to the Director, and a revised Clinical Governance Committee.

The objective of the DMIS position is to strengthen clinical leadership in Medical Imaging and implement the Paxton recommendations. Feedback from staff generally supports this and the Chief Executive has appointed me to an Interim role as DMIS.

I am distributing the **Position Descriptions for the proposed ISMI Patient Safety Manager and ISMI Quality Manager** which have been approved by Workforce as HSM Level 3 positions to align with equivalent positions in the District. The reason for splitting the functions is that the skills and responsibilities for safety and quality are different. Subject to approval of the proposed organisational changes, appointment to these two positions will be on a part-time basis. It should be noted that consideration will be given to the Patient Safety Manager to be classified under the MRS Award if a Radiographer is the successful applicant.

The issue that concerned radiographers most was the loss of the Quality and Safety Manager position that was considered to be important for career progression. This position is unlikely to be a pathway for promotion to Chief Radiographer, in contrast to a Modality Senior position which requires managerial skills more relevant to those of a Chief Radiographer.

Ultimately, the decision to proceed with the proposed changes rests with the Executive Director of Infrastructure Development and the Chief Executive, who are considering concerns that staff have raised.

I wish to thank all those who gave feedback, in writing or by meeting with me. Some matters raised were not specific to the restructure proposal or the Paxton recommendations, however they are important and I intend to discuss these with staff as we move forward. In relation only to the restructure proposal, I have summarised the main feedback on page 2 of this letter.

If staff wish to have another meeting to discuss concerns about the proposal I am willing to arrange this in the next 2 weeks, or alternatively you may wish to discuss any concerns by email.

Yours sincerely



Mark Bassett
Interim Director Medical Imaging Services/Project Director
Date: 9 November 2021

Feedback	Response
Loss of the Level 5 Safety and Quality position will reduce opportunities for career progression for radiographers and has the potential to discourage radiographers from working in ISLHD.	The proposal reduces the available senior positions however this should not impact negatively on career progression opportunities, as Modality Lead Level 4 radiographer positions are more complex managerial positions and therefore have a greater importance in career progression. Radiographers will also be eligible to apply for the new quality and safety positions.
It is not clear how deleting a full-time quality and safety position and creating two part-time positions will add value to the department.	The skills required for safety and quality differ. Splitting these roles aligns with the structure widely used in ISLHD and in NSW Health generally, and will allow these roles to be more effective.
Why are the proposed safety and quality positions part-time?	The Paxton report recommended an overall increase in FTE of 0.5, based on benchmarking, making a total of 1.5 FTE. It is likely that the Quality Manager appointment will require a higher quantum of FTE than the Patient Safety Manager, considering the responsibilities.
More information on the two new safety and quality positions including Position Descriptions and grading should be provided.	The Position Descriptions are now available. These were not provided at the outset pending feedback on the broad changes that are proposed. Radiographers and registered nurses will be eligible to apply for the two new safety and quality positions.
The addition of another tier of management does not reflect CEC's matrix for good quality healthcare. The precise role of the proposed DMIS is unclear.	While the DMIS position appears to be another tier, functionally it is an extension of the Clinical Director designed to strengthen clinical leadership, the need for which is supported by many staff.
The creation of a single Director Medical Imaging Services is not the most effective way to address the known issues. A duumvirate of the Director Medical Imaging Services and District Manager is a better model.	The duumvirate or co-director leadership model has been applied in ISLHD for a different purpose that is not applicable to medical imaging, particularly at this time as we implement the Paxton recommendations. However it has not been ruled out as a future model.
A decision about ISMI leadership structure should be delayed until the service has had time to assess the impact of appointment of the District Nurse Manager.	The two appointments address different aspects of the service.
There is no provision for increased admin support for the new DMIS role and the other new roles, nor for office accommodation.	These matters will be addressed.
There is a problem with culture in the service. Many staff are dissatisfied. This should be addressed first before structural changes.	The DMIS position will strengthen leadership and provide support for the District Manager, District Nurse Manager and Chief Radiographers to explore and address the culture issues.
The finance position was not shown on the proposed organisational chart.	This was an omission. There has been no loss of a finance position or change to the reporting line for this position.