

**About the artist and artwork**

This artwork represents the learning pathway through the Redesign Methodology and was commissioned for the Redesign School.

Kamilaroi/Gamilaraay man Dennis Golding is a Sydney-based artist and also works as the First Nations Creative Producer at Australian Design Centre.

**Graduate Certificate Healthcare Redesign**

**Application Pack**

The Agency for Clinical Innovation (ACI) works with clinicians, consumers and managers to design and promote better healthcare for NSW. It does this by:

* *service redesign and evaluation* – applying redesign methodology to assist healthcare providers and consumers to review and improve the quality, effectiveness and efficiency of services.
* *specialist advice on healthcare innovation* – advising on the development, evaluation, and adoption of healthcare innovations from optimal use through to disinvestment.
* *initiatives including guidelines and models of care* – developing a range of evidence-based healthcare improvement initiatives to benefit the NSW health system.
* *implementation support* – working with ACI Networks, consumers, and healthcare providers to assist delivery of healthcare innovations into practice across metropolitan and rural NSW.
* *knowledge sharing* – partnering with healthcare providers to support collaboration, learning capability and knowledge sharing on healthcare innovation and improvement.
* *continuous capability building* – working with healthcare providers to build capability in redesign, project management and change management through the Centre for Healthcare Redesign.

ACI Clinical Networks, Taskforces and Institutes provide a unique forum for people to collaborate across clinical specialties and regional and service boundaries to develop successful healthcare innovations.

A priority for the ACI is identifying unwarranted variation in clinical practice and working in partnership with healthcare providers to develop mechanisms to improve clinical practice   
and patient care.

[aci.health.nsw.gov.au](http://www.aci.health.nsw.gov.au)

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**Produced by:** Centre for Healthcare Redesign

Further copies of this publication can be obtained from   
the Agency for Clinical Innovation website at [**www.aci.health.nsw.gov.au**](file:///C:/Users/accounts/AppData/Roaming/Microsoft/Word/www.aci.health.nsw.gov.au)

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# Applications

## Application process

Candidates are required to submit an application for consideration into the Redesign school through their Redesign leader. Candidates are required to contact their Redesign leader in the first instance as there may be a specific local application process in their organisation.

If you are unable to contact the Redesign leader, enquiries can be made directly to [ACI-CHR@health.nsw.gov.au](mailto:ACI-CHR@health.nsw.gov.au)**.**

### 2024 dates

|  |  |  |  |
| --- | --- | --- | --- |
|  | **2024.01** | **2024.02** | **2024.03** |
| **Applications open** | 02 Oct 23 | 27 Nov 23 | 4 Mar 24 |
| **Applications close** | 27 Nov 23 | 05 Feb 24 | 15 Apr 24 |
| **Successful applicants notified** | 8 Dec 23 | 16 Feb 24 | 29 Apr 24 |
| **Program start date** | 06 Feb 24 | 30 Apr 24 | 18 Jun 24 |

To ensure an optimal learning environment, the number of participants and projects in each course are limited. Applications will be assessed against the criteria outlined in the application form.

### Team participation

Participants are encouraged to submit a team application. To comply with the Graduate Certificate Healthcare Redesign requirements, there is a limit of four participants working on the same project attending the Centre for Healthcare Redesign (CHR) Program. In specific cases, such as large integrated care projects, CHR may consider teams a larger team.

**Please note:** To be awarded the Graduate Certificate Healthcare Redesign, all team members must attend the workshop days, complete their eLearning, complete the University of Tasmania’s (UTAS) translational research unit individually, and play an active and equal role in the course deliverables and the project implementation.

By applying to the program, participants agree to share their project information with the rest of their cohort. They also agree that all information shared is for learning purposes only.

## Next steps for your application

1. Prior to completing an application, participants must have an improvement project approved by their sponsor and Redesign leader, and backfilled time to manage it.

You are required to contact your local Redesign leader to assist you with this application process and inform you if the project is suitable for the CHR program. Redesign leaders will also advise if the project meets a strategic need for the organisation and give insight into the program to help you understand if you’re an appropriate candidate.

1. Application submission

Your local Redesign leader can help you complete the fields and submit your application via <https://forms.office.com/r/WaWwdN7en7> by the due date. We therefore recommend that the application is with the Redesign leader for review no later than ten days prior to the application deadline.

The application is provided below with corresponding guidelines presented in blue. This information can then be pasted into the application portal by your Redesign leader.

## Application summary

Blue text is descriptive. Black text is part of the application.

### Section 1: Applicant

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Team project LEAD** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Department and organisation** | |  | | |
| **Email** | |  | | |
| **Work phone** | |  | | |
| **Mobile** | |  | | |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | | Yes  No  Prefer not to say | | |
| **Time allocated to the project** | | Please specify weekly backfilled hours if not in a project role. **Each participant will need to have dedicated time to complete the project.** | | |
| **Accelerating Implementation Methodology (AIM)** | | Have you attended an AIM 2-day awareness course previously?  Yes  No | | |
| **Attendance**  ***(Please check the relevant boxes)*** | | I confirm that I am able to attend on all school workshop dates.  I cannot attend all workshop dates (Please provide details below)  I confirm that I will not take more than 2 consecutive weeks of leave and not more than 3 weeks total for the duration of the program.  I will require backfill of [XX] days per week for the duration of the program.  I agree to complete an Aboriginal Health Impact Statement for this project.  I am considering applying for ethics approval for this project.  I am aware that completion of the Graduate Certificate Redesign program will require some study/activities outside of standard work hours (nominally [X] hours per week). | | |
| **Reason(s) for inability to attend all workshops** | |  | | |
| **Confirmation** | | I have read the applicant information pack and understand the commitments needed for me to undertake this program. | | |
| **Privacy statement** | | **I understand that:**  The information I have provided in this application form will be used by the Agency for Clinical Innovation (ACI) for the purpose of general participant administration, planning and communication. I consent to the ACI obtaining all personal information necessary for the purpose of my application and course. The ACI abides by the NSW Information Protection Principles with regard to storing of my details and I have the right to access personal information which the ACI holds about me, subject to exceptions of the NSW Privacy and Personal Information Protection Act 1998. Information provided will be held securely. I can refer to the [**NSW Health Privacy Management Plan**](http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_036.html) for further information or contact [**ACI-CHR@health.nsw.gov.au**](mailto:ACI-CHR@health.nsw.gov.au). | | |
| **Signature** | |  | | |
| **Date** | |  | | |
| **Direct line manager** | | | | |
| **Name** | |  | | |
| **Role** | |  | | |
| **Approval**  ***(Please check the boxes and sign)*** | | I approve this candidate’s participation in the Grad Cert Redesign program.  I confirm that [insert name] has a history of performance that demonstrates the capacity and capability to complete the Grad Cert Redesign program.  I agree to release [insert names] [XX] days a week for the duration of the program:  I agree to fund travel and accommodation cost (if required) for [insert names] to attend the Redesign school and workshops activities:  I agree that backfill will be provided for [XX] days per week and appropriate funding is considered for the duration of the program: | | |
| **Date** | |  | | |
| **Team Member 2** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Department and organisation** | |  | | |
| **Email** | |  | | |
| **Work phone** | |  | | |
| **Mobile** | |  | | |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | | Yes  No  Prefer not to say | | |
| **Time allocated to the project** | | Please specify weekly backfilled hours if not in a project role. Each participant will need to have dedicated time to complete the project. | | |
| **Accelerating Implementation Methodology (AIM)** | | Have you attended an AIM 2-day awareness course previously?  Yes  No | | |
| **Attendance**  ***(Please check the relevant boxes)*** | | I confirm that I am able to attend on all school workshop dates.  I cannot attend all workshop dates (please provide details below)  I confirm that I will not take more than 2 consecutive weeks of leave and not more than 3 weeks total for the duration of the program.  I will require backfill of [XX] days per week for the duration of the program.  I agree to complete an Aboriginal Health Impact Statement for this project.  I am considering applying for ethics approval for this project.  I am aware that completion of the Graduate Certificate Redesign program will require some study/activities outside of standard work hours (nominally [X] hours per week). | | |
| **Reason(s) for inability to attend all workshops** | |  | | |
| **Confirmation** | | I have read the applicant information pack and understand the commitments needed for me to undertake this program. | | |
| **Privacy statement** | | **I understand that:**  The information I have provided in this application form will be used by the Agency for Clinical Innovation (ACI) for the purpose of general participant administration, planning and communication. I consent to the ACI obtaining all personal information necessary for the purpose of my application and course. The ACI abides by the NSW Information Protection Principles with regard to storing of my details and I have the right to access personal information which the ACI holds about me, subject to exceptions of the NSW Privacy and Personal Information Protection Act 1998. Information provided will be held securely. I can refer to the [**NSW Health Privacy Management Plan**](http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_036.html) for further information or contact [**ACI-CHR@health.nsw.gov.au**](mailto:ACI-CHR@health.nsw.gov.au). | | |
| **Signature** | |  | | |
| **Date** | |  | | |
| **DIRECT LINE MANAGER** | | | | |
| **Name** | |  | | |
| **Role** | |  | | |
| **Approval**  ***(Please check the boxes and sign)*** | | I approve this candidate’s participation in the Grad Cert Redesign program.  I confirm that [insert name] has a history of performance that demonstrates the capacity and capability to complete the Grad Cert Redesign program.  I agree to release [insert names] [XX] days a week for the duration of the program:  I agree to fund travel and accommodation cost (if required) for [insert names] to attend the Redesign school and workshops activities:  I agree that backfill will be provided for [XX] days per week and appropriate funding is considered for the duration of the program: | | |
| **Date** | |  | | |
| **Team Member 3 (optional)** | | | | |
| **Name** |  | | | |
| **Position** |  | | | |
| **Department and organisation** |  | | | |
| **Email** |  | | | |
| **Work phone** |  | | | |
| **Mobile** |  | | | |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | Yes  No  Prefer not to say | | | |
| **Time allocated to the project** | Please specify weekly backfilled hours if not in a project role. Each participant will need to have dedicated time to complete the project. | | | |
| **Accelerating Implementation Methodology (AIM)** | Have you attended an AIM 2-day awareness course previously?  Yes  No | | | |
| **Attendance**  ***(Please check the relevant boxes)*** | I confirm that I am able to attend on all school workshop dates.  I cannot attend all workshop dates (Please provide details below)  I confirm that I will not take more than 2 consecutive weeks of leave and not more than 3 weeks total for the duration of the program.  I will require backfill of [XX] days per week for the duration of the program.  I agree to complete an Aboriginal Health Impact Statement for this project.  I am considering applying for ethics approval for this project.  I am aware that completion of the Graduate Certificate Redesign program will require some study/activities outside of standard work hours (nominally [X] hours per week). | | | |
| **Reason(s) for inability to attend all workshops** |  | | | |
| **Confirmation** | I have read the applicant information pack and understand the commitments needed for me to undertake this program. | | | |
| **Privacy statement** | **I understand that:**  The information I have provided in this application form will be used by the Agency for Clinical Innovation (ACI) for the purpose of general participant administration, planning and communication. I consent to the ACI obtaining all personal information necessary for the purpose of my application and course. The ACI abides by the NSW Information Protection Principles with regard to storing of my details and I have the right to access personal information which the ACI holds about me, subject to exceptions of the NSW Privacy and Personal Information Protection Act 1998. Information provided will be held securely. I can refer to the [**NSW Health Privacy Management Plan**](http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_036.html) for further information or contact [**ACI-CHR@health.nsw.gov.au**](mailto:ACI-CHR@health.nsw.gov.au). | | | |
| **Signature** |  | | | |
| **Date** |  | | | |
| **DIRECT LINE MANAGER** | | | | |
| **Name** |  | | | |
| **Role** |  | | | |
| **Approval**  ***(Please check the boxes and sign)*** | I approve this candidate’s participation in the Grad Cert Redesign program.  I confirm that [insert name] has a history of performance that demonstrates the capacity and capability to complete the Grad Cert Redesign program.  I agree to release [insert names] [XX] days a week for the duration of the program:  I agree to fund travel and accommodation cost (if required) for [insert names] to attend the Redesign school and workshops activities:  I agree that backfill will be provided for [XX] days per week and appropriate funding is considered for the duration of the program: | | | |
| **Date** |  | | | |
| **Team Member 4 (optional)** | | | | |
| **Name** | | | |  |
| **Position** | | | |  |
| **Department and organisation** | | | |  |
| **Email** | | | |  |
| **Work phone** | | | |  |
| **Mobile** | | | |  |
| **Do you identify as Aboriginal and/or Torres Strait Islander?** | | | | Yes  No  Prefer not to say |
| **Time allocated to the project** | | | | Please specify weekly backfilled hours if not in a project role. Each participant will need to have dedicated time to complete the project. |
| **Accelerating Implementation Methodology (AIM)** | | | | Have you attended an AIM 2-day awareness course previously?  Yes  No |
| **Attendance**  ***(Please check the relevant boxes)*** | | | | I confirm that I am able to attend on all school workshop dates.  I cannot attend all workshop dates (please provide details below).  I confirm that I will not take more than 2 consecutive weeks of leave and not more than 3 weeks total for the duration of the program.  I will require backfill of [XX] days per week for the duration of the program.  I agree to complete an Aboriginal Health Impact Statement for this project.  I am considering applying for ethics approval for this project.  I am aware that completion of the Graduate Certificate Redesign program will require some study/activities outside of standard work hours (nominally [X] hours per week). |
| **Reason(s) for inability to attend all workshops** | | | |  |
| **Confirmation** | | | | I have read the applicant information pack and understand the commitments needed for me to undertake this program. |
| **Privacy statement** | | | | **I understand that:**  The information I have provided in this application form will be used by the Agency for Clinical Innovation (ACI) for the purpose of general participant administration, planning and communication. I consent to the ACI obtaining all personal information necessary for the purpose of my application and course. The ACI abides by the NSW Information Protection Principles with regard to storing of my details and I have the right to access personal information which the ACI holds about me, subject to exceptions of the NSW Privacy and Personal Information Protection Act 1998. Information provided will be held securely. I can refer to the [**NSW Health Privacy Management Plan**](http://www0.health.nsw.gov.au/policies/pd/2015/PD2015_036.html) for further information or contact [**ACI-CHR@health.nsw.gov.au**](mailto:ACI-CHR@health.nsw.gov.au). |
| **Signature** | | | |  |
| **Date** | | | |  |
| **DIRECT LINE MANAGER** | | | | |
| **Name** | | | |  |
| **Role** | | | |  |
| **Approval**  ***(Please check the boxes and sign)*** | | | | I approve this candidate’s participation in the Grad Cert Redesign program.  I confirm that [insert name] has a history of performance that demonstrates the capacity and capability to complete the Grad Cert Redesign program.  I agree to release [insert names] [XX] days a week for the duration of the program:  I agree to fund travel and accommodation cost (if required) for [insert names] to attend the Redesign school and workshops activities:  I agree that backfill will be provided for [XX] days per week and appropriate funding is considered for the duration of the program: |
| **Date** | | | |  |
| **Redesign leader (or equivalent)** | | | | |
| **Name** | | | |  |
| **Role** | | | |  |
| **I have discussed the commitments of the Graduate Certificate with team members and the team members agree to dedicate their time and to fulfil all requirements.** | | | | Participants will need to obtain their Redesign leader’s agreement to support the project and provide relevant coaching. |
| **Date** | | | |  |
| **Services collaborating in the project** | | | | |
| **Agency or LHDs** | | |  | |
| **Names and contact details** | | |  | |

### Section 2: Project description

|  |  |
| --- | --- |
| **Project details** | |
| **Project title** |  |
| **LHD/SHN/Pillar** |  |
| **Case for change** | 100-300 words  **Issue:** What is the problem you would like to fix?  **Background**: Why the situation is a risk or opportunity for the organisation and consumers/ community. *Include any existing evidence/data.* |
| **Link to organisational strategy** | 50-300 words  What organisational priority does it align with? Please quote the relevant source (e.g., strategic plan). |
| **Project goal** | Please provide a 1-2 sentence outcome statement about the long-term change your project is working towards |
| **Project objective/ outcome measures** | < 50 words  What measures will you be using to determine successful outcomes e.g., health, experience, efficiency, or environmental outcomes (2-3 objectives) |
| **Project considerations** | |
| **Scope** | < 200 words  What is the scope of work included in the project? How is it manageable with the resources allocated to the project? |
| **Project risks** | 50-300 words  What are the major threats to implementation? What is the plan to reduce these threats? |
| **Resources** | |
| **Budget** | < 100 words  Will funds be required for the project, how much and is a funding source identified? Is there specific funding attached to this project? |
| **Human resources** | < 100 words  How will the human resource impacts of this project, e.g., backfilling, be addressed? |
| **Medical lead** | < 50 words  If medical lead is not applicable, which key clinical or expert lead will be involved in the project and accountable for achieving the outcomes? |
| **Further human resources not participating directly as a grad cert participant.** | < 150 words  For example, other project team members, subject matter experts, etc. |
| **Implementation, evaluation and sustainability** | |
| **Implementation and sustainability** | 100-300 words  Who will be implementing the project? What are the ongoing resource implications to sustain your project and embed the changes, i.e., staff availability after the completion of the formal educational program? |
| **Knowledge sharing**  ***(Please check the relevant boxes)*** | Please indicate the potential for the initiative to be adopted across the wider healthcare system and whether you agree to share the knowledge. As part of the program, you will need to agree to:  Write up your project for a quality award?  Share your project outcomes on the [Innovation Exchange](https://aci.health.nsw.gov.au/ie) website?  Have your project description and contact details distributed to ACI networks members? |

### Section 3: Sponsor

This is a commitment to sponsorship support for the project, all fields need to be completed for the application process and acceptance.

|  |  |
| --- | --- |
| **Sponsor 1** | |
| **Name** |  |
| **Position** |  |
| **Email address** |  |
| **Attendance**  **Project sponsors** are expected to attend the following events to support their team: | I confirm I am able to attend the:  Project initiation workshop day (1st day with participants).  Sponsors’ teleconference to review the sponsor’s role – following initiation phase.  Sponsors’ teleconferences conducted by ACI – Dates to take place after each phase session: **TBC.**  Final graduation day. |
| **Statement of importance**  (Applications without statement of importance will not be considered) | Health service managers and clinical leaders who agree to sponsor the project are to provide a statement describing why the project is important in the relevant service and what actions they will take to provide support including the provision of time to attend face to face sessions, undertake project tasks, etc. |
| **Approval** | I am aware funding may be required for the following:   * Communication materials * Catering for site specific workshops * Travel to site specific workshops * Workshop materials   I will negotiate and assist the project team to identify a funding source and obtain this funding |
| **Signature** |  |
| **Date** |  |

|  |  |
| --- | --- |
| **Sponsor 2 (delete or leave blank if only 1 sponsor)** | |
| **Name** |  |
| **Position** |  |
| **Email address** |  |
| **Attendance**  **Project sponsors** are expected to attend the following events to support their team: | I confirm I am able to attend the:  Project initiation workshop day (1st workshop day with participants).  Sponsors’ teleconference to review the sponsor’s role – following initiation phase.  Sponsors’ teleconferences conducted by ACI – dates to take place after each phase session: **TBC.**  Final ACI graduation day. |
| **Statement of importance**  (Applications without statement of importance will not be considered) | Health service managers and clinical leaders who agree to sponsor the project are to provide a statement describing why the project is important in the relevant service and what actions they will take to provide support including the provision of time to attend face to face sessions, undertake project tasks, etc. |
| **Approval** | I am aware funding may be required for the following:   * Communication materials * Catering for site specific workshops * Travel to site specific workshops * Workshop materials   I will negotiate and assist the project team to identify a funding source and obtain this funding |
| **Signature** |  |
| **Date** |  |

NB: All projects are required to complete an [Aboriginal Health Impact Statement](https://www1.health.nsw.gov.au/pds/ActivePDSDocuments/PD2017_034.pdf).