

Milestone Report 1 Health Professional Classification Structure

Report to Joint Working Party

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Purpose of the review:

1. The purpose of the review is to address the relevance of the Health Professional (HP) classification as applied to Allied Health Practitioners in the *Health Professional Enterprise Agreement 2018-2021* (HPEA).¹
2. The relevant provision in the HPEA is Annex E. The criteria set out in clause 4 of Annex E is:
 - 4.1 Prioritise the order of review for occupational groups, including the applicable timetables, based on the following criteria:
 - (a) where ARIs/allowances (including applications for ARIs) exist;²
 - (b) where there is evidence of abnormally high turnover and recruitment and retention considerations; and
 - (c) any other relevant matter.
 - 4.2 Consider all relevant information including data in other jurisdictions relevant to the occupations under review.

1. ¹Health Professional Enterprise Agreement, Annex E, clause 1. Note: Although the HPEA refers to 'Allied Health Practitioners' the review encompasses all professions under the HP classification

² Attraction and Recruitment Incentive (ARIn)

3. There is an inherent risk in the way the above criteria can be interpreted for the review to diverge into areas not intended or conceived by the bargaining parties when agreeing on the content of the clause. This report further defines the criteria for assessing the relevance of the HP classification.

The review is a structural review that ultimately seeks to determine whether the Health Professional classification is fit for purpose. Entities involved in this review

4. This review process will be overseen by a Joint Working Party (JWP) comprised of representatives of Canberra Health Service, ACT Health Directorate, Calvary Public Hospital, Professionals Australia, the Health Services Union and the Community and Public Sector Union.
5. Other ACTPS directorates involved in this review include the Community Services Directorate, the Education Directorate and the Justice and Community Safety Directorate. Employees covered by this review will also have the opportunity to contribute, including through participation in Profession Reference (Consultation) Groups.

Aim of this report

6. To briefly outline the issues with the current Health Professional classification as the driver for the current review consistent with the criteria determined in Annex E.
7. In order to ensure that all parties have a shared understanding of the remit of this review the first part of this report will define some key terms.

Key terms

Allied Health Professional

8. The following is provided from Allied Health Professionals Australia (AHPA):

The term allied health is relatively new and there is still no universally accepted definition of allied health professions. Instead different governments and government departments, health service providers, health insurers and education providers include different professions under the heading 'allied health'. However, there is general agreement on some basic principles: allied health professionals are health professionals that are not part of the medical, dental or nursing professions. They are university qualified practitioners with specialised expertise in preventing, diagnosing and treating a range of conditions and illnesses. Allied health practitioners often work within a multidisciplinary health team to provide specialised support for different patient needs.

9. AHPA defines an allied health profession as one which has:
 - a direct health consumer care role and may have application to broader public health outcomes
 - a national professional organisation with a code of ethics/conduct and clearly defined membership requirements
 - university health sciences courses (not medical, dental or nursing) at AQF Level 7 or higher, accredited by their relevant national accreditation body
 - clearly articulated national entry level competency standards and assessment procedures
 - a professionally defined and a publicly recognised core scope of practice
 - robust and enforceable regulatory mechanisms

and has allied health professionals who:

- are autonomous practitioners
- practise in an evidence-based paradigm using an internationally recognised body of knowledge to protect, restore and maintain optimal physical, sensory, psychological, cognitive, social and cultural function
- may utilise or supervise assistants, technicians and support workers.

10. The Department of Health (Cth) advises:

“In very broad terms, allied health professionals provide services to enhance and maintain function of their patients (clients) within a range of settings including hospitals, private practice, community health and in-home care. There is an emphasis on healthy lifestyle and on independence; whether that is physically, psychologically, cognitively or socially. The allied health workforce works across the spectrum from acute to primary care and aged care. Allied health professions also have a large role in the management of people with disabilities from childhood to adult.” (2)

Health Professionals covered by the HP structure

11. In the ACT, a health professional is a member of a profession listed in the Work Level Standards (WLS) 2005 for the Health Professional classification and health professionals employed under separate salary spines in the HPEA.

12. These health professionals are engaged in both clinical and non-clinical roles. All provide important and mutually reinforcing contributions to the health of the ACT community. They may provide health care services directly to individuals, in the form of specialised functions on behalf of the community or in service of population wide health protection and promotion.

13. Notwithstanding the ‘Allied health Practitioner’ nomenclature used in Annex E, strictly applying either the AHPA or Department of Health (Cth) definition of an allied health professional does not give a comprehensive or accurate picture of the professional groups covered by this review.

A listing of health professions covered by the HPEA is at [Appendix 1](#). All health professions under the Health Professional classification or otherwise identified in Annex E of the HPEA are within the scope of this review. Other health professions that may be identified in the course of the review may also be included in the review process.

Note: Allied Health Assistance is not an Allied Health Profession, and Allied Health Assistants are not Allied Health Professionals.

Classification Structure

Purpose of a classification structure

14. The purpose of a classification in an enterprise agreement is to establish the relative value of positions in a hierarchical structure and provides the vehicle for allocating a classification level to each position.³ The approach taken in the ACT is based on the Australian Public Service approach.

Australian Public Service

15. The objectives of a classification structure are to provide consistency, transparency, flexibility and mobility for the employers and employees.

³ Allied Health Professional Work Level Standards 2017 [draft]

Consistency

16. A classification system seeks to be consistent and equitable by grouping together duties of a similar work value within the same classification level. Consistency requires a credible and defensible method of establishing the work value of each job and the relativities between all work levels. This is achieved through a job evaluation system based on work level standards set for each level.

Transparency

17. Classification arrangements that are supported by clearly defined work level standards support an open and transparent classification system.

Flexibility

18. A robust classification system supports flexibility by recognising that some jobs are quite different to others.

Mobility

19. A robust classification system supports a unified workforce and mobility within and across directorates by providing a common language to identify and describe the common elements of Health Professional jobs, enabling comparison of roles and job types.

APS classification principles

20. The classification framework is based on a set of principles that provide a common foundation for the consistent application of classification management across the Australian Public Service (APS):
 1. Jobs are classified, not people:
Jobs are classified on the basis of the work to be performed rather than the particular qualities of the person performing it.
 2. Jobs are classified based on work value:
The work value of a job is established by considering the type and nature of the work to be performed and assessed against the relevant work level standards.
 3. A classification level is determined according to the highest level of function performed most regularly:
Comprehensive analysis of the job to be performed may identify a range of duties across different levels of work value. The classification level allocated is based on the level of the highest function most regularly performed.
 4. Classification and remuneration are related, but assessed independently:
Remuneration does not drive or determine a classification level, only work value does. The remuneration applicable to each classification level is determined in an agency's enterprise agreement.

Enterprise Agreement

21. An enterprise agreement is a formal agreement on pay and conditions established jointly by employers and employees in an individual workplace.
22. An enterprise agreement can be made about:

- ‘matters pertaining’ to the relationship between the employer, employees and employee organisations covered by the agreement;
- deductions from salary for any purpose authorised by an employee who will be covered by the agreement; and
- how the agreement will operate.

23. Enterprise agreements cannot contain provisions that:

- are inconsistent with an employee’s legal entitlements to freedom of association, unfair dismissal and industrial action;
- breach occupational health and safety laws, or
- are discriminatory.

Note: the ‘matters pertaining’ formulation has been established in case law and ensures that matters that clearly fall within managerial prerogative that are outside the employer’s control or are unrelated to employment arrangements are not subject to enterprise bargaining.

24. An enterprise agreement is primarily restricted to pay and conditions and does not contain all the policies and procedures that support the enterprise agreement. Examples of these are,

- Work Level Standards;
- operating procedures;
- organisational employment policies; and
- HR fact sheets, information sheets and guidelines.

Relevance of the Health Professional classification

Issues prompting the need for the review:

25. Several issues have been raised about the Health Professional classification structure. Some of these issues have been addressed through strategies including the provision of Attraction and Retention Initiatives (ARINs), allowances, and the HP3 upgrade scheme. However, it has been acknowledged that to remain current, transparent, flexible and fit for the allied health workforce of the future, a review of the classification structure would be beneficial.

26. Some of the issues with the current structure are outlined below:

- Applicability of the structure across such a broad range of professional groups.
- Allied health makes up a large percentage of the health workforce collectively, but it is comprised of a broad range of discrete and operationally different professions, some of which have a very small critical mass (less than 10 positions in ACT).
- The ACT is not alone in having issues with the HP classification structure, but perhaps because of the size of the territory and the breadth and number of Health Professionals employed, some of these issues are amplified.
- [Lack of] clarity regarding allied health Profession Lead roles.
- Utility of the HP3 upgrade system.

- Recruitment and retention issues of some professional groups, the presence of longstanding ARINs, availability of data regarding recruitment and retention issues across all professional groups.
- Consistent and transparent provision for Advanced and Extended [Scope] Allied Health roles.
- Barriers to career advancement.
- Issues with multi-classified positions

Out of scope (ancillary) matters

27. A number of issues are out of scope of this project. These are listed in [Appendix 2](#).
28. Out of scope issues encountered throughout the course of the review will be included in a section or annex to the final report for consideration by other means, e.g. Divisional Consultative or Workplace Consultative committees, or other provisions of the HPEA.

Review criteria

Criterion 1: Attraction and Retention Incentives (ARINs)

29. This criterion is based on Annex E, subclause 4.1(a) and Annex B, subclause 7.2 of the HPEA. References to an ARIN are references to Group Block Approval ARINs, as defined in Annex B of the HPEA.
30. The ability to attract and retain skilled professionals in a competitive marketplace is important if the ACT public sector is to deliver high-quality patient care, provide health-related functions for the community and promote population health. The level of flexibility required to meet shifting market demands cannot always readily be accommodated by enterprise agreements, that fix the pay and conditions of employment for three years or longer. Therefore, to meet shifting market demands, enterprise agreements provide the ACT with the ability to enter into ARINs that provide benefits above those contained in the enterprise agreement.

What is an ARIN?

31. ARINs are defined as “additional pay and/or conditions of employment, provided in recognition of the additional requirements of a position under a written agreement between the [head of service] and the employee occupying the position to which the ARIN is to apply, that are in excess of those which are ordinarily provided for under this Agreement.” (HPEA, Annex B)
32. When assessing whether an ARIN should be applied to an employee in a position, the [head of service] will give particular consideration to the consequences the provision of the ARIN may have on the Territory’s ability to recruit and/or retain employees to Executive positions.
33. In determining whether to apply an ARIN to an employee in a position, the [head of service] will have regard to the following matters:
- whether the position is critical to the operation of the Directorate or to a business unit in the Directorate;
 - whether an employee who occupies the position requires specialised qualifications, skill set and/or experience to perform the requirements of the position;
 - whether the role and skills required by the employee who occupies the position are in high demand;

- the level at which comparable individuals with skills and qualifications for the role are remunerated in the marketplace;
- the difficulty and cost associated with recruiting to the position;
- any other matter he or she considers relevant to determining whether or not an ARIn would be appropriate in the circumstances.

34. While an ARIn is an instrument contrived to meet market demand when an Agreement cannot, it cannot be used when advertising vacant positions, as the ARIn is not offered until a desired candidate has accepted a position, which inhibits their use as a vehicle to attract candidates.

Application of ARIns

35. The ACT does not encourage the use of ARIns and requires them to be regularly reviewed. Annex B of the HPEA requires that a “comprehensive market-based review ... of each Group Block Approval ARIn, must be completed within 24 months from the date of the ARIn commencing, or prior to the date of expiry of this Agreement, whichever date is the earlier. As a result of the review the [head of service] will determine whether:

- a) the ARIn should be renewed (in the same or different terms);
- b) ceased;
- c) the additional pay component of the ARIn should be incorporated into base rates of pay in any subsequent Agreement; or
- d) the additional pay component of the ARIn should be provided for in some other way [e.g. an allowance].”

Current ARIns

36. The application of this criterion is restricted to professions that are currently subject to an ARIn and must be applied consistently with subclause 7.2 of Annex B. The presumption is that where ARIns currently apply to a group (e.g. a profession), the continued need for the ARIn should be reviewed to determine the following:

- does the justification for the ARIn remain; and
- if so, should the ARIn amount be incorporated into the Agreement as an allowance or into the rate of pay (in the next agreement)?

37. At the time of the review, the health professions currently subject to a group ARIn are:

- Psychologists.

38. If an ARIn amount is to be incorporated in the rate of pay for a profession and this results in a different rate of pay to those provided in the Health Professional classification, then a *prima-facie* case exists for the creation of a separate salary spine, as occurred with Pharmacists and Perfusionists and in the last bargaining round.

Criterion 2: Allowances

39. This criterion is based on Annex E, 4.1 (a) and Annex B, 7.2 of the HPEA and must be considered in relation to Criterion One.

What is an allowance

40. An allowance is a sum of money paid to an employee for a variety of reasons. There are three types of allowances;

- Expense, such as a motor vehicle allowance.
- Disability, such as a meal allowance.
- Functional, such as skill related allowances, higher duties and qualifications allowances.

41. Skill related allowances is the category that falls within the scope of the review.

42. If a review found that an ARIn should be incorporated into an Agreement, it could be incorporated as a skill-related allowance - as this does not corrupt the classification structure - while still allowing prospective candidates to properly assess the financial reward applying to a position, as occurred with Dentists in the last bargaining round. In the following bargaining round, whether the allowance should remain an allowance or included in the rate of pay may be a matter for consideration by the industrial parties.

43. Skill-related allowances currently applying to health professionals are:

- Dentists;⁴
- Mental Health Officer;⁵
- Mental Health Psychologists; and
- Pathology Staff.

Criterion 3: Turnover, recruitment and retention considerations

44. This criterion is based on Annex E, 4.1 (b) of the HPEA.

Turnover / Retention

45. Turnover and retention of staff in a particular profession will be considered, but in the absence of data from qualitative exit interviews, the reasons behind the level of turnover may be difficult to assess. These reasons may include:

- workplace culture – the culture is perceived as negative or unsuited to the employee’s temperament;
- career progression – the employee’s career has stalled, or peaked, and better opportunities exist elsewhere;
- pay and conditions – the employee is paid more for similar work, or the working environment is believed to be superior;
- cost of living, or
- living or family circumstances, such as accompanying a spouse on a posting.

Recruitment

46. The issues considered by candidates for vacant positions would be similar (but in a positive context) to those listed in paragraph 42, above.

47. Candidates deciding whether to apply for a position need simple, accessible, information that helps them to accurately assess the suite of pay and conditions on offer. This constitutes a potential structural inefficiency that will be considered under Criterion Four.

⁴ Already a separate classification, therefore out of scope for this review

⁵ Not a profession so therefore out of scope for this review

48. While it will be difficult to assess the recruitment and retention issues solely related to pay and conditions, the reference groups may be able to provide anecdotal data to ascertain the strength of feeling about the issue among HPs, but the subjective nature of the data would need to be acknowledged. A market survey should produce more reliable data to determine the ACT's comparative position (see Criterion 4).

Pay and conditions

49. Of the examples in paragraph 42, above, the rates of pay and career progression factors (dot points 2 and 3) are directly related to the classification structure in the HPEA. The other factors listed will influence a person's view as to whether the rates of pay provide competitive remuneration.

Criterion 4: All relevant information including data in other relevant jurisdictions

50. This criterion is based on Annex E, subclause 4.2. The words "all relevant information" if considered in the context of the purpose of the review in paragraphs 1 and 2, above, comprises investigating matters similar to those listed in subclause 4.1 of Annex E, with the comparative rates of pay and employment conditions on offer in other Australian jurisdictions a prime consideration.
51. Any differences in other jurisdictions outside the scope of this review may be addressed by other means, such as other provisions of the agreement, or through the enterprise bargaining process.

Criterion 5: Any other relevant matter

52. This criterion is based on Annex E, subclause 4.1(c). The review Joint [employer/union] Working Party (JWP) is the body that ultimately considers what other matters may be relevant, but Relevant matters raised by the Profession Reference Groups will also inform this criterion.
53. Other relevant matters include commitments given in bargaining. Related extracts from the HPEA negotiations are at [Appendix 3](#).

Structural inefficiencies in the HPEA classification structure

54. Examination of structural inefficiencies, if any, in the classification structure could be considered a relevant matter. Utilising the focus (reference) groups in the project management plan, the review will consider the issues raised in paragraph 23 and any structural inefficiencies inherent the HP classification.⁶ The review will also examine the advantages and disadvantages of the current HP structure.

HP Upgrade scheme

55. The HP personal upgrade scheme is a relevant matter only insofar as it affects the classification structure. The 2018 bargaining round left a structural inefficiency at the now discontinued HP3.4 pay point. If a completely new or restructured HP classification results from this review, the HP3 personal upgrade scheme provisions in the HPEA may consequently require amendment.

Assessment of the criteria

56. All professions within the scope of this review will be assessed against the above criteria, with recommendations presented in a report for consideration by the JWP.

⁶ Check with Shared Services, as they should be consulted. Also consult other directorates

57. The JWP will determine whether the recommendations are accepted, rejected, or modified. This will most likely involve a period of negotiation between the employer/s and unions to settle any industrial issues before a final report and recommendations is presented to the CHS CEO
58. The JWP will communicate with stakeholders in accordance with the Communications Plan.

References

- (1) Australian Health Professionals Association (2019):
<https://ahpa.com.au/what-is-allied-health/>
- (2) Department of Health (2019):
<https://www1.health.gov.au/internet/publications/publishing.nsf/Content/work-review-australian-government-health-workforce-programs-toc~chapter-8-developing-dental-allied-health-workforce~chapter-8-allied-health-workforce>
- (3) Australian Government: Australian Public Service Commission
<https://www.apsc.gov.au/classification-framework>

Acronyms

ACTHD	ACT Health Directorate
ARIn	Attraction and Retention Incentive
CHS	Canberra Health Services
HP	Health Professional
HPEA	<i>ACT Public Sector Health Professional Enterprise Agreement 2018-2021</i>
JWP	Joint Working Party
MI/S	Medical Imaging/Sonography
P&C	CHS People and Culture Branch

Definitions

Remuneration refers to the rates of pay and applicable allowances and penalty payments provided by the HPEA. It does not include other conditions of employment or superannuation.

Suite or **package** refers to the totality of the pay, allowances, penalties and conditions provided in the HPEA, including superannuation.

Appendix 1: Health Professionals employed under the current HPEA Professions listed in the current WLS⁷

The term 'Health Professional' will include but not be limited to the following professions;

- Biomedical Engineers and Technicians (NB: the current preferred title is Health Care Technologists);
- Cardiac Perfusionists;
- Cardiac Technologists (NB: the current preferred title is Cardiac Scientists, or Cardiac Physiologists);
- Dental Therapists/Prosthetists;
- Dieticians [sic];
- Hygienists;
- Environment Health Officers;
- Environmental [Health] Scientists;
- Forensics Scientists;
- Genetic Councillors [sic];
- Health Information Managers;
- Hygienists
- Mammographers;
- Medical Laboratory Scientists and Technicians,
- Neurophysiologists;
- Neuro-psychologists;
- Nuclear Medicine Technologists;
- Occupational Therapists;
- Orthotists/Prosthetists;
- Pharmacists;
- Physiotherapists;
- Podiatrists;
- Psychologists;
- Radiographers;
- Radiation Therapist;
- Radio-Pharmacists;
- Remedial Therapists;
- Social Workers;
- Sonographers;
- Speech Pathologists, and
- Thoracic Technologists.

Professions identified as 'Health Professionals' will have a level of knowledge commensurate with an associate diploma or bachelor degree or equivalent qualification in a Health specific discipline. In all cases, relevant experience is required in addition to the formal qualification. This list is not definitive. Additions may be agreed to as new or emerging professions gain recognition, as well as removal from the list as professional evolution guides a profession in a differing direction.

⁷ ACT Health - Health Professional Interim Work Level Standards 2005

Professions not listed in the current Health Professionals WLS

- Analytical Scientists (chemistry, toxicology, environmental chemistry and microbiology)
- Audiologists
- Clinical Neurophysiology Scientists
- Counsellors
- Creative Art Therapists
- Dental Technicians
- Epidemiologists
- Exercise Physiologists
- Oral Health Therapists
- Orthoptists
- Radiation Engineers
- Respiratory Scientists
- Sleep Scientists

Other Professional groups not currently employed under ACT HPEA:

- Aboriginal Liaison Officers (employed under the Administrative Services Officer (ASO) classification structure)

Out-of-scope (ancillary) matters

1. Matters that are or were subject to the enterprise bargaining process, unless provided for in the relevant Agreement:
 - These matters may be addressed during the next enterprise bargaining round in 2021.
2. Matters related to tax benefits, or compensation for loss of tax benefits:
 - The application of tax benefits is a matter for the Australian Government. This review will not be addressing any perceived pay inequities arising from the application of tax arrangements.
3. Reclassification of an individual or group of individuals:
 - If they are of a type subject to clause D3, Classification/Work Value Review, of the HPEA.
4. Professional development arrangements and Profession lead job descriptions:
 - Professional Development procedures for CHS are being developed by the CHS Allied Health Office. Other Directorates will develop procedures as relevant to their agency.
 - The role of Profession Leads is separate to this project, except where any outcomes affect the current or any proposed HP classification structure.
5. Health professionals and support workers not employed under the HPEA, e.g.:
 - School psychologists employed under the EDTEA, and youth/social workers employed under the TOPEA.
 - Allied Health Assistants employed under the Support Services Enterprise Agreement are subject to a separate review project.
6. Rates of pay:
 - Where a decision is made to create a separate classification structure, the rates of pay will remain commensurate with the rates applicable under the HPEA. Any changes to rates of pay will be negotiated by the industrial parties (the employer and employee representatives).
7. Professional standards and credentialing;
 - These matters stand outside the HPEA classification structure.
8. Requirements for achieving a HP3.5 Personal Upgrade
 - The personal upgrade provision in the HPEA was changed in the last bargaining round. The interaction with the HP classification is in scope in line with job requirements and WLS. The requirements for achieving a personal upgrade are out of scope, as these do not relate to the relevance of the HP classification.
9. The application of ARInS to a profession or professions that do not currently have an ARIn:
 - The ARIn framework is detailed in Annex B of the HPEA.
10. Professions that had a separate classification structure contained in the 2013-2017 HPEA (Dentists; Medical Physics; and Radiation Therapists).

Related issues raised in HPEA negotiations

The following issues were raised in negotiations for the HPEA and recorded in the Minutes of meetings. In chronological order:

24 May 2018

Issue	Extract
<ol style="list-style-type: none"> 1. Personal Upgrade should be considered in the review 2. Order of the Review needs to be agreed 3. Pharmacists and Medical Imaging will be part of the review 4. Additional Qualifications Allowance (see also #10). 	<ol style="list-style-type: none"> 1. Janine Hammat said that personal upgrades should be considered in the wider review of all classifications, after the EA is completed. 2. Janine Hammat noted the parties needed to agree on the order of the review, so that resources can be determined and allocated. 3. David Wedgwood noted that Pharmacists and MI/S would still be part of the review. 4. David Wedgwood said that the AQA would be included as part of the review, and that Health was not prepared to introduce a new allowance before the review was completed. He noted that there was already de-facto recognition of higher qualifications on recruitment, as new HP1s with higher qualifications started at a higher pay point.

7 June 2018

Issue	Extract
<ol style="list-style-type: none"> 5. Determine need to keep a single salary spine for HPs. 	<ol style="list-style-type: none"> 5. Russel Noud noted that he was part of the process that developed the current classification structure and when conducting the review it would be necessary to develop a preliminary view as to what the end point would be. To do otherwise could result in some 32 occupational groups, so whether it was preferable to keep a single salary spine should be considered early.

2 August 2018

Issue	Extract
<ol style="list-style-type: none"> 6. Potential ancillary issue as to whether the Medical Imaging classification applies to the work area of the professions (cause of recent consideration) 7. Use of ARINs as a transitional process. 	<ol style="list-style-type: none"> 6. She [Julie Gordon] said their caucus proposed a group called Diagnostic Medical Imaging, covering radiologists, radiographers and sonographers. David Wedgwood said it is not necessary, because jobs are designated, not departments, and staff in breast-screening are included. 7. David Wedgwood acknowledged that ARINs are on the way out, but they could be used for transitional processes. ARINs may be needed in specific areas and creating ARINs is a possibility and they will go into next round automatically.

16 August 2018

Issue	Extract
8. Cannot be inconsistent with ACTPS review.	8. David Wedgwood referred to the entire ACTPS review of classifications. Until such time as the terms of reference for the ACTPS review are set by Cabinet, Health cannot agree to anything that would be inconsistent with the terms that set by Cabinet.

30 August 2018

Issue	Extract
9. Scope of the HP review. 10. Additional Qualifications Allowance (see also #4).	9. The HSU asked how the HP review would work in context with the wider ACTPS review. Health responded that the HP review will be broader and will include qualifications and relativities. 10. The non-union bargaining representatives expected Health to have come back with proposal. They said recognition of post-graduate qualifications parallels that recognised in the nurses EA. Health's position is 'no' for this agreement, but it will be considered in the classification review

13 September 2018

Issue	Extract
11. Transition from HP1 to HP2	11. David Wedgwood stated that some clarification is needed for transition from HP1 to HP2. Brenton Higgins said that Clinical Psychologists come in as HP1.4 and they need 2 years accreditation.

27 September 2018

Issue	Extract
12. Radiation Therapists may need to be considered in the review if they have an ARIn. 13. Possible inclusion of HPs outside of HP salary spine	12. Julie Gordon said this issue was now being dealt with as an ARIns application on the advice of Sean McDonnell so it could be taken off the list 13. Clause 10 allows for any scenario, whole or part groups and particular groups can be omitted. Sean McDonnell added reviews of all HPs can be accommodated

8 November 2018

Issue	Extract
14. Psychologists ARIns	14. The meeting discussed issues raised by new EBRs, Sarah Miller and Sean Hambrook, including the application of ARIn payments to those psychologists not receiving them and the divide this was causing within their profession.