

Restructure Plan

February 2026

Medical Imaging

Clinical Operations Directorate

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1. Introduction

Illawarra Shoalhaven Local Health District (ISLHD) Medical Imaging Service covers six hospitals in the Illawarra and Shoalhaven Regions, Bulli, Wollongong, Port Kembla, Shellharbour, Shoalhaven and Milton/Ulladulla. All Medical Imaging sites have facilities for general radiological examinations. Wollongong Hospital Medical Imaging has the capacity to accommodate all radiological procedures. Other medical imaging departments within the district have radiological imaging modalities commensurate with their role delineation.

ISLHD Medical Imaging comprises specialist Radiology and Nuclear Medicine services, performing over 210,000 examinations and procedures per annum.

2. Purpose

The purpose of the restructuring proposal is to establish an integrated leadership structure that aligns district wide medical imaging services across all sites under a single district governance model.

The proposed restructure will:

- Deliver high quality imaging and related services, including examinations, procedures, the delivery of therapeutics and reporting, in a timely manner that meets the needs of patients, referrers, clinical specialty divisions and the ISLHD.
- Provide clear lines of accountability for service quality, safety and performance.
- Enable strategic planning, workforce development, and efficient resource use at scale.
- Engage staff and encourage their professional growth and development.
- Evolve consistently with patient, referrer and clinical specialty requirements, technological advances and the changing environment.
- Emphasize the importance of relationships and leverage all available resources within ISLHD to achieve the required outcomes.
- Create collaborative workplace environments that are safe, respectful and support staff wellbeing.
- Meet legislative, community, and stakeholder requirements and maintain relevant accreditations.

3. Scope of restructure

This restructuring proposal encompasses all components of the ISLHD Medical Imaging Service, which for the purpose of this proposal, encompasses all Nuclear Medicine and Radiology. This restructure identifies the leadership roles required for high quality, sustainable, and contemporary Medical Imaging service provision and addresses gaps in the current structure. This restructure provides clarification of Medical Imaging, its divisional components and key partnerships that enable it to function as a high performing essential clinical service within the structure of ISLHD and NSW Health. The proposed changes do not impact the number of Registered Nurses, Administration Officers or Medical Radiation Scientist; however, there may be a change to reporting lines for some of the roles.

4. Reason for the Restructure

ISLHD Medical Imaging has maintained exemplary reporting turnaround times despite annual activity growth of nearly 5% over the past three years. The service operates a robust 24-hour model, is well equipped with high-cost capital assets and benefits from a committed multidisciplinary workforce, strengthened by recent increases in Staff Specialist numbers and accredited radiology registrar training positions. These achievements provide a strong foundation for future development and demonstrate the services capacity to deliver timely, high-quality imaging across all hospital sites.

Looking ahead, escalating demand, rapid technological change, and emerging models of care require a new integrated leadership approach. A single operating governance framework strongly aligned with the broader operational functions of the facilities will enable more coordinated planning of resources and the workforce, support district-wide protocols and focus on high value care by reducing low value imaging. A structure that links into the hospital facility is essential to sustain quality, improve efficiency, and ensure equitable access as the service adapts to growth and the evolving health landscape.

5. Benefits or Impacts of the Proposed Structure

In the face of this rate of change, our medical imaging practitioners and staff require clarity of structure and decision making. The 2024 People Matters Employee Survey (PMES) presented feedback from medical imaging staff indicating that, although the provision of medical imaging clinical services was high quality and timely, there were significant concerns from staff that the structure and workplace environments were not always conducive to supporting staff to be able to undertake their roles.

This new fit for purpose leadership structure strengthens service provision for patients while creating a more supportive and connected environment for the workforce. Clear lines of accountability and empowered decision makers mean operational issues such as equipment, roster gaps, or urgent capacity needs can be resolved quickly. At the same time, a cohesive district leadership team offers professional development pathways, mentoring and opportunities to participate in research or advanced practice roles. By fostering stronger relationships with hospital leaders, clinical departments and external partners, the new structure integrates medical imaging into broader models of care, ensuring that they are active contributors to multidisciplinary planning and innovation. This collaborative approach enhances job satisfaction, builds career resilience, and ultimately supports the delivery of high-quality patient centred imaging services across the district.

6. Proposed Changes

6.1 New roles

It is proposed that the following NEW positions will be **CREATED** as part of the restructure:

Position Title	Classification	Cost Centre	Location	Line Manager	Employment Status	FTE	PD
Director of Operations Medical Imaging	HSM 6	188750	Wollongong	General Managers IHG and SHG	PFT	1.0	1. DRAFT - Director of Operations Medical Imaging Services PD.pdf
<p>Rationale: Consistent with the leadership model in place across the Clinical Operations portfolio. The restructure proposes a creation of a Director of Operations Medical Imaging working in partnership with the Clinical Director.</p> <p>The Director of Operations Medical Imaging provides strategic and operational leadership across all medical imaging services within the district. The role is accountable for service performance, access, efficiency, workforce sustainability, financial stewardship, and operational integration across multiple hospital sites. Working in close partnership with the Clinical Director and the Hub General Managers, the role ensures medical imaging services are safe, high-quality, patient-centred, and financially sustainable, while supporting delivery of district health priorities.</p>							

Position Title	Classification	Cost Centre	Location	Line Manager	Employment Status	FTE	PD
Assistant Chief Radiographer	Radiographer Level 5 Grade 3	188660	Wollongong	Chief Radiographer WH and BDH	PFT	1.0	4. DRAFT Assistant Chief Radiographer PD.pdf
<p>Rationale: An identified gap in the radiology structure at TWH is the absence of an Assistant Chief Radiographer role which is currently adding significant additional responsibilities to the modality Senior Radiographer roles. The absence of this role has contributed to impacts on the MRS Radiographer team. Other medical imaging services identify this as an important intermediary role between the Chief Radiographer and the Senior Radiographers. The Senior Radiographer roles are primarily devoted to managing their specific modality (i.e. MRI, CT etc.) or clinical specialty area (i.e. breast imaging, interventional radiology etc.). The restructure proposes the addition of the Assistant Chief Radiographer role who will work closely with the Chief Radiographer and Senior Radiographers at Wollongong Hospital, primarily performing these identified management functions, coordinating across the modalities and specialist areas and as a key point for day-to-day communication with the broader radiographic team, including the escalation of concerns.</p> <p>The Assistant Chief Radiographer will hold responsibility for the coordination and oversight of radiographer education and training. This includes developing and implementing education programs, supporting clinical competency assessment, and fostering a culture of continuous learning and clinical excellence.</p>							

Position Title	Classification	Cost Centre	Location	Line Manager	Employment Status	FTE	PD
Business Manager Medical Imaging	Health Service Manager Level 3	188750	Wollongong	Director of Operations Medical Imaging	PFT	1.0	5. DRAFT Business Manager Medical Imaging Services PD.pdf
<p>Rationale: The Business Manager provides high-level operational, financial and business management support to the Director of Operations Medical Imaging. The role ensures that service delivery across all sites is efficient, financially sustainable and aligned with LHD strategic objectives. The Business Manager will play a key role in data and performance reporting, establishing processes relating to ongoing management of the Management Equipment Service (MES) and broader contract management. By providing rigorous business oversight and analytical insight, the role enables the Director of Operations Medical Imaging to focus on strategic direction, operational excellence and clinical governance.</p> <p>The position of Divisional Support Officer will report into the Business Manager role to assist with the delivery of strategic initiatives, and operational efficiency and effectiveness of administrative functions of the service. Administrative roles currently reporting into the Divisional Support Officer will remain the same.</p>							

Position Title	Classification	Cost Centre	Location	Line Manager	Employment Status	FTE	PD
Nurse Unit Manager	Nurse Unit Manager Level 1	188659	Shoalhaven	SHG Chief Radiographer	PFT	1.0	6. DRAFT SMH Nurse Unit Manager 1 Medical Imaging PD.pdf
<p>Rationale: The Medical Imaging restructure proposes that a new Nurse Unit Manager role in Shoalhaven Memorial Hospital be created to support the expanded services of the Shoalhaven Hospital. It is further proposed that the role has a professional reporting line to the Deputy Director of Nursing/Operations Manager in the respective hospital.</p>							

6.2 Deleted roles

It is proposed that the following positions will be **DELETED** as part of the restructure:

Position Title	Classification	Cost Centre	Location	Position Number	Line Manager	FTE
District Manager Medical Imaging	Health Service Manager Level 5	188750	Wollongong	701639	Executive Director Clinical Operations	1.0
<p>Rationale: The District Manager, Medical Imaging role has changed over time and no longer aligns with the operational and strategic needs of the service in this proposed restructure document.</p> <p>As Medical Imaging services grow in scale, complexity and performance expectations, the role now requires specialised commercial, business and analytical capability, supported by dedicated business, operational and administrative positions. These needs cannot be effectively met within the current role structure.</p> <p>Deleting the District Manager role enables a redesigned leadership model that distributes responsibilities appropriately, strengthens commercial and operational oversight, and ensures the service has the capability and support required for safe, efficient and sustainable delivery across the district.</p>						

Position Title	Classification	Cost Centre	Location	Position Number	Line Manager	FTE
District Nurse Manager Medical Imaging	Nurse Manager Level 4	188750	Wollongong	715731	District Manager Medical Imaging	1.0
<p>Rationale: As part of the updated leadership and governance, the functions historically aligned to the District Nurse Manager role will be integrated into existing and newly created positions within the service.</p> <p>In contrast to other clinical and ward areas where nursing is the largest workforce group and manages day-to-day unit operations, medical imaging departments are operationally led by Medical Radiation Scientists, including Chief Radiographers and the Chief Nuclear Medicine Technologist. It is therefore imperative that the nursing structure within medical imaging is professionally aligned in a way that supports the specific requirements of medical imaging service delivery, complements the medical and clinical/technical functions, and maintains strong, consistent nursing professional reporting lines at each hospital site.</p> <p>To support this alignment, both sites will have dedicated Nurse Unit Managers (NUMs) who will provide on-site nursing leadership and operational support. Strategic oversight and governance will be provided through the Director of Operations, ensuring streamlined and consistent direction. Educational and professional development responsibilities, which have long been managed through the established District Nurse Educator role, will continue to be delivered through this existing position. Together, these arrangements provide an efficient and contemporary structure that removes the need for a separate district-level managerial role while maintaining strong, locally embedded support for nursing staff.</p>						

6.3 New Position Descriptions (PD)

It is proposed that the following positions will have a change in position descriptions only.

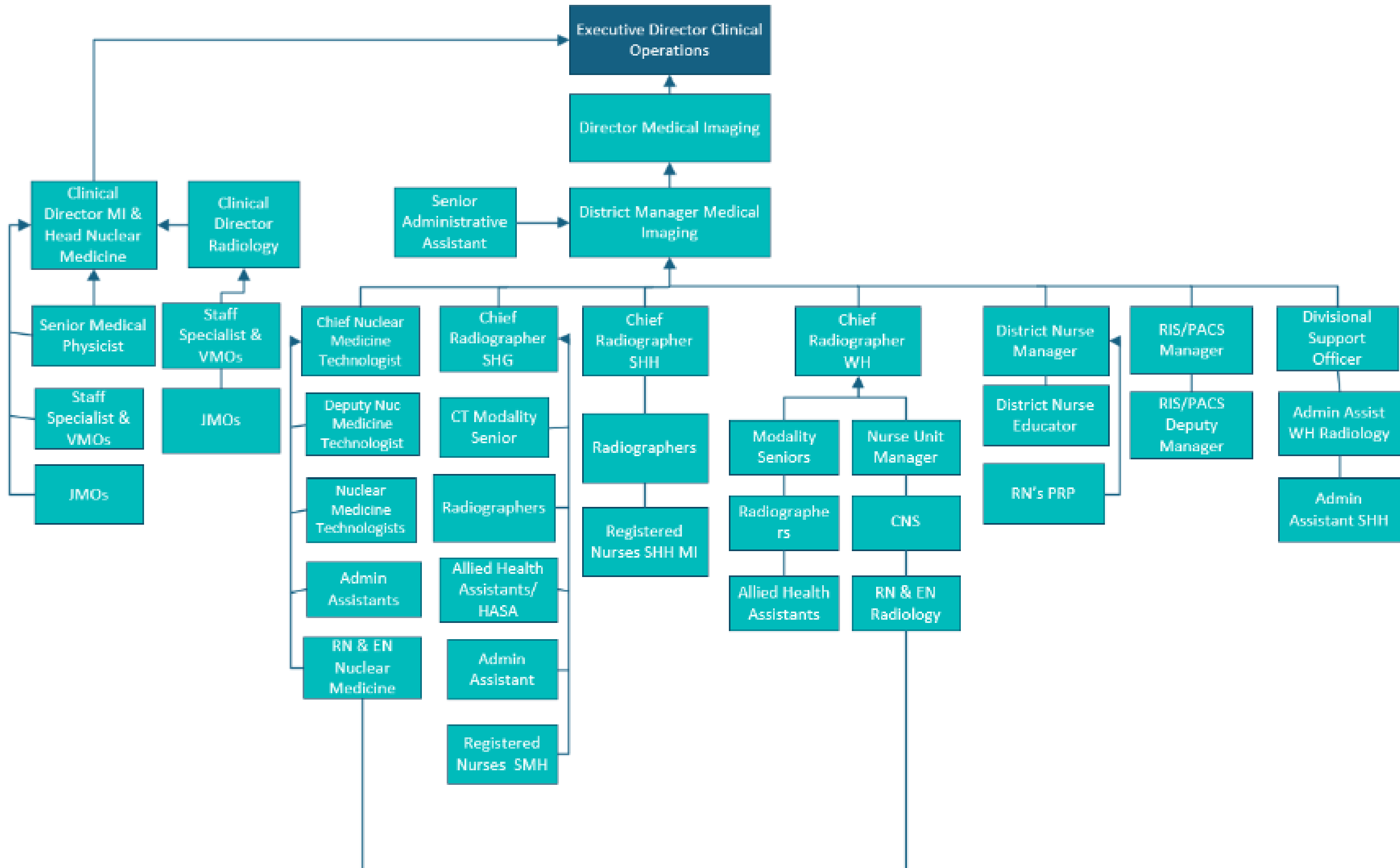
New PDs	Proposed Position Description
Chief Radiographer (WH and BDH)	3.1 DRAFT WH BDH Chief Radiographer PD.pdf
Chief Radiographer SHG	DRAFT Chief Radiographer Level 5 PD
Chief Radiographer SHH	DRAFT Chief Radiographer Level 5 PD

6.4 Reporting Line Change

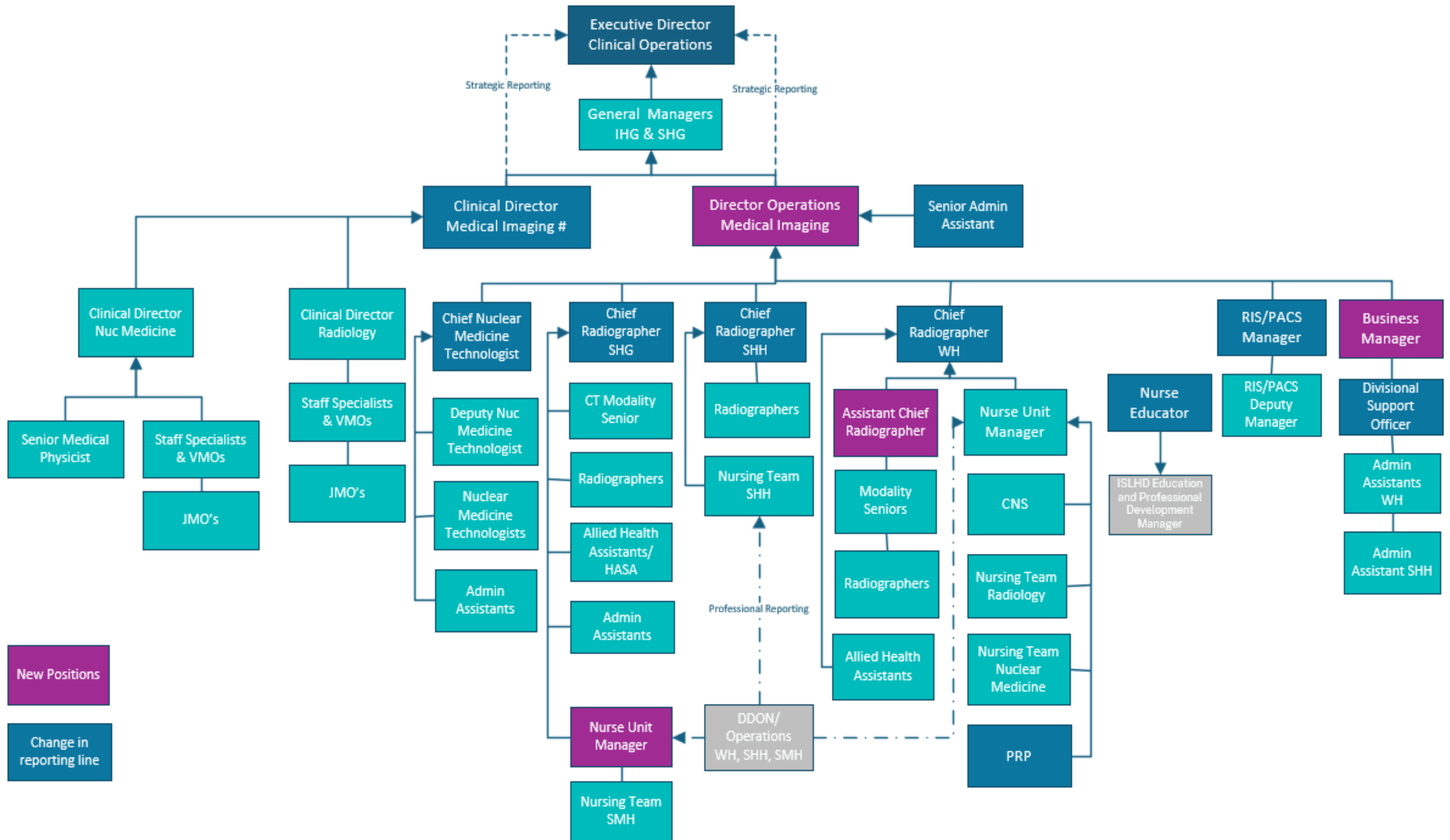
It is proposed that the following positions will have a reporting line change only.

Position title	Current reporting line	Proposed reporting line
Chief Radiographer WH and BDH	District Manager Medical Imaging	Director of Operations, Medical Imaging
Chief Radiographer SHH	District Manager Medical Imaging	Director of Operations, Medical Imaging
Chief Radiographer SHG	District Manager Medical Imaging	Director of Operations, Medical Imaging
District Chief Nuclear Medicine Technologist	District Manager Medical Imaging	Director of Operations, Medical Imaging
Divisional Support Officer	District Manager Medical Imaging	Business Manager
Administration Officer to Manager and Clinical Director	District Manager Medical Imaging	Director of Operations, Medical Imaging
RIS/PACS Imaging Informatics Manager	District Manager Medical Imaging	Director of Operations Medical Imaging
RIS/PACS Imaging Informatics Deputy Manager	District Manager Medical Imaging	RIS/PACS Imaging Informatics Manager
Nurse Educator	District Nurse Manager Medical Imaging	ISLHD Education and Professional Development Manager
Registered Nurses – RN Relief Pool – PN793038	District Nurse Manager Medical Imaging	Nurse Unit Manager 3 WH

7. Current Operational Organisational Chart



8. Proposed Organisational Chart



Clinical Director Medical Imaging can hold dual roles in Nuc Med or Radiology

9. Timetable for Implementation

Action	Date
Affected staff advised individually of proposed changes/restructure plan	25 th March 2026
All impacted staff communication email issued advising of proposed changes/restructure plan and consultation period	25 th March 2026
Unions formally advised of proposed changes/restructure plan for consultation with members	25 th March 2026
Meeting/s with union and members (if requested)	TBA
Meetings with staff (open forums)	Ongoing
Consultation period closes (two weeks) and confirmed in writing to staff and union	10 th April 2026
New structure finalised taking account of feedback	17 th April 2026
Meetings held with affected staff to advise on feedback responses, final structure and next steps	28 th April 2026
General communication to staff and key stakeholders of final structure and next steps	28 th April 2026
Affected staff advised formally in writing and case managed in accordance with the <i>Workforce Mobility Placement Policy</i> and <i>Managing Excess Staff of the NSW Health Service PD2012_021</i>	28 th April 2026
New positions graded and established	May 2026
Affected staff assessed for suitability against new positions and matched if appropriate	May 2026
Vacant positions advertised as required and recruitment process undertaken	May/June 2026
Final Directorate organisational chart with named colleagues in roles issued	June/July 2026

NOTE: Dates are subject to change

10. Consultation with Industrial Organisations

The Health Services Union (HSU), the New South Wales Nurses' and Midwives' Association (NSWNMA) and Australian Salaried Medical Officers Federation of NSW (ASMOF) will be notified of the proposal and provided with the Restructure Consultation Paper, as well as have an opportunity to comment on the proposal.

11. Information Sessions for Staff

This Restructure Consultation paper and the draft position descriptions will be released for consultation for two weeks. Staff that may be significantly impacted by the proposals set out in this document have been contacted and advised of the proposed changes. Feedback will be considered from all staff members and should be provided in writing to Stacey McElroy, Executive Assistant via email Stacey.Mcelroy@health.nsw.gov.au.

12. Possible Effects on EEO Groups

Nil

13. Support for Staff

ISLHD recognises that organisational change may be a difficult time for affected staff and for other staff within Medical Imaging. Staff are reminded of the availability of the [Employee Assistance Program](#) that can be accessed by phone on 1300 687 327. The number is answered 24 hours per day, seven days per week and facilitates enquiries and booking requests. Appointments can also be made online via <https://convergeinternational.com.au/contact/bookings/> using code ILLADNOQ.

Additionally, a case manager/s will be allocated for excess staff to ensure they are properly informed about their options; have access to career transition assistance; and are helped in the search for redeployment.

14. Staff Redeployment & Voluntary Redundancy

Affected staff will be supported to be redeployed within the new structure, elsewhere within the district, or across the NSW public sector in accordance with the *IB2024_023 The Workforce Mobility Placement (WMP) Policy*. Voluntary redundancies will only be offered where staff are declared excess and are unable to secure alternate employment within the required timeframes.