

T24/56056

# Restructure Consultation Paper Healthy Aging Program (HAP) Prince of Wales Hospital Community Health (POWCH)

August 2024



Comments or feedback on this proposal can be submitted in writing to Justin O'Hare, Co-Director of Nursing & Operations CCVH by 27<sup>th</sup> September 2024



### **Version Control**

Version Number	Date (DD/MM/YYYY)	Details of Changes	Author (Name and Position Title)
1	07/08/2024	Initial document	Justin O'Hare Co- Director of Nursing & Operations CCVH



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#### 1. Overview of SESLHD POWHCH HAP

#### 1.1 Background

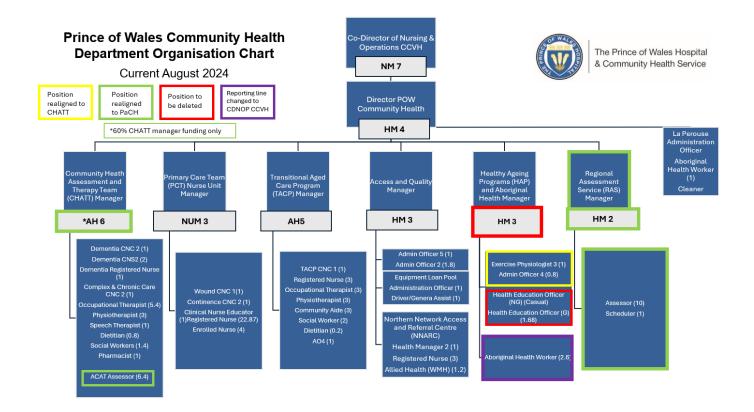
The Prince of Wales Hospital Community Health (POWHCH) Healthy Aging Program (HAP) is a community wellness initiative intended to provide affordable group exercise programs to those who live within the POWCH catchment area, aimed at improving health outcomes, with increased focus on vulnerable populations, and creating hospital avoidance.

HAP has been operating in the POWCH and Woollahra Local Government Areas (LGA) since 1983. This service was funded by various Commonwealth funding and grant sources which ceased in 2005 with the management of these services being transferred to POWHCH.

HAP offers land exercise classes through its Active Involved Mature (AIM) program and water exercise classes through its Water Activity for Vitality in Eastern Suburbs (WAVES) program designed to target people aged 50 and over with ongoing health issues. The service accepts referrals internally and externally to POWH, however does not have clear accepting or discharging criteria.

#### 1.2 Current Organisation Structure

#### 1.2.1 Current Organisation Charts



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#### 1.3 Case for Change

To date there are no outcome-based metrics to measure the success of the program since 2005 to support improved patient outcomes from the program, with HAP currently only providing subsidized exercise programs with no defined goal or discharge date.

Currently there are 63 classes per week with 750 participants.

- 590 (78%) live within POWCH catchment, 160 (22%) clients live outside POWCH catchment
- 47% of these patients have a Length of Stay (LOS) in the program of 1-6 years with 10% a LOS of 10-20 years
- There is no defined outcome or discharge from the program.
- 28% (210) of HAP clients have still presented to POWH Emergency Department (ED) in the past 12 months.

AIM and WAVES programs provided externally via multiple venues throughout Randwick Council and one via the Holy Trinity Church. POWCH are charged a total annual fee per financial year for each venue. Variance in conditions of external facilities exist with 6 classes cancelled in 2024 alone due to external facilities.

On 19 April 2024, brief T24/23325 was approved to cease 4 classes running externally in Vaucluse and Double Bay, both located outside the POWHCH.

The ceasing of HAP at the end of Term 3 (27/09/2024) will be supported with the realignment of services to create the Bridge to Community Exercise Program (BCEP) (Appendix A) commencing Term 4, 2024 (14/10/2024). This model will be a time limited POWCH Program lead by Exercise Physiologists (Eps) aimed at assisting consumers with deconditioning or reduced function who are recovering post hospital treatment/intervention to return to their baseline activity levels (Appendix A).

This model would support current POWH Community Health clients while additionally supporting POWH services including and not limited to the Diabetes, Renal and Cognitive Disorders Clinics supporting the initial goal of a true healthy aging program. An audit of the current HAP client lists demonstrates there are currently 138 clients actively linked to a POWH clinic or service within the past 12 months. The effectiveness of this program will be measured via activity, length of stay in the program, ED presentations and hospital readmissions for clients enrolled. Validated tools such as the PROMOS 29 will be utilized to assess impacts of health care interventions and tracks changes in health over time as per **Appendix A**.

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### 2. Proposed SESLHD Structure

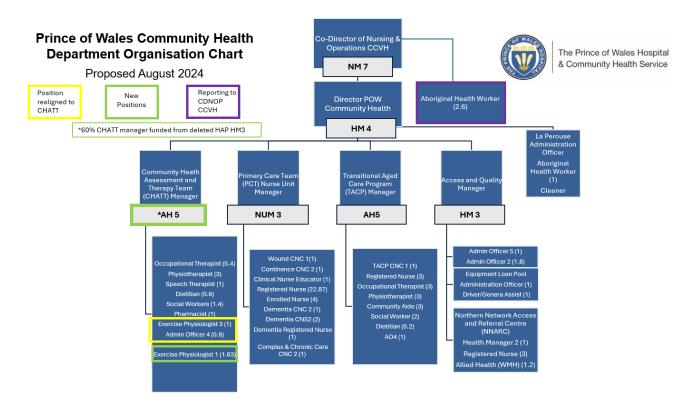
### **2.1 Proposed Organisation Structure**

Position & FTE	Recommendation
PN 528277 Health Manager Lvl 3 1.0FTE	Delete position and use \$82,063 to supplement 60% of Commonwealth funded CHATT Manager PN 777677 (AHP Lvl 6) which is to be removed with ACAT relocation to PaCH January 1, 2025 PN 777677 will be regraded to Allied Health Professional Level 5 in line with realigned responsibilities outlined in NSW HEALTH SERVICE HEALTH PROFESSIONALS (STATE) AWARD 2023
PN 620277 Health Education Officer – Graduate Yr 5 1.68FTE	Delete position and create Level 1/2 Exercise Physiologist 1.63FTE
PN 753744 Exercise Physiologist Lvl 3 1.0FTE	Realign to CHATT 150020
PN 108935 Health Education Officer – non-Graduate Yr 4 (0 hours casual avge 1.49FTE per week 2023/24 FY)  PN 96772 Health Education Officer – non-Graduate Yr 4 (0 hours casual avge 0.59 FTE per week 2023/24 FY)	Delete position
	Delete position
PN 92005 Aboriginal Health Worker 2.6 FTE	Continue current reporting line to Co-Director Nursing & Operations Community Connection & Virtual Health with deletion of PN 528277
PN 92666 Dementia CNC 1.0 FTE PN 92131 Chronic & Complex Care CNC 1.0 FTE	Realign to PCT 150127
PN 92667 Dementia CNS2 2.0 FTE	Realign to PCT 150127
PN 92670 Dementia RN 2.0 FTE	Realign to PCT 150127
PN 92585 Administration Officer Lvl 4 0.8FTE	Realign to CHATT 150020

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#### 2.2 Proposed Organisation Chart



### 3. Proposed changes to Positions

It is proposed that:

- HAP is realigned to BCEP sitting within the Community Health Assessment & Therapy Team (CHATT) 150020 cost centre. This model better aligns the EP within the professional alignment of allied health within POWHCH.
- Within this, the HAP manager role which is currently vacant will be deleted.
- The current Health Educator Graduate position which is responsible for the management of day-to-day activities of HAP will be deleted.
- Additionally, the casual Health Education Officer Non-Graduate positions which are responsible for the instructing the current HAP exercise classes will also be deleted.
- This will provide the opportunity to create EP Level 1/2 positions which will support BCEP exercise class instructing, supporting outcome-based client goals with transition to be discharged and connected to external providers once goals are met.

The Aged Care Assessment Team (ACAT) and Regional Assessment Service (RAS) services are being realigned to Population and Community Health (PaCH) in line with the Aged Care Single Assessment model expected to be finalised by January 1, 2025. This would see the ACAT service moving from POWHCH to PaCH, also affecting the funding of the CHATT managers position (PN 777677) which is 60% Commonwealth funded.

With the HAP Manager position currently vacant, the Aboriginal Health Team (2.6 FTE) within this service are reporting directly to the Co-Director of Nursing & Operations CCVH with 1.0 FTE sitting within the La Perouse Clinic reporting to the Director of Community Health. This reporting line will currently continue with the HAP Manager PN 528277 being deleted.

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Within the CHATT team, nursing positions currently reporting to the CHATT manager will be realigned within the Primary Care Team (PCT), supporting an aligned nursing workforce. This will support regrading CHATT Manager PN 777677 from Allied Health Professional (AHP) level 6 to Allied Health Professional level 5 in line with realigned operational responsibilities outlined in NSW Health Service Health Professionals (State) Award 2023.

The implementation process of this new structure will be in line with the relocation of the ACAT service to PaCH anticipated to be finalised by 1 January 2025. This realignment of the reporting lines will support the grading of this position to remain in line with the award level criteria.

#### 3.1 Positions with Changes to Reporting Lines

No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
1	PN 528277 HAP Manager HM3	This role will be deleted	Vacant	N/A
2	PN 77767 CHATT Manager AHP6	It is proposed to regrade to AHP5 with inclusion of BCEP in line management and removal of nursing reporting line management and ACAT line management effective from 1 Jan 2025	Filled	Yes
3	PN 620277 Health Education Officer Graduate	This role will be deleted	Filled	Yes
4	PN 753744 Exercise Physiologist HAP	Realigned as EP BCEP, change of reporting line from HAP Manager PN 528277 to CHATT Manager PN 77767	Filled	Yes
5	PN 108935 & PN 96772 Health Education Officer Non-Graduate	This role will be deleted	Filled (Casual)	Yes (Casual)
6	PN 9285 Administration Officer Level 4	Realigned as EP BCEP, change of reporting line from HAP Manager PN 528277 to CHATT Manager PN 77767	Filled	Yes
7	PN 92005 Aboriginal Health Worker	Formal change in reporting line to Co-Director Nursing & Operations CCVH PN 772253	Filled	Yes
8	PN 92666 Dementia CNC	Change of reporting line from CHATT Manger PN 77767 to reporting	Vacant	N/A

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No.	Position Title	Summary of Proposed Change	Filled or Vacant	Incumbent affected
		professionally Co-Director Nursing & Operations CCVH PN 772253		
9	PN 92667 Dementia CNS2	Change of reporting line from CHATT Manger PN 77767 to reporting professionally Co-Director Nursing & Operations CCVH PN 772253	Filled	Yes
10	PN 92670 Dementia RN	Change of reporting line from CHATT Manger PN 77767 to reporting to Primary Care Team (PCT) NUM PN 92521	Filled	Yes
11	PN 92131 Chronic & Complex Care CNC	Change of reporting line from CHATT Manger PN 77767 to reporting professionally Co-Director Nursing & Operations CCVH PN 772253	Vacant	N/A

#### 3.2 New Positions

No.	Position Title	Summary of Proposed Change
1	Exercise Physiologist Level 1/2	This role is to be created to implement BCEP

#### 3.3 Positions with Changed Responsibilities

No.	Position Title	Summary of Proposed Change
1	PN 77767 CHATT Manager AHP6	It is proposed to regrade to AHP5 with inclusion of BCEP in responsibility and removal of nursing reporting in line management and ACAT line management effective from 1 Jan 2025
2	PN 92521 PCT NUM	Change of reporting line of Dementia Nurses from CHATT Manager PN 77767 to PCT NUM PN 92951

#### 4. Consultation

#### **Consultation Plan**

This restructure consultation paper and the draft position description will be released for consultation. The Co-Director of Nursing & Operations CCVH will have individual discussions with all position holders who are directly impacted by the proposal during the consultation period.

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The relevant unions will be notified of the proposal and provided with the Restructure Consultation Paper and invited to comment on the proposal. Consultation will be in accordance line with NSW Health Policy PD2012\_021 Managing Excess Staff of the NSW Health Service.

#### 5. Restructure Timeframe

Task	Documentation/Task	Timeframes (Indicative) Week Commencing
Restructure Consultation documents completed	Restructure Consultation Paper	12th August 2024
Initial consultation period / awareness discussions with Executive	Meet with General Manager –	12th August 2024
Consultation period with staff and unions commences	Restructure Consultation Paper and draft position descriptions	2nd September 2024
Consultation period closes	-	27th September 2024
Feedback reviewed and considered.	Restructure Consultation Paper Feedback from consultation	27th September 2024
Final consultation document incorporating any changes identified during consultation circulated	Restructure Consultation Paper (Final)	30th September 2024
Written advice issued to affected/impacted staff	Letter to advise of 'affected/impacted status'	30th September 2024
Process of direct matching of affected staff to positions in the new structure	Letter to advise of matching to position	30th September 2024
Vacant positions advertised	Through merit selection recruitment process	30th September 2024
Selection process for positions commences	Assessment of applications and interviews	14th October 2024
Written advice issued to staff appointed to positions	Letter to advise of appointments	21st October 2024
Employees not matched to positions by WMP to be declared excess employees.	Letter issued to employees offering voluntary redundancy or option to seek employment for three month period.	After 8 weeks period from date of referral to the WMP

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# **6. Position Descriptions**

No.	Document description	Internal Ref.
1	CHATT Manager – Current	1867B5C5.pdf
2	CHATT Manager – Proposed	31AA3C16.pdf
3	Exercise Physiologist Level 3 - Current	<b>PDF</b> 592C2A10.pdf
4	Exercise Physiologist Level 3 - Proposed	F735CD23.pdf
5	Health Education Officer Graduate – Current	PDF 8CFE6629.pdf
6	Exercise Physiologist Level 1/2 – Proposed	A9A2EDAF.pdf

### 7. Endorsement

### **Executive Sponsor**

Name	Jennie Barry
Position Title	General Manager POWH/SSEH
Signature	DIN
Date	20 August 2024

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#### Appendix A: Bridge to Community Exercise Program (BCEP)

# Bridge to Community Exercise Program (BCEP)

Prince of Wales Community Health Service

### What is BCEP?

- Time limited POWCH Program led by Exercise Physiologists (EP)
- Assist consumers with deconditioning or reduced function who are recovering post hospital treatment/intervention to return to their baseline activity levels.



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# **Program Objectives**

- Improve functional activity levels
- Support to participate in community exercise groups
- Increase understanding and awareness of community-based exercise classes
- Unique features of the program:
  - o Simulate a community group environment
  - Offer personalised attention to ensure adherence to correct exercise techniques and consumer safety
  - o Consumer education to ensure safe independent exercise practice

# **Proposed Team Structure**



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# **Delivery Framework**

- POWH Cardiopulmonary Gym
- POWH Hydrotherapy pool
- · Duration: 6 weeks
- Group Exercise Program Provide 2 levels for exercise classes –
   Standard (lower function) and Advanced (higher function)
- Provide Concurrent "Healthy Lifestyle" Education Sessions (3 sessions of onsite/ online using POWCH allied health staff/students)
- A home visiting EP program (up to 4 visits) can be implemented for those unable to attend classes

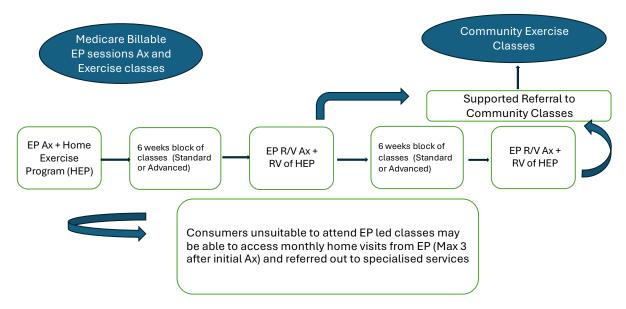
# Eligibility Criteria

- POWH clients/patients (various internal referrals) living in Randwick/Botany LGAs via triaged referrals facilitated by EP3 position
- Returned to mobility baseline but not activity baseline
- Exercise clearance medical clearance from allied health or medical physician
- Mobility: independent +/- aid, people with higher level of assistance may be eligible if their carer attends all appointments/classes
- Aged 55+
- Pre-Frail or Frail
- Independent with pADLs (unless assisted by carer)
- · Cognitively intact to safely follow exercise instructions or with MCI attending with carer
- Consenting to scope of program: Accepting to be transitioned to a community exercise program after the completion of B2CEP

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#### **BCEP MODEL OF CARE**



# Scope of Program

- Individual EP Assessments using standardised assessment tools, outcome measures and design of home exercise program
- The Individual Ax is followed by placement into an internal program of classes then facilitates supported referral to community-based classes if appropriate.
- 6 weeks classes of 5 clients Standard Level, 45 minutes Maximum 10 classes = 50 clients
- 6 weeks classes of 5 clients Advanced Level, 45 minutes Maximum 10 classes = 50 clients
- Program capped at 100 clients per 6 week block
- Option for EP home visits/telehealth to monitor Home Exercise Program if unsuitable for internal program of classes

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# Clinical Assessment Tools and Outcome Measures (see attached information)

- 30sec Sit to Stand
- 2MWT
- TUG
- 10MWT
- Tandem stance, SLS
- Using HOPE for subjective assessment
  - o FES-I (Falls Self-Efficacy Scale (FES-I) (health.qld.gov.au))
  - PROMISE29+2 (Assesses impacts of health care interventions and tracks changes in health over time)

# **Future Planning**

- Evaluate using RE- AIM (Reach, Efficacy, Adoption, Implementation, Maintenance) framework
- Research focused on EP led programs to reduce hospitalisations
- Virtual care models

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# SESLHD - Community Health CHATT Manager, POWH



Our CORE values: Collaboration Openness Respect Empowerment **Our Vision:** Exceptional care, healthier lives. ourpeopleourculture To enable our community to be healthy and well; and to provide **Our Purpose:** the best possible compassionate care when people need it. NSW Health **Organisation** Local Health District / Agency South Eastern Sydney Local Health District Position Classification Art Therapist Lvl 6, Audiologist Lvl 6, Counsellor Lvl 6, Dietitian Lvl 6, Diversional Therapist Lvl 6, Exercise Physiologist Lvl 6, Genetics Counsellor Lvl 6, Music Therapist Lvl 6, Nurse Manager Grade 3, Occupational Therapist Lvl 6, Orthoptist Lvl 6, Physiotherapist Lvl 6 NSW Health Service Health Professionals (State) Award **State Award** Public Health System Nurses & Midwives (State) Award Primary and Community Care | Community Management Category Website www.seslhd.health.nsw.gov.au/

#### **PRIMARY PURPOSE**

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.

The role is to lead, direct and co-ordinate client care in the POW Community Health Assessment and Therapy Team (CHATT). This includes the establishment and maintenance of strong clinical governance frameworks for the multi-disciplinary team. The Manager will meet demand for service delivery and ensure that KPIs and mandatory standards are achieved and maintained. The Manager will participate in all planning and service development activities for the multiple funding bodies for the team, and develop an appropriate business plan each year

#### **COVID-19 VACCINATION COMPLIANCY**

All NSW Health workers are required to have completed a primary course (2 doses) of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (except for the Janssen COVID-19 vaccine which is approved by the TGA as a single dose primary course). New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an Australian Immunisation Register (AIR) Immunisation History Statement certifying the worker cannot have any approved COVID-19 vaccines available in NSW. A NSW Health agency may require further information about the medical contraindication (including but not limited to an Immunisation Medical Exemption form - IM011 form).

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.



# SESLHD - Community Health CHATT Manager, POWH



#### **RESPIRATOR USE**

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

- 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
- As a leader you are expected to actively support and demonstrate your commitment to the organisation's safety management system; to establish and maintain a positive health and safety culture; to consult with workers and others when making decisions that may impact upon the health, safety and wellbeing of those in the workplace; acquire and keep up-to-date knowledge of work health and safety matters; ensure that all workers understand their health and safety obligations and are sufficiently trained in health and safety policy and procedures; report any safety incidents, injury, hazards, risks, concerns or unsafe behaviour in the SESLHD IMS+ safety reporting system within 24 hours, and take appropriate actions to eliminate or minimise related risk to as low as reasonably practicable.

#### **KEY ACCOUNTABILITIES**

Maintain a rigorous clinical governance structure for the 6 Allied Health disciplines, and the Nursing positions within the team:

Maintain interdisciplinary practice for comprehensive assessment and treatment in the community;

Ensure the implementation of best practice clinical care in all disciplines;

Maintain a strong audit and review framework to monitor service and individual performance;

Maintain complete adherence to the requirements of the various funding bodies of the team,

Meeting performance and quality requirements;

Manage risks associated with resource availability, both people and material;

#### **KEY CHALLENGES**

- Manage a large and diverse team of clinical professionals for operational and clinical effectiveness; manage a team with multiple different key performance indicators because of different funding streams
- Communication with the team, within the department, across the District for ACAT, into the hospital for ACAT
- Complex clinical decision support is part of the role; decisions with the support of the Director of Community Health of service development matters



# SESLHD - Community Health CHATT Manager, POWH



#### **KEY RELATIONSHIPS**

Who	Why
Director POW Community Health	Direct operational Manager and responsible for all strategic and clinical governance
Allied Health Department Heads at POWH	To maintain comprehensive clinical governance structures for each allied health discipline
Program Co-Director Nursing	To maintain comprehensive clinical governance structures for nursing positions

#### **SELECTION CRITERIA**

- Current registration if required with a relevant Registration Board (AHPRA), or membership or eligible for membership of a relevant recognised professional body as per the NSW Health Service Health Professionals (State) Award; and holds unrestricted NSW Drivers Licence Class C.
- 2. Extensive experience leading a large team in a busy and demanding community health environment including demonstrated high level organisational and self management skills
- 3. Demonstrated knowledge and skills practice development, coaching, clinical supervision, continuous professional learning and development
- 4. Demonstrated high level written and verbal communication and interpersonal skills with a proven ability to provide effective performance appraisal and management, leadership and strategic direction
- 5. A demonstrated understanding of Work Health and Safety legislation applied to the community setting.
- 6. Comprehensive understanding of ACAT and CHSP Commonwealth Programs
- 7. Demonstrated knowledge of the eMR community health record, including reporting and performance components
- 8. Demonstrated understanding of implementation of new or enhanced practice models

#### OTHER REQUIREMENTS

- 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.



# SESLHD - Community Health CHATT Manager, POWH



Job Demands for: SESLHD - Community Health CHATT Manager, POWH

Physical Demands			
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks		
Frequent	Frequent		
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes		
Occasional	Frequent		
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks		
Not Applicable	Infrequent		
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	<b>Kneeling</b> - remaining in a kneeling posture to perform tasks		
Infrequent	Not Applicable		
<b>Squatting/Crouching</b> - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery		
Infrequent	Frequent		



# SESLHD - Community Health CHATT Manager, POWH



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Occasional	Frequent
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	Lifting/Carrying - heavy lifting and carrying (16kg and above)
Not Applicable	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Infrequent	Infrequent
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Not Applicable	Constant
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Constant	Not Applicable
Driving - Operating any motor powered vehicle	
Frequent	



# SESLHD - Community Health CHATT Manager, POWH



Sensory Demands		
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Hearing - use of hearing is an integral part of work performance (e.g. Telephone enquiries)	
Constant	Constant	
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	Taste - use of taste is an integral part of work performance (e.g. food preparation)	
Not Applicable	Not Applicable	
<b>Touch</b> - use of touch is an integral part of work performance		
Infrequent		

Psychosocial Demands		
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness	
Occasional	Occasional	
<b>Unpredictable People</b> - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients	
Occasional	Not Applicable	



# SESLHD - Community Health CHATT Manager, POWH



Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies

Infrequent

Environmental Demands		
Dust - exposure to atmospheric dust	Gases - working with explosive or flammable gases requiring precautionary measures	
Not Applicable	Not Applicable	
Fumes - exposure to noxious or toxic fumes	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	
Not Applicable	Not Applicable	
Hazardous Substances - e.g. dry chemicals, glues	Noise - environmental/background noise necessitates people raise their voice to be heard	
Not Applicable	Occasional	
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight	
Not Applicable	Not Applicable	
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists	
Not Applicable	Not Applicable	



# SESLHD - Community Health CHATT Manager, POWH



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



# **Position Description**



Please ensure to only send through <u>approved</u> Position Descriptions (PD) to Position Maintenance (PM). PD's that have not been approved through the appropriate channels (e.g. Grading Committees or Business Partners) will delay the process.

If the request is a minor amendment to an existing PD, please highlight the amendments required.

\*Note – As ROB will not allow any text beyond the allowable character limit, please ensure the fields are as succinct as possible.

Facility/Service	SESLHD - Community Health CHATT Manager, POWH
Department	POWH Community Health
Manager	Director POWH Community Health
Position Number	
Cost Centre	150020

#### Section 1 - Role Details

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

Position Descrip	tion Title *	CHATT Manager POWHCH	
Does this ro Multiple	ole require Awards?*	NO	
Award*		NSW Health	n Service Health Professionals (State) Award
List all rele	evant Awards	A ( T) :	(1 15 A 13 1 3 (1 15 O
Position Clas	ssification*	Diversional	st Lvl 5, Audiologist Lvl 5, Counsellor Lvl 5, Dietitian Lvl 5, Therapist Lvl 5, Exercise Physiologist Lvl 5, Genetics
List all classifications relevant to this position		Lvl 5, Ortho	Therapist Lvl 5, Occupational Therapist ptist Lvl 5, Physiotherapist Lvl 5
Job Category Cod		Pofor to POP Job Cotogon, Coding Cuido	
Job Classificati	on Coding (ROB)*	Allied Health Professional	
Job Speciality Coding (ROB)			
Does this require Senior Executive Level Standards?		NO	
Does this role supervis	manage or se others?*		
i i i i i i a i y	Mandatory)	The vision for South Eastern Sydney Local Health District (SESLHD) is	
role	PM team will include this text	'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.	
A concise summary of the primary purpose of the role, answering the	(Free text)  Cannot exceed 3400 characters	'exceptional community t	or South Eastern Sydney Local Health District (SESLHD) is care, healthier lives'. SESLHD is committed to enabling our to be healthy and well, and to providing the best possible ate care when people need it.

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question: "Why does this role exist?"	The role is to lead, direct and co-ordinate client care in the POW Community Health Assessment and Therapy Team (CHATT). This includes the establishment and maintenance of strong clinical governance frameworks for the multidisciplinary team. The Manager will meet demand for service delivery and ensure that KPIs and mandatory standards are achieved and maintained. The Manager will participate in all planning and service development activities for the multiple funding bodies for the team, and develop an appropriate business plan each year
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#### **Section 2 – Key Accountabilities**

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

Standard Key Accountabilities*	Maintain a rigorous clinical governance structure for the 6 Allied Health disciplines;  Maintain interdisciplinary practice for comprehensive assessment and treatment in the community;  Ensure the implementation of best practice clinical care in all disciplines;  Maintain a strong audit and review framework to monitor service and individual performance;  Maintain complete adherence to the requirements of the various funding bodies of the team,  Meeting performance and quality requirements;  Manage risks associated with resource availability, both people and material;
--------------------------------	---

#### **Section 3 – Key Challenges**

This section describes the complexity of the job, the influences on it, and the influence it has. This should not restate the Key Accountabilities. We recommend 2-3 concise sentences for each Key Challenge.

#### Cannot exceed 1000 characters per Key Challenge

Challenges	Manage a large and diverse team of clinical professionals for operational and clinical
	effectiveness; manage a team with multiple different key performance indicators
	because of different funding streams
Decision	Complex clinical decision support is part of the role; decisions with the support of the
Making	Director of Community Health of service development matters

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**Communication** Communication with the team, within the department, across the District

#### 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	Who?	Director POW Community Health	
Relationships	Why?	Direct operational Manager and responsible for all strategic and clinical	
Relationships	willy :		
2 may	14/1 0	governance	
3 max - Cannot exceed	Who?	Allied Health Department Heads at POWH	
200 characters per	Why?	To maintain comprehensive clinical governance structures for each	
line		allied health discipline	
IIIIC	Who?	Program Co-Director Nursing	
	Why?	To maintain comprehensive clinical governance structures for nursing	
		positions	
Does this r	ole routinely		
	with external	YES	
st	akeholders?		
Key External	Who?	PHN	
Relationships	Why?	Supporting client services	
	Who?		
2 max -	Why?		
Cannot exceed			
200 characters per			
line			
	Public Senior		
	e Role which	Choose an item.	
manages relation	onship at the	Onoose an item.	
Minis	sterial level?		

#### Section 5 – Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	
Direct Reports	
Indirect Reports	
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	

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#### 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.

Please do not use the Mandatory text below within other sections.

	(Mandatory)  PM team will include this text	<ul> <li>All staff are required to complete and submit a Pre-employment Health Declaration Form</li> <li>Dependent 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.</li> </ul>
Essential Requirements	(Mandatory)  PM team will include relevant text dependent on whether the position has direct reports or not	<ul> <li>Staff who supervise others: As a leader you are expected to actively support and demonstrate your commitment to the organisation's safety management system; to establish and maintain a positive health and safety culture; to consult with workers and others when making decisions that may impact upon the health, safety and wellbeing of those in the workplace; acquire and keep up-to-date knowledge of work health and safety matters; ensure that all workers understand their health and safety obligations and are sufficiently trained in health and safety policy and procedures; report any safety incidents, injury, hazards, risks, concerns or unsafe behaviour in the SESLHD IMS+ safety reporting system within 24 hours, and take appropriate actions to eliminate or minimise related risk to as low as reasonably practicable.</li> <li>Staff who do not supervise others: You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies, procedures and training relating to work health, safety and wellbeing, including identifying and notifying any safety incidents, injury, hazards, risks, concerns or unsafe behaviour to the manager and reporting these in the SESLHD IMS+ safety reporting system within 24 hours.</li> </ul>
	(Free Text)	
	Cannot exceed 3500 characters	

#### 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 into separate Selection Criteria boxes.

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1	Current registration if required with a relevant Registration Board (AHPRA), or membership or eligible for
	membership of a relevant recognised professional body as per the NSW Health Service Health Professionals
	(State) Award; and holds unrestricted NSW Drivers Licence Class C.
2	Extensive experience leading a large team in a busy and demanding community health environment
	including demonstrated high level organisational and self management skills
3	Demonstrated knowledge and skills - practice development, coaching, clinical supervision, continuous
	professional learning and development
4	Demonstrated high level written and verbal communication and interpersonal skills with a proven ability to
	provide effective performance appraisal and management, leadership and strategic direction
5	A demonstrated understanding of Work Health and Safety legislation applied to the community setting.
6	Comprehensive understanding of CHSP Commonwealth Programs
7	Demonstrated knowledge of the eMR community health record, including reporting and performance
	components
8	Demonstrated understanding of implementation of new or enhanced practice models

#### **Section 9 – Other Requirements (Optional)**

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

Please do not use the Mandatory text below within other sections.

	(Mandatory)  PM team will include this text	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
	(Mandatory)  PM team will include relevant text dependent on whether the position has	<ul> <li>Staff who supervise others: 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</li> <li>Staff who supervise others: Manage delegated financial responsibilities, through the development and maintenance of</li> </ul>
	direct reports or not  (Free Text)	appropriate strategies and effective allocation of resources, to ensure optimal health outcomes are managed within budget  •Act as an appropriate and effective role model and promote a culture
	Cannot exceed 3800 characters	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.

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#### **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	Currently Unavailable
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#### Section 11 - Capabilities for the Role

#### Currently only being used for Allied Health

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities.

Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.

Capability Group	Focus?	Capability	Level
Personal Attributes	$\boxtimes$	Display Resilience and Courage	Advanced
	$\boxtimes$	Act with Integrity	Advanced
	$\boxtimes$	Manage Self	Advanced
	$\boxtimes$	Value Diversity	Advanced
	$\boxtimes$	Communicate Effectively	Advanced
Polotionohina		Commitment to Customer Service	Choose an item.
Relationships		Work Collaboratively	Choose an item.
		Influence and Negotiate	Choose an item.
		Deliver Results	Choose an item.
Dogulto		Plan and Prioritise	Choose an item.
Results		Think and Solve Problems	Choose an item.
		Demonstrate Accountability	Choose an item.
		Finance	Choose an item.
Business Enablers		Technology	Choose an item.
		Procurement and Contract Management	Choose an item.
		Project Management	Choose an item.
5		Manage and Develop People	Choose an item.
		Inspire Direction and Purpose	Choose an item.
People Management		Optimise Business Outcomes	Choose an item.
		Manage Reform and Change	Choose an item.

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#### **Section 12 – 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 preemployment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
* Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory	
pathogens/ hazardous materials – note: N/A is not acceptable	Infrequent
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	Infrequent
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Infrequent
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Occasional
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	Infrequent
Leg/Foot Movement – use of leg and/or foot to operate machinery	Not Applicable
Climbing (stairs/ladders) – ascend/descend stairs, ladders, steps	Infrequent
Lifting/Carrying – light lifting and carrying (0 to 9 kg)	Infrequent
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	Not Applicable
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from	Not Applicable
the body  Head/Neek Postures - helding head in a position other than poutral (facing forward)	Not Applicable
Head/Neck Postures – holding head in a position other than neutral (facing forward) Hand and Arm Movements – repetitive movements of hands and arms	Not Applicable 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)	Occasional
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer	Frequent
screens)	riequent
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Frequent
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	Not Applicable
PSYCHOSOCIAL DEMANDS - Description (Comment)	FREQUENCY
Distressed People – e.g. emergency or grief situations	Occasional
Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Occasional
Unpredictable People – e.g. dementia, mental illness, head injuries	Occasional
Restraining – involvement in physical containment of patients/clients	Infrequent
Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies	Occasional
ENVIRONMENTAL DEMANDS - Description (Comment)	FREQUENCY
Dust – exposure to atmospheric dust	Infrequent
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	Infrequent
Inadequate Lighting – risk of trips, falls or eyestrain	Not Applicable
madequate Lighting - not of tripo, fallo of eyeotralli	I NOT Applicable

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Sunlight – risk of sunburn exists from spending more than 10 minutes per day in sunlight	Choose an item.
Extreme Temperatures – environmental temperatures are less than 15°C or more than 35°C	Choose an item.
Confined Spaces – areas where only one egress (escape route) exists	Choose an item.
Slippery or Uneven Surfaces - greasy or wet floor surfaces, ramps, uneven ground	Choose an item.
Inadequate Housekeeping - obstructions to walkways and work areas cause trips and falls	Choose an item.
Working At Heights – ladders/stepladders/scaffolding are required to perform tasks	Choose an item.
Biological Hazards – exposure to body fluids, bacteria, infectious diseases	Choose an item.

#### **Word Counts**

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

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### Exercise Physiologist/Physiotherapist (REQ474993)

Status Recruiter Filled Koe, Wei

Status Details Job Owner Primary Location

Filled Katz, Milena Randwick > Barker Street, Randwick,

2031 > Sydney

Recruitment Type General Recruitment

Hired Candidates

1 out of 1

# **Position Description**

Role Purpose

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.

Plan, coordinate, and implement in-depth levels of clinical expertise and extensive specialised knowledge within Exercise Physiology or Physiotherapy in order to provide high quality group exercise activities (land and water based) to seniors and younger people with chronic disease(s) living in the POWH catchment area consistent with NSW Health, South Eastern Sydney Local Health District(SESLHD) policies, procedures and standards.

#### Key Accountabilities

- Assess, plan, organise, deliver, evaluate, and report on the provision of high quality Exercise Physiology or Physiotherapy care in accordance with Exercise and Sports Science Australia or the Physiotherapy Board of Australia (AHPRA), NSW Health and SESLH D policies and clinical practices, to achieve patient/client health outcomes within specified timeframes
- Demonstrate advanced Exercise Physiology or Physiotherapy reasoning skills that enhance the service 's ability to manage more complex patients/clients within the clinical specialty and exercise independent professional judgement in solving problems and managing cases where principles, procedures, techniques and methods require expansion, adaptation or modification
- Communicate effectively in a culturally sensitive manner with patients/clients, families, and other health care professionals to plan intervention strategies to ensure patient 's needs are identified and provide clinical services to client groups and circumstances of a complex nature requiring advanced practice skills and clearly articulate these to others in the team
- Provide in-depth advice and support regarding Exercise Physiology or Physiotherapy to health care professionals within the multi-disciplinary team and act in a consultative role within the specialty area, in order to establish co-ordinated and continuity of care to patients/clients
- Apply professional knowledge and judgement when performing novel, complex or critical tasks specific to Exercise Physiology or Physiotherapy and plan and prioritise own and team work requirements to effectively meet defined patient/ client care objectives within agreed timeframes
- Maintain up to date knowledge and skills, and practice within the risk management, safety, and quality frameworks as applicable to SESLHD, to ensure the health and safety of staff, patients and visitors
- Plan, deliver and evaluate high quality Exercise Physiology or Physiotherapy education to patients, their families, and other health care professional. Teach and supervise students on clinical placement and work experience as required. Provide clinical supervision and support to Level 1 and 2 health professionals, technical and support staff
- Identify opportunities for improvement in clinical practice and develop and lead ongoing quality improvement activities with other staff and contribute to the development of policies, procedures, standards and practices in order to continuously improve the level of service provided to patients/clients
- 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 responsibility for personal and professional development by participating in evidence based practice activities, training/education, and performance reviews/appraisals in order to continuously improve the level of service provided to patients/clients

- 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
- Facilitate research partnerships and engage in research that works towards improving patient outcomes and experience

Key Challenges

- Challenges: Utilising limited resources to meet competing patient/client needs and expectations and dealing with high volume workloads while at the same time achieving positive outcomes Managing time and prioritising issues given the diverse range of issues encountered simultaneously and work demands flowing from a number of sources Managing patients/clients with challenging behaviours
- Decision-Making: Makes decisions using advanced reasoning skills and working autonomously in relation to day-to-day operations and clinical care of patients/clients within scope of practice Manages specific tasks or projects
- Communication: Internally, the Senior Clinician Exercise Physiologist /Physiotherapist is required to communicate regularly with Allied Health professionals, nursing staff, medical staff, and other health care members of multi-disciplinary teams on issues related to patient care and team functioning Externally, the Senior Clinician Exercise Physiologist / Physiotherapist will develop and maintain effective relationships with GP 's and external organisations such as Local Councils.

Key Relationships Key Internal Relationships

Who

Manager Healthy Ageing Program

Why

The above relationship is vital to providing direction and support in achieving the overall goals of the Program

Who

Client Management Coordinator

Why

The above relationships are vital to achieve team cohesion

Who

Fitness Instructors

Why

The above relationships are vital to achieve team cohesion

External Stakeholders

Who

Community members

Why

SESLHD Equity Strategy – to improve engagement of the local community

Who

External providers e.g. venues/facilities

Why

Partnering with local business to enhance service delivery

Public Sector Executive Role - Relationships at Ministerial Level Essential Requirements

- All staff are required to complete and submit a Pre-employment Health Declaration Form
- Dependent 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
- As a leader you are expected to actively support and demonstrate your commitment to the organisation 's safety management system; to establish and maintain a positive health and safety culture; to consult with workers and others when making decisions that may impact upon the health, safety and wellbeing of those in the workplace; acquire and keep up-to-date knowledge of work health and safety matters; ensure that all workers understand their health and safety obligations and are sufficiently trained in health and safety policy and procedures; report any safety incidents, injury,

hazards, risks, concerns or unsafe behaviour in the SESLHD IMS+ safety reporting system within 24 hours, and take appropriate actions to eliminate or minimise related risk to as low as reasonably practicable.

Other Requirements

- 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

Selection Criteria

- 1. Qualifications in accordance with Schedule C of the NSW Health Service Health Professionals (State) Award
- 2. Extensive post graduate clinical experience in Exercise Physiology/Physiotherapy
- 3. Excellent negotiation, decision making and advocacy skills including the ability to interact constructively and collaboratively with a diverse range of stakeholders, throughout all organisational levels
- 4. Ability to provide in-depth advice and education to enhance service delivery and to guide and support others in providing service excellence, with the capacity to provide clinical supervision to other staff
- 5. Ability to work as part of a multi-disciplinary team and to apply advanced reasoning skills and independent professional judgement when dealing with situations of a novel, complex or critical nature
- 6. Ability to initiate, lead, complete and share quality improvement initiatives and service evaluation processes and lead ongoing quality improvement activities with other staff
- 7. Demonstrated commitment to ongoing clinical and professional learning
- 8. Driver 's licence

#### Job Demands

#### **Physical Demands**

Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials

#### Frequent

Infrequent

- 1		
Sitting - remaining in a seated position to perform tasks Frequent	oStanding - remaining standing without moving about to perform tasks Infrequent	Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes Occasional
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes Not Applicable	Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks Occasional	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 Infrequent
Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps Infrequent	Lifting / Carrying - Light lifting & carrying 0-9kg Infrequent	:Lifting / Carrying - Moderate lifting & carrying: 10-15kg Not Applicable
Lifting / Carrying - Heavy lifting & carrying: 16kg & above Not Applicable	Reaching - Arms fully extended forward or raised above shoulder Occasional	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)	Hand & 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

Driving - Operating any motor powered vehicle

Occasional

Not Applicable

Sensory Demands

Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens

Hearing - Use of hearing is an integral Smell - Use of smell is an integral part part of work performance e.g. Telephone of work performance e.g. Working with enquiries chemicals

Frequent Infrequent

Taste - Use of taste is an integral part of Touch - Use of touch is an integral part work performance e.g. Food preparation of work performance

Not Applicable Not Applicable

**Psychosocial Demands** 

Distressed People - e.g. Emergency or

grief situations Infrequent

Frequent

Aggressive & Uncooperative People e.g. drug / alcohol, dementia, mental

Infrequent

Restraining - involvement in physical

containment of patients / clients Not Applicable

illness

Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies

Not Applicable

**Environmental Demands** 

Dust - Exposure to atmospheric dust

Infrequent

Gases - Working with explosive or flammable gases requiring precautionaryfumes

measures

Not Applicable

Liquids - Working with corrosive, toxic or Hazardous Substances - e.g. Dry

poisonous liquids or chemicals requiring chemicals, glues Not Applicable

PPE Not Applicable

Inadequate Lighting - Risk of trips, falls or eyestrain

Infrequent

Sunlight - Risk of sunburn exists from

in sunlight Infrequent

ground

Infrequent

Confined Spaces - areas where only one Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven

egress (escape route) exists Not Applicable

Working at Heights - Ladders / stepladders / scaffolding are required to

perform tasks Not Applicable

Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases

Infrequent

Unpredictable People - e.g. Dementia,

mental illness, head injuries

Infrequent

Fumes - Exposure to noxious or toxic

Not Applicable

Noise - Environmental / background noise necessitates people raise their voice to be heard

Infrequent

Extreme Temperatures - Environmental spending more than 10 minutes per day temperatures are less than 15c or more than 35c

Not Applicable

Inadequate Housekeeping -Obstructions to walkways and work areas cause trips and falls

Not Applicable

### **Position Description**



Please ensure to only send through <u>approved</u> Position Descriptions (PD) to Position Maintenance (PM). PD's that have not been approved through the appropriate channels (e.g. Grading Committees or Business Partners) will delay the process.

If the request is a minor amendment to an existing PD, please highlight the amendments required.

\*Note – As ROB will not allow any text beyond the allowable character limit, please ensure the fields are as succinct as possible.

Facility/Service	SESLHD – Prince of Wales Hospital Community Health
Department	CHATT
Manager	CHATT Manager
Position Number	753744
Cost Centre	150020

#### Section 1 - Role Details

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

Position Descr	ription Title *	Exercise Ph	ysiologist LEVEL 3 CHATT
Does this	role require le Awards?*	NO	
List all r	Award* relevant Awards	NSW Health Service Health Professionals (State) Award	
Position CI  List all classificat	assification* tions relevant to this position	LEVEL 3	
Job Category Co Job Classifica		Allied Health	
Job Speciality C			
Does this re Executive Level	quire Senior Standards?		
Does this rol superv	e manage or vise others?*		
Primary Purpose of the role*	(Mandatory)  PM team will include this text	improving th	ern Sydney Local Health District (SESLHD) is committed to the care provided to our patients in line with our vision of the gether to improve the health and wellbeing of our
A concise summary of the primary purpose of the role, answering the question: "Why	(Free text)  Cannot exceed 3400 characters	extensive sprovide high seniors and catchment a	inate, and implement in-depth levels of clinical expertise and becialised knowledge within Exercise Physiology in order to a quality group exercise activities (land and water based) to younger people with chronic disease(s) living in the POWH area consistent with NSW Health, South Eastern Sydney in District(SESLHD) policies, procedures and standards.

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does this role	
exist?"	

#### **Section 2 – Key Accountabilities**

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

Standard Key Accountabilities*	(Free Text)  Cannot exceed 3800 characters	<ul> <li>Assess, plan, organise, deliver and evaluate quality Exercise Physiology in accordance with AHPRA NSW Health and SESLHD policies and clinical practices, to achieve patient/client health outcomes within specified timeframes</li> <li>Communicate effectively in a culturally sensitive manner with patients/clients, families, and other health care professionals to plan and implement intervention strategies. Ensure patient/client needs are identified, that they are empowered and their requirements are addressed where possible</li> <li>Consult and liaise with health care professionals within the multidisciplinary team to establish co-ordinated and continuity of care to patients/clients</li> <li>Document all aspects of patient care, including education, progress notes and referrals in compliance with NSW Health and SESLHD documentation standards and procedures to ensure continuity of safe and effective patient care</li> <li>Plan and prioritise own work requirements effectively to meet defined patient/client care objectives and non-clinical commitments within agreed timeframes.</li> <li>Maintain up to date knowledge, skills and practice within the risk management, safety, and quality frameworks as applicable to SESLHD, to ensure the health and safety of staff, patients/clients and visitors</li> <li>Plan and deliver Exercise Physiology education to patients/clients and visitors</li> <li>Plan and deliver Exercise Physiology education to patients/clients, their support people (families and or carers), and other health care professionals.</li> <li>Provide support and guidance to clinicians and to students on clinical placement and work experience as required.</li> <li>Promote a culture that supports the organisation's values.</li> <li>Maintain responsibility for personal and professional development by attending/providing training and education in evidence-based practice activities, to continuously improve the level of service provided to patients/clients</li> <li>Participate in regular performance reviews, demonstr</li></ul>

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#### Section 3 - Key Challenges

This section describes the complexity of the job, the influences on it, and the influence it has. This should not restate the Key Accountabilities. We recommend 2-3 concise sentences for each Key Challenge.

#### Cannot exceed 1000 characters per Key Challenge

Challenges	Major challenges for the Exercise Physiology include:
	<ul> <li>Managing time and resources available meet competing patient/client needs and expectations.</li> </ul>
	<ul> <li>Managing high volume workloads while at the same time achieving positive outcomes.</li> </ul>
	<ul> <li>working with people experiencing physical, psychological and emotional distress.</li> </ul>
Decision	The Exercise Physiology:
Making	<ul> <li>Makes decisions in relation to day-to-day operations and clinical care of patients/clients within scope of practice.</li> </ul>
	<ul> <li>Escalates issues outside of policies and procedures and complex or unusual care requirements to the Exercise Physiology.</li> </ul>
Communication	<ul> <li>Internally, the Exercise Physiology is required to communicate regularly with Allied Health professionals, nursing staff, medical staff, and other health care members of multi-disciplinary teams on issues related to patient/client care and team functioning.</li> </ul>
	<ul> <li>Externally, the Exercise Physiology will develop and maintain effective relationships with patients families and or carers.</li> </ul>

#### 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	Who?	Director of Allied Health or their delegate.
Relationships	Why?	Supporting professional and strategic governance for allied health.
	Who?	CHATT Manager
3 max -	Why?	Operational Line Manager
Cannot exceed 200 characters per	Who?	CHATT MDT
line	Why?	Support clients in the community
Does this role routinely		
interact with external		YES
st	akeholders?	
Key Eyternel	Who?	External exercise providers
Key External Relationships	Why?	Refer patients upon discharge from CHATT service for ongoing
Relationships		exercise programming
2 max -	Who?	
Z max -	Why?	

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Cannot exceed 200 characters per line	
Is this a Public Senior Executive Role which	NO
manages relationship at the	
Ministerial level?	

#### Section 5 – Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	
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	N/A
Other \$	N/A

#### Section 7 - Essential Criteria

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

Please do not use the Mandatory text below within other sections.

	(Mandatory)	<ul> <li>All staff are required to complete and submit a Pre-employment Health Declaration Form.</li> </ul>
	PM team will include this text	<ul> <li>Dependent 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.</li> </ul>
Essential Requirements	(Mandatory)  PM team will include relevant text dependent on whether the position has direct reports or not	Staff who supervise others: As a leader you are expected to actively support and demonstrate your commitment to the organisation's safety management system; to establish and maintain a positive health and safety culture; to consult with workers and others when making decisions that may impact upon the health, safety and wellbeing of those in the workplace; acquire and keep up-to-date knowledge of work health and safety matters; ensure that all workers understand their health and safety obligations and are sufficiently trained in health and safety policy and procedures; report any safety incidents, injury, hazards, risks, concerns or unsafe behaviour in the SESLHD IMS+ safety

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	reporting system within 24 hours, and take appropriate actions to eliminate or minimise related risk to as low as reasonably practicable.
	Staff who do not supervise others: You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies, procedures and training relating to work health, safety and wellbeing, including identifying and notifying any safety incidents, injury, hazards, risks, concerns or unsafe behaviour to the manager and reporting these in the SESLHD IMS+ safety reporting system within 24 hours.
(Free Text)	
Cannot exceed 3500 characters	

#### 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 into separate Selection Criteria boxes.

1	Qualifications in accordance with Schedule C of the NSW Health Service Health Professionals (State) Award and AHPRA with demonstrated commitment to continuing professional development.
2	Extensive post graduate clinical experience in Exercise Physiology/Physiotherapy.
3	Excellent negotiation, decision making and advocacy skills including the ability to interact constructively and collaboratively with a diverse range of stakeholders, throughout all organisational levels.
4	Ability to provide in-depth advice and education to enhance service delivery and to guide and support others in providing service excellence, with the capacity to provide clinical supervision to other staff
5	Ability to work as part of a multi-disciplinary team and to apply advanced reasoning skills and independent professional judgement when dealing with situations of a novel, complex or critical nature.
6	Ability to initiate, lead, complete and share quality improvement initiatives and service evaluation processes and lead ongoing quality improvement activities with other staff.
7	Demonstrated commitment to ongoing clinical and professional learning.
8	Current drivers licence (or 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.

Please do not use the Mandatory text below within other sections.

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	(Mandatory)  PM team will include this text	<ul> <li>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.</li> <li>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</li> </ul>
Other Requirements	(Mandatory)  PM team will include relevant text dependent on whether the position has direct reports or not	<ul> <li>Staff who supervise others: 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</li> <li>Staff who supervise others: 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</li> </ul>
	(Free Text)  Cannot exceed 3800 characters	<ul> <li>You may be required to work at different locations, departments and care types, including via other modalities (e.g. remote) within South Eastern Sydney Local Health District. Should this occur, adequate notice will be provided.</li> </ul>

#### **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	Currently Unavailable
Questions	

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#### Section 11 - Capabilities for the Role

#### **Currently only being used for Allied Health**

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities.

Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.

Capability Group	Focus?	Capability	Level
		Display Resilience and Courage	Intermediate
Personal Attributes		Act with Integrity	Foundational
Personal Attributes	$\boxtimes$	Manage Self	Adept
		Value Diversity	Adept
		Communicate Effectively	Intermediate
Polotionohina		Commitment to Customer Service	Foundational
Relationships	$\boxtimes$	Work Collaboratively	Foundational
		Influence and Negotiate	Foundational
		Deliver Results	Foundational
Results		Plan and Prioritise	Foundational
Results		Think and Solve Problems	Foundational
	$\boxtimes$	Demonstrate Accountability	Intermediate
		Finance	Foundational
Business Enablers	$\boxtimes$	Technology	Intermediate
Dusiness Enablers		Procurement and Contract Management	Foundational
		Project Management	Foundational
		Manage and Develop People	Choose an item.
People Management		Inspire Direction and Purpose	Choose an item.
r copie ivialiagement		Optimise Business Outcomes	Choose an item.
		Manage Reform and Change	Choose an item.

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#### **Section 12 – 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 preemployment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
* Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory	
pathogens/ hazardous materials – note: N/A is not acceptable	Occasional
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	Occasional
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Infrequent
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Occasional
Trunk Twisting – turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling – remaining in a kneeling posture to perform tasks	Occasional
Squatting/Crouching – adopting a squatting or crouching posture to perform tasks	Occasional
Leg/Foot Movement – use of leg and/or foot to operate machinery	Occasional
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)	Occasional
Lifting/Carrying – heavy lifting and carrying (16kg and above)	Infrequent
Reaching – arms fully extended forward or raised above shoulder	Occasional
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from the body	Occasional
Head/Neck Postures – holding head in a position other than neutral (facing forward)	Occasional
Hand and Arm Movements – repetitive movements of hands and arms	Frequent
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)	Occasional
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	Frequent
screens)	Frequent
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Frequent Frequent
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals)	Frequent
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Frequent Frequent Not Applicable
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation)	Frequent Frequent Not Applicable Not Applicable
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)	Frequent Frequent Not Applicable Not Applicable Frequent
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment) Distressed People – e.g. emergency or grief situations	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable
Screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent
Screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness Unpredictable People – e.g. dementia, mental illness, head injuries Restraining – involvement in physical containment of patients/clients Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies ENVIRONMENTAL DEMANDS - Description (Comment)	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY  Infrequent  Infrequent
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY  Infrequent  Not Applicable  Infrequent  Not Applicable
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY  Infrequent  Not Applicable  Not Applicable  Not Applicable  Not Applicable
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)  Hazardous Substances – e.g. dry chemicals, glues	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY  Infrequent  Not Applicable  Not Applicable  Not Applicable  Not Applicable  Not Applicable
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Frequent  Frequent  Not Applicable  Not Applicable  Frequent  FREQUENCY  Occasional  Infrequent  Infrequent  Not Applicable  Infrequent  FREQUENCY  Infrequent  Not Applicable  Not Applicable  Not Applicable  Not Applicable

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

#### **Word Counts**

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

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### SESLHD - Client Coordinator, Prince of Wales Hospital



Our Vision:

Our Purpose:

Collaboration Openness Respect Empowerment

Exceptional care, healthier lives.

Ourpeopleourculture

To enable our community to be healthy and well; and to provide the best possible compassionate care when people need it.

Organisation

NSW Health

Local Health District / Agency

South Eastern Sydney Local Health District

Organisation	NSW Health
Local Health District / Agency	South Eastern Sydney Local Health District
Position Classification	Health Educ Off Grad
State Award	Public Hospital (Professional & Associated Staff) Conditions of Employment
	(State) Award
Category	Primary and Community Care   Community Aged Care
Website	www.seslhd.health.nsw.gov.au/

#### PRIMARY PURPOSE

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.

Reporting to the Healthy Ageing Program Manager, the Client Coordinator is responsible for overseeing the provision of excellent quality services that enable older people and people with chronic health conditions to engage in healthy lifestyle activities.

#### **COVID-19 VACCINATION COMPLIANCY**

All NSW Health workers are required to have completed a primary course (2 doses) of a Therapeutic Goods Administration (TGA) approved or recognised COVID-19 vaccine (except for the Janssen COVID-19 vaccine which is approved by the TGA as a single dose primary course). New applicants must have completed the vaccination course prior to commencement with NSW Health, or provide an Australian Immunisation Register (AIR) Immunisation History Statement certifying the worker cannot have any approved COVID-19 vaccines available in NSW. A NSW Health agency may require further information about the medical contraindication (including but not limited to an Immunisation Medical Exemption form - IM011 form).

Acceptable proof of vaccination is the Australian Immunisation Register (AIR) Immunisation History Statement or AIR COVID-19 Digital Certificate. Booster doses are highly recommended for all health care workers who have completed the primary course of COVID-19 vaccinations.

#### RESPIRATOR USE

NSW Health workers may be required to use a respirator, as part of their appointment with NSW Health. Where a respirator is required for use, workers will be instructed in their safe use; including donning, doffing and fit checking. Staff may be required to complete fit testing to selected respirator/s to assess their facial fit/seal.

At all times when a health worker is required to use a respirator, the health worker must not have any facial hair present. Processes are in place to support workers that need to keep facial hair due to religious observance



### SESLHD - Client Coordinator, Prince of Wales Hospital



requirements and/ or health conditions.

#### **ESSENTIAL CRITERIA**

- 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
- 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
- Current unrestricted Class C driver's licence

#### **KEY ACCOUNTABILITIES**

- Manage the day-to-day activities of the Program including but not limited to responding to general
  enquiries, management of client consent and payment agreement, overseeing re enrolments in
  accordance with established processes, liaising with the Exercise Program Coordinator regarding the
  regrading of clients, liaising with instructors regarding term timetable and attendance records, preparing
  and disseminating reports, and ensuring class occupancy is at capacity.
- Implement strategies to market the Program and increase participation rates of client groups, with focus afforded to target groups such as disadvantaged and disease specific groups
- Engage with clients using a health coaching approach, provide customised advice and referral to other community services as required, and where appropriate in consultation with their General Practitioner (GP)
- Build and maintain positive client relationships through effective and prompt communication, and the
  provision of accurate information and customer service. This also includes appropriate management of
  complaints and incidents
- · Identify, modify and improve work processes where necessary
- Conduct WHS audits on venues to ensure the safety of participants and instructors
- Provide venue orientations for new instructors as required
- Treat sensitive information with a high level of confidentiality
- Manage client discharges from the Program
- Maintain accurate and timely eMR records including management of scheduler
- Update website information each term
   Perform all duties in accordance with SESLHD's policies, processes, systems and procedures

#### **KEY CHALLENGES**

- Challenges: Multiple venues, multiple leaders; shared work load requiring flexibility and excellent communication and documentation
- Decision Making: Well informed and timely decision making, remaining cognisant to not compromise the Program in any way
- Communication: The ability to communicate effectively to stakeholders at all levels



### SESLHD - Client Coordinator, Prince of Wales Hospital



#### **KEY RELATIONSHIPS**

Who	Why
Manager	• To clarify work required, expected behaviours and outputs. • To develop capability and give support and regular feedback for development needs. • To identify learning opportunities and recognise performance issues that need to be addressed.
Other HAP Coordinators	• For collaboration to achieve team objectives. • To ensure efficient and effective use of resources to maximise work outputs.
HAP administration team members	For admin support to achieve their objectives.    To ensure effective use of appropriate resources to maximise work outputs.
Instructors	To provide program support to ensure instructors can deliver an efficient and effective service and can focus on delivering their activities and objectives.
Class participants and family/carers	To provide an efficient and effective screening and class placement service to ensure participants are able to receive an appropriate service within the program in a timely manner.

#### **SELECTION CRITERIA**

- 1. Relevant tertiary qualifications in a health-related discipline
- 2. Demonstrated understanding of and interest in and commitment to the promotion of health of older men and women, people with disabilities and people with chronic disease
- 3. Understanding of evidence based health promotion practice
- 4. High level interpersonal skills and experience working with a wide range of people across a variety of settings
- 5. High level administrative and organisational skills
- 6. Knowledge of community services in the Eastern Suburbs and Inner City Areas
- 7. Current drivers licence with a willingness to travel in accordance with the demands of the position

#### OTHER REQUIREMENTS

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



### POSITION DESCRIPTION SESLHD - Client Coordinator, Prince of

Wales Hospital



Job Demands for: SESLHD - Client Coordinator, Prince of Wales Hospital

Physical Demands		
Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory pathogens/ hazardous materials	Sitting - remaining in a seated position to perform tasks	
Frequent	Frequent	
Standing - remaining standing without moving about to perform tasks	Walking - floor type: even/uneven/slippery, indoors/outdoors, slopes	
Infrequent	Infrequent	
Running - floor type: even/uneven/slippery, indoors/outdoors, slopes	Bend/Lean Forward from Waist - forward bending from the waist to perform tasks	
Not Applicable	Not Applicable	
Trunk Twisting - turning from the waist while sitting or standing to perform tasks	Kneeling - remaining in a kneeling posture to perform tasks	
Not Applicable	Not Applicable	
<b>Squatting/Crouching</b> - adopting a squatting or crouching posture to perform tasks	Leg/Foot Movement - use of leg and/or foot to operate machinery	
Not Applicable	Not Applicable	



# SESLHD - Client Coordinator, Prince of Wales Hospital



Climbing (stairs/ladders) - ascend/descend stairs, ladders, steps	<b>Lifting/Carrying</b> - light lifting and carrying (0 to 9 kg)
Infrequent	Infrequent
<b>Lifting/Carrying</b> - moderate lifting and carrying (10 to 15 kg)	Lifting/Carrying - heavy lifting and carrying (16kg and above)
Infrequent	Not Applicable
Reaching - arms fully extended forward or raised above shoulder	Pushing/Pulling/Restraining - using force to hold/restrain or move objects toward or away from the body
Infrequent	Infrequent
Head/Neck Postures - holding head in a position other than neutral (facing forward)	Hand and Arm Movements - repetitive movements of hands and arms
Infrequent	Not Applicable
Grasping/Fine Manipulation - gripping, holding, clasping with fingers or hands	Work at Heights - using ladders, footstools, scaffolding, or other objects to perform work
Not Applicable	Not Applicable
Driving - Operating any motor powered vehicle	
Frequent	



# SESLHD - Client Coordinator, Prince of Wales Hospital



Sensory Demands		
Sight - use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer screens)	<b>Hearing</b> - use of hearing is an integral part of work performance (e.g. Telephone enquiries)	
Frequent	Frequent	
Smell - use of smell is an integral part of work performance (e.g. working with chemicals)	<b>Taste</b> - use of taste is an integral part of work performance (e.g. food preparation)	
Not Applicable	Not Applicable	
<b>Touch</b> - use of touch is an integral part of work performance		
Not Applicable		

Psychosocial Demands		
<b>Distressed People</b> - e.g. emergency or grief situations	Aggressive and Uncooperative People - e.g. drug/alcohol, dementia, mental illness	
Infrequent	Infrequent	
Unpredictable People - e.g. dementia, mental illness, head injuries	Restraining - involvement in physical containment of patients/clients	
Not Applicable	Not Applicable	



# SESLHD - Client Coordinator, Prince of Wales Hospital



Exposure to Distressing Situations - e.g. child abuse, viewing dead/mutilated bodies

Not Applicable

Environmental Demands		
Dust - exposure to atmospheric dust  Infrequent	Gases - working with explosive or flammable gases requiring precautionary measures	
Illinequent	Not Applicable	
Fumes - exposure to noxious or toxic fumes	Liquids - working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	
Not Applicable	Not Applicable	
Hazardous Substances - e.g. dry chemicals, glues	Noise - environmental/background noise necessitates people raise their voice to be heard	
Not Applicable	Occasional	
Inadequate Lighting - risk of trips, falls or eyestrain	Sunlight - risk of sunburn exists from spending more than 10 minutes per day in sunlight	
Infrequent	Infrequent	
Extreme Temperatures - environmental temperatures are less than 15°C or more than 35°C	Confined Spaces - areas where only one egress (escape route) exists	
Infrequent	Not Applicable	



# POSITION DESCRIPTION SESLHD - Client Coordinator, Prince of Wales Hospital



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



### **Position Description**



Please ensure to only send through <u>approved</u> Position Descriptions (PD) to Position Maintenance (PM). PD's that have not been approved through the appropriate channels (e.g. Grading Committees or Business Partners) will delay the process.

If the request is a minor amendment to an existing PD, please highlight the amendments required.

\*Note – As ROB will not allow any text beyond the allowable character limit, please ensure the fields are as succinct as possible.

Facility/Service	SESLHD – Prince of Wales Hospital Community Health	
Department	CHATT	
Manager	CHATT Manager	
Position Number		
Cost Centre	150020	

#### Section 1 - Role Details

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

Position Descri	ription Title *	Exercise Ph	ysiologist LEVEL 1 – 2 CHATT
	role require ble Awards?*	NO	
Award* NSW He		NSW Health	n Service Health Professionals (State) Award
Position CI  List all classification	assification*  tions relevant to this position	LEVEL 1-2	
Job Category Co			
Job Speciality C			
Does this require Senior Executive Level Standards?		Choose an item.	
	Does this role manage or supervise others?*		
Primary Purpose of the role*	(Mandatory)  PM team will include this text	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.  Plan, coordinate and deliver high quality Exercise Physiology care to patients/clients of the POW Community Health Assessment and Therapy Team (CHATT) consistent with South Eastern Sydney Local Health District (SESLHD) policies, procedures and standards	
summary of the primary purpose of the role, answering the question: "Why	(Free text)  Cannot exceed 3400 characters		

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does this role	The Exercise Physiologist is responsible for the running of exercise
exist?"	programs targeted at assisting consumers with deconditioning or
	reduced function who are recovering post hospital.

#### Section 2 – Key Accountabilities

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

Standard Key Accountabilities*	(Free Text)  Cannot exceed 3800 characters	<ul> <li>Assess, plan, organise, deliver and evaluate quality Exercise Physiology in accordance with [insert relevant professional association/registration board] NSW Health and SESLHD policies and clinical practices, to achieve patient/client health outcomes within specified timeframes</li> <li>Communicate effectively in a culturally sensitive manner with patients/clients, families, and other health care professionals to plan and implement intervention strategies. Ensure patient/client needs are identified, that they are empowered and their requirements are addressed where possible</li> <li>Consult and liaise with health care professionals within the multidisciplinary team to establish co-ordinated and continuity of care to patients/clients</li> <li>Document all aspects of patient care, including education, progress notes and referrals in compliance with NSW Health and SESLHD documentation standards and procedures to ensure continuity of safe and effective patient care</li> <li>Plan and prioritise own work requirements effectively to meet defined patient/client care objectives and non-clinical commitments within agreed timeframes.</li> <li>Maintain up to date knowledge, skills and practice within the risk management, safety, and quality frameworks as applicable to SESLHD, to ensure the health and safety of staff, patients/clients and visitors</li> <li>Plan and deliver Exercise Physiology education to patients/clients, their support people (families and or carers), and other health care professionals.</li> <li>Provide support and guidance to clinicians and to students on clinical placement and work experience as required.</li> <li>Promote a culture that supports the organisation's values.</li> <li>Maintain responsibility for personal and professional development by attending/providing training and education in evidence-based practice activities, to continuously improve the level of service provided to patients/clients</li> <li>Participate in regular performance reviews, demonstrating commitment toward professio</li></ul>

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	• Take reasonable care that your actions do not adversely affect the physical, psychological or mental health and safety of staff, patients/clients or carers.
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#### Section 3 – Key Challenges

This section describes the complexity of the job, the influences on it, and the influence it has. This should not restate the Key Accountabilities. We recommend 2-3 concise sentences for each Key Challenge.

#### Cannot exceed 1000 characters per Key Challenge

-				
Challenges	Major challenges for the Exercise Physiology include:			
	<ul> <li>Managing time and resources available meet competing patient/client needs and expectations.</li> </ul>			
	<ul> <li>Managing high volume workloads while at the same time achieving positive outcomes.</li> </ul>			
	<ul> <li>working with people experiencing physical, psychological and emotional distress.</li> </ul>			
Decision	The Exercise Physiology:			
Making	<ul> <li>Makes decisions in relation to day-to-day operations and clinical care of patients/clients within scope of practice.</li> </ul>			
	<ul> <li>Escalates issues outside of policies and procedures and complex or unusual care requirements to the Exercise Physiology.</li> </ul>			
Communication	<ul> <li>Internally, the Exercise Physiology is required to communicate regularly with Allied Health professionals, nursing staff, medical staff, and other health care members of multi-disciplinary teams on issues related to patient/client care and team functioning.</li> </ul>			
	<ul> <li>Externally, the Exercise Physiology will develop and maintain effective relationships with patients families and or carers.</li> </ul>			

#### 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	Who?	Director of Allied Health or their delegate.
Relationships	Why?	Supporting professional and strategic governance for allied health.
	Who?	CHATT Manager
3 max -	Why?	Operational Line Manager
Cannot exceed 200 characters per	Who?	CHATT MDT
line	Why?	Support clients in the community
Does this r	ole routinely	
interact	with external	YES
stakeholders?		
	Who?	External exercise providers

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Key External Relationships	Why?	Refer patients upon discharge from CHATT service for ongoing exercise programming
	Who?	
2 max -	Why?	
Cannot exceed	•	
200 characters per		
line		
Is this a F	Public Senior	
Executive	e Role which	NO
manages relation		NO
	sterial level?	

#### Section 5 - Staffing/Responsible for

Number of direct and indirect reports to position.

Direct Reports	
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	N/A
Other \$	N/A

#### Section 7 – Essential Criteria

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

Please do not use the Mandatory text below within other sections.

	(Mandatory)  PM team will include this text	<ul> <li>Health Declaration Form.</li> <li>Dependent 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.</li> </ul>	
Essential Requirements	(Mandatory)  PM team will include relevant text dependent on whether the	Staff who supervise others: As a leader you are expected to actively support and demonstrate your commitment to the organisation's safety management system; to establish and maintain a positive health and safety culture; to consult with workers and others when making decisions that may impact upon the health, safety and wellbeing of those in the workplace; acquire and keep up-to-date knowledge of work health and safety matters;	

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direct reports or not	<ul> <li>ensure that all workers understand their health and safety obligations and are sufficiently trained in health and safety policy and procedures; report any safety incidents, injury, hazards, risks, concerns or unsafe behaviour in the SESLHD IMS+ safety reporting system within 24 hours, and take appropriate actions to eliminate or minimise related risk to as low as reasonably practicable.</li> <li>Staff who do not supervise others: You must take all reasonable care for yourself and others and comply with any reasonable instruction, policies, procedures and training relating to work health, safety and wellbeing, including identifying and notifying any safety incidents, injury, hazards, risks, concerns or unsafe behaviour to the manager and reporting these in the SESLHD IMS+ safety reporting system within 24 hours.</li> </ul>
(Free Text)	
Cannot exceed 3500 characters	

#### 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 into separate Selection Criteria boxes.

1	Qualifications in accordance with Schedule C of the NSW Health Service Health Professionals (State) Award and AHPRA with demonstrated commitment to continuing professional development.
2	Demonstrated core competency skills in exercise planning and delivery.
3	Demonstrated high level written, verbal and interpersonal skills, to both engage patients/clients and work effectively with the multi-disciplinary team.
4	Demonstrated ability to exercise independent professional judgement in the provision of clinical care using evidence-based practice, commensurate with years of experience.
5	Demonstrated commitment to the use and application of professional and clinical digital technologies.
6	Demonstrated participation or leadership in quality improvement processes and teaching, commensurate with years of experience.
7	Ability to respond to the demands and pressures of the role while managing time effectively.
8	Current drivers licence (or a willingness to travel in accordance with the demands of the position).

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#### **Section 9 – Other Requirements (Optional)**

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

Please do not use the Mandatory text below within other sections.

	(Mandatory)  PM team will include this text	<ul> <li>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.</li> <li>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</li> </ul>
Other Requirements	(Mandatory)  PM team will include relevant text dependent on whether the position has direct reports or not  (Free Text)  Cannot exceed 3800 characters	<ul> <li>Staff who supervise others: 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</li> <li>Staff who supervise others: 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</li> <li>You may be required to work at different locations, departments and care types, including via other modalities (e.g. remote) within South Eastern Sydney Local Health District. Should this occur, adequate notice will be provided.</li> </ul>

#### **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	Currently Unavailable	
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#### Section 11 - Capabilities for the Role

#### **Currently only being used for Allied Health**

The capabilities (i.e. the knowledge, skills and abilities) for the role are obtained from the NSW Public Sector Capability Framework and any relevant occupation specific capability set.

The focus capabilities for the role are the capabilities in which occupants must demonstrate immediate competence. The behavioural indicators provide examples of the types of behaviours that would be expected at that level and should be reviewed in conjunction with the role's key accountabilities.

Select at least one Focus Capability from each Capability Group. A minimum of 4 and a maximum of 10 Focus Capabilities should apply to a role. If the role contains People Management capabilities, a minimum of 5 Focus Capabilities should apply.

Capability Group	Focus?	Capability	Level
Dorsonal Attributes		Display Resilience and Courage	Intermediate
		Act with Integrity	Foundational
Personal Attributes	×	Manage Self	Adept
		Value Diversity	Adept
		Communicate Effectively	Intermediate
Polotionahina		Commitment to Customer Service	Foundational
Relationships	$\boxtimes$	Work Collaboratively	Foundational
		Influence and Negotiate	Foundational
		Deliver Results	Foundational
Results		Plan and Prioritise	Foundational
Results		Think and Solve Problems	Foundational
	$\boxtimes$	Demonstrate Accountability	Intermediate
		Finance	Foundational
Business Enablers	$\boxtimes$	Technology	Intermediate
Dusiness Enablers		Procurement and Contract Management	Foundational
		Project Management	Foundational
		Manage and Develop People	Choose an item.
People Management		Inspire Direction and Purpose	Choose an item.
r copie ivialiageillelli		Optimise Business Outcomes	Choose an item.
		Manage Reform and Change	Choose an item.

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#### **Section 12 – 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 preemployment medical assessment.

PHYSICAL DEMANDS - Description (Comment)	FREQUENCY
* Respirator use - Wearing of a respirator, to ensure protection against exposure to respiratory	
pathogens/ hazardous materials – note: N/A is not acceptable	Occasional
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	Occasional
Running – floor type: even/uneven/slippery, indoors/outdoors, slopes	Infrequent
Bend/Lean Forward from Waist – forward bending from the waist to perform tasks	Occasional
Trunk Twisting – turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling – remaining in a kneeling posture to perform tasks	Occasional
Squatting/Crouching – adopting a squatting or crouching posture to perform tasks	Occasional
Leg/Foot Movement – use of leg and/or foot to operate machinery	Occasional
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)	Occasional
Lifting/Carrying – heavy lifting and carrying (16kg and above)	Infrequent
Reaching – arms fully extended forward or raised above shoulder	Occasional
Pushing/Pulling/Restraining – using force to hold/restrain or move objects toward or away from the body	Occasional
Head/Neck Postures – holding head in a position other than neutral (facing forward)	Occasional
Hand and Arm Movements – repetitive movements of hands and arms	Frequent
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)	Occasional
SENSORY DEMANDS - Description (Comment)	FREQUENCY
Sight – use of sight is an integral part of work performance (e.g. viewing of X-Rays, computer	
screens)	Frequent
screens)	,
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Frequent
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals)	,
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)	Frequent Not Applicable
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation)	Frequent Not Applicable Not Applicable
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)	Frequent Not Applicable Not Applicable Frequent
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance	Frequent Not Applicable Not Applicable Frequent FREQUENCY
screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment) Distressed People – e.g. emergency or grief situations	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable
screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent
Screens)  Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY Infrequent
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY Infrequent Not Applicable
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY Infrequent Not Applicable Not Applicable Not Applicable Not Applicable
Screens) Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries) Smell – use of smell is an integral part of work performance (e.g. working with chemicals) Taste – use of taste is an integral part of work performance (e.g. food preparation) Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness Unpredictable People – e.g. dementia, mental illness, head injuries Restraining – involvement in physical containment of patients/clients Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust Gases – working with explosive or flammable gases requiring precautionary measures Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)  Hazardous Substances – e.g. dry chemicals, glues	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY Infrequent Not Applicable Infrequent Not Applicable Not Applicable Not Applicable
Hearing – use of hearing is an integral part of work performance (e.g. phone enquiries)  Smell – use of smell is an integral part of work performance (e.g. working with chemicals)  Taste – use of taste is an integral part of work performance (e.g. food preparation)  Touch – use of touch is an integral part of work performance  PSYCHOSOCIAL DEMANDS - Description (Comment)  Distressed People – e.g. emergency or grief situations  Aggressive and Uncooperative People – e.g. drug/alcohol, dementia, mental illness  Unpredictable People – e.g. dementia, mental illness, head injuries  Restraining – involvement in physical containment of patients/clients  Exposure to Distressing Situations – e.g. child abuse, viewing dead/mutilated bodies  ENVIRONMENTAL DEMANDS - Description (Comment)  Dust – exposure to atmospheric dust  Gases – working with explosive or flammable gases requiring precautionary measures  Fumes – exposure to noxious or toxic fumes  Liquids – working with corrosive, toxic or poisonous liquids or chemicals requiring personal protective equipment (PPE)	Frequent Not Applicable Not Applicable Frequent FREQUENCY Occasional Infrequent Infrequent Not Applicable Infrequent FREQUENCY Infrequent Not Applicable Not Applicable Not Applicable Not Applicable Not Applicable

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

#### **Word Counts**

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

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