



# Canberra Health Services Consultation Paper.

Neurophysiology Workforce Review

Neurology, Division of Medicine

**Remember** - Seek advice about consultation requirements with staff and unions from the **People & Culture Branch** prior to commencing your consultation process.

**512 49610 - Employee Relations Hotline, People & Culture Branch**

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## 1. Introduction

Canberra Health Services (CHS) is focussed on the delivery of high quality, effective, person-centred care. It provides acute, sub-acute, primary, and community-based health services to the Australian Capital Territory (ACT)—a catchment of approximately 400, 000 people. It also services the surrounding Southern New South Wales region which includes the Bega Valley, Bombala, Cooma-Monaro, Eurobodalla, Goulburn, Mulwaree, Palerang, Queanbeyan, Snowy River, Upper Lachlan Shire, and the Yass Valley.

CHS administers a range of publicly funded health facilities, programs and services including but not limited to:

- **The Canberra Hospital:** a modern 600-bed tertiary hospital providing trauma services and most major medical and surgical sub-specialty services.
- **University of Canberra Hospital Specialist Centre for Rehabilitation, Recovery and Research:** a dedicated and purpose-built rehabilitation facility, with 140 inpatient beds, 75-day places and additional outpatient services.
- **Mental Health, Justice Health, Alcohol and Drug Services:** provide a range of health services from prevention and treatment through to recovery and maintenance at several locations and in varied environments for people suffering from mental health issues.
- **Dhulwa Secure Mental Health Unit:** a purpose designed and built facility providing clinical programs and treatment options for people suffering from acute mental health issues.
- **Six community health centres:** providing a range of general and specialist health services to people of all ages.
- **Three Walk-in Centres:** which provide free treatment for minor illness and injury.
- A range of **community-based** health services including early childhood services, youth and women's health, dental health, mental health and alcohol and drug services.

CHS is a partner in teaching with the Australian National University, the University of Canberra, and the Australian Catholic University.

On 1 October 2018 ACT Health transitioned into two separate organisations being the ACT Health Directorate (ACTHD) and Canberra Health Services (CHS).

To enable CHS to have a strong focus on operational effectiveness, efficiency, and accountability in the health services we provide, CHS is proposing a realignment of functions.

The [current organisational chart](#) and the recent [Annual Report](#) and the ACT Government [Budget Papers](#) provide more detail about CHS.

The Neurology Department at Canberra Hospital provides both inpatient and outpatient neurology and neurophysiology services to the ACT and surrounding region of New South Wales (NSW). The department manages approximately 1000 in-patient admissions annually with a dedicated ward and acute stroke unit. CHS provides the level 6 acute stroke service for the ACT and Southern NSW region, delivering acute intravenous thrombolysis and endovascular clot retrieval. The department also provides approximately 3,800 occasions of service per year to outpatients, including medical clinics, neurophysiology diagnostic investigations and the provision of Botox.

## 2. Purpose

The purpose of this paper is to describe the proposed changes to the Neurophysiology Unit structure within the Department of Neurology, Division of Medicine, CHS. The proposed staff structure change aims to:

- Improve patient health outcomes, patient experience, quality of care and efficiency of care delivered by the Neurophysiology Unit.
- Support a sustainable staff structure that promotes clinical supervision, peer support, career progression and succession planning to allow for staff leave, development and evolution of clinical scope.

Consultation is required due to the proposed:

- Changes in the composition, operation, and size of the neurophysiology workforce.
- Changes to administrative process and/or procedure.

The proposed changes are:

- In collaboration with the Division of Allied Health, ensure all Neurophysiology Scientist duty statements align with the organisation's expectations of classification levels detailed in the *Work Level Standards for Health Professionals and Allied Health Assistants* (review in progress). This will involve a review of current duty statements and potential change in role description and duties.
- Abolish the current HP4 Neurophysiology Manager role to create two HP3 Senior Neurophysiology Scientists roles. This will create roles with clear responsibilities that include high level clinical care, clinical supervision, consultation and engagement with stakeholders, participation and implementation of governance and research/QI programs relevant to the area of service delivery. The proposed reporting line for the newly established HP3 position is the:
  - Unit Director for managerial tasks.
  - Division of Medicine Director of Allied Health (DAH) for discipline-specific and professional supervision.

To promote collaborative leadership across the two positions, clinical streams may be established (e.g. in-patient services and outpatient services) with the positions rotated regularly across both to ensure recency of practice, shared responsibility of HP2 supervision, and minimise a siloed approach to care delivery.

- Remove the HP1 Graduate Clinical Neurophysiology position to create a second HP2 Neurophysiology Scientist position. This will provide opportunity at the HP2 level for employees to gain experience with strong clinical supervision across the scope of practice, participate in peer support supervision and opportunity to complete HDA duties. Once the

proposed structure is established and able to support and deliver strong clinical and education models of care, the HP1 position and student placements should be re-considered. This will allow CHS to be involved in the development of future scientists able to be successfully recruited into positions or cover HP2 leave.

- Implementation of an external clinical supervision model that promotes a channel to discuss complex clinical and professional issues, standardised core skills across the profession, increased job satisfaction for staff at all clinical levels, more efficient clinical supervision and professional development access and associated costs.
- Trial an Allied Health Assistant 2 part-time position to support and assist the neurophysiology team in day-to-day administrative tasks and patient care. This role will be important during the forming period of this team, promoting opportunity to develop shared goals and team priorities whilst meeting clinical demand.

To assist implementation of the proposed structure, project officer support from within the Division of Medicine will guide and monitor the units change leadership, stakeholder management, communications and transitional planning, and support for learning development.

Development of the future model was assisted by benchmarking to numerous Health Round Table Defined Peer Hospitals, with feedback received from the Royal Brisbane and Women's Hospital (QLD), The Austin Hospital (VIC), and the Royal Hobart Hospital (TAS). The main aim was to collect basic staff modelling data to identify differences that may be contributing to CHS's challenges in recruitment and retention of allied health staff. Online and in-person interviews were conducted with managers from across the above services who all highlighted themes associated with a safe and efficient neurophysiology unit:

- A horizontal workforce structure that facilitates collaborative leadership through lines of communication between manager/senior staff and employees. This structure also allows staff to receive appropriate support to work safely and independently across their full scope of practice with clear clinical supervision and risk management reporting lines.
- A staff structure that promotes regular communication opportunities through professional development, interprofessional learning activities and collaboration in quality improvement.
- Organisation investment in the staffing structure of the neurophysiology unit by supporting and enabling the development of a shared vision involving input from the whole team.

Significant discussions have occurred with interstate health services, primarily The Austin Hospital, regarding the establishment of a strong network that promotes professional development and the opportunity for team members across organisations to learn with, from and about each other. There is opportunity for shared professional development resources, involvement in virtual team meetings and education sessions, and in-hospital/site observation practical exchanges between organisations. The benefits associated with these relationships include improved peer support, support for changes to models of care and scope, and research and education facilitation. Examples of information sharing has already occurred between CHS and the Royal Hobart Hospital due to benchmarking activity taking place.

Multiple discussions have also occurred with an interstate clinical expert investigating the implementation and benefit of external clinical supervision. Remote clinical supervision is a flexible

model of supervision and support that enables access to supervisors outside of the organisation who possess the skills and attributes required to facilitate a constructive supervisory relationship. Whilst this role would primarily assist with development of individual clinical and professional competence, significant clinical education experience could also provide benefit in the development of a quality education and research plan for the unit. All supervision arrangements will require an *External Clinical Supervision Agreement for Allied Health Professionals (AHPs)* to ensure quality supervision that maximises safe and quality patient care.

All comparable neurophysiology units employ allied health staff at an equivalent to a HP4 level, however, benchmarking demonstrated there is increased managerial responsibility due to a broader range of neurophysiology services provided, management of on-call rosters, increased medical consultant and scientific staff FTE and, extended scopes of practice requiring specialised skills, an example is intraoperative monitoring and intraoperative EEGs. Due to the current model of care and services provided by the CHS Neurophysiology Unit, the proposed structure is suitable to provide a safe and efficient system under the leadership of HP3 allied health clinicians and strong interprofessional and external clinical supervision models.

### 3. Current model

At CHS, the clinical neurophysiology profession is one of the Clinical Measurement Science (CMS) disciplines. The other CMS disciplines are cardiac science, respiratory science, and sleep science. Scientific staff employed across CMS work under a collective vision; *Clinical Measurement Science professionals deliver compassionate service through collaboration and excellence.*

The Neurophysiology Unit provides a range of neurophysiology assessments as well as provides support to neurology medical staff for certain diagnostic neurophysiological procedures. Referrals for neurophysiology services are accepted for both inpatient and outpatient clinical areas, including the community and other surrounding region health systems. The teams' current funded FTE is outlined in Table 1 and briefly described below, based on currently approved duty statements.

**Table 1: Current FTE**

Cost Centre Labour Category Classification	Budget FTEs	Actual FTEs (Avg)	Var
<b>Medical Support</b>	<b>4</b>	<b>2.00</b>	<b>-2.00</b>
HP4	1.0	1.00	0.0
HP3	1.0		-1.0
HP2	1.0	1.00	1.00
HP1	1.0		-1.0

## **HP4 Neurophysiology Manager**

This position requires a high level of subject matter expertise and the ability to work autonomously to provide complex and critical neurophysiology service delivery. The role includes the management of the neurophysiology service and allied health staff, the development and provision of education and training for staff and students and requires participation in and contribution to continual professional development of the neurophysiology group. This role currently has all neurophysiology scientists (HPs) reporting directly to them, the HP4 reports directly to the Unit Director Neurology.

## **HP3 Senior Neurophysiology Scientists (currently not recruited)**

This position requires a subject matter expertise and the ability to work autonomously to provide complex and critical neurophysiology service delivery. The role includes supporting the management of the neurophysiology service and allied health staff, the development and provision of education and training for staff and students and requires participation in and contribution to continual professional development of the neurophysiology group.

## **HP2 Neurophysiology Scientist**

This position requires subject matter expertise and the ability to work autonomously to conduct routine, and assist in complex, neurophysiology investigations according to procedures and standards for adult, paediatric and neonatal populations to provide complex and critical neurophysiology service delivery. The role includes supporting the management of the neurophysiology service, the provision of education and training for staff and students and requires participation in and contribution to continual professional development of the neurophysiology group.

## **HP1 Graduate Clinical Neurophysiology Scientists (currently not recruited)**

The Health Professional Level 1 (HP1) Graduate Clinical Neurophysiological Scientist role will assist in performing clinical neurophysiological testing whilst under close supervision, as well as assisting with routine tasks to ensure provision of a high-quality service. The role will also assist with quality assurance activities and support student placements. Training will be provided for all aspects of the role.

The Neurophysiology Unit was established within the Department of Neurology prior to 1998, initially providing inpatient services only. Staff were initially employed in a *Technical Officer* classification, with re-classification of positions to *Health Professional* between 2005 and 2008.

In 2013 the HP2 position was established to allow more appropriate cover. Due to ongoing recruitment, retention and leave utilisations issues it has been identified that this has not had a positive impact on service delivery as planned. The funded position structure has remained the same with nil review since 2013.

Nil other formal review of staffing structure has been identified for this unit.

Ability for staff to progress through the classifications has been based on completion of clinical competencies with specific skills being limited to the senior neurophysiologist (HP3 and 4), including inpatient EEG. This system has limited staff's opportunity to observe, practice and demonstrate clinical competence in skills that would normally be considered within core scope of practice. Progression to higher classifications has also not been considered on individual's clinical competence across a range of other expertise appropriate for promotion, including clinical supervision, teaching and research capabilities.

The Neurophysiology Department currently utilises three portable EEG machines and readers for use across inpatient and outpatient services. The unit also shares responsibility with medical staff of two Nerve Conduction Study machines. Approval for purchase of two new EEG machines and readers has recently been approved by the CHS Procurement Committee, this is required to update machines and ensure technology alignment and compatibility with evolving laboratory management systems (Nexus 360) and the incoming CHS Digital Health Record (DHR). The proposed staffing changes will allow efficient utilisation of equipment for both service delivery and education purpose.

## 4. Rationale for change

### 4.1 Staffing

Decreased service delivery due to ongoing staffing shortages in the Neurophysiology Unit has been identified. Difficulties in recruitment and retention of appropriately trained staff and high-staff turnover is due to ongoing culture issues, limited education and research opportunities, decreased clinical supervision and insufficient ability to backfill annual and unplanned leave.

The ongoing staffing issues result in limited education and research opportunities and have not allowed increased duties and scope of practice to evolve, for example, interoperative monitoring service. The service has also not been able to accommodate student industry placements. Re-introduction of these placements will allow students to be trained and competent in clinical duties specific to CHS service delivery, allowing for recruitment and substantive leave cover as required.

### 4.2 Increased waitlists

Increased waitlist for neurophysiology services caused by significant staff shortage in the Neurophysiology Unit are due to unclear departmental governance, suboptimal record-keeping systems and decreased interprofessional collaboration.

The result of increased waitlists includes delayed post inpatient discharge pathways that ensure relevant diagnostics are completed within recommended KPI timeframes, prior to outpatient review and limit delayed diagnosis with potential for adverse events.

### 4.3 Culture diagnostic

In November-December 2019, a Culture Diagnostic was conducted with the CHS Department of Neurology. This was initiated due to:



- People and Culture and the Executive Director being made aware of multiple culture issues within the department
- Multiple staff concerns raised with the CHS Employee Advocate that identified multiple systematic issues

Evidence of workplace issues that were attributable to the perceived negative workplace culture and current workforce model specific to the neurophysiology department included:

- Inefficient processes and use of systems that lead to increased waitlists and delay discharge from both in-patient and outpatient settings.
- Unclear reporting lines, clinical and professional supervision processes within current model not supportive of a positive team culture
- Outdated and inefficient clinical care and clinic scheduling
- Poor leadership behaviour and management practices

Workforce data obtained as part of the review noted higher than usual neurophysiologist personal leave records.

#### **4.4 Critical Services Building**

As part of the Canberra Hospital Expansion, the centerpiece Critical Services Building will deliver more emergency, surgical and critical care capacity for the ACT and surrounding region. To ensure the Department of Neurology and Neurophysiology Unit can meet expected increase in demand, the staffing model must promote a knowledgeable and sustainable workforce operating within current scope with possibilities to extend scope to allow innovative service provision.

#### **4.5 Territory-wide Stroke Service**

Work is underway to assist in establishment of a territory-wide stroke service that will aim to ensure our neurology services are aligned with the future health needs of people living in the ACT and surrounding region. The services would improve integration to support seamless transition of care, provide the foundations for a sustainable service and support the need of priority populations groups, ensuing equitable access to care. An appropriately staffed Neurophysiology Unit is an integral part of this health service planning.

## 5. Proposed Future model

### 5.1. Scope of the future model

The proposed staffing model change will affect neurophysiology scientists working in the Division of Medicine at Canberra Health Services.

## 5.2. Physical design/structure

- No changes to physical design or office space layout
- Change in FTE to allow proposed model to be implemented.
- Review of HP3 and HP2 duty statements to ensure alignment with CHS Allied Health and meet both clinical duties and supervision requirements.
- An updated organisation chart and governance processes (triage, clinic scheduling responsibilities) will be published and communicated with stakeholders.

**Table 1: Proposed FTE**

Cost Centre Labour Category Classification	Budget FTEs	Proposed FTEs
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<b>Medical Support</b>	<b>4</b>	<b>4.5</b>
HP3	1.0	2.0
HP2	1.0	2.0
AHA 2 (12 month with possibility of permanency)	0	0.5

## 5.3. Benefits of the future model

The scope of the future model aims to:

- Improve patient outcomes, patient experience, quality of care and efficiency of care delivered by the Neurophysiology Unit.
- Recruitment to the proposed positions will support a sustainable structure that promotes clinical supervision, career progression and sustainability of the service to allow for staff leave and evolution of the service.
- Ability to develop innovative rostering and clinic schedules to improve accessibility and efficiency of the service
- Anticipated higher retention rates of staff within the neurophysiology unit
- Improved consistency in roles, responsibilities, and expectations, leading to more consistent and improved service delivery outcomes.
- Allows HP3 scientists to undertake more complex and strategic work that better aligns with their classification level and promotes CHS values.

## 5.4. Implementation of the future model

Following review and feedback, the proposed changes have been endorsed by the:

- Executive Director Division of Medicine
- Clinical Director Division of Medicine

- Unit Director Neurology
- Operations Manager Division of Medicine

The current HP4 position will be abolished to allow recruitment to a new HP3 position, alongside the current HP3 position. The HP4 position is currently occupied by a permanent employee, with the proposed structure resulting in a surplus to requirements. The staff member will be communicated the proposed staff model changes and advised that should the proposed restructure proceed; an excess officer situation would likely arise.

Under the Union Encouragement Policy, employees will be given full access to union officials/ delegates and facilities during working hours to discuss the restructure on the provision that work requirements are not unreasonably affected. It is envisaged the proposed structure will be implemented as soon as possible after the consultation period has closed as per table 2:

Table 2: Proposed Structure implementation timeline

Steps	Action	Dates
1	Letter and consultation document to be provided to a Unions	23 June 2022
2	Management to meet with affected staff to discuss proposed changes and answer any questions	24 June 2022
3	Consultation period begins with all affected staff and unions	24 June 2022
4	Staff forum (Webex)	30 June 2022 05 July 2022
5	Consultation period ends	08 July 2022
6	Any provided suggestions from consultations will be reviewed and any changes incorporated into the final paper within one week	15 July 2022
7	Recruitment processes commence	TBC

## 5.5. Implications for not undertaking the change

Nil review of the neurophysiology unit will continue to have a significant negative impact on service delivery, patient care and staff retention. Clear roles and responsibilities, career progression and clinical supervision are vital for safe and effective clinical care and team dynamics that support it. The unit is currently unable to deliver any clinical services due to the ongoing staffing issues identified above- this is a significant clinical risk and not sustainable to support that CHS is providing

exceptional care in neurophysiology. Impacts on service delivery have a negative impact on staff motivation and psychological wellbeing. Lack of review could lead to continued high leave levels, resignation in neurophysiology and potentially other professional and support groups within the neurology unit.

## 6. Consultation methodology

This proposal provides more detail in relation to the Neurophysiology Workforce Review. There are still details that need to be determined and your feedback, suggestions and questions will assist in further refining the proposed staffing structure.

Feedback can be provided via email to [sarah.c.chapman@act.gov.au](mailto:sarah.c.chapman@act.gov.au) (Business Manager Division of Medicine)

**Feedback is due by 8<sup>th</sup> July 2022.**

We are seeking responses to the following questions:

1. Do you support the proposal to change the staffing model for the CHS Neurophysiology Unit?
2. Do you have any concerns about the proposal? If so, what are they?
3. Do you have any other feedback you would like to be considered in relation to the Neurophysiology Workforce review?

For any further information relating to the Neurophysiology Workforce Review and subsequent consultation process, please contact Sarah Chapman via [sarah.c.chapman@act.gov.au](mailto:sarah.c.chapman@act.gov.au).

## 7. References

Document	Author
<i>Canberra Health Services Strategic Plan</i>	<i>CEO, Canberra Health Services</i>
<i>Recruitment policy</i>	<i>People &amp; Culture, Canberra Health Services</i>
<i>People &amp; Culture Business Plan/Strategic Objectives</i>	<i>People &amp; Culture, Canberra Health Services</i>
<i>External Clinical Supervision Agreement for Allied Health Professionals (AHPs)</i>	<i>Division of Allied Health, Canberra health Services</i>