

Integrated Care, Allied Health and Community Services Directorate

Proposed Organisational Realignment of Allied Health Services

Change Management Document for Formal Consultation

November 2023

Part of the Building Integrated Community and Allied Health Streams Project

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1. Background and Context for Changes

In 2020, MNCLHD commenced an initial tabletop review of Community Health, Integrated Care, and Allied Health services. This activity was driven by an increase in the local population, the changing needs of the local community and Ministry of Health reform to priority areas in the ICAHCS Directorate (e.g. Palliative Care, Aged Care, Child and Family Health Services, Violence Abuse and Neglect Services).¹

The review was aimed at addressing current and future opportunities and challenges within the Directorate to ensure MNCLHD is best placed to provide high-quality care to the community.

The review was initiated by the Governing Board and Chief Executive based on:

- The Premier's Priority (2019): Improving outpatient and community care by reducing preventable hospital visits by 5 per cent and caring for people in the community.
- Garling Review: Final Report of the Special Commission of Inquiry (2008): Findings 1.59, 1.85, 1.86, 1.163-1.165 and Recommendations 77, 104, 105, 106.
- MNCLHD People Matters Employee Culture and Wellbeing Forum (Commenced 2018): This forum had 50 staff representatives from across the District (from all levels of the organisation) who met monthly with the CE and Senior Executive Team to discuss challenges and opportunities in the workplace.

During the review process, staff feedback was gained through:

- MNCLHD Future Health Forum (2020)
- Results from the MNCLHD 2019 People Matters Employee Survey released in 2020.
- Interviews with a snapshot of Community and Allied Health clinicians, and managers across the MNCLHD (2020)
- Strategic Directions Feedback sessions (2020)

The themes from staff feedback highlighted:

- a lack of consistency across the LHD for management structures in Community and Allied Health Services.
- a lack of standardisation across the LHD for service profiles and models of care in Community and Allied Health Services.
- challenges in meeting demands between hospital-based services and community-based services.
- a lack of consistency in resourcing across the LHD in Community and Allied Health.

In addition, as part of the review, an analysis was completed of:

- Workforce Data
- Incident Data
- Grievance Data
- Activity Data
- Organisational Structures
- Governance

The key recommendations from the initial review span over 5 themes:

I. Data and Accountability

- Recommendation 1: Collection of Accessible and Transparent Data
- Recommendation 2: Development of Accountability Framework, Activity targets and KPIs

¹ Also, although not part of the original context for this body of work, the impacts of COVID-19 have also added to the complexity of this area.

II. Organisational Structure

- Recommendation 3: Review of the Integrated Care, Allied Health and Community Health Services Portfolio and structure.
- Recommendation 4: Consideration of a Matrix Model of Integrated Care Streams

III. Role, Definition and Framework

- Recommendation 5: Develop a Framework and scope of Community Health Services
- Recommendation 6: Re-define and re-align Community Health Services

IV. Sustainability and futureproofing

- Recommendation 7: Focus on cementing interagency partnerships and collaboration
- Recommendation 8: Focus on co-commissioning Opportunities

V. Service Methodology and Delivery

- Recommendation 9: Develop a framework for District wide evidence based best practice
- Recommendation 10: Maximising workforce resources
- Recommendation 11: Commitment to utilisation of digital technology
- Recommendation 12: Consideration of a centralised intake

In response to the themes and recommendations of the initial review, the Community Services Reform (CSR) Initiative was developed with a view to recommendations 1-6 and 9-12 being targeted through a service realignment. The realignment of services will ensure:

- Consistency in access to, and delivery of, evidence-based care across the District that delivers on the quadruple aim of value-based healthcare.
- Consistency and collaboration between services and fostering a One District approach to care provision.
- Bringing together strategic and operational elements of the Directorate to drive innovation and change.
- Emphasising hospital presentation prevention as a core strategy across all services.
- Embracing the opportunities offered through virtual care modalities.
- Supporting a skilled and sustainable health workforce who are agile and lead the changes required for contemporary service models and value-based care.
- A more equitable distribution of the accountabilities across the ICAHCS Directorate.
- Increased organisational profile and career progression opportunities for staff.

The Community Services Reform Initiative, the first phase of the broader ICAHCS Organisational Co-Design Program (OCP), was launched via Town Hall on 26th September 2022.²

In October 2022, two key positions, the Community and Allied Health Network Managers for the Coffs Harbour and Hastings Macleay Clinical Networks, adjusted their reporting lines (in consultation with the staff members and industrial partners) to the Integrated Care, Allied Health and Community Services Directorate as the first step in this Initiative.

² This work was due to commence in mid-2021, however the Disaster Response to COVID-19 in the MNCLHD, and the deployment of key staff tasked with Community Services Reform, pushed the commencement of this work back to late 2022.

By this point, additional strategic direction, policy and Ministry of Health reforms had commenced, and the goals of the CSR Initiative were well aligned with these, including:

- The Henry Review
- The Parliamentary Inquiry into Rural Health Report (2022)
- The NSW Aboriginal Health Plan (2013-2023)
- The NSW Future Health Strategy (2022-2032)
- The National Preventative Health Strategy (2021-2030)
- The MNCLHD Strategic Plan (2022- 2032) and the MNCLHD Aboriginal Health Plan (2019-2023)
- The Royal Commissions into Institutional Responses to Child Sexual Abuse (2017) and into Aged Care Quality and Safety (2021).

In early July 2023, following two weeks of formal consultation, a final structure for the ICAHCS District Managers was endorsed by the CSR Steering Committee to realign ICAHCS portfolios and create leadership for integrated operational and strategic community and allied health streams. With the endorsement of this stream leadership structure for the Directorate, the Community Services Reform Initiative achieved its goals as Phase 1 of the OCP.

Work then began on the implementation of the new ICAHCS stream lead structure, as part of the Building Integrated Community and Allied Health Streams Project (OCP Phase 2), including realigning the Coffs Clinical Network Community and Allied Health Manager position into the District Manager Allied Health as per the endorsed structure. This position was successfully recruited to in October 2023 and will lead the District Allied Health Stream for the MNCLHD.

The Building Integrated Community and Allied Health Streams Project will continue the process of developing and realigning the remaining functional streams, in consultation with staff and in line with the endorsed ICAHCS Senior Leadership Structure.

2. Case for change: Allied Health Services

The NSW Future Health Strategy (2022-2032) emphasises the role of governance, leadership, and structures to support and enable the NSW Health workforce to deliver the ambitions of the strategy. By supporting the future vision of healthcare delivery in NSW, appropriate multidisciplinary governance will enable the allied health workforce to enhance their skills and capabilities (Principles of Allied Health Governance, 2023).

MNCLHD Allied Health Services have historically been dispersed over multiple settings and teams with a disconnect between professional, operational and strategic leadership and management. This arrangement has led to inconsistent funding allocations and distributions, and a variance in standards of practice and governance across the LHD.

Prior to the CSR Initiative commencing, MNCLHD Allied Health services were located across multiple Directorates with the majority of staff working across:

- Hastings Macleay Clinical Network (Senior Executive: Coordinator Hasting Macleay Clinical Network & GM Port Macquarie Base Hospital)
- Coffs Harbour Clinical Network (Senior Executive: Coordinator Coffs Clinical Network & GM Coffs Harbour Health Campus)
- Integrated Care, Allied Health and Community Services (Senior Executive: Director ICAHCS) with the Director of Allied Health also having strategic governance for all Allied Health staff across MNCLHD

To provide a contemporary service model for allied health MNCLHD requires a structure that provides system wide governance that incorporates 4 domains of allied health governance.

- Strategic Governance
- Operational Governance
- Professional Governance
- Clinical Governance

2.1 Scope

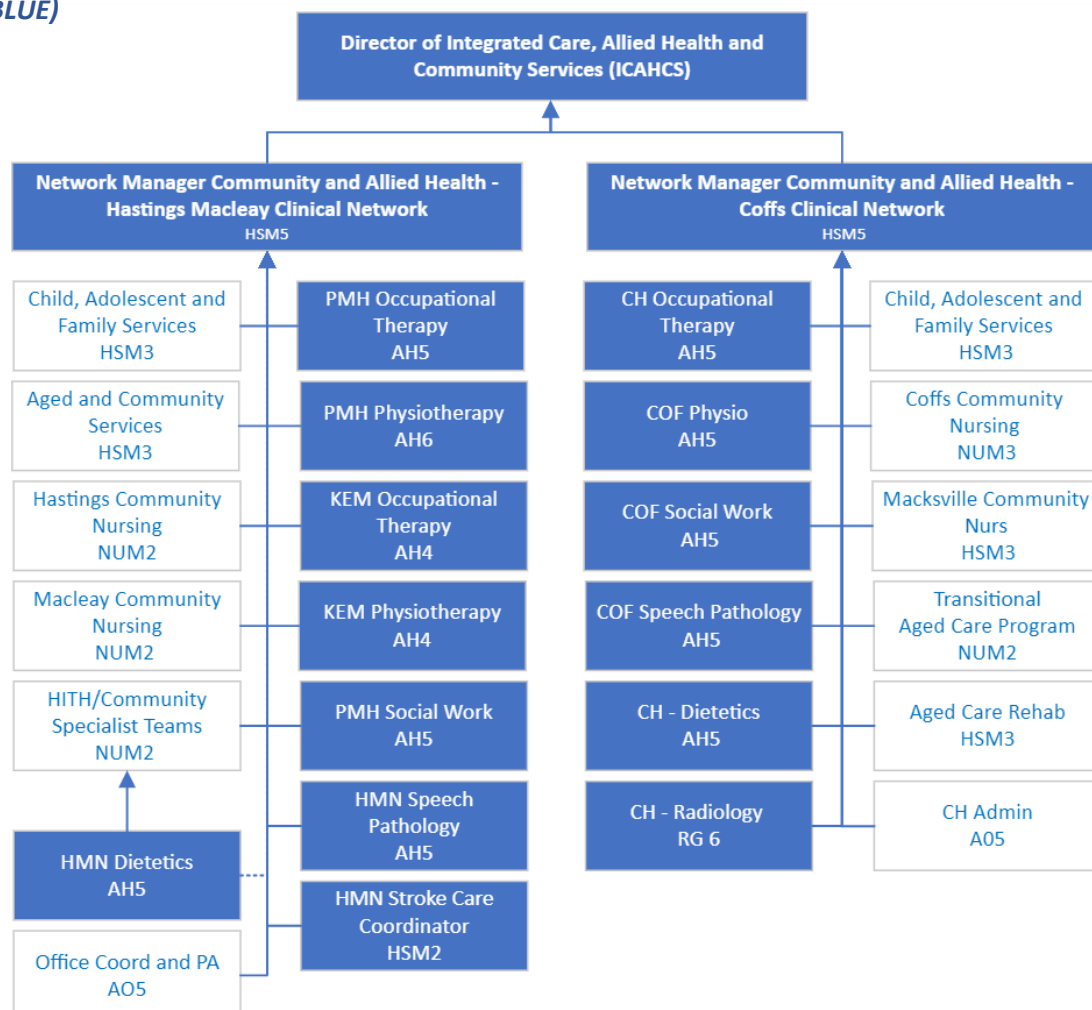
For the purposes of this consultation and co-design process, the term Allied Health refers to all allied health positions that currently report to an inpatient Head of Department (see Figure 1) and/or work in a community or outpatient setting, including as part of an MDT, within the Community and Allied Health Portfolios of the Integrated Care, Allied Health and Community Services Directorate.

While acknowledging their vital role in the District, this realignment process does not include:

- Allied health staff within other MNCLHD Directorates (such as Integrated Mental Health, Alcohol and Other Drugs)
- Pharmacy services staff
- Allied Health staff working in Health Manager or similar roles.

Additionally, the Director Integrated Care, Allied Health and Community Services continues to have overall professional leadership of all allied health staff across the MNCLHD.

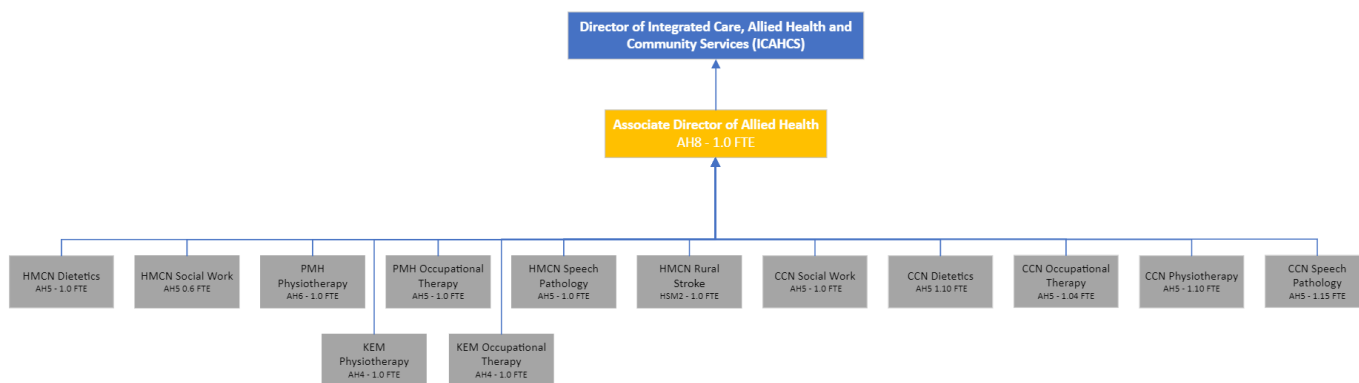
Figure 1: Current Community and Allied Health structures as at February 2023 (Allied Health Teams in BLUE)



2.2 Initial Consultation

In early March 2023, following initial meetings with Allied Health Heads of Department across both Clinical Networks, an initial draft realignment suggestion was circulated to staff in a communique (see Figure 2). This structure was developed as a springboard for initial consultation discussions with staff. It represented a simple “lift and shift” of Allied Health Heads of Department to report to the new District Manager Allied Health role (itself under consultation at that time).

Figure 2: Initial draft idea presented in March 2023 communique



On the same day this communique was distributed to staff, Q&A drop-in sessions via MS Teams were held to allow staff to ask questions directly to the project team.

On 15th March 2023 an Allied Health Workshop was held in South West Rocks and attended by the Allied Health Heads of Department to start hearing from staff about current structures and future possibilities for realignment. The aims of CSR Initiative were presented at the meeting and teams worked on providing feedback to:

- Barriers for change (see Figure 3)
- Blue sky ideas (see Figure 4)

Figure 3: Barriers for allied health

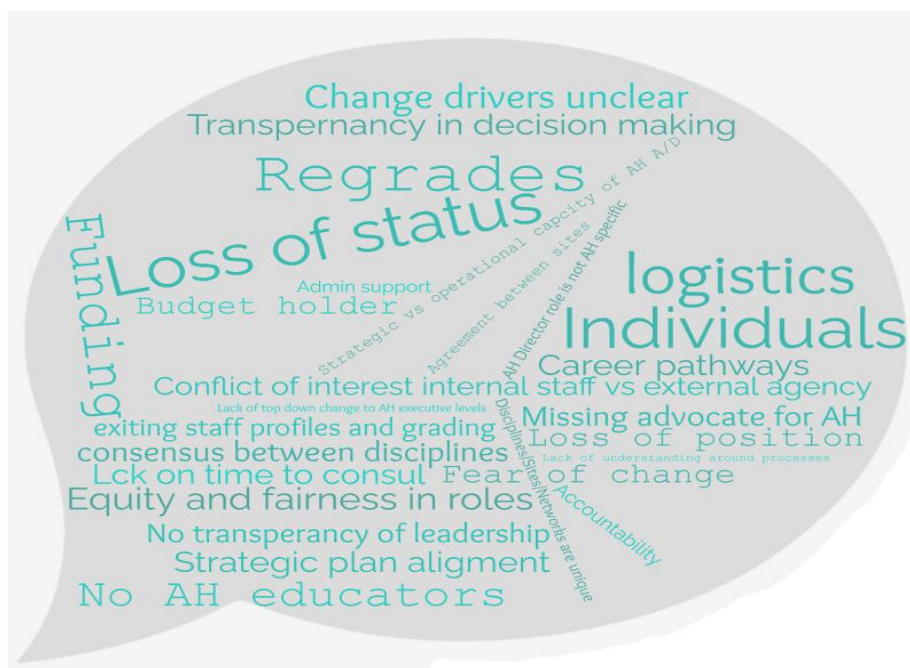
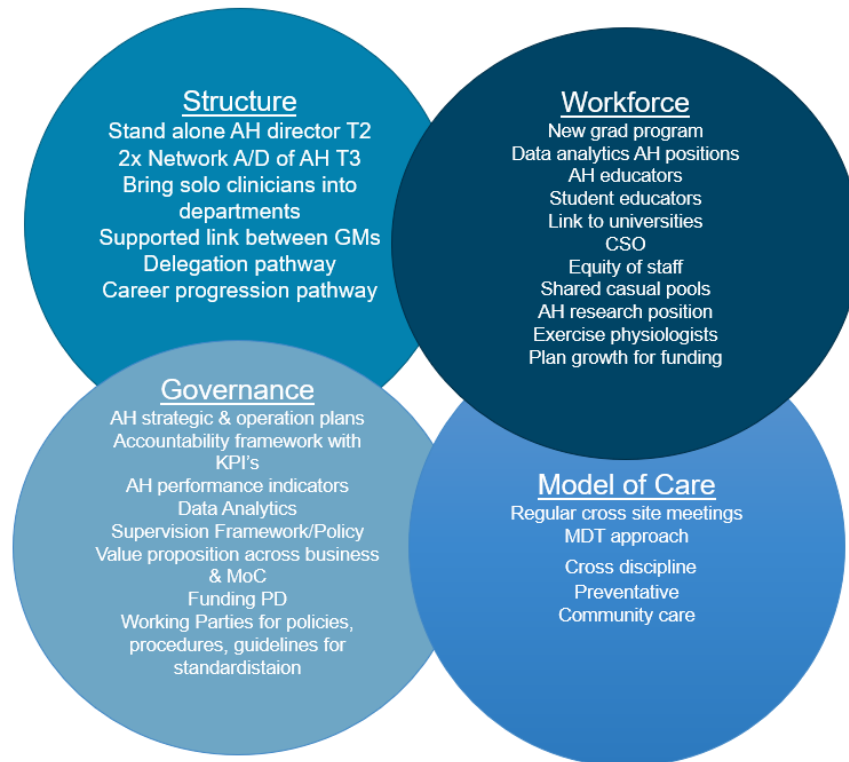


Figure 4: Blue Sky Ideas



Following this meeting an MNCLHD Allied Health All Staff Survey was conducted which was open to all allied health staff across MNCLHD from 14th of April to the 2nd of May 2023. A total of 107 responses were received to the 15 questions (Survey results available on the MNCLHD Staff Intranet here: [MNCLHD Allied Health All Staff Survey April 2023 - Results and Themes - \(nsw.gov.au\)](https://www.nsw.gov.au/mnclhd-allied-health-all-staff-survey-april-2023-results-and-themes)).

A second face to face Allied Health Workshop took place in South West Rocks on the 4th of May in which staff who were present worked on ideas for the new allied health structures. This feedback alongside individual and team consultation that has taken place between May 2023 and October 2023 and has been utilised to develop the proposed structures and realignment for formal consultation.

These initial consultation meetings occurred on:

- 14th & 22nd of February
- 6th, 10th, 13th, 15th, 16th, 23rd, 28th & 29th of March
- 26th of April
- 1st, 4th & 11th of May
- 6th & 29th of June
- 2nd, 3rd, 4th, 8th, 10th, 15th 17th & 30th of August
- 1st & 5th of September
- 11th, 12th, 17th & 23rd of October
- 6th of November

The 10 structures that were developed, reviewed, commented and refined by staff during the initial consultation phase are included below (see Figures 5.1 to 5.10).

All staff have also been provided a generic email for feedback, as required: MNCLHD-ICAHCSOrganisationalCodesignProgram@health.nsw.gov.au

Figure 5.1: Draft structure A1 for initial consultation

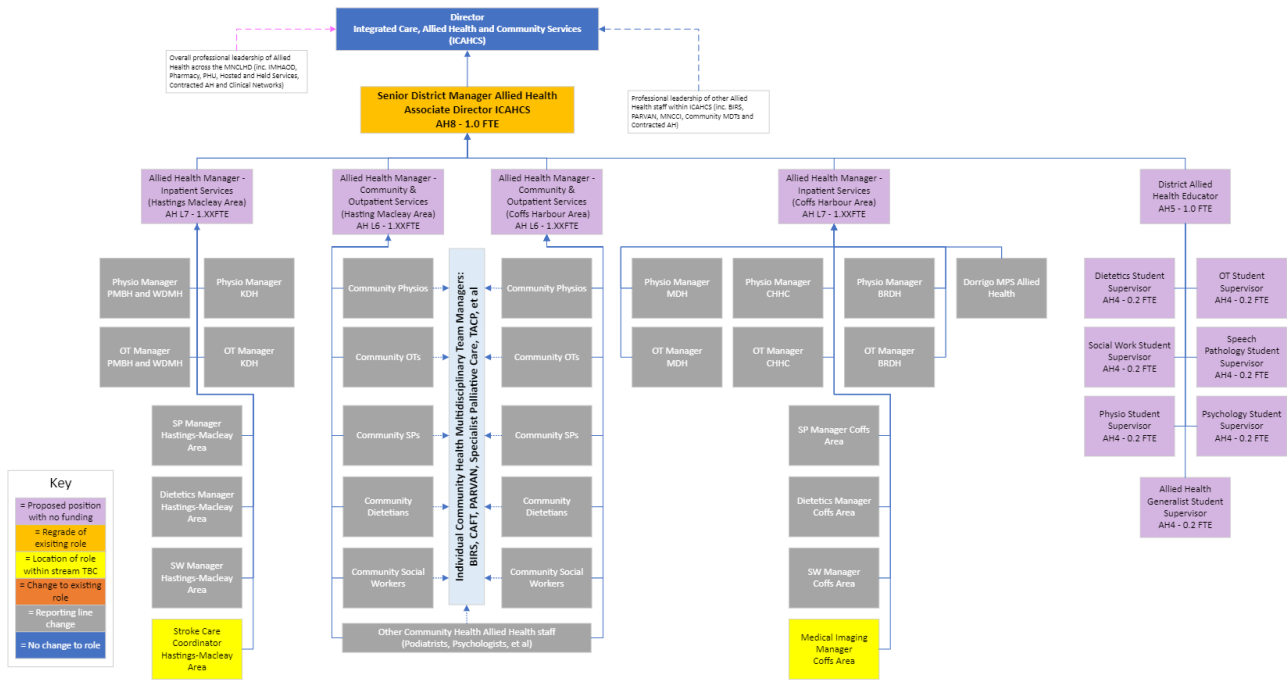


Figure 5.2: Draft structure A2 for initial consultation

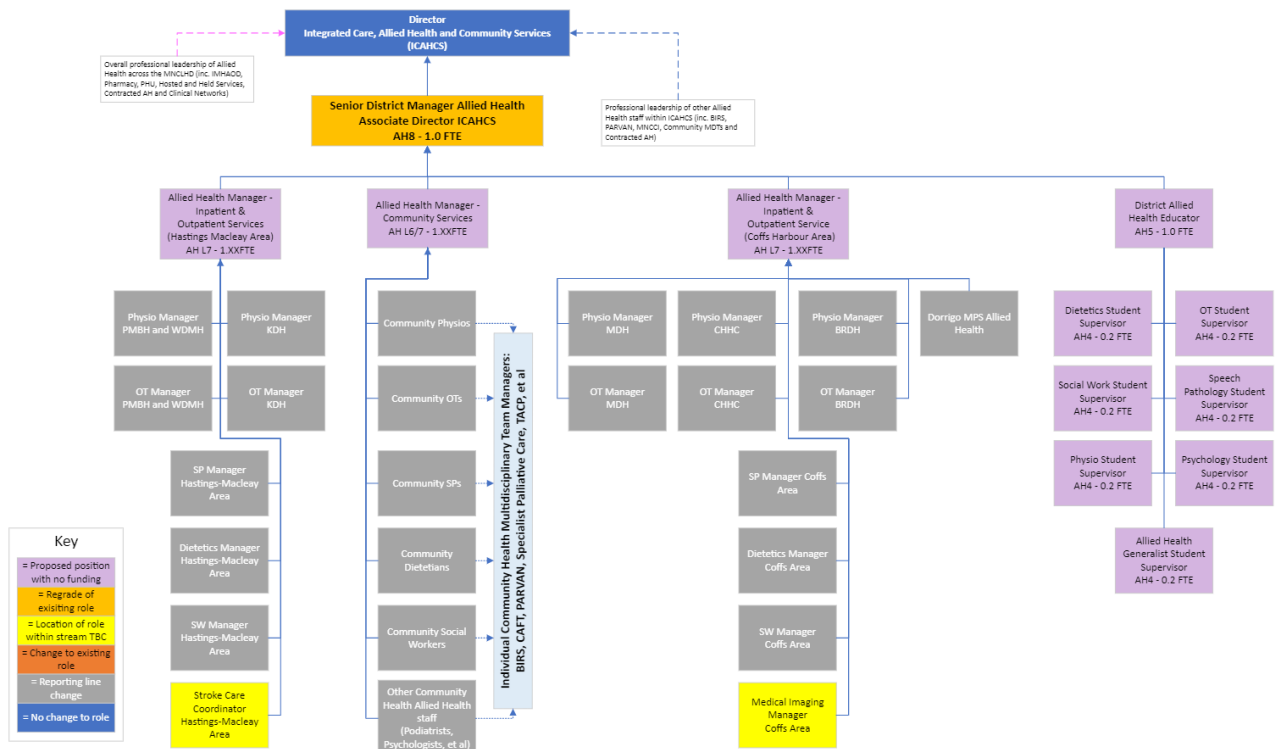


Figure 5.3: Draft structure A3 for initial consultation

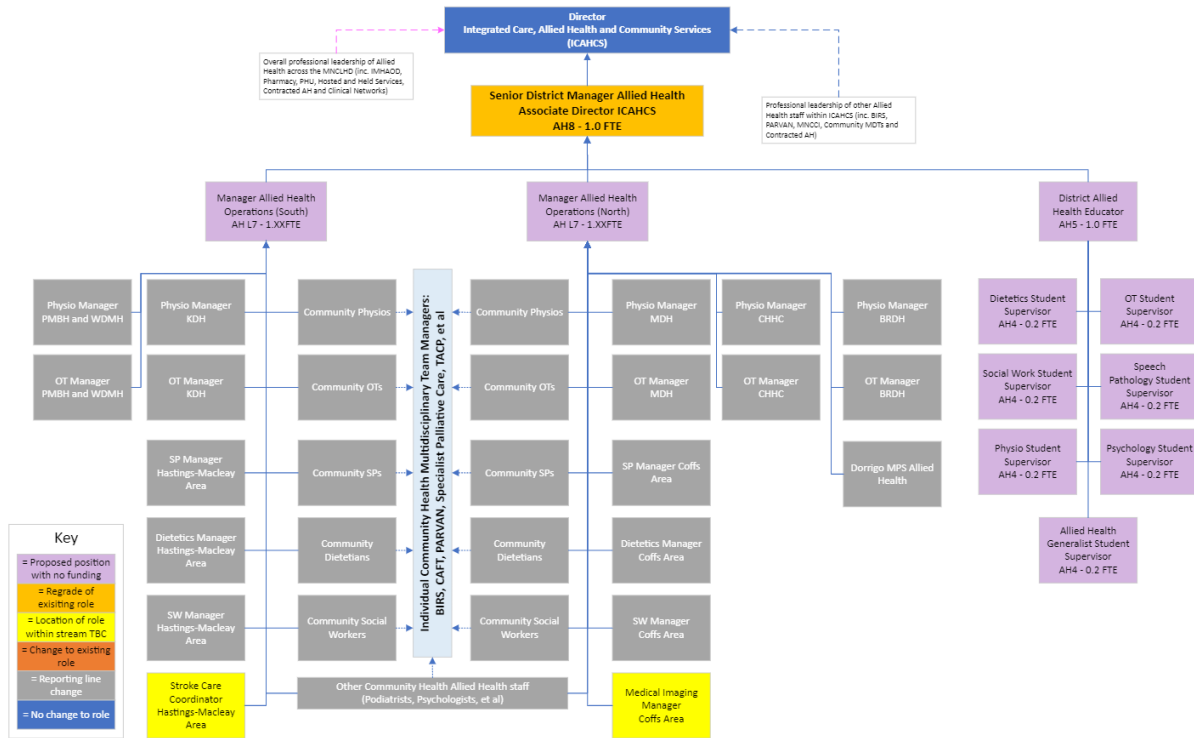


Figure 5.4: Draft structure A3.1 for initial consultation

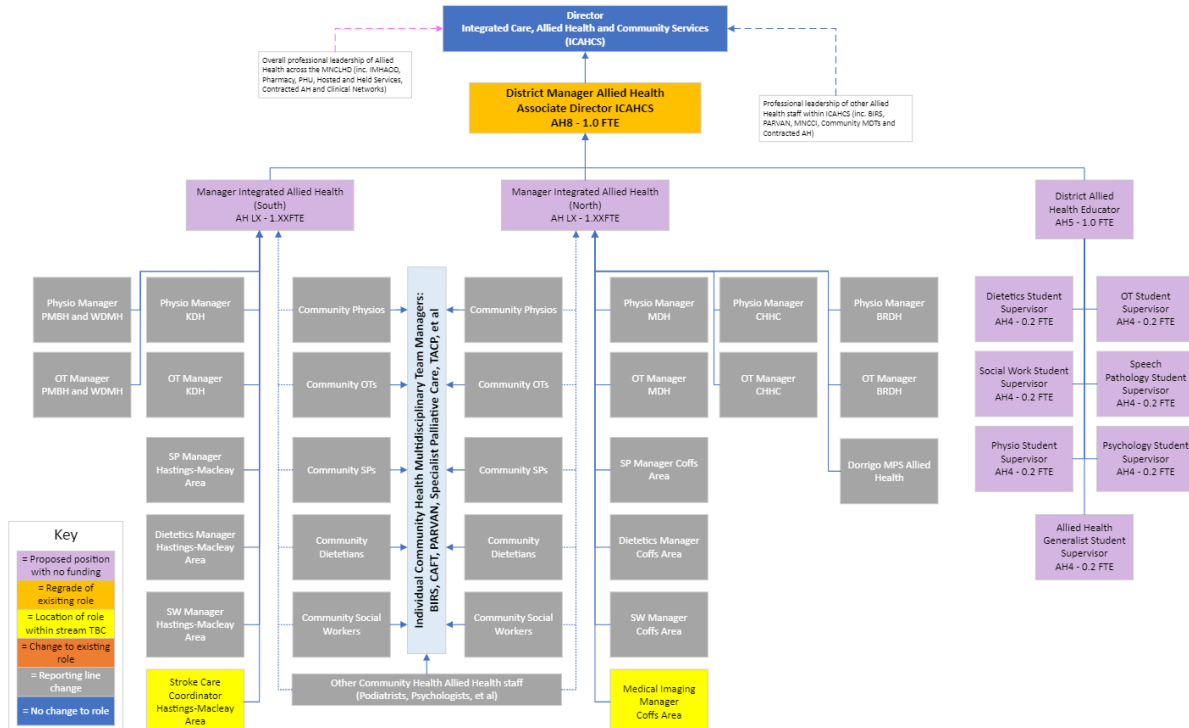


Figure 5.5: Draft structure B1 for initial consultation

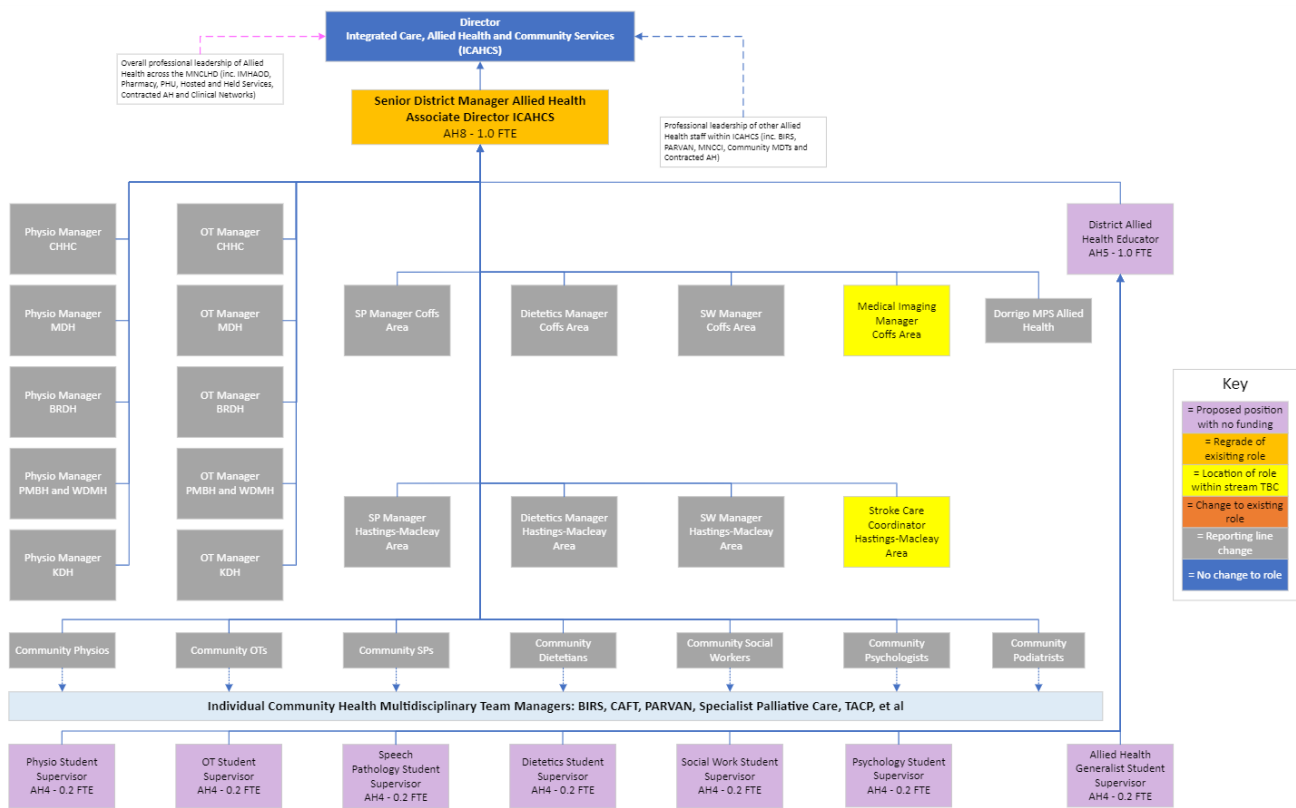


Figure 5.6: Draft structure B2 for initial consultation

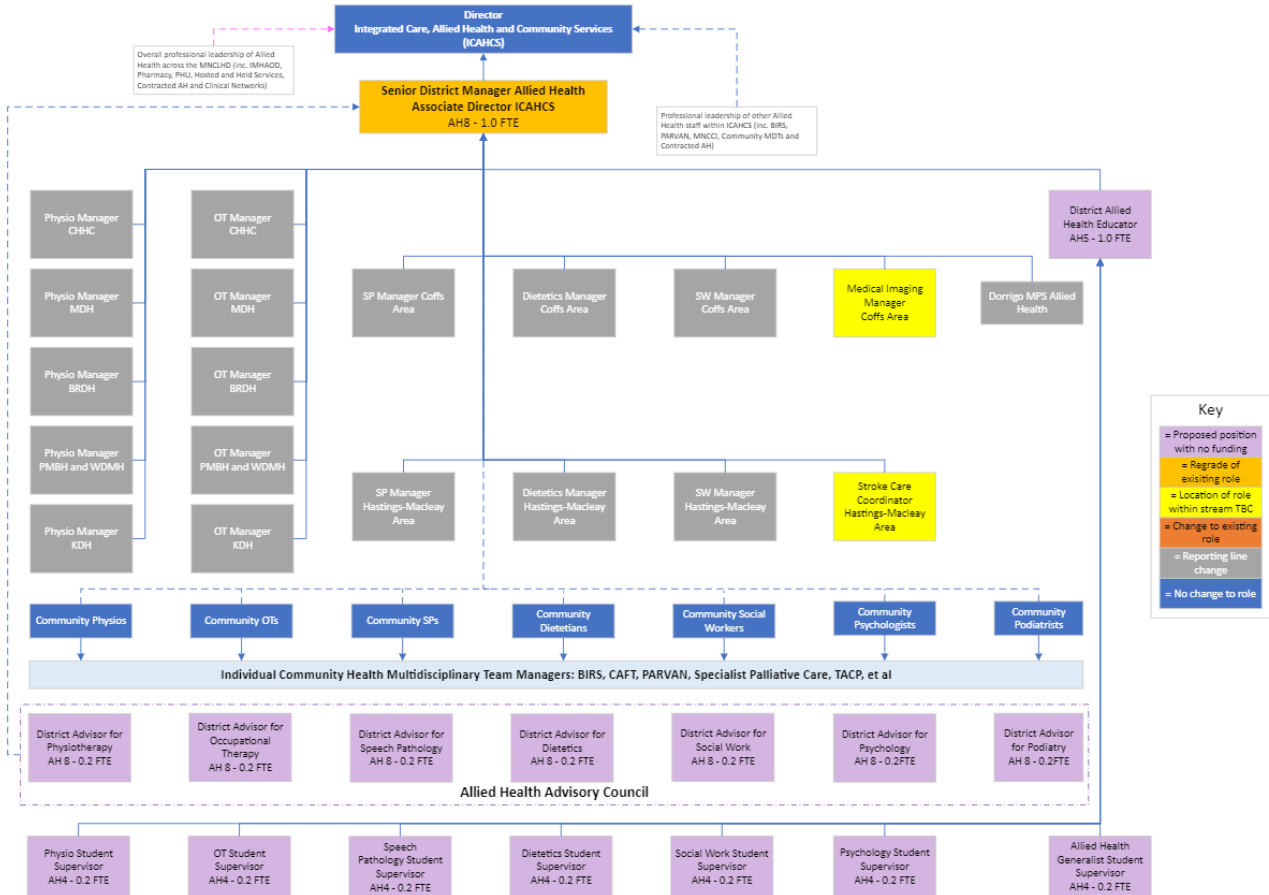


Figure 5.7: Draft structure C1 for initial consultation

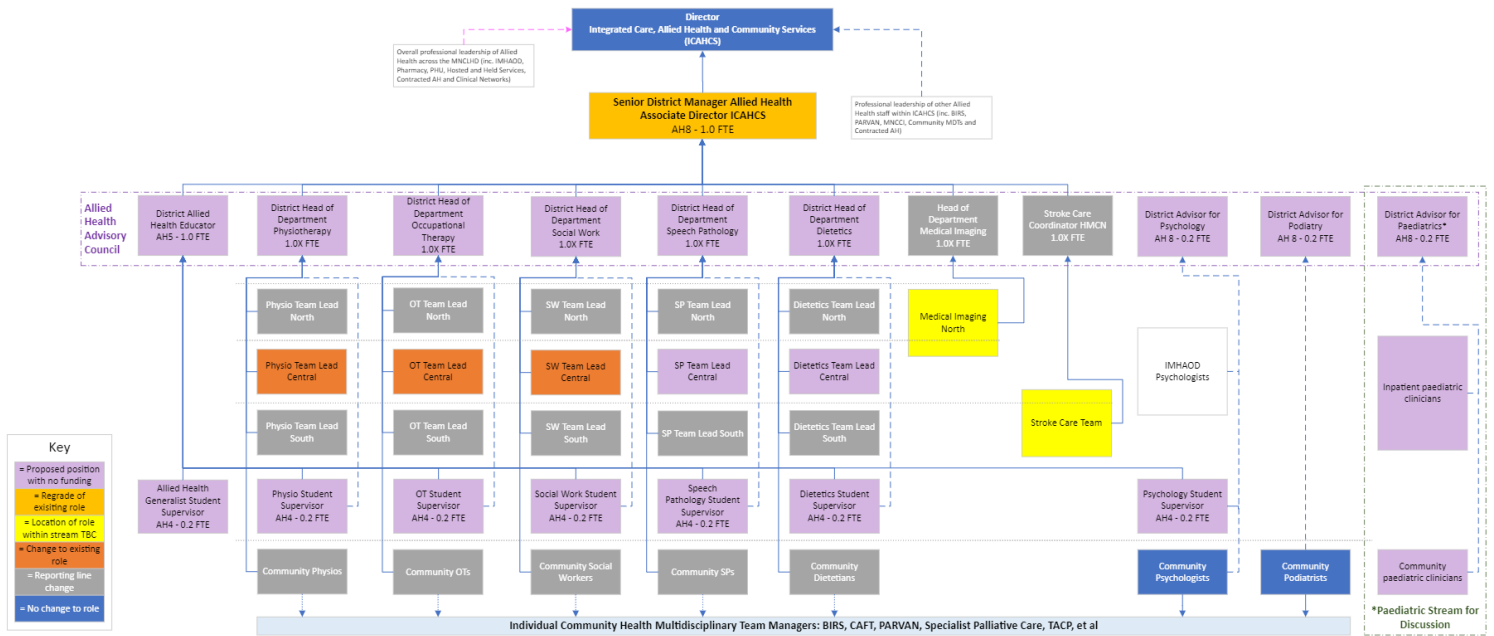


Figure 5.8: Draft structure C2 for initial consultation

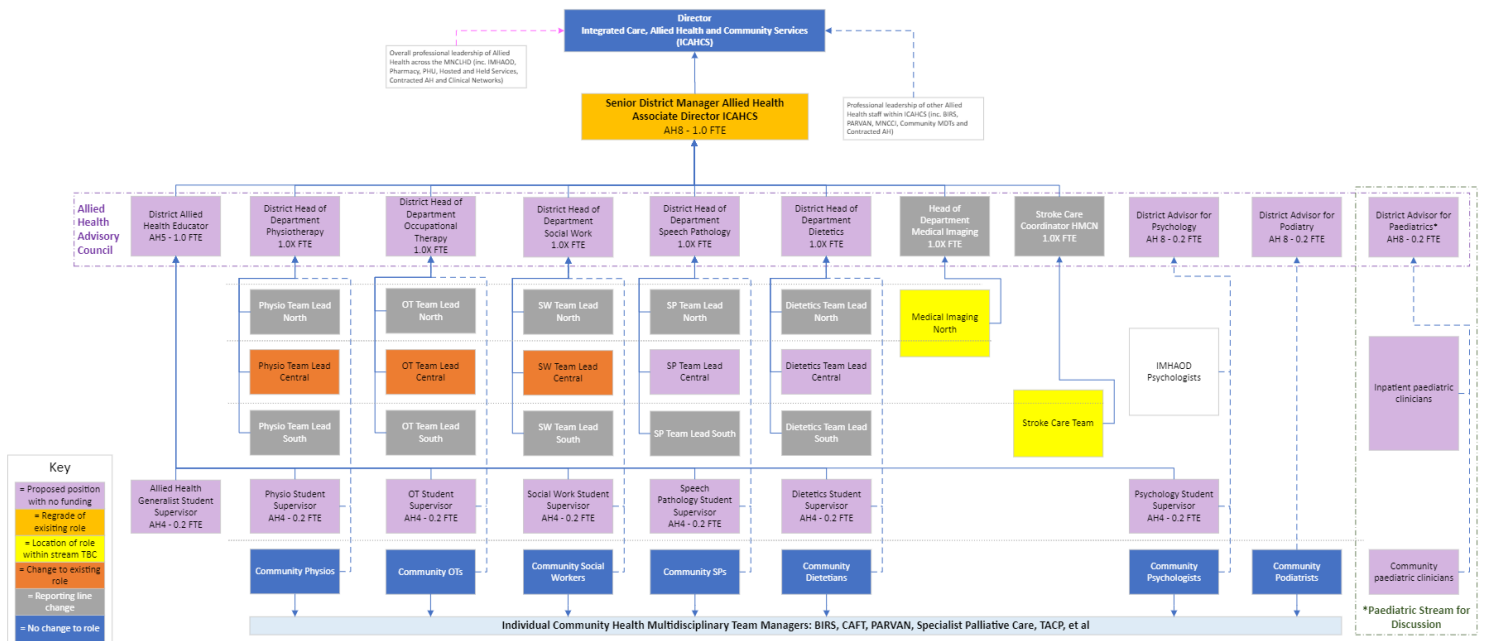


Figure 5.9: Draft structure D1 for initial consultation

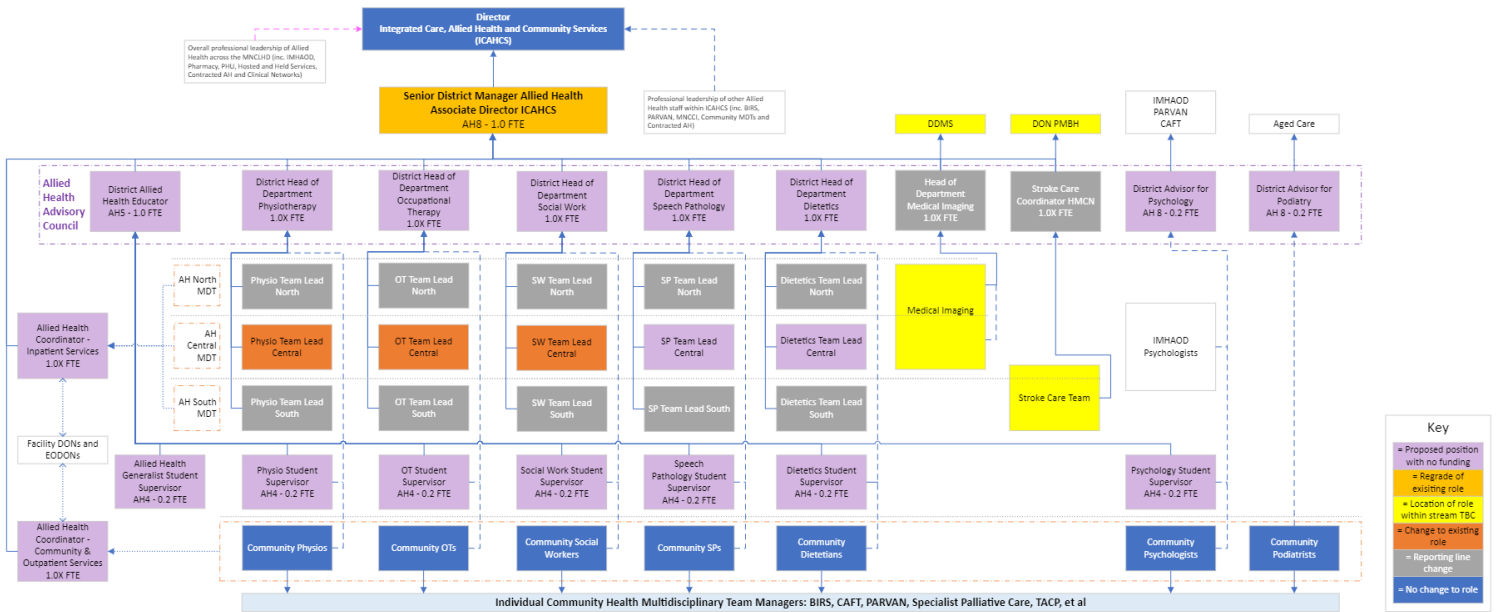
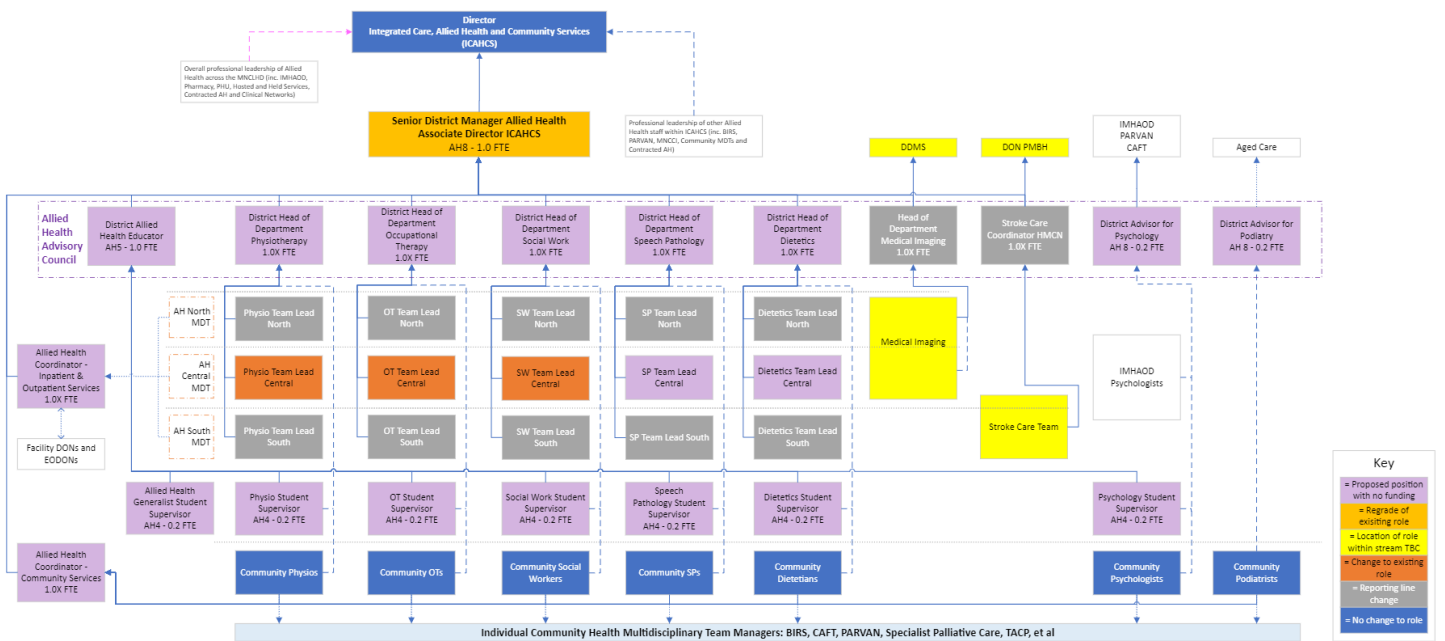


Figure 5.10: Draft structure D2 for initial consultation



2.3 Themes from staff and teams during initial consultation

- Not wanting blurred lines or multiple reporting
- Allied health reporting to Allied Health
- Increased succession planning in AH structures
- Working in multidisciplinary teams works well
- If roles are not clear patients could fall through the gaps
- One District may improve standardisation of practice and resources
- Cross discipline links are important
- Kempsey, Macksville and Bellingen have unique service provision and communities to service
- Leadership positions with a large number of direct reports may leave insufficient capacity for these roles to undertake strategic thinking and forward planning.

3. Managing the Organisational Realignment

Any organisational realignments agreed and endorsed as part of the Organisational Co-Design Program will be managed in accordance with the NSW Department of Premier and Cabinet Directive *Agency Change Management Guidelines (D2011_014)* in the first instance.

The proposed organisational realignment will not decrease the number of positions or number of employees within the Integrated Care, Allied Health, and Community Services Directorate.

As such, staff who hold substantive permanent positions within the ICAHCS Directorate whose role title, role description and/or reporting line may change will be supported through this transition by the OCP team as well as the MNCLHD Human Resources team (as per Appendix 1) and will be managed in accordance with the following Directives:

- NSW Department of Premier and Cabinet Directive *Managing Excess Employees (D2011_007)*
- NSW Health Policy Directive *Managing Excess Staff of the NSW Health Service (PD2012_021)*

Additionally, individual consideration will be given to:

- any staff on long-service, parental, or other forms of extended leave, in line with NSW Health PD 2012_021 noted above, and
- any staff on leave secondary to work-related or non-work-related injuries, in accordance with Policy Directive *Rehabilitation, Recovery and Return to Work (PD2022_020)*.

In line with the above-mentioned Guidelines and Directives, all efforts will be made to place any affected employees in positions in the new structure using appropriate placement procedures and no staff will be declared excess until all suitable new, regraded and/or vacant positions within the new structure have been filled. To achieve this:

- The grading of new positions or existing positions that are requested to be regraded as a part of any OCP realignment will be graded in line with existing MNCLHD processes.
- An internal recruitment process in line with the NSW Health Policy Directive *Managing Excess Staff of the NSW Health Service (PD2012_021)* will be undertaken for affected staff in the first instance.
- Following this new positions or positions without a permanent incumbent will be advertised through the Recruitment and Onboarding System. Recruitment will occur via a formal merit-based selection process as per Policy Directive *Recruitment and Selection of Staff to the NSW Health Service (PD2017_040)*.

4. Formal Consultation

4.1 What is involved in formal consultation?

Formal consultation is a two-week period in which final feedback will be received from internal and external stakeholders. Information provided as part of formal consultation will be collated, reviewed and any required changes actioned to produce a final structure for endorsement by the OCP Steering Committee. Formal consultation on the Allied Health realignment proposals presented in this document will run from **Monday 20th November 2023** to **COB Monday 4th December 2023**.

The options presented for consideration and review as part of formal consultation have been directly and extensively informed by the initial consultations on the Allied Health realignment that occurred between March and November 2023 (as noted in Section 2 above). The OCP team has reviewed, utilised, and incorporated the feedback provided (including via written submissions, individual consultation sessions, and group meetings) from Allied Health staff, teams, and managers, as well as the broader Directorate, to develop the proposed structures for realignment presented in this document.

The Formal Consultation process consists of the following elements:

- The OCP team will be available to answer questions, including via dedicated Drop-In Q&A sessions, and/or
- Allied Health staff will be able to provide feedback anonymously via a QARS survey and vote for their preferred option(s) which will inform the final structure.
- Unions and professional associations will be informed of the formal consultation period and invited to provide feedback.
- The Formal Consultation Document will be uploaded on the MNCLHD Intranet for all staff to review and provide feedback should they wish.
- Based on the responses received during formal consultation a proposed final structure will be developed along with a summary of feedback, overall staff preferences and any supporting evidence provided during formal consultation.
- The OCP Working Party, which includes representatives from a range of MNCLHD Directorates and is chaired by an independent HR and change management expert, will meet within two weeks of formal consultation ending to review the proposed realignment, including the supporting documentation, and consider recommending the final structure to the OCP Steering Committee for endorsement.
- The OCP Steering Committee will meet within two weeks of the Working Party submitting a final structure for endorsement to review the proposed allied health realignment, including the supporting documentation, and consider endorsing the final structure.
- The OCP team will be available to meet with any staff who have any proposed changes to their positions prior to endorsement of the structure. Staff can engage representation from their union or professional association at these meetings.
- Once endorsed, an Allied Health Stream Implementation Working Group (SIWG) will be established. This will be a short-term group which will provide expert, subject matter specific guidance and input to the Working Party and progress the transition into the Allied Health new structure. This group will be chaired by the District Manager Allied Health and include allied health staff representatives via an EOI process.

4.2 Organisational Co-Design Program Steering Committee

The OCP Steering Committee has been established by the MNCLHD in accordance with the Corporate Governance and Accountability Compendium for the Ministry of Health. The purpose of the Steering Committee is to:

- To set overall direction and vision for the co-design program.
- Hold overall ownership of the project and oversee and provide governance for the Building Integrated Community and Allied Health Streams Project, including monitoring progress against milestones, as part of the ICAHCS Organisational Co-Design Program.
- To provide endorsement of changes recommended to establish Integrated Community and Allied Health streams and other decisions that fall above the delegation of the Project Lead.
- Be the final decision maker for escalated issues that cannot be resolved at the OCP Project Team or Working Party levels.

Responsibilities and Activities

The focus of the group will include:

- Overseeing the development of new community and allied health streams and structures.
- Providing strategic advice on implementation.
- Keeping abreast of and communicating emerging issues and key dependencies that may impact the project to ensure timely response to these issues.
- Communicating achievements and successes of the implementation plan.
- Supporting the Working Party members to obtain specialist information and access necessary resources to achieve desired outcomes in a timely manner.
- Making informed decisions based on recommendations from the Working Party or as required by the Steering Committee Chair.

Membership

- Jill Wong, Director ICAHCS (Chair)
- Lydia Dennett, GM CHHC - Coffs Clinical Network Coordinator (or delegate)
- Jo Campbell, A/GM PMBH - Hastings Macleay Clinical Network Coordinator (or delegate)
- Penny Jones, Director Integrated Mental Health, Alcohol & Other Drugs (or delegate)
- Robyn Martin, Director Aboriginal Health & Primary Partnerships (or delegate)
- Sarah Fox, A/District Manager Community Services Reform (non-voting member)

Additional representatives who may be required on occasion to provide specialist information include:

- Taresa Rosten, Director People and Culture
- Carolyn Heise, District Director Nursing & Midwifery Services

4.3 Organisational Co-Design Program Working Party

The OCP Working Party has been established by the MNCLHD in accordance with the Corporate Governance and Accountability Compendium for the Ministry of Health. The purpose of the Working Party is to:

- Hold operational ownership of the Building Integrated Community and Allied Health Streams Project, as part of the ICAHCS Organisational Co-Design Program, and ensure activities are undertaken to progress the project against milestones.
- Make operational decisions on items that fall within the delegation of the Project Lead, such as project approach, strategy, risk management, principals and project activities.
- Make recommendations to the OCP Steering Committee on all above issues and other material or strategic decisions that fall above the delegation of the Project Lead.
- Make decisions on operational issues that cannot be resolved at the Line Manager level.
- Facilitate stakeholder engagement, including information gathering and effective use of Stream Implementation Working Groups (SIWGs) to achieve project objectives.

Responsibilities and Activities

The focus of the group will include:

- Execution of co-design and realignment program.
- Provide advice and guidance to line manager and project team members to facilitate implementation.
- Provide the interface between stakeholder groups that members represent and the project.
- Provide subject matter expertise, information and make decisions.
- Keep abreast of and manage issues, risks and key dependencies that may impact the project to ensure timely response to these issues.
- Communicate achievements and successes of the implementation plan.
- Support the Steering Committee to obtain necessary information to aid decision making.
- Engage with all stakeholders to ensure project activities are executed in a timely manner.
- Provide regular reporting to the OCP Steering Committee.
- Approve and issue operational communications on project progress, process and key milestones.

Membership

- Della Prowse, Delta HR (Chair)
- Sarah Fox, A/District Manager, OCP (Project Lead)
- Manager, Human Resources and/or Delegate representative, Director People and Culture
- Delegate representative, Director Aboriginal Health and Primary Partnerships
- Delegate representative, Director Clinical Governance and Information
- Delegate representative, Director Communications and Strategic Relations
- Delegate representative, Director Finance and Performance
- Delegate representative, District Director Nursing and Midwifery services
- Delegate representative, GM CHHC - Coffs Clinical Network Coordinator
- Delegate representative, GM PMBH - Hastings Macleay Network Coordinator
- Aboriginal Advisory Group representative
- ICAHCS Stream Leads (Tier 3 positions) when their respective streams are in active consultation as part of the Building Integrated Community and Allied Health Streams Project
 - Chair(s) of active Stream Implementation Working Group(s) (if different to above)
- Dennis Leo, Project Officer, OCP
- Emilia Dorn, Finance Officer, ICAHCS

4.4 Structural options for consideration in formal consultation

During initial consultation between March and November, ten different structures were co-designed, reviewed, critiqued and amended by allied health staff across the District (see Figures 5.1 to 5.10 above). Staff response to Structures B and D were generally unfavourable. Considering this feedback, towards the end of the initial consultation period, and in preparation for formal consultation, discussions focussed on Structures A and C to gather detailed staff feedback on these co-designed alignments.

The following two organisational charts (Figures 6.1 and 6.2) that are now put forward for formal consultation are based on Structures A and C (now labelled versions A and B in this document for clarity). While versions A and B describe different approaches to aligning allied health services across the District, they do not necessarily represent mutually exclusive structures, and staff and stakeholders may prefer certain aspects of each structure, with a view to a hybrid approach.

Summary of Version A (Figure 6.1)

Based on Structure A from the options co-designed in initial consultation, this realignment suggestion includes two managers of allied health inpatient operations and one manager for community and outpatient services. The proposed structure contains:

- The option for four (4) positions to be created by the utilisation of non-productive hours arising through temporary vacancies.
- A goal to create five (5) part time positions to support discipline specific education and enhance student placements within two years.
- The option of realigning or regrading five (5) positions in the community teams to be senior clinicians via an EOI or similar merit-based process within two years.
- Minor changes within current grading to three (3) positions.
- The reporting change of fifteen (16) positions to align with newly formed clinical Allied Health streams.
- At least eight (8) disciplines represented in community MDTs whose exact operational reporting lines to the Senior Community Allied Health positions or MDT leads will be co-designed as part of the consultation processes for the Community Health Services and Specialist Integrated Services streams. All community allied health clinicians will have a professional line to provide professional governance via this structure.
- Recommendation for possible future realignment for two (2) positions.

Summary of Version B (Figure 6.2)

Based on Structure C from the options co-designed in initial consultation, this realignment suggestion includes District Heads of Discipline who have operational and strategic responsibility for their discipline's services across inpatient, outpatient and community settings. The proposed structure contains:

- Six (6) positions to be created by the utilisation of non-productive hours arising through temporary vacancies.
- Twelve (12) positions to be regraded (11 currently filled by a permanent employees).
- A goal to create five (5) part time positions to support discipline specific education and enhance student placements within two years.
- The option of realigning or regrading five (5) positions in the community teams to be senior clinicians via an EOI or similar merit-based process within two years.
- At least eight (8) disciplines represented in community MDTs whose exact operational reporting lines to the Senior Community Allied Health positions or MDT leads will be co-designed as part of the consultation processes for the Community Health Services and Specialist Integrated Services streams. All community allied health clinicians will have a professional line to provide professional governance via this structure.
- A goal to develop five (5) positions/teams to improve service delivery, professional reporting and clinical governance within five years.
- Recommendation for possible future realignment for two (2) positions.

To assist with identifying what aspects of each structure staff and stakeholders prefer, each position in the two structures is numbered and a corresponding table describing each position and the type of change it would represent is presented below in Section 5: Summary of Changes by Position.

Figure 6.1 Suggested Allied Health structure – Version A

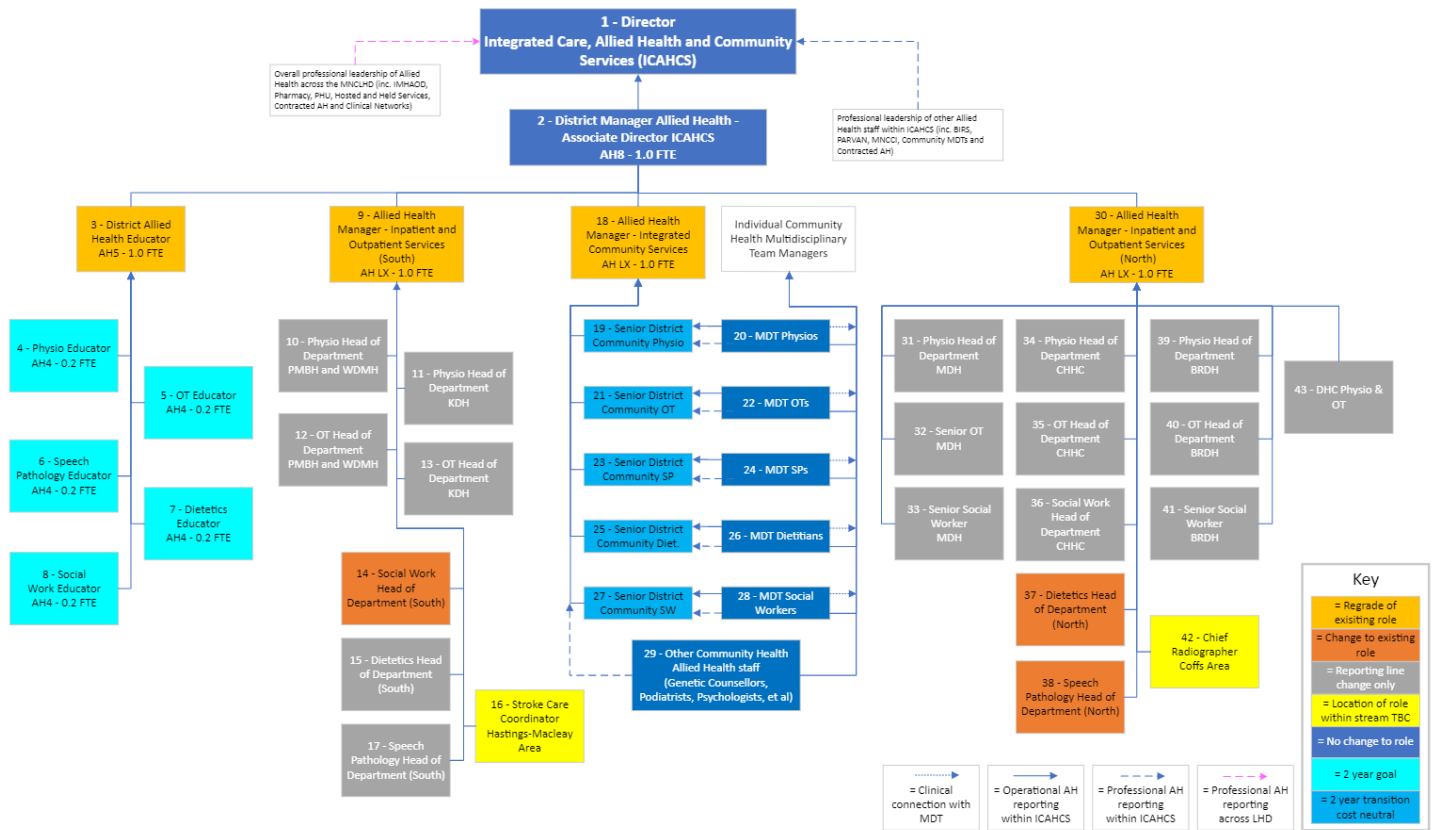


Figure 6.2 Suggested Allied Health structure – Version B

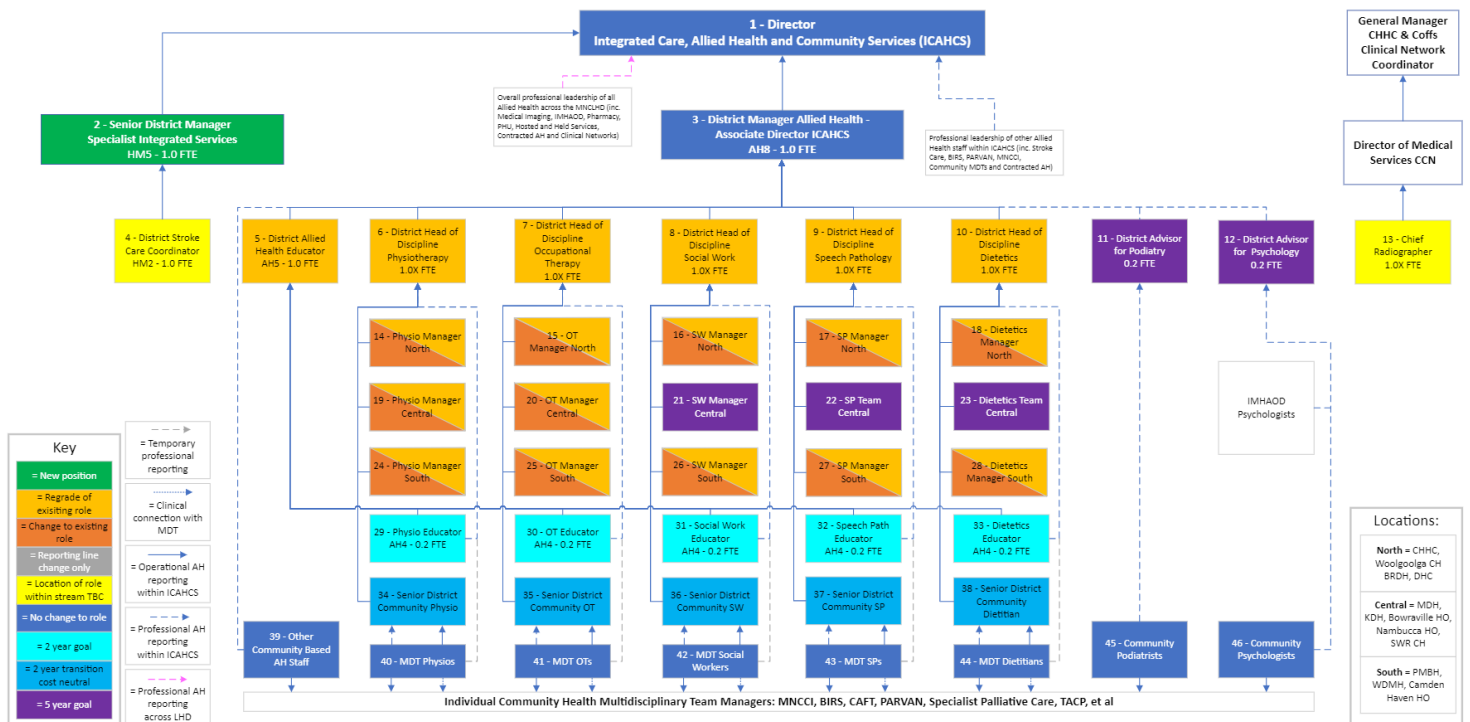
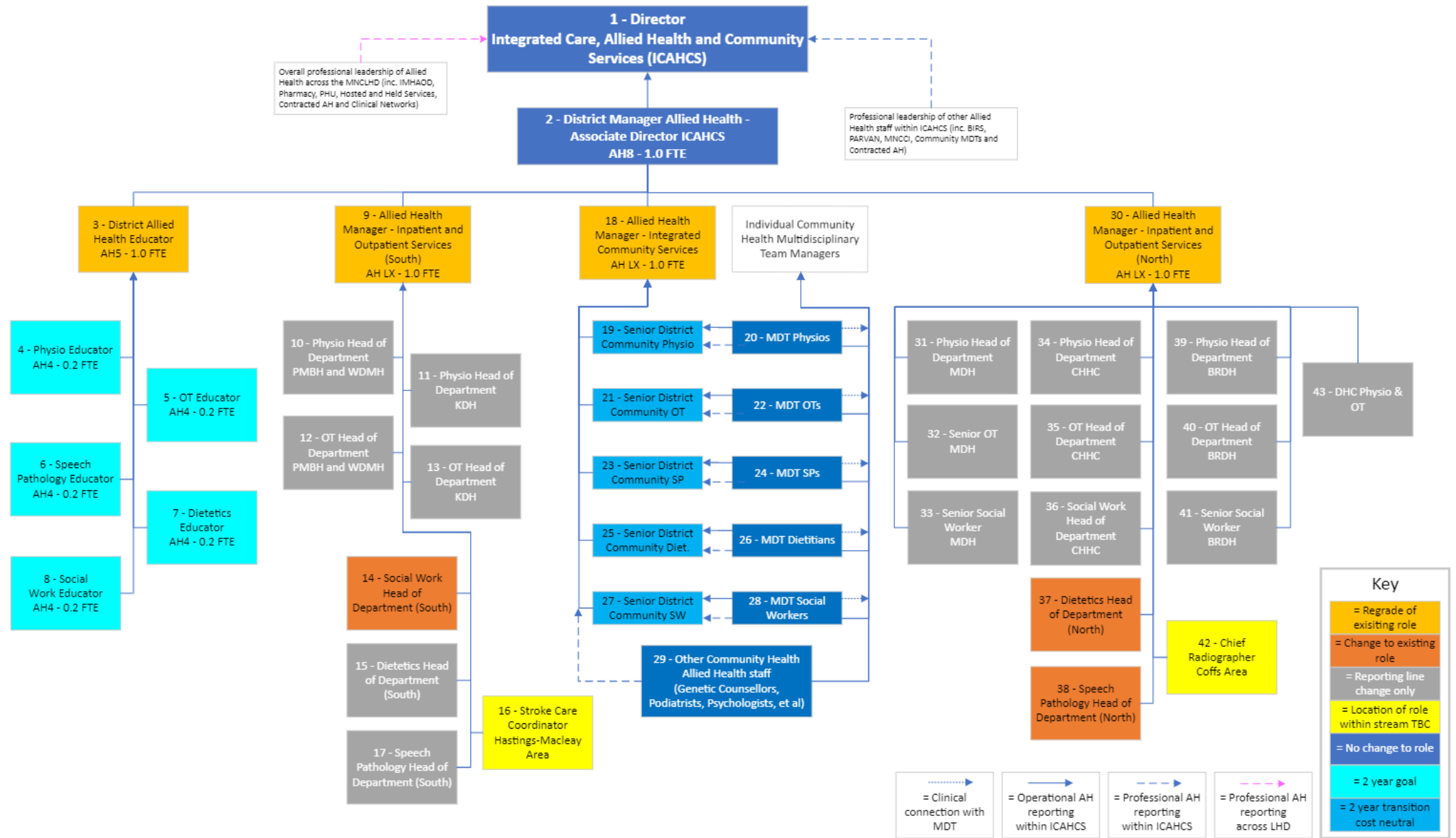
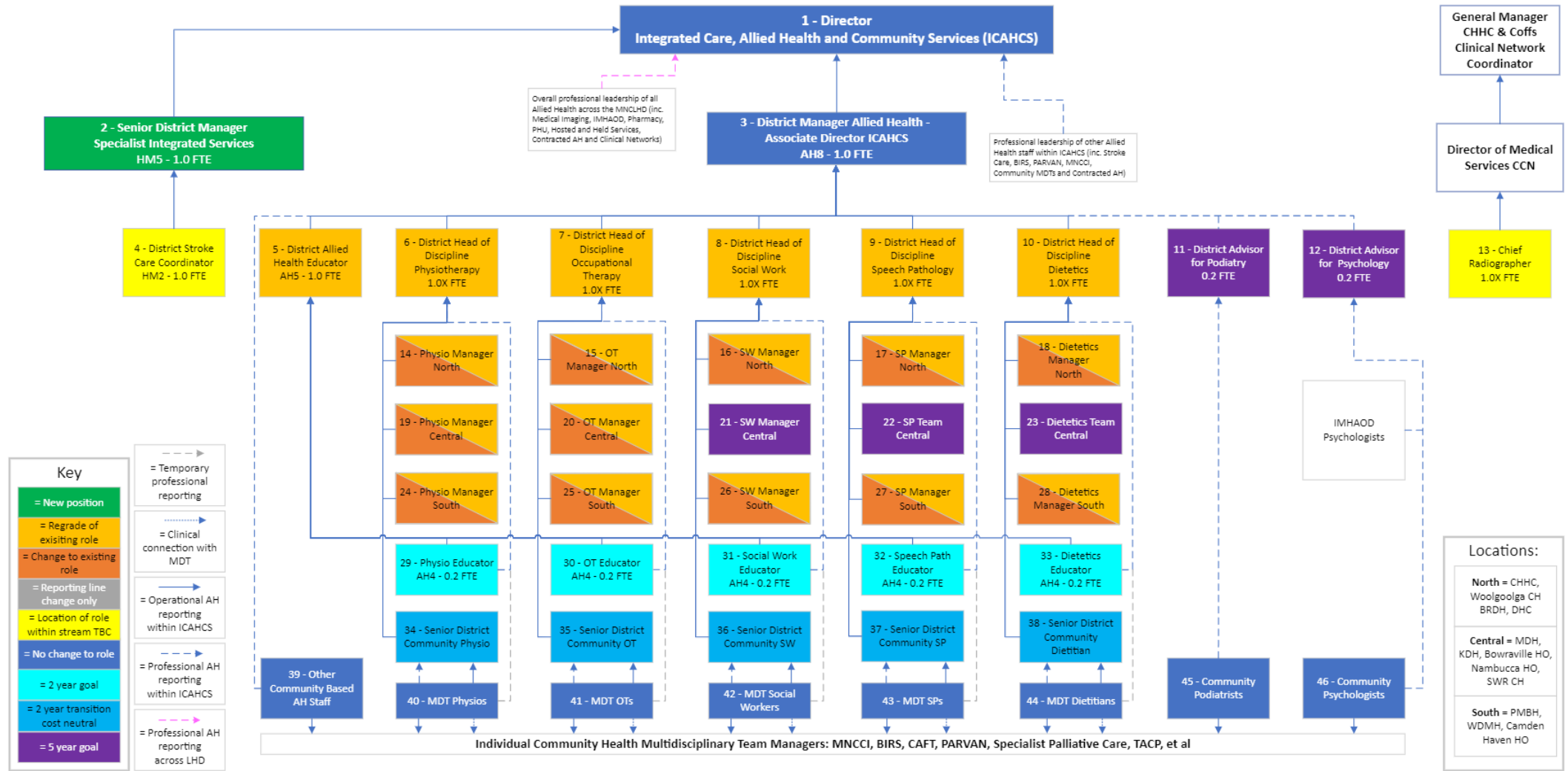


Figure 6.1 Suggested Allied Health structure – Version A (Larger size)



STRUCTURE A

Figure 6.2 Suggested Allied Health structure – Version B (Larger size)



STRUCTURE B

5. Summary of Changes by Position

5.1 Suggested Allied Health structure – Version A

Allied Health Services Realignment – Table of Changes in Version A								
	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
1A	Director Integrated Care, Allied Health and Community Services (ICAHCS)	✓						No change to this role.
2A	District Manager Allied Health- Associate Director ICAHCS	✓						No change to this role.
3A	N/A					✓		<p>This regraded role is proposed as District Allied Health Educator and will report to the District Manager Allied Health - Associate Director ICAHCS (2A). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will lead allied health education, support student placements, and develop new graduate programs including transition to practice. It will also provide strategic recommendations in line with the role.</p>
4A	N/A						✓	<p>A two-year goal to develop a Physiotherapy Educator position which will report to the District Allied Health Educator (3A). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator.</p>
5A	N/A						✓	<p>A two-year goal to develop an Occupational Therapy Educator position which will report to the District Allied Health Educator (3A). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
6A	N/A						✓	<p>A two-year goal to develop a Speech Pathology Educator position which will report to the District Allied Health Educator (3A). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator.</p>
7A	N/A						✓	<p>A two-year goal to develop a Dietetics Educator position which will report to the District Allied Health Educator (3A). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator.</p>
8A	N/A						✓	<p>A two-year goal to develop a Social Work Educator position which will report to the District Allied Health Educator (3A). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator.</p>
9A	N/A					✓		<p>This regraded role is proposed as Allied Health Manager - Inpatient and Outpatient Services (South) and will report to the District Manager Allied Health - Associate Director ICAHCS (2A). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational leadership to inpatient and outpatient Allied Health Services across the Hastings Macleay area.</p>
10A	<p>Physiotherapy Head of Department PMBH and WDMH Grading Physiotherapist L6</p>		✓					<p>This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A). There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
11A	Physiotherapy Head of Department Manager KDH Grading Physiotherapist L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . There is a substantive permanent employee in this position.
12A	Occupational Therapy Head of Department PMBH and WDMH Grading Occupational Therapist L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . There is a substantive permanent employee in this position.
13A	Occupational Therapy Head of Department KDH Grading Occupational Therapist L4		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . A permanent employee is in this role temporarily while the substantive permanent employee in this position is on parental leave.
14A	Social Work Head of Department Port Macquarie Base Hospital Grading Social Work L5		✓	✓				This position will be renamed Social Work Head of Department (South) and change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . Social Workers at WDMH and KDH will now also report to this position. There is a substantive permanent employee in this position.
15A	Dietetics Head of Department Hastings Macleay Grading Dietetics L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . There is a substantive permanent employee in this position.
16A	Stroke Care Coordinator Hastings Macleay Grading Health Manager 2		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . There is a substantive permanent employee in this position.
17A	Speech Pathology Head of Department Hastings Macleay Grading Speech Pathologist L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (South) (9A) . There is a permanent employee currently acting in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
18A	N/A					✓		<p>This regraded role is proposed as Allied Health Manager - Integrated Community Services and will report to the District Manager Allied Health - Associate Director ICAHCS (2A). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide strategic and operational leadership to community allied health clinicians across the District.</p>
19A	Relates to all community Physiotherapy positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Physiotherapist Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Physiotherapist and will report to the Allied Health Manager - Integrated Community Services (18A). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community Physiotherapists across the District.</p>
20A	Relates to Physiotherapists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT physiotherapy positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Physiotherapist (19A) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
21A	Relates to all community Occupational Therapy positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Occupational Therapist Level 3 or above positions.</p> <p>This realigned or regraded role is proposed as Senior District Community Occupational Therapist and will report to the Allied Health Manager - Integrated Community Services (18A). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community Occupational Therapists across the District.</p>
22A	Relates to Occupational Therapists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT occupational therapy positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the Senior Community District Occupational Therapist (21A) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
23A	Relates to all community Speech Pathology positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Speech Pathologist Level 3 or above positions.</p> <p>This realigned or regraded role is proposed as Senior District Community Speech Pathologist and will report to the Allied Health Manager - Integrated Community Services (18A). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community Speech Pathologists across the District.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
24A	Relates to Speech Pathologists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>MDT speech pathology positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the Senior Community District Speech Pathologist (23A) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
25A	Relates to all community Dietetics positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Dietitian Level 3 or above positions.</p> <p>This realigned or regraded role is proposed as Senior District Community Dietitian and will report to the Allied Health Manager - Integrated Community Services (18A). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community Dietitians across the District.</p>
26A	Relates to Dietitians working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>MDT dietitian positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally (and operationally if appropriate) to the Senior Community District Dietitian (25A) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
27A	Relates to all community Social Work positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Social Worker Level 3 or above positions.</p> <p>This realigned or regraded role is proposed as Senior District Community Social Worker and will report to the Allied Health Manager - Integrated Community Services (18A). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community social workers across the District.</p>
28A	Relates to Social Workers working within a Multidisciplinary team (MDT) in Community Health	✓						<p>MDT social positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior Community District Social Worker (27A) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
29A	Relates to all other Community Allied Health staff (including Genetic Counsellors, Podiatrists, Psychologists)	✓						<p>Other MDT allied health positions will remain reporting to current lead/manager in community teams.</p> <p>These positions will report professionally to the Allied Health Manager - Integrated Community Services (18A).</p>
30A	N/A					✓		<p>This regraded role is proposed as Allied Health Manager - Inpatient and Outpatient Services (North) and will report to the District Manager Allied Health - Associate Director ICAHCS (2A). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational leadership to inpatient and outpatient Allied Health Services across the Coffs Harbour area.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
31A	Physiotherapy Head of Department Macksville District Hospital Grading Physiotherapist L4		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
32A	Occupational Therapist Macksville District Hospital Grading Occupational Therapist L3		✓	✓				Name updated to Senior Occupational Therapist Macksville District Hospital . This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There are two part-time substantive permanent employees in this position.
33A	Social Worker Macksville District Hospital Grading Social Work L3		✓	✓				Name updated to Senior Social Worker Macksville District Hospital . This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
34A	Physiotherapy Head of Department Coffs Harbour Health Campus Grading Physiotherapist L6		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
35A	Occupational Therapy Head of Department Coffs Harbour Health Campus Grading Occupational Therapist L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
36A	Social Work Head of Department Coffs Harbour Health Campus Grading Social Work L5		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There are two substantive permanent employees job sharing in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
37A	Dietetics Head of Department Coffs Harbour Health Campus/CCN Grading Dietitian L5		✓	✓				This position will be renamed Dietetics Head of Department (North) and change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). Dietitians at BRDH will now report to this position. There is a substantive permanent employee in this position.
38A	Speech Pathology Head of Department Coffs Harbour Health Campus Grading Speech Pathologist L5		✓	✓				This position will be renamed Speech Pathology Head of Department (North) and change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). Speech Pathologists at BRDH will now report to this position. There is a substantive permanent employee in this position.
39A	Physiotherapy Head of Department Bellinger River District Hospital Grading Physiotherapist L4		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
40A	Occupational Therapy Head of Department Bellinger River District Hospital Grading Occupational Therapist L4		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.
41A	Social Worker Bellinger River District Hospital Grading Social Work L4		✓	✓				Name updated to Senior Social Worker Bellinger River District Hospital . This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). This permanent position is currently vacant.
42A	Chief Radiographer Coffs Harbour Clinical Network Grading Radiographer L6		✓					This position will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A). There is a substantive permanent employee in this position.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
43A	Dorrigo Health Campus Allied Health Staff		✓					Allied health staff working at Dorrigo Health Campus will change reporting line to the Allied Health Manager - Inpatient and Outpatient Services (North) (30A).

5.2 Suggested Allied Health structure – Version B

Allied Health Services Realignment – Table of Changes in Version B								
	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
1B	Director Integrated Care, Allied Health and Community Services (ICAHCS)	✓						No change to this role.
2B	N/A						✓	A new District Manager Specialist Integrated Services position endorsed as part of the CSR Initiative. Funded through Enhancing End of Life funding. This position will report to the Director ICAHCS. This is a new position with no incumbent.
3B	District Manager Allied Health - Associate Director ICAHCS	✓						No change to this role.
4B	Stroke Care Coordinator Hastings Macleay Grading Health Manager L2		✓	✓	✓			This position will change reporting line to the District Manager Specialist Integrated Services (2B) . This position may also be realigned as the District Stroke Care Coordinator This option is to be considered as part of moving to a one District model for stroke care and further consultation will be undertaken as part of consultation on the Specialist Integrated Services stream before any role realignment. There is a substantive permanent employee in this position.
5B	N/A						✓	This regraded role is proposed as District Allied Health Educator and will report to the District Manager Allied Health - Associate Director ICAHCS (3B) . Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies. This role will lead allied health education, support student placements, and develop of new graduate programs including transition to practice. It will also provide strategic recommendations in line with role.

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
6B	N/A					✓		<p>This regraded role is proposed as District Head of Discipline Physiotherapy and will report to the District Manager Allied Health - Associate Director ICAHCS (3B). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational and strategic leadership and professional governance to the Physiotherapy discipline across MNCLHD.</p>
7B	N/A					✓		<p>This regraded role is proposed as District Head of Discipline Occupational Therapy and will report to the District Manager Allied Health - Associate Director ICAHCS (3B). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational and strategic leadership and professional governance to the Occupational Therapy discipline across MNCLHD.</p>
8B	N/A					✓		<p>This regraded role is proposed as District Head of Discipline Social Work and will report to the District Manager Allied Health - Associate Director ICAHCS (3B). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational and strategic leadership and professional governance to the Social Work discipline across MNCLHD.</p>
9B	N/A					✓		<p>This regraded role is proposed as District Head of Discipline Speech Pathology and will report to the District Manager Allied Health - Associate Director ICAHCS (3B). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational and strategic leadership and professional governance to the Speech Pathology discipline across MNCLHD.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
10B	N/A					✓		<p>This regraded role is proposed as District Head of Discipline Dietetics and will report to the District Manager Allied Health - Associate Director ICAHCS (3B). Proposed as 1.0 FTE and will be created by the utilisation of non-productive hours arising through temporary vacancies.</p> <p>This role will provide operational and strategic leadership and professional governance to the Dietetics discipline across MNCLHD.</p>
11B	N/A					✓		<p>This regraded role is proposed as the District Advisor for Podiatry.</p> <p>This role will professionally report to the District Manager Allied Health - Associate Director ICAHCS (3B) as part of the District's Allied Health advisory structure. Proposed as 0.2 FTE.</p> <p>This role will provide strategic leadership and professional governance to the Podiatry discipline across the MNCLHD.</p>
12B	N/A					✓		<p>This regraded role is proposed as District Advisor for Psychology.</p> <p>This role will professionally report to the District Manager Allied Health - Associate Director ICAHCS (3B) as part of the District's Allied Health advisory structure. Proposed as 0.2 FTE.</p> <p>This role will provide strategic leadership and professional governance to the Psychology discipline across the MNCLHD.</p>
13B	Chief Radiographer		✓					<p>This will be a reporting line change to the Director of Medical Services Cofts Clinical Network.</p> <p>There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
14B	Physiotherapy Head of Department CHHC Grading Physiotherapist L6		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Physiotherapy Manager North and will report to the District Head of Discipline Physiotherapy (6B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to physiotherapy staff at CHHC, BRDH, and DHC.</p> <p>PT grading TBC. There is a substantive permanent employee in this position.</p>
15B	Occupational Therapy Head of Department CHHC Grading Occupational Therapist L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Occupational Therapy Manager North and will report to the District Head of Discipline Occupational Therapy (7B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to occupational therapy staff at CHHC, BRDH, and DHC.</p> <p>OT grading TBC. There is a substantive permanent employee in this position.</p>
16B	Social Work Head of Department CHHC Grading Social Work L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Social Work Manager North and will report to the District Head of Discipline Social Work (8B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to social work staff at CHHC, BRDH, DHC, and MDH.</p> <p>SW grading TBC. There are two substantive permanent employees job sharing in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
17B	<p>Speech Pathology Head of Department CHHC Grading Speech Pathologist L5</p>		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Speech Pathology Manager North and will report to the District Head of Discipline Speech Pathology (9B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to speech pathology staff at CHHC, BRDH, DHC, and MDH.</p> <p>SP grading TBC. There is a substantive permanent employee in this position.</p>
18B	<p>Dietetics Head of Department Coffs Harbour Health Campus Grading Dietitian L5</p>		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Dietetics Manager North and will report to the District Head of Discipline Dietetics (10B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to dietetics staff at CHHC, BRDH, DHC, and MDH.</p> <p>Dietitian grading TBC. There is a substantive permanent employee in this position.</p>
19B	<p>Physiotherapy Head of Department Manager KDH Grading Physiotherapist L5</p>		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Physiotherapy Manager Central and will report to the District Head of Discipline Physiotherapy (6B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to physiotherapy staff at KDH and MDH.</p> <p>PT grading TBC. There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
20B	Occupational Therapy Head of Department KDH Grading Occupational Therapist L4		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Occupational Therapy Manager Central and will report to the District Head of Discipline Occupational therapy (7B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to occupational therapy staff at KDH and MDH. OT grading TBC. A permanent employee is in this role temporarily while the substantive permanent employee in this position is on parental leave.</p>
21B	N/A				✓	✓	✓	<p>Social Work Manager Central: A five-year plan will be developed to establish a Social Work manager position to manage the delivery of social work services in the Macleay-Nambucca area.</p>
22B	N/A				✓	✓	✓	<p>Speech Pathology Team Central: A five-year plan will be developed to establish a Speech Pathology clinical presence specifically focused on integrated care delivery in the Macleay-Nambucca area, with appropriate team leadership in place.</p>
23B	N/A				✓	✓	✓	<p>Dietetics Team Central: A five-year plan will be developed to establish a Dietetics clinical presence specifically focused on integrated care delivery in the Macleay-Nambucca area, with appropriate team leadership in place.</p>
24B	Physiotherapy Head of Department PMBH and WDMH Grading Physiotherapist L6		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Physiotherapy Manager South and will report to the District Head of Discipline Physiotherapy (6B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to physiotherapy staff at PMBH and WDMH. PT grading TBC. There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
25B	Occupational Therapy Head of Department PMBH and WDMH Grading Occupational Therapist L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Occupational Therapy Manager South and will report to the District Head of Discipline Occupational Therapy (7B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to OT staff PMBH and WDMH.</p> <p>OT grading TBC. There is a substantive permanent employee in this position.</p>
26B	Social Work Head of Department Hastings Macleay Grading Social Work L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Social Work Manager South and will report to the District Head of Discipline Social Work (8B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to Social Work staff PMBH, WDMH and KDH.</p> <p>SW grading TBC. There is a substantive permanent employee in this position.</p>
27B	Speech Pathology Head of Department Hastings Macleay Grading Speech Pathologist L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Speech Pathology Manager South and will report to the District Head of Discipline Speech Pathology (9B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to Speech Path staff PMBH, WDMH and KDH.</p> <p>SP grading TBC. There is a permanent employee currently acting in this position.</p>
28B	Dietetics Head of Department Hastings Macleay Grading Dietetics L5		✓	✓	✓	✓		<p>This changed and/or regraded role is proposed as Dietetics Manager South and will report to the District Head of Discipline Dietetics (10B). Proposed as 1.0 FTE.</p> <p>This role will provide operational management and clinical supervision to physiotherapy staff PMBH, WDMH and KDH.</p> <p>Dietitian grading TBC. There is a substantive permanent employee in this position.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
29B	N/A						✓	<p>A two-year goal to develop a Physiotherapy Educator position which will report to the District Allied Health Educator (5B). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator and the District Head of Discipline.</p>
30B	N/A						✓	<p>A two-year goal to develop an Occupational Therapy Educator position which will report to the District Allied Health Educator (5B). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator and the District Head of Discipline.</p>
31B	N/A						✓	<p>A two-year goal to develop a Social Work Educator position which will report to the District Allied Health Educator (5B). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator and the District Head of Discipline.</p>
32B	N/A						✓	<p>A two-year goal to develop a Speech Pathology position which will report to the District Allied Health Educator (5B). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator and the District Head of Discipline.</p>
33B	N/A						✓	<p>A two-year goal to develop a Dietetics Educator position which will report to the District Allied Health Educator (5B). Proposed as 0.2 FTE.</p> <p>This role will support discipline specific education and student placements in collaboration with the District Allied Health Educator and the District Head of Discipline.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
34B	Relates to all community Physiotherapy positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Physiotherapist Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Physiotherapist and will report to the District Head of Discipline Physiotherapy (6B). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community physiotherapists across the District.</p>
35B	Relates to all community Occupational Therapy positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Occupational Therapist Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Occupational Therapist and will report to the District Head of Discipline Occupational Therapy (7B). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community occupational therapists across the District.</p>
36B	Relates to all community Social Work positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Social Worker Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Social Worker and will report to the District Head of Discipline Social Work (8B). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community social workers across the District.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
37B	Relates to all community Speech Pathology positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Speech Pathologist Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Speech Pathologist and will report to the District Head of Discipline Speech Pathology (9B). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community speech pathologists across the District.</p>
38B	Relates to all community Dietetics positions currently graded at a level 3 and above		✓	✓	✓	✓		<p>Proposed EOI (or similar) process for supported realignment or regrade of an existing Dietitian Level 3 or above position.</p> <p>This realigned or regraded role is proposed as Senior District Community Dietitian and will report to the District Head of Discipline Dietetics (10B). Proposed as 1.0 FTE.</p> <p>This role will have a clinical caseload and provide senior clinical and operational leadership to community dietitians across the District.</p>
39B	Relates to all other Community Allied Health staff (including Genetic Counsellors and any other AH professions working in ICAHCS not otherwise listed in this structure)	✓						<p>Community MDT positions will remain reporting to current lead/manager in community teams.</p> <p>Will report professionally to the District Manager Allied Health – Associate Director ICAHCS (3B)</p>
40B	Relates to Physiotherapists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT physiotherapy positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Physiotherapist (34B) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
41B	Relates to Occupational Therapists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT occupational therapy positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Occupational Therapist (35B) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
42B	Relates to Social Workers working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT social work positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Social Worker (36B) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
43B	Relates to Speech Pathologists working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT speech pathology positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Speech Pathologist (37B) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>

	Current Position	No change	Reporting Line Change	Position Name Change	Position Description Change	Positional Regrade	New Position	Description of Proposed Change
44B	Relates to Dietitians working within a Multidisciplinary team (MDT) in Community Health	✓	✓					<p>Community MDT dietitian positions will remain reporting to current lead/manager in community team.</p> <p>Will report professionally (and operationally if appropriate) to the Senior District Community Dietitian (38B) once position established.</p> <p>If reporting operationally to the Senior District Community positions, MDT clinicians will still have day-to-day clinical connection to their MDT.</p>
45B	Relates to Community Podiatrists	✓						<p>MDT position will remain reporting to current lead/manager in community team.</p> <p>Will report professionally to the District Advisor for Podiatry (11B) once position established.</p>
46B	Relates to Community Psychologists working within Integrated Care, Allied Health and Community Services Directorate	✓						<p>MDT position will remain reporting to current lead/manager in community team.</p> <p>Will report professionally to the District Advisor for Psychology (12B) once position established.</p>

Document Version History:

- v1.01 – 20/11/2023 – Version for Formal Consultation. Minor typographical errors amended.

Appendix 1. Support services

MNCLHD values its staff and is committed to supporting staff impacted by the change process.

MNCLHD will provide the following support services:

- Up-to-date information on the Organisational Co-Design Program intranet page: [Building Integrated Community and Allied Health Streams - MNCLHD Intranet \(nsw.gov.au\)](#)
- A dedicated email to answer staff enquiries: MNCLHD-ICAHCSOrganisationalCodesignProgram@health.nsw.gov.au
- Access to counselling services through the Employee Assistance Program (EAP):
 - Website: www.accesseap.com.au
 - Email: info@accesseap.com.au
 - Phone: 1800 81 87 28 or (02) 8247 9191
- General HR advice and support provided throughout the change process from the MNCLHD Human Resources team.
- Assistance or advice for staff with preparing applications or EOIs for available positions and/or developing their interview skills will be provided by the MNCLHD Human Resources team as needed.
- Staff with a disability, injury or other concern about their capacity to apply for roles during placement processes will be encouraged to speak with the MNCLHD Human Resources team as soon as possible to discuss support options.
- Staff can lodge internal complaints with the MNCLHD Human Resources team or via the A/District Manager Organisational Co-Design Program.