



Health
South Eastern Sydney
Local Health District

**Developmental Disability Health Service
Child Youth & Family Services,
Population and Community Health
South Eastern Sydney Local Health District (SESLHD)**

Restructure Consultation Document

Comments or feedback on this proposal can be submitted in writing to Michelle Jubelin, Director, Child, Youth and Family Services, via email to: Michelle.Jubelin@health.nsw.gov.au by

31 March 2021

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1. Overview of the Current Developmental and Disability Service

1.1 The current Developmental Disability Health Service in South Eastern Sydney Local Health District (SESLHD) incorporates two teams: the Developmental Disability Assessment Team (DDAT) and the Specialist Intellectual Disability Health Team (SIDHT).

The DDAT provides multi-disciplinary diagnostic and assessment clinical services, to children, adolescents and adults with developmental and intellectual disabilities across the district.

The recently established SIDHT supports and builds capacity of main stream health services across SESLHD as well as Nepean Blue Mountains Local Health District and Illawarra Shoalhaven Local Health District for clients with an intellectual disability.

Staff within these two teams, currently report to the HSM 4 Manager Developmental Disability Health Service, through the 1.0 FTE Medical Lead for the Developmental Disability Assessment Team and a Clinical Nurse Consultant grade 3 for the Specialised Intellectual Disability Team.

The 1.0 FTE Medical Lead also holds the role of the Child, Youth and Family Medical Director and professionally manages all medical staff who sit within Child, Youth and Family.

The Medical Director component of the position reports directly to the Director Child, Youth and Family, and the Medical Lead component reports directly to the Manager Developmental and Disability. This dual role creates a complex management structure.

The historical function of the Developmental Disability Assessment team has changed due to Commonwealth, State and local system changes that impact on the service including:

- the establishment of the Specialised Intellectual Disability Health Team to build the skills, confidence and experience of mainstream health services for clients with an intellectual disability;
- growing demand for services including from vulnerable populations within SESLHD;
- the need to build capacity within mainstream services;
- changes from the implementation of the NDIS across the service; and
- the Disability Inclusion Action Plan (DIAP) to ensure inclusion of clients with a disability in mainstream services

Historically the Developmental Disability Assessment Team has employed medical sub-specialists including;

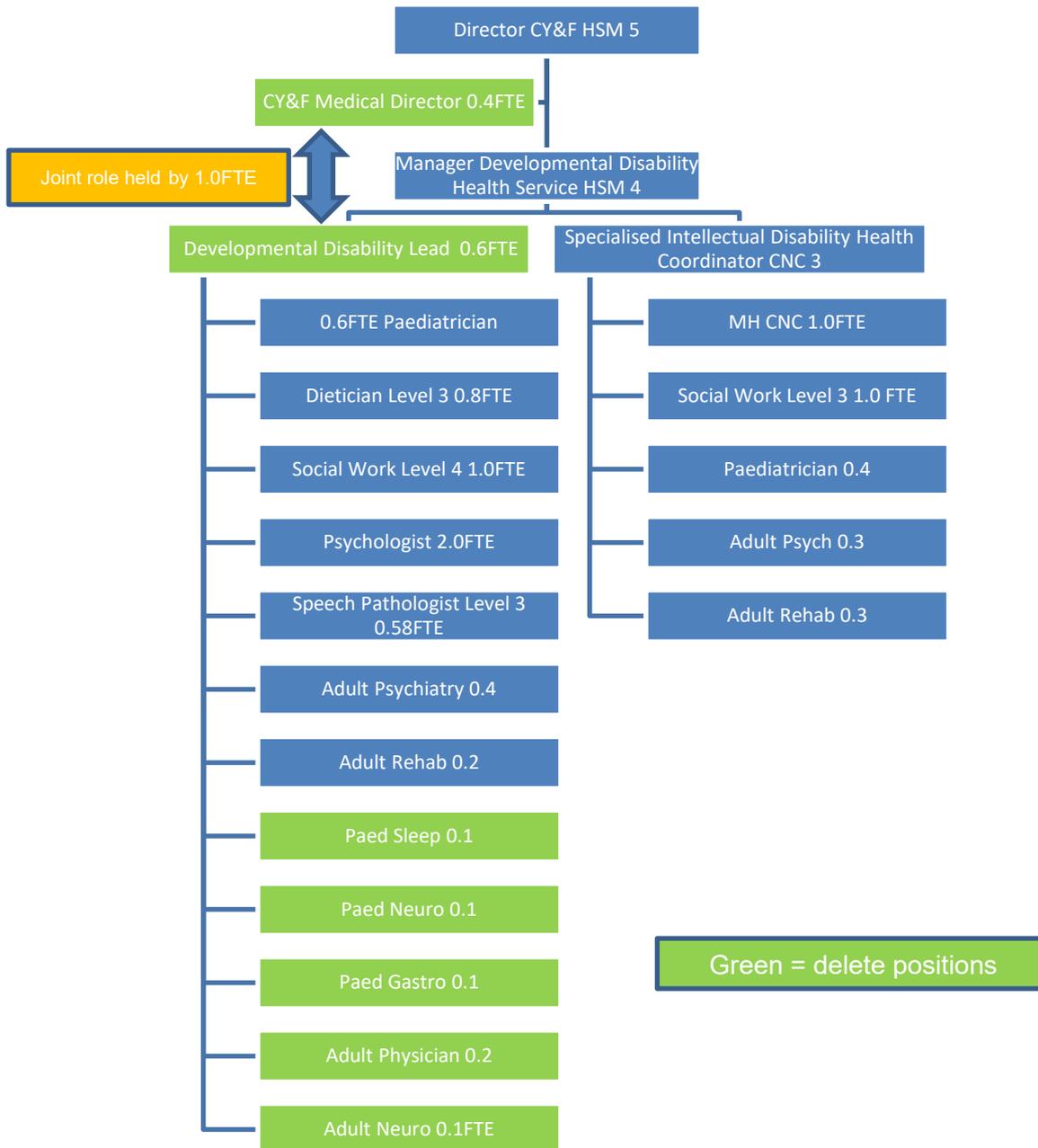
- Paediatric Sleep Specialist (0.1FTE)
- Paediatric Neurologist (0.1FTE, temporary position)
- Paediatric Gastroenterologist (0.1FTE temporary position)
- Adult Physician (0.2FTE)
- Adult Neurologist (0.1FTE)

The employment of the above sub-specialists does not align with the strategic direction of the DIAP principles of inclusion for clients with a disability into mainstream services and the vision of the Specialist Intellectual Disability Team to build capacity of mainstream services to respond to clients with a disability.

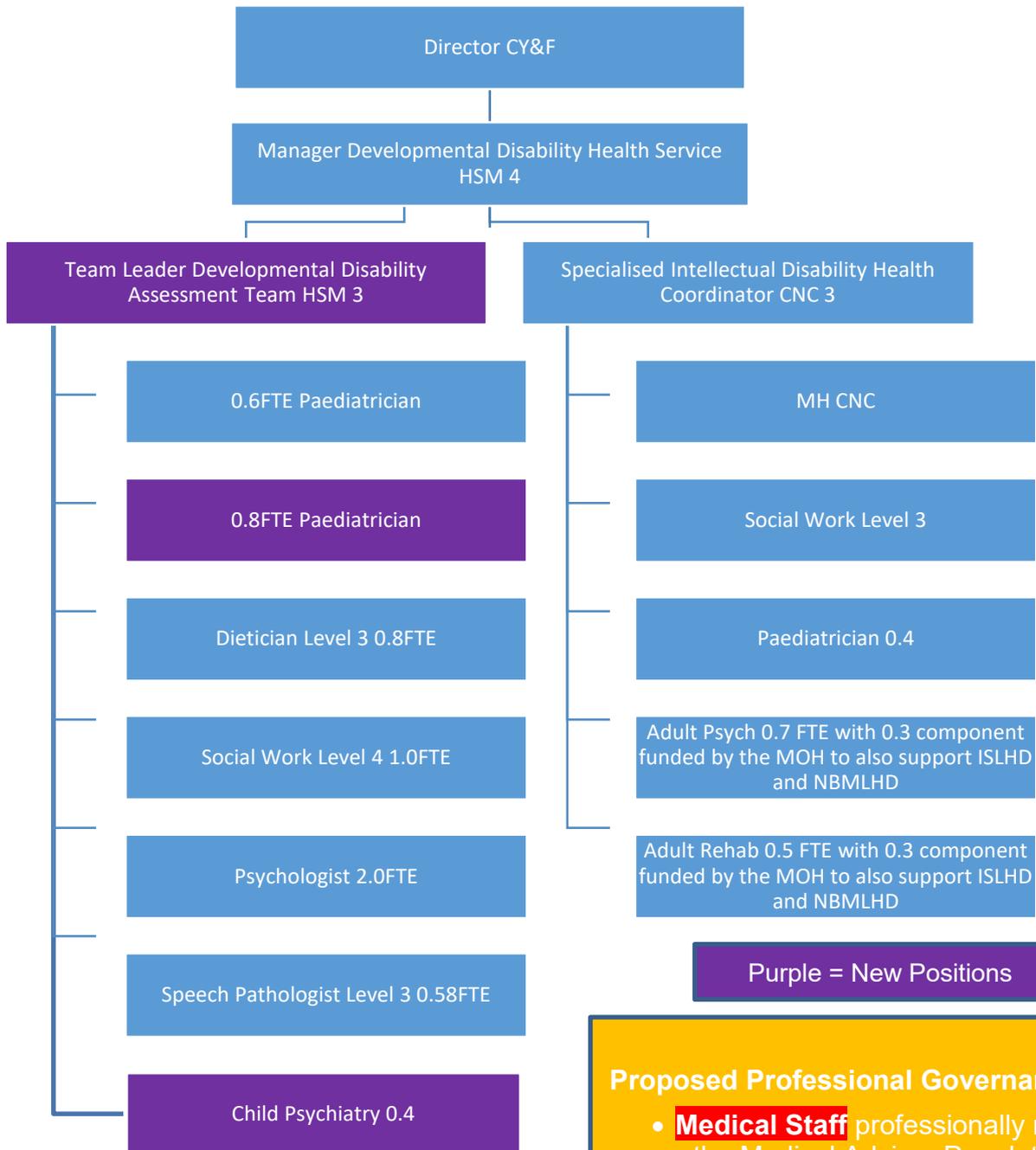
The focus for the DDAT should be diagnosis and assessment, and the funding for this service should focus on this component to ensure clients are assessed and referred to appropriate interventions in a timely manner. Delays in assessment/ diagnosis and appropriate intervention of children in the early years has the potential to have life-long implications.

The focus of the SIDHT team should be building capacity of mainstream services and brief assessments and reviews with a pathway to refer back to mainstream services.

1.2 Current Organisational Structure



2.1 Proposed Structure: Developmental Disability Health Service



Purple = New Positions

Proposed Professional Governance

- **Medical Staff** professionally report to the Medical Advisor Population and Community Health
- **Allied Health** professionally report to their SESLHD Allied Health Discipline Advisor
- **Nursing** professionally report to the Nurse Manager, Child and Family

2.2 Rationale and Business Case

In line with the First 2000 Days Framework, the first 2000 days is a critical time for physical, cognitive, social and emotional health. What happens in the first 2000 days of life has been shown to have lifelong impacts. It is therefore crucial that SESLHD provides appropriate service responses for children and families who require specialised assistance in a timely manner.

Currently there is a 12 month waiting list for children requiring an assessment and diagnosis. Long waiting lists risk missing critical developmental windows for children under 5 years. These windows continue to close if concerns are not identified. Opportunities to support development are dramatically reduced once the developmental windows pass.

According to the Emeritus Professor Richard Henry Report (2019) *Review of health services for children, young people and families within the NSW Health system*; a major concern expressed by general practitioners and general paediatricians was the difficulties in accessing services for children with Autism Spectrum Disorder (ASD) and with global developmental delay.

The current structure and distribution of roles and responsibilities as well as the numerous sub-specialties with the DDAT, does not align with the First 2000 Framework, the DIAP principles of inclusion to mainstream services or the vision for the Specialist Intellectual Disability Health Team.

The two main functions of the Medical Lead and Medical Director are managerial and administrative, leading the DDAT and professionally managing the doctors across the Child, Youth and Family Service, including trainees. This significantly limits their ability to undertake clinical responsibilities.

In order to respond to the increased clinical demand, a HSM 3 will be employed to oversee the managerial and administrative aspect of the DDAT and the Medical Advisor, Population and Community Health will professionally manage all medical staff within CY&F. All trainees will be managed by an appropriate staff specialist within their specialty.

Broader paediatric governance and direction will be supported through the Paediatric Stream for the district.

A 0.8 FTE Paediatrician will be employed to focus on models of care and clinical service delivery, increasing face to face clinical time and assist in reducing the extensive waiting list.

The employment of the fractional sub-specialists does not align with the vision of the service to provide assessments and diagnosis, the DIAP principles or the role of the SIDHT to build capacity of mainstream services for clients with a disability. Deleting the sub-specialists positions will allow for the employment of a 0.4FTE Child Psychiatrist, who can work jointly with the paediatrician to undertake assessments and diagnosis of children who present with complex presentations.

Moving all adult focused positions across to the SIDHT team will provide consistent models of care for adults with an intellectual disability. The DDAT will focus on assessments and diagnosis of children.

It is important that the service supports equity in access to services within SESLHD. These changes will allow for better support to complex clients by responding to referrals in a timely way and providing clear pathways between services and mainstream health care.

The objectives of the new governance structure are to implement clear models of care in

disability that are;

- **Accessible** - with clear criteria;
- **Affordable** - able to be administered within available resources;
- **Equitable** – for clients with a disability;
- **Efficient** - such that wait times are minimised.

Once the new structure is implemented, the team will have clear clinical leadership and line management accountability, enabling the teams to strengthen existing models of care and develop a clear scope of practice for and between their services.

2.3 Staffing:

The existing team composition does not align with the National, state and local policy directions that supports the linkages with mainstream services. In addition, the managerial and administration of the current Medical lead/ Director, results in minimal clinical time resulting in long waiting lists.

To address this, it is proposed that the following 1.6FTE positions be deleted:

- **Delete** DDAS Medical lead/ CY&F Medical Director 1.0FTE.
- **Delete Paediatric Sleep 0.1FTE**
- **Delete Paediatric Neurologist 0.1FTE (Temporary)**
- **Delete Paediatric Gastrologist 0.1FTE (Temporary)**
- **Delete Adult Physician 0.2FTE**
- **Delete Adult Neurologist 0.1FTE**

It is proposed that the following 2.4 FTE positions be created:

- **Create** Developmental Disability Assessment Service Team Leader 1.0FTE HSM 3
- **Create** Paediatrician 0.8FTE
- **Create** Child Psychiatrist 0.4FTE

Governance:

To improve governance and accountability, it is proposed that:

- The Developmental Disability Assessment Team Leader (HSM 3) will report directly to the Manager Developmental Disability Health Service
- The Medical Staff Specialists will professionally report to the Medical Advisor, Population and Community Health. This will include providing support around professional and/ or industrial issues for medical staff.
- The Medical Trainees will report to their relevant staff specialist
- The Allied Health staff will professionally report to their discipline Allied Health Advisor
- The Nursing staff will professionally report to the Nurse Manager Child and Family

3. Proposed Position Descriptions (Summary)

The newly created positions will be submitted to the appropriate Grading committees for review in line with the Awards and SESLHD relevant policies

New Positions:

3.1 Team Leader, Developmental Disability Assessment Team (HSM 3)

The role's primary objectives are to:

- Provide strategic leadership, integrating care across Child, Youth and Family in line with the First 2000 Days Framework
- Provide strong team leadership for the Developmental Disability Assessment Team
- Provide operational day to day management of the Developmental Disability Assessment Team

3.2 Staff Specialist (Paediatrician) (0.8FTE)

The role's primary objectives are to:

- Provide tertiary disability assessments
- Provide an accountable and high standard of specialist developmental paediatric care, including consultation services, developmental and behavioural paediatric clinics
- Participate, provide and promote multidisciplinary clinical services
- Responsible for the supervision of junior medical staff under the Consultant's direction

3.3 Staff Specialist (Child and Adolescent Psychiatrist) (0.4FTE)

The role's primary objectives are to:

- Provide tertiary disability assessments in partnership with the Paediatrician
- Provide an accountable and high standard of specialist developmental/psychiatric paediatric care, including consultation services, developmental and behavioural paediatric clinics
- Participate, provide and promote multidisciplinary clinical services
- Responsible for the supervision of junior medical staff under the Consultant's direction

4. The Recruitment and Matching Process

All changes will be managed as per NSW Health PD2012_021 Managing Excess Staff of the NSW Health Service and SESLHD PD/180 Change Management.

Endorsement from the Director, Population and Community Health will be obtained. Once the proposed restructure commences all the current permanent staff who will be affected will be informed of this in writing.

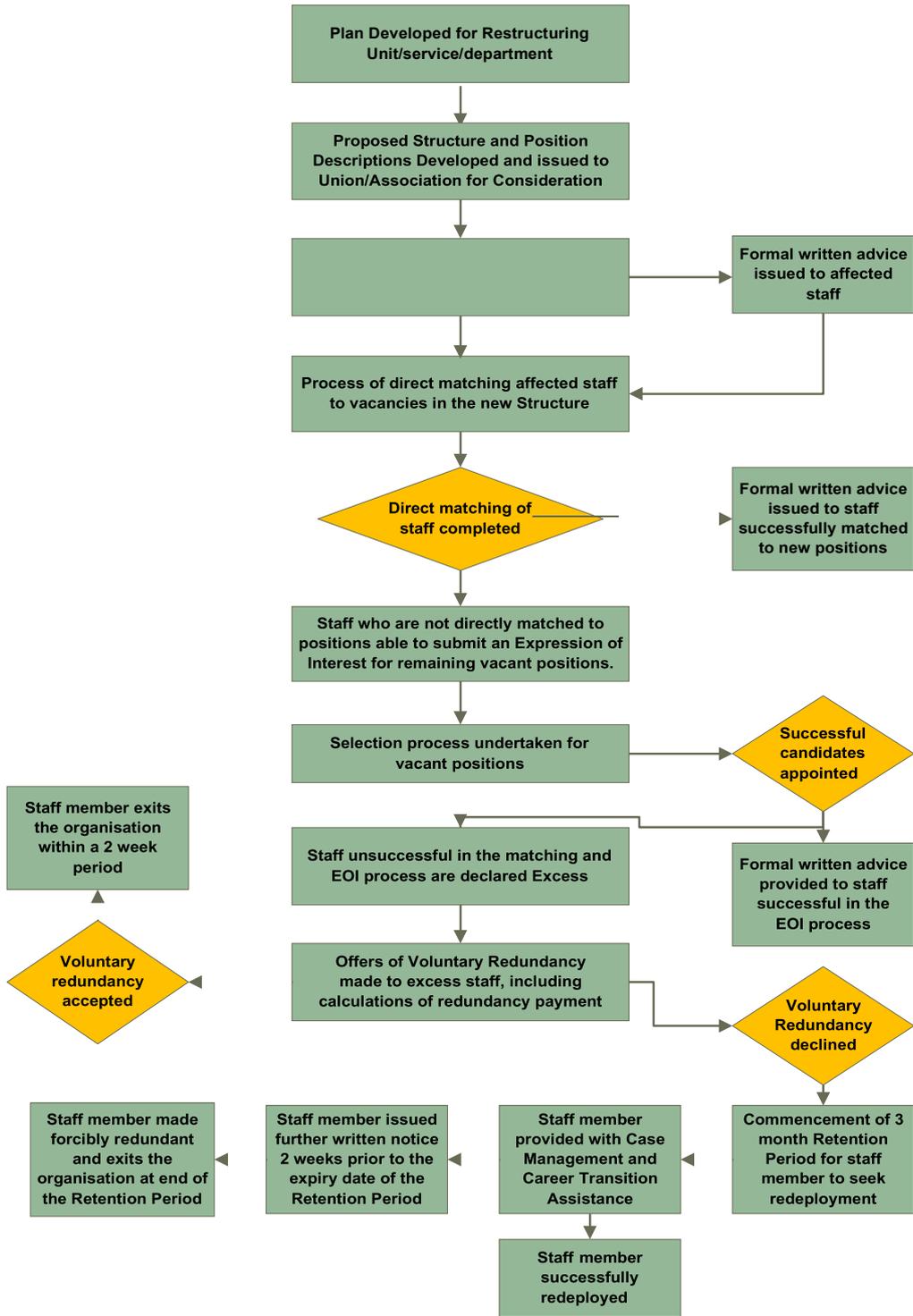
Directly matched affected staff will be advised in writing of their new position.

Expressions of interest (EOI) will be offered to affected staff for remaining vacant positions.

Following assessment of EOI applications, written advice will be given to staff appointed to positions and staff not matched or appointed will be declared excess.

Excess staff will have 14 days to accept or decline an offer of voluntary redundancy. Staff who accept an offer of voluntary redundancy will leave SESLHD within 4 weeks. Staff who decline an offer of voluntary redundancy will receive case management and career assistance.

PROCESS MAP FOR ORGANISATIONAL RESTRUCTURES



5. Availability of Counselling Services

The following support options are available to staff throughout the restructure process. The Employee Assistance Program (EAP) is available to provide confidential counselling and support to all staff.

Converge International can be contacted on 1300 687 327, to make an appointment. This number is answered 24 hours per day, seven days per week, to facilitate enquiries, book requests and to provide assistance.

6. Consultation

Provision of relevant documentation to and consultation with the following individuals/groups will occur:

- Developmental and Disability team
- Management and staff of Child and Family Services

This consultation document will also be made available on the SESLHD intranet.

7. Restructure Timeframe

All award and policy obligations will be met within the restructure timeline below.

RESTRUCTURE CONSULTATION DOCUMENTS COMPLETED FOR APPROVAL	Restructure Consultation Paper	February 2021
CONSULTATION WITH STAFF AND UNIONS/ASSOCIATIONS (recommend combined Special Consultative Committee to be held)	Restructure Consultation Paper	17 th March 2021
WRITTEN ADVICE ISSUED TO AFFECTED STAFF	Letter to advise of 'affected status'	April 2021 (indicative- dependent on the length of the consultation period)
FINALISED POSITION DESCRIPTIONS WILL BE DISTRIBUTED TO AFFECTED STAFF MEMBERS	Position Descriptions	April 2021 (indicative-dependent on the length of the consultation period)
PROCESS OF DIRECT MATCHING OF AFFECTED STAFF TO POSITIONS IN NEW STRUCTURE	Letter to advise of matching to position	April 2021 (indicative dependent on the above)
SUBMISSION OF EXPRESSIONS OF	EOI application form	N/A

INTEREST FOR REMAINING VACANT POSITIONS (FOR STAFF NOT MATCHED TO POSITIONS)		
SELECTION PROCESS FOR POSITIONS	Assessment of EOI application. (interview if more than one applicant for one position, or, position is higher grade than applicant currently)	N/A
STAFF NOT MATCHED OR APPOINTED TO POSITIONS ARE DECLARED EXCESS	Letter to advise of 'excess status' and the option to choose a voluntary redundancy or seek redeployment	May 2021 (indicative dependent on above)
WRITTEN ADVICE ISSUED TO STAFF APPOINTED TO POSITIONS	Letter to advise of appointment	May 2021 (indicative dependent on above)
VOLUNTARY REDUNDANCIES DECLINED/ACCEPTED		(indicative dependent on the above)
STAFF WHO ACCEPTED VR'S TO EXIT SESLHD		(indicative dependent on above)
STAFF WHO DECLINED VR'S TO BE PROVIDED WITH CASE MANAGEMENT AND CAREER ASSISTANCE	Letter to advise of allocation of HR Consultant for case management	(indicative dependent on above)

8. Attachments

1. Team Leader Developmental Disability Assessment Team HSM 3 Position Description
2. Staff Specialist (Paediatrics) Position Description
3. Staff Specialist (Child and Adolescent Psychiatrist) Position Description

Facility/Service	Population and Community Health
Department	Child, Youth and Family Services
Manager	Manager, Developmental Disability Health Service
Position Number	
Cost Centre	161131

Section 1 – Role Details

Contains key information about the role. Fields marked with asterisk (*) are mandatory

Does this role require Job Demand Check List?	YES	<i>All positions require a Job Demand Checklist to be completed</i>
Position Description Title *:	Team Leader Developmental Disability Assessment Team	
Does this role require Multiple Awards? Specific classifications (if applicable):	Choose an item.	<i>If Yes, Please list each Classification and grade below</i>
Award*	Health Managers (State) Award	
Position Classification*	Health Manager Level 3	
Job Category Coding (ROB)*	Management	
Job Classification Coding (ROB)*	Operation Support	
Speciality Coding (ROB)		
Does this require Senior Executive Level Standards?	NO	
Does this role manage or supervise others?*	YES	
Primary Purpose of the role* A concise summary of the primary purpose of the role, answering the question: "Why does this role exist?"	<i>(Mandatory)</i>	<p>The vision for South Eastern Sydney Local Health District (SESLHD) is 'exceptional care, healthier lives'. SESLHD is committed to enabling our community to be healthy and well, and to providing the best possible compassionate care when people need it.</p> <p>Plan, coordinate, lead and manage human resources to provide a cost effective, quality service that meets key performance indicators and financial accountabilities of the Developmental Disability Assessment Team</p>
	<i>(Free Text)</i>	<ul style="list-style-type: none"> Primary Purpose of the Position <p>The Developmental Disability Assessment Team provides integrated and effective service delivery models of care for clients with intellectual and developmental disabilities. This position will lead the multidisciplinary team.</p>

Section 2 – Key Accountabilities

Describe what is expected of the position and express the end results required of the position. Each accountability statement should comprise a responsibility and an expected outcome. This part of the position description describes "what" is performed and "why" it is performed.

Standard Key Accountabilities*	<i>(Free Text)</i>	<ul style="list-style-type: none"> Manage and provide effective leadership to the Developmental Disability Assessment Team to ensure quality and timely delivery of developmental Disability Assessments and Diagnosis
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		<ul style="list-style-type: none"> Recruit, coach, mentor, and initiate performance agreements for the Developmental Disability Assessment staff to develop the capabilities of the team to undertake changing roles, responsibilities and accountabilities and to provide for succession within the unit Manage resources, budgets, assets, projects, and staffing to maximise achievement of goals and required level of skills and performance Build and maintain strategic relationships by liaising, consulting and negotiating with internal and external stakeholders to identify key priorities and issues and provide effective solutions Promote continual improvement and focus on superior service by establishing and reviewing performance indicators and relevant reporting systems Contribute at a senior level to the development and implementation of business and strategic plans for the team Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees Maintain responsibilities for personal and professional development by participating in training/education activities, and performance reviews in order to continuously improve the level and quality of service All staff are expected to take reasonable care that their actions do not adversely affect the health and safety of others, that they comply with any reasonable instruction that is given them and with any reasonable policies/procedures relating to health or safety in the workplace, as well as notifying any hazards/risks or incidents to their managers. Comply with and implement the NSW Health Work Health and Safety Better Practice Procedures by identifying, assessing, eliminating/controlling and monitoring hazards and risks within the workplace, to the extent of delegated authority for the role.
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Section 3 – Key Challenges

This section describes the complexity of the job, the influences on it, and the influence that it has. The Key Challenges should not restate the Key Accountabilities. We recommend not to have more than 2-3 "Key Challenges" in total. Write two or three sentences concise statements

Challenges	<ul style="list-style-type: none"> Leading consultations with internal and external stakeholders often where there are competing needs/objectives Managing time and prioritising issues given the diverse range of issues encountered simultaneously and work demands flowing from a number of sources Consistently adapting to and managing staff and managers' expectations in responding to contentious issues and demands
Decision Making	<ul style="list-style-type: none"> The Team Lead DDAT has substantial autonomy in the management of staff and other resources of the DDAT including managing the performance for others to achieve work objectives. Determining best use of limited resources to meet competing customer needs and expectations and dealing with high volume workloads whilst concurrently managing to achieve positive outcomes Undertakes negotiations around timelines for delivery of services.
Communication	<ul style="list-style-type: none"> Internally, the Team Leader DDAT is required to communicate regularly with the Manager Developmental Disability Health Service on the achievements and challenges of the team

- Externally, the Team Leader DDAT will develop and maintain effective relationships with external staff within SESLHD, Education and DCJ

Section 4 – Key Relationships

The key Internal/External stakeholders and customers the role is expected to interact with routinely, rather than periodically. Concentrating on those communication requirements that are critical to the achievement of the role's primary objective(s).

Key Internal Relationships	Who?	Manager Developmental Disability Health Service
	Why?	Direct report, Receive direction, supervision and support and to escalate significant issues which may impact on service delivery.
	Who?	CY&F Executive staff, including via Local Service Management Committee, Local Clinical Governance Committee and Local IIMS Committee
	Why?	Receive direction, subject matter expertise, escalate issues and share ideas. Active participation in meetings, including leading and reporting against actions arising.
	Who?	District Staff
	Why?	Provide and exchange information on patient safety and clinical quality projects and issues, obtain feedback and input, understand needs and expectations. Contribute to the development and implementation of strategies, policies and practices to improve the quality and safety of services.
	Who?	SESLHD CGU
	Why?	Establish and maintain strong strategic partnerships between Child, Youth and Family and the LHD to ensure safety, quality and clinical governance frameworks are in line with District clinical governance structures and processes.
	Who?	SESLHD CPIUs
	Why?	Develop and maintain effective working relationships between Child, Youth and Family and the local Hospital Executive.
	Who?	District Staff
	Why?	Lead, guide and direct clinical quality and patient safety assurance.
Does this role routinely interact with external stakeholders ?		YES
Key External Relationships	Who?	Consumers, families, carers and other relevant persons
	Why?	Provide and receive feedback to support the delivery of services.
	Who?	ACHS
	Why?	Facilitate implementation and ongoing maintenance of national standards
Is this a Public Senior Executive Role which manages relationship at the Ministerial level?		NO
Key External Relationships	Who?	
	Why?	
	Who?	
	Why?	
	Who?	
	Why?	

Section 5 – Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	7.0 FTEs
Indirect Reports	

Section 6 – Financial Delegation

Note either “as per delegation manual” or “other”, if selecting other specify the monetary value of the financial delegation (eg \$5,000.00).

As per delegation manual	
Other \$	

Section 7 – Essential Requirements

Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc.

Other Requirements	(Mandatory)	<ul style="list-style-type: none"> All staff are required to complete and submit a Pre-employment Health Declaration Form Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Police Check (NPC) and/or Aged Care Check <i>Staff who supervise others:</i> As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace. <i>Staff who do not supervise others:</i> You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing
	(Free Text)	

Section 8 – Selection Criteria

The selection criteria should be based on the accountabilities that have been identified for the position and are used to make sound and fair selection decisions. Please add all standard selection criteria in to separate Selection Criteria boxes.

1	Relevant tertiary qualifications in health or related discipline or relevant equivalent work experience, or a combination of study and work experience in the field of child development and/or developmental disability.
2	Demonstrated strong leadership skills to enhance staff performance, influence workplace culture, and lead change
3	Extensive knowledge of contemporary issues in management including financial, human resource and organisational management
4	Highly developed communication, interpersonal and influencing skills
5	Demonstrated high level analytical and problem solving skills including the ability to provide authoritative advice and recommendations across a large and complex organisation
6	Ability to develop and maintain effective working relationships with senior management, and other key stakeholders
7	Demonstrated experience in planning and evaluation at strategic and service levels
8	Current drivers licence (with a willingness to travel in accordance with the demands of the position)

Section 9 – Other Requirements (Optional)

Other requirements are to be populated where audit essential requirements have been identified in the position.

Other Requirements	<i>(Mandatory)</i>	<ul style="list-style-type: none"> Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget.
	<i>(Free Text)</i>	

Section 10 – Disqualification Questions

Disqualification questions are questions that relate to mandatory requirements for a position. These are requirements that should prevent a candidate from submitting an application. Desired requirements can be added as pre-screening questions.

Disqualification Questions	<i>Currently Unavailable</i>
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Section 11 – Job Demands Checklist

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
Sitting – remaining in a seated position to perform tasks	Constant
Standing – remaining standing without moving about to perform tasks	Occasional
Walking – floor type: even/uneven/slippery, indoors/outdoors, slopes	Frequent
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Not Applicable
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Infrequent
Trunk Twisting – turning from the waist while sitting or standing to perform tasks	Infrequent
Kneeling – remaining in a kneeling posture to perform tasks	Not Applicable
Squatting/Crouching – adopting a squatting or crouching posture to perform tasks	Not Applicable
Leg/Foot Movement – use of leg and/or foot to operate machinery	Not Applicable
Climbing (stairs/ladders) – ascend/descend stairs, ladders, steps	Occasional
Lifting/Carrying – light lifting and carrying (0 to 9 kg)	Occasional
Lifting/Carrying – moderate lifting and carrying (10 to 15 kg)	Not Applicable
Lifting/Carrying – heavy lifting and carrying (16kg and above)	Not Applicable
Reaching – arms fully extended forward or raised above shoulder	Infrequent
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from the body	Not Applicable
Head/Neck Postures – holding head in a position other than neutral (facing forward)	Infrequent
Hand and Arm Movements – repetitive movements of hands and arms	Occasional
Grasping/Fine Manipulation – gripping, holding, clasping with fingers or hands	Infrequent
Work at Heights – using ladders, footstools, scaffolding, or other objects to perform work	Not Applicable
Driving/Riding – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle)	Frequent
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Constant
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Constant

Smell – use of smell is an integral part of work performance (e.g. working with chemicals)	Not Applicable
Taste – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
Touch – use of touch is an integral part of work performance	Infrequent
PSYCHOSOCIAL DEMANDS - Description (Comment)	FREQUENCY
Distressed People – e.g. emergency or grief situations	Infrequent
Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Infrequent
Unpredictable People – e.g. dementia, mental illness, head injuries	Infrequent
Restraining – involvement in physical containment of patients/clients	Not Applicable
Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies	Not Applicable
ENVIRONMENTAL DEMANDS - Description (Comment)	FREQUENCY
Dust – exposure to atmospheric dust	Not Applicable
Gases – working with explosive or flammable gases requiring precautionary measures	Not Applicable
Fumes – exposure to noxious or toxic fumes	Not Applicable
Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
Hazardous Substances – e.g. dry chemicals, glues	Not Applicable
Noise – environmental/background noise necessitates people raise their voice to be heard	Not Applicable
Inadequate Lighting – risk of trips, falls or eyestrain	Infrequent
Sunlight – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Infrequent
Extreme Temperatures – environmental temperatures are less than 15°C or more than 35°C	Not Applicable
Confined Spaces – areas where only one egress (escape route) exists	Infrequent
Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls	Not Applicable
Working At Heights – ladders/stapladders/scaffolding are required to perform tasks	Not Applicable
Biological Hazards – exposure to body fluids, bacteria, infectious diseases	Not Applicable

Word Counts

Section 1	<i>Position Title</i>	200 characters
	<i>Primary Purpose of the Role</i>	3400 characters
Section 2	<i>Standard Key Accountabilities</i>	3500 characters
Section 3	<i>Key Challenges – Challenges</i>	1000 characters
	<i>Key Challenges – Decision Making</i>	1000 characters
	<i>Key Challenges – Communication</i>	1000 characters
Section 4	<i>Key Relationships – Who (each)</i>	200 characters
	<i>Key Relationships – Why (each)</i>	500 characters
Section 7	<i>Essential Requirements</i>	3500 characters
Section 8	<i>Selection Criteria (each)</i>	1000 characters
Section 9	<i>Other Requirements</i>	3800 characters
Section 10	<i>Disqualification Questions</i>	200 characters

Facility/Service	Population and Community Health
Department	Developmental Disability Assessment Team
Manager	Team Leader Developmental Disability Team
Position Number	
Cost Centre	161131

Section 1 – Role Details

Contains key information about the role. Fields marked with asterisk (*) are mandatory

Does this role require Job Demand Check List?	YES	<i>All positions require a Job Demand Checklist to be completed</i>
Position Description Title *:	Developmental Paediatrician	
Does this role require Multiple Awards? Specific classifications (if applicable):	Choose an item.	<i>If Yes, Please list each Classification and grade below</i>
Award*	Staff Specialist's (State) Award	
Position Classification*	Staff Specialist	
Job Category Coding (ROB)*	Category A	
Job Classification Coding (ROB)*		
Speciality Coding (ROB)		
Does this require Senior Executive Level Standards?	NO	
Does this role manage or supervise others?*	YES	
Primary Purpose of the role* A concise summary of the primary purpose of the role, answering the question: "Why does this role exist?"	<i>(Mandatory)</i>	South Eastern Sydney Local Health District (SESLHD) is committed to improving the care provided to our patients in line with our vision of Working together to improve the health and wellbeing of our community. All staff are expected to act as an appropriate and effective role model and promote culture and supporting practices that reflect the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment through demonstrated behaviours and interactions with patients, clients and employees.
	<i>(Free Text)</i>	The Developmental Paediatrician will provide expert medical assessment and management of patients within the Developmental Disability Assessment Team. The position will be based at Kogarah Developmental Disability Assessment Team, Child Youth and Family Services, Population and Community Health but may be varied as agreed with the Director of Child Youth and Family Services.

Section 2 – Key Accountabilities

Describe what is expected of the position and express the end results required of the position. Each accountability statement should comprise a responsibility and an expected outcome. This part of the position description describes "what" is performed and "why" it is performed.

Standard Key Accountabilities*	<i>(Free Text)</i>	Provision of consultant developmental paediatric input to the Developmental Disability Assessment Team . Provision of comprehensive medical and psychosocial assessments and management plans for children and young people with complex
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developmental disabilities and their carers that facilitate the continuum of care from prevention, early intervention, tertiary developmental assessment, ongoing care and transition from paediatric to adult services.

CLINICAL

- Provide an accountable and high standard of specialist patient care including consultation services.
- Be dedicated to a teamwork philosophy and be able to demonstrate ability to work as a team member within DDAS and the broader Child, Youth and Family Services.
- Liaise and interact effectively with all staff.
- Ensure comprehensive assessments and treatment plans are in place to support the timely management of preschool aged, school aged children and youth with developmental / intellectual disabilities.
- Participate fully in the on call roster in accordance with clinical privileges.
- Participate, provide and promote multidisciplinary developmental clinic services including:
 - Diagnostic and assessment clinics for preschool and school-aged children with developmental delays and disabilities
 - Transition clinics for adolescents transitioning from paediatric to adult services
- Promote ongoing clinical management of patients with complex neurodevelopmental developmental and behavioural presentation with a focus on individual client care in the community and prevention on unnecessary hospital admissions.
- Promote integrated care and service delivery across community health and hospital services, general practice, government (including DCJ and DET) and the non-government sector to improve service provision and health outcomes for children and adolescents.
- Promote prevention activities by promoting health, the early detection and intervention for complex conditions including medical, mental health and psychosocial.
- Ensure a high standard of clinical record documentation is maintained. This includes the completion of all clinical records (including medication charts and other orders) to reflect clinical decisions and optimize data collection and activity based funding coding.
- Provide a high standard consultant service in Developmental Paediatrics as required by other senior medical staff and the facility.
- Participate fully in the on call roster as required by the facility and in accordance with clinical privileges.
- Participate actively in research activities in the Department.
- Adapt clinical practice in accordance with contemporary evidence-based best practice and any clinical protocols as approved by the LHD from time to time.

LEADERSHIP

- Model and encourage a culture of active listening, continuous learning and leadership, which values high levels of constructive feedback and exposure to new experiences.
- Promote a sense of purpose and build a shared sense of direction within the DDAS

- Encourage others to strive for ongoing improvement.
- Demonstrate professionalism to support a culture of accountability and integrity within the DDAS.
- Monitor ethical practices, standards and systems and reinforce their use.
- Actively listen to others and clarify own understanding.

CLINICAL GOVERNANCE, QUALITY IMPROVEMENT & PATIENT SAFETY

- Participate in the management and governance of the DDAS
- Participate in advocacy program to promote the rights of people with a disability, supporting their wellbeing and encouraging their participation in the life of the community.
- Participate in DDAS incident management meetings and in other quality improvement programs.
- Interact effectively with all levels of Paediatric staff to achieve maximum outcomes and benefits to patients under care of the department.
- Participate in appropriate committees working parties to enhance patient safety.
- Comply with LHD and facility clinical governance policies and patient safety programs as relevant to the Specialty of Developmental Paediatrics and as varied by the District or facility from time to time.
- Ensure effective clinical handover processes in accordance with facility and LHD guidelines.
- Participate in peer review and other Continuing Medical Education activities consistent with Departmental, College and AHPRA requirements to maintain professional standards.
- Ensure compliance with the Australian Commission on Safety and Quality in Healthcare standards as relevant to the specialty.

EDUCATION & TRAINING

- Responsible for the supervision of all junior medical staff under the consultant's direction.
- Participate in training medical and other staff that builds the capacity of mainstream services.
- Delegate graded duties to junior medical staff according to their knowledge, skills and abilities.
- Participate in teaching and training at all levels of undergraduate and postgraduate multidisciplinary education where required by the Head of Department/Service Director in accordance with HETI, LHD and College training requirements
- Participate in all training programs specified by the facility and/or LHD as requested.

PERFORMANCE MANAGEMENT

- Participate in the LHD Performance Management and Development Program and undertake a written annual performance review.
- Demonstrate clinical competency within the clinical privileges granted by the Medical & Dental Appointment Advisory Committee.

OTHER DUTIES

- Attend, participate and support administrative meetings as required by the Developmental Disability Team Leader
- Abide by the NSW Health Code of Conduct as amended from time to time.

		<ul style="list-style-type: none"> • Ensure familiarity with, and adherence to, all NSW Health, LHD and facility/service policies and procedures that are relevant to the performance of the duties specified in this Position Description. • Comply with WH&S responsibilities including taking all reasonable care to ensure the safety of yourself and others in the workplace; reporting any unsafe conditions or equipment; attending educational programs regarding fire, safety and infection control.
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Section 3 – Key Challenges

This section describes the complexity of the job, the influences on it, and the influence that it has. The Key Challenges should not restate the Key Accountabilities. We recommend not to have more than 2-3 "Key Challenges" in total. Write two or three sentences concise statements

Challenges	<ul style="list-style-type: none"> • Provision of clinical care consistent with the duties of a Consultant practicing in Developmental Paediatrics. Delivery of medical services within performance benchmarks, expenditure and revenue targets as relevant to the role. • Management of a wide variety of complex paediatric patients and their families with complex neurodevelopmental and behavioural presentations, disadvantaged and culturally and linguistically diverse populations. • Co-design and coproduction of services with patients and their families or carers.
Decision Making	<ul style="list-style-type: none"> • Consistent with the duties of a Consultant practicing in Developmental and Paediatrics in accordance with approved Clinical Privileges and the Delegations of the LHD. • Ensure collaborative approach in decisions requiring holistic management.
Communication	<ul style="list-style-type: none"> • Head of Department and other staff within the multidisciplinary team and department/service. • Patients, family, carers and advocates. • General Practitioners. • Department of Education. • Family and Community Services. • NGOs. • NDIA. • Other Hospital and District departments. • Hospital Executive • Relevant committees and working groups as required.

Section 4 – Key Relationships

The key Internal/External stakeholders and customers the role is expected to interact with routinely, rather than periodically. Concentrating on those communication requirements that are critical to the achievement of the role's primary objective(s).

Key Internal Relationships	Who?	Mainstream Services within the LHD
	Why?	Regularly communicate with medical, nursing and other healthcare members across the LHD
Does this role routinely interact with external stakeholders ?		YES
Key External Relationships	Who?	GP's, Primary Health Network,
	Why?	To ensure integration of care for clients
Is this a Public Senior Executive Role which manages relationship at the Ministerial level?		NO

Section 5 – Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	NIL
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Indirect Reports	NIL
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Section 6 – Financial Delegation

Note either “as per delegation manual” or “other”, if selecting other specify the monetary value of the financial delegation (eg \$5,000.00).

As per delegation manual	
Other \$	

Section 7 – Essential Requirements

Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc.

Other Requirements	<i>(Mandatory)</i>	<ul style="list-style-type: none"> All staff are required to complete and submit a Pre-employment Health Declaration Form Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Criminal Record Check (NCRC) and/or Aged Care Check <i>Staff who supervise others:</i> As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace. <i>Staff who do not supervise others:</i> You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing
	<i>(Free Text)</i>	

Section 8 – Selection Criteria

The selection criteria should be based on the accountabilities that have been identified for the position and are used to make sound and fair selection decisions. Please add all standard selection criteria in to separate Selection Criteria boxes.

1	Registration or eligible for registration with Medical Board of Australia (AHPRA).
2	Fellowship of Royal Australasian College of Physicians (RACP) and /or equivalent Specialist recognition as provided for by the Health Insurance Act 1973 and the Staff Specialist (State) Award, and demonstrated subspecialty training and experience in Developmental Paediatrics. Master of Public Health preferable.
3	Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position; understanding of the policy framework and current strategic directions to assess the needs of and advocate for children with developmental disabilities and other vulnerable populations
4	Proven capacity and experience at a consultant level in the provision of effective high quality Developmental and Community Paediatric services, demonstrated through assessment and management of children and adolescents with complex developmental, learning, behavioural and psychosocial problems and with motor, cognitive or multiple complex disabilities (including using formal tools for assessment), managing complex challenging behaviour, including use of medication.
5	Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other health and non-health staff; demonstrated experience in and commitment to research relevant to the role and needs of the Department.
6	Demonstrated skills and attitudes appropriate to a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and other staff; and improving quality and safety by focusing care on patients and their families/carers;
7	Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites, services and agencies. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8	Current NSW Driver's Licence and ability to conduct clinics in a variety of local and regional community settings.

Section 9 – Other Requirements (Optional)

Other requirements are to be populated where audit essential requirements have been identified in the position.

Other Requirements	<i>(Mandatory)</i>	<ul style="list-style-type: none"> Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget.
	<i>(Free Text)</i>	

Section 10 – Disqualification Questions

Disqualification questions are questions that relate to mandatory requirements for a position. These are requirements that should prevent a candidate from submitting an application. Desired requirements can be added as pre-screening questions.

Disqualification Questions	<i>Currently Unavailable</i>
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Section 11 – Job Demands Checklist

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
Sitting – remaining in a seated position to perform tasks	Frequent
Standing – remaining standing without moving about to perform tasks	Frequent
Walking – floor type: even/uneven/slippery, indoors/outdoors, slopes	Frequent
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Infrequent
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Frequent
Trunk Twisting – turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling – remaining in a kneeling posture to perform tasks	Infrequent
Squatting/Crouching – adopting a squatting or crouching posture to perform tasks	Infrequent
Leg/Foot Movement – use of leg and/or foot to operate machinery	Not Applicable
Climbing (stairs/ladders) – ascend/descend stairs, ladders, steps	Frequent
Lifting/Carrying – light lifting and carrying (0 to 9 kg)	Frequent
Lifting/Carrying – moderate lifting and carrying (10 to 15 kg)	Infrequent
Lifting/Carrying – heavy lifting and carrying (16kg and above)	Infrequent
Reaching – arms fully extended forward or raised above shoulder	Infrequent
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from the body	Infrequent
Head/Neck Postures – holding head in a position other than neutral (facing forward)	Occasional
Hand and Arm Movements – repetitive movements of hands and arms	Occasional
Grasping/Fine Manipulation – gripping, holding, clasping with fingers or hands	Frequent
Work at Heights – using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
Driving/Riding – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle)	Frequent
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Constant
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Repetitive
Smell – use of smell is an integral part of work performance (e.g. working with chemicals)	Infrequent
Taste – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
Touch – use of touch is an integral part of work performance	Infrequent
PSYCHOSOCIAL DEMANDS - Description (Comment)	FREQUENCY
Distressed People – e.g. emergency or grief situations	Frequent
Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Frequent
Unpredictable People – e.g. dementia, mental illness, head injuries	Frequent
Restraining – involvement in physical containment of patients/clients	Occasional
Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies	Frequent
ENVIRONMENTAL DEMANDS - Description (Comment)	FREQUENCY
Dust – exposure to atmospheric dust	Infrequent
Gases – working with explosive or flammable gases requiring precautionary measures	Infrequent
Fumes – exposure to noxious or toxic fumes	Not Applicable
Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
Hazardous Substances – e.g. dry chemicals, glues	Not Applicable
Noise – environmental/background noise necessitates people raise their voice to be heard	Infrequent
Inadequate Lighting – risk of trips, falls or eyestrain	Infrequent
Sunlight – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
Extreme Temperatures – environmental temperatures are less than 15°C or more than 35°C	Infrequent
Confined Spaces – areas where only one egress (escape route) exists	Infrequent

Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls	Infrequent
Working At Heights – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable
Biological Hazards – exposure to body fluids, bacteria, infectious diseases	Not Applicable

Word Counts

Section 1	<i>Position Title</i>	200 characters
	<i>Primary Purpose of the Role</i>	3400 characters
Section 2	<i>Standard Key Accountabilities</i>	3500 characters
Section 3	<i>Key Challenges – Challenges</i>	1000 characters
	<i>Key Challenges – Decision Making</i>	1000 characters
	<i>Key Challenges – Communication</i>	1000 characters
Section 4	<i>Key Relationships – Who (each)</i>	200 characters
	<i>Key Relationships – Why (each)</i>	500 characters
Section 7	<i>Essential Requirements</i>	3500 characters
Section 8	<i>Selection Criteria (each)</i>	1000 characters
Section 9	<i>Other Requirements</i>	3800 characters
Section 10	<i>Disqualification Questions</i>	200 characters

Facility/Service	Population and Community Health
Department	Developmental Disability Service
Manager	Team Leader Developmental Disability Assessment Team
Position Number	
Cost Centre	161131

Section 1 – Role Details

Contains key information about the role. Fields marked with asterisk (*) are mandatory

Does this role require Job Demand Check List?	YES	<i>All positions require a Job Demand Checklist to be completed</i>
Position Description Title *	Child and Adolescent Psychiatrist	
Does this role require Multiple Awards? Specific classifications (if applicable):	Choose an item.	<i>If Yes, Please list each Classification and grade below</i>
Award*	Staff Specialist's (State) Award	
Position Classification*	Staff Specialist	
Job Category Coding (ROB)*	Category A	
Job Classification Coding (ROB)*		
Speciality Coding (ROB)		
Does this require Senior Executive Level Standards?	NO	
Does this role manage or supervise others?*	YES	
Primary Purpose of the role* A concise summary of the primary purpose of the role, answering the question: "Why does this role exist?"	<i>(Mandatory)</i>	South Eastern Sydney Local Health District (SESLHD) is committed to improving the care provided to our patients in line with our vision of Working together to improve the health and wellbeing of our community. All staff are expected to act as an appropriate and effective role model and promote culture and supporting practices that reflect the NSW Health CORE values of Collaboration, Openness, Respect and Empowerment through demonstrated behaviours and interactions with patients, clients and employees.
	<i>(Free Text)</i>	The Child and Adolescent Psychiatrist will provide expert medical assessment and management of patients within the Developmental Disability Assessment Team The position will be based at Developmental Disability Assessment Team, Child Youth and Family Services, Population and Community Health but may be varied as agreed with the Director of Child Youth and Family Services.

Section 2 – Key Accountabilities

Describe what is expected of the position and express the end results required of the position. Each accountability statement should comprise a responsibility and an expected outcome. This part of the position description describes "what" is performed and "why" it is performed.

Standard Key Accountabilities*	<i>(Free Text)</i>	Provision of consultant child and adolescent psychiatric input to the Developmental Disability Assessment Team
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Provision of comprehensive medical and psychiatric assessments and management plans for children and young people with complex developmental/ psychiatric disabilities and their carers that facilitate the continuum of care from prevention, early intervention, tertiary developmental assessment, ongoing care and transition from paediatric to adult services.

CLINICAL

- Provide an accountable and high standard of specialist patient care including consultation services.
- Be dedicated to a teamwork philosophy and be able to demonstrate ability to work as a team member within DDAS and the broader Child, Youth and Family Services.
- Liaise and interact effectively with all staff.
- Ensure comprehensive assessments and treatment plans are in place to support the timely management of preschool aged, school aged children and youth with developmental / intellectual disabilities.
- Participate fully in the on call roster in accordance with clinical privileges.
- Participate, provide and promote multidisciplinary developmental clinic services including:
 - Diagnostic and assessment clinics for preschool and school-aged children with developmental delays and disabilities
 - Transition clinics for adolescents transitioning from paediatric to adult services
- Promote ongoing clinical management of patients with complex neurodevelopmental developmental, behavioural and mental health presentations with a focus on individual client care in the community and prevention on unnecessary hospital admissions.
- Promote integrated care and service delivery across community health and hospital services, general practice, government (including DCJ and DET) and the non-government sector to improve service provision and health outcomes for children and adolescents.
- Promote prevention activities by promoting health, the early detection and intervention for complex conditions including medical, mental health and psychosocial.
- Ensure a high standard of clinical record documentation is maintained. This includes the completion of all clinical records (including medication charts and other orders) to reflect clinical decisions and optimize data collection and activity based funding coding.
- Provide a high standard consultant service in Child and Adolescent Psychiatry as required by other senior medical staff and the facility.
- Participate actively in research activities in the Department.
- Adapt clinical practice in accordance with contemporary evidence-based best practice and any clinical protocols as approved by the LHD from time to time.

LEADERSHIP

- Model and encourage a culture of active listening, continuous learning and leadership, which values high levels of constructive feedback and exposure to new experiences.
- Promote a sense of purpose and build a shared sense of direction within the DDAS

		<ul style="list-style-type: none"> • Encourage others to strive for ongoing improvement. • Demonstrate professionalism to support a culture of accountability and integrity within the DDAS. • Monitor ethical practices, standards and systems and reinforce their use. • Actively listen to others and clarify own understanding. <p>CLINICAL GOVERNANCE, QUALITY IMPROVEMENT & PATIENT SAFETY</p> <ul style="list-style-type: none"> • Participate in the management and governance of the DDAS • Participate in advocacy program to promote the rights of people with a disability, supporting their wellbeing and encouraging their participation in the life of the community. • Participate in DDAS incident management meetings and in other quality improvement programs. • Interact effectively with all levels of Paediatric staff to achieve maximum outcomes and benefits to patients under care of the department. • Participate in appropriate committees working parties to enhance patient safety. • Comply with LHD and facility clinical governance policies and patient safety programs as relevant to the Specialty of Child and Adolescent Psychiatry and as varied by the District or facility from time to time. • Ensure effective clinical handover processes in accordance with facility and LHD guidelines. • Participate in peer review and other Continuing Medical Education activities consistent with Departmental, College and AHPRA requirements to maintain professional standards. • Ensure compliance with the Australian Commission on Safety and Quality in Healthcare standards as relevant to the specialty. <p>EDUCATION & TRAINING</p> <ul style="list-style-type: none"> • Responsible for the supervision of all junior medical staff under the consultant's direction. • Participate in training medical and other staff that builds the capacity of mainstream services. • Delegate graded duties to junior medical staff according to their knowledge, skills and abilities. • Participate in teaching and training at all levels of undergraduate and postgraduate multidisciplinary education where required by the Head of Department/Service Director in accordance with HETI, LHD and College training requirements • Participate in all training programs specified by the facility and/or LHD as requested. <p>PERFORMANCE MANAGEMENT</p> <ul style="list-style-type: none"> • Participate in the LHD Performance Management and Development Program and undertake a written annual performance review. • Demonstrate clinical competency within the clinical privileges granted by the Medical & Dental Appointment Advisory Committee. <ul style="list-style-type: none"> •
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Section 3 – Key Challenges

This section describes the complexity of the job, the influences on it, and the influence that it has. The Key Challenges should not restate the Key Accountabilities. We recommend not to have more than 2-3 "Key Challenges" in total. Write two or three sentences concise statements

Challenges	<ul style="list-style-type: none"> • Provision of clinical care consistent with the duties of a Consultant practicing in Child and Adolescent Psychiatry. Delivery of medical services within performance benchmarks, expenditure and revenue targets as relevant to the role. • Management of a wide variety of complex paediatric patients and their families with complex neurodevelopmental and behavioural presentations, disadvantaged and culturally and linguistically diverse populations.
Decision Making	<ul style="list-style-type: none"> • Consistent with the duties of a Consultant practicing in Child and Adolescent Psychiatry in accordance with approved Clinical Privileges and the Delegations of the LHD. • Ensure collaborative approach in decisions requiring holistic management.
Communication	<ul style="list-style-type: none"> • Head of Department and other staff within the multidisciplinary team and department/service. • Patients, family, carers and advocates. • General Practitioners. • Department of Education. • Family and Community Services. • NGOs. • NDIA. • Other Hospital and District departments. • Hospital Executive • Relevant committees and working groups as required.

Section 4 – Key Relationships

The key Internal/External stakeholders and customers the role is expected to interact with routinely, rather than periodically. Concentrating on those communication requirements that are critical to the achievement of the role's primary objective(s).

Key Internal Relationships	Who?	Mainstream Services within the LHD
	Why?	Regularly communicate with medical, nursing and other healthcare members of mainstream services across the LHD to build capacity of the workforce for clients presenting with an intellectual disability/ mental health
Does this role routinely interact with external stakeholders ?		YES
Key External Relationships	Who?	GP's, Primary Health Network
	Why?	To ensure integration of care for clients
Is this a Public Senior Executive Role which manages relationship at the Ministerial level?		NO

Section 5 – Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	Nil
Indirect Reports	Nil

Section 6 – Financial Delegation

Note either "as per delegation manual" or "other", if selecting other specify the monetary value of the financial delegation (eg \$5,000.00).

As per delegation manual	
Other \$	

Section 7 – Essential Requirements

Information (where relevant) about essential role requirements, such as: whether the role is identified, qualifications requirements, employment screening checks, licence requirements etc.

Other Requirements	<i>(Mandatory)</i>	<ul style="list-style-type: none"> • All staff are required to complete and submit a Pre-employment Health Declaration Form • Dependant on position applied for you will need to complete/provide a Working with Children Check (WWCC), National Criminal Record Check (NCRC) and/or Aged Care Check • <i>Staff who supervise others:</i> As a leader you are expected to support the organisation achieve the aims of the safety management system, to establish and maintain a positive health and safety culture in the workplace and to consult with workers and others when making decisions that may impact upon the health, safety and welfare of those in the workplace. • <i>Staff who do not supervise others:</i> You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies and procedures relating to work health safety and wellbeing
	<i>(Free Text)</i>	

Section 8 – Selection Criteria

The selection criteria should be based on the accountabilities that have been identified for the position and are used to make sound and fair selection decisions. Please add all standard selection criteria in to separate Selection Criteria boxes.

1	Registration or eligible for registration with Medical Board of Australia (AHPRA).
2	Fellowship of Royal Australian and New Zealand College of Psychiatrists and /or equivalent Specialist recognition as provided for by the Health Insurance Act 1973 and the Staff Specialist (State) Award, and demonstrated subspecialty training and experience in Child and Adolescent Psychiatry. Master of Public Health preferable.
3	Evidence of continuing medical education and self-monitoring/audit practices consistent with the scope of practice requirements of the position; understanding of the policy framework and current strategic directions to assess the needs of and advocate for children with developmental disabilities and other vulnerable populations
4	Proven capacity and experience at a consultant level in the provision of effective high quality child and adolescent psychiatric presentations
5	Demonstrated commitment to teaching with experience in teaching both undergraduate and post graduate students and other health and non-health staff
6	Demonstrated skills and attitudes appropriate to a senior Medical Practitioner including modelling a high standard of professional behaviour to junior medical and other staff; and improving quality and safety by focusing care on patients and their families/carers;
7	Demonstrated ability to work effectively and harmoniously with medical and other health services colleagues as part of a multi-disciplinary health care team and demonstrated ability to communicate effectively with patients, colleagues, and staff and to work as an effective member of the clinical team across multiple sites, services and agencies. Demonstrated commitment to provision of a high standard of clinical care in the public sector setting.
8	Current NSW Driver's Licence and ability to conduct clinics in a variety of local and regional community settings.

Section 9 – Other Requirements (Optional)

Other requirements are to be populated where audit essential requirements have been identified in the position.

Other Requirements	<i>(Mandatory)</i>	<ul style="list-style-type: none"> Act as an appropriate and effective role model and promote a culture and supporting practices that reflect the organisational values through demonstrated behaviours and interactions with patients/clients/employees Recruit, coach, mentor, and performance develop staff, to develop the capabilities of the team to undertake changing roles, responsibilities and to provide for succession within the unit Manage delegated financial responsibilities, through the development and maintenance of appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget.
	<i>(Free Text)</i>	

Section 10 – Disqualification Questions

Disqualification questions are questions that relate to mandatory requirements for a position. These are requirements that should prevent a candidate from submitting an application. Desired requirements can be added as pre-screening questions.

Disqualification Questions	<i>Currently Unavailable</i>
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Section 11 – Job Demands Checklist

The purpose of this checklist is to manage the risk associated with the position in relation to the occupant. It may be used to provide information about the position to a Health Professional required to perform a pre-employment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
Sitting – remaining in a seated position to perform tasks	Frequent
Standing – remaining standing without moving about to perform tasks	Frequent
Walking – floor type: even/uneven/slippery, indoors/outdoors, slopes	Frequent
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Infrequent
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Frequent
Trunk Twisting – turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling – remaining in a kneeling posture to perform tasks	Infrequent
Squatting/Crouching – adopting a squatting or crouching posture to perform tasks	Infrequent
Leg/Foot Movement – use of leg and/or foot to operate machinery	Not Applicable
Climbing (stairs/ladders) – ascend/descend stairs, ladders, steps	Frequent
Lifting/Carrying – light lifting and carrying (0 to 9 kg)	Frequent
Lifting/Carrying – moderate lifting and carrying (10 to 15 kg)	Infrequent
Lifting/Carrying – heavy lifting and carrying (16kg and above)	Infrequent
Reaching – arms fully extended forward or raised above shoulder	Infrequent
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from the body	Infrequent
Head/Neck Postures – holding head in a position other than neutral (facing forward)	Occasional
Hand and Arm Movements – repetitive movements of hands and arms	Occasional
Grasping/Fine Manipulation – gripping, holding, clasping with fingers or hands	Frequent
Work at Heights – using ladders, footstools, scaffolding, or other objects to perform work	Infrequent
Driving/Riding – controlling the operation of a vehicle (e.g. car, truck, bus, motorcycle, bicycle)	Frequent
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Constant
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Repetitive
Smell – use of smell is an integral part of work performance (e.g. working with chemicals)	Infrequent
Taste – use of taste is an integral part of work performance (e.g. food preparation)	Not Applicable
Touch – use of touch is an integral part of work performance	Infrequent
PSYCHOSOCIAL DEMANDS - Description (Comment)	FREQUENCY
Distressed People – e.g. emergency or grief situations	Frequent
Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Frequent
Unpredictable People – e.g. dementia, mental illness, head injuries	Frequent
Restraining – involvement in physical containment of patients/clients	Occasional
Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies	Frequent
ENVIRONMENTAL DEMANDS - Description (Comment)	FREQUENCY
Dust – exposure to atmospheric dust	Infrequent
Gases – working with explosive or flammable gases requiring precautionary measures	Infrequent
Fumes – exposure to noxious or toxic fumes	Not Applicable
Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Not Applicable
Hazardous Substances – e.g. dry chemicals, glues	Not Applicable
Noise – environmental/background noise necessitates people raise their voice to be heard	Infrequent
Inadequate Lighting – risk of trips, falls or eyestrain	Infrequent
Sunlight – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
Extreme Temperatures – environmental temperatures are less than 15°C or more than 35°C	Infrequent
Confined Spaces – areas where only one egress (escape route) exists	Infrequent
Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Infrequent
Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls	Infrequent
Working At Heights – ladders/stepladders/scaffolding are required to perform tasks	Not Applicable

Biological Hazards – exposure to body fluids, bacteria, infectious diseases	Not Applicable
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Word Counts

Section 1	<i>Position Title</i>	200 characters
	<i>Primary Purpose of the Role</i>	3400 characters
Section 2	<i>Standard Key Accountabilities</i>	3500 characters
Section 3	<i>Key Challenges – Challenges</i>	1000 characters
	<i>Key Challenges – Decision Making</i>	1000 characters
	<i>Key Challenges – Communication</i>	1000 characters
Section 4	<i>Key Relationships – Who (each)</i>	200 characters
	<i>Key Relationships – Why (each)</i>	500 characters
Section 7	<i>Essential Requirements</i>	3500 characters
Section 8	<i>Selection Criteria (each)</i>	1000 characters
Section 9	<i>Other Requirements</i>	3800 characters
Section 10	<i>Disqualification Questions</i>	200 characters

