

Minutes, 27 August 2020

Health Professionals Classification Review Joint Working Party			
Attendance			
CHS: Tehlia Vinton (Project Officer/Secretariat); (chair for Aug meeting) ACTHD: Helen Matthews Unions: Chris Dyer (CD) (PA); Ron Johnson (CPSU), Tim Garrett (HSU pathology delegate), Ed Yap (HSU) CMTEDD – Sophia Bouzas Calvary: Michelle Vella			
1. Apologies			
Russell Noud, Andrew Hogan, Eileen McEvoy (HSU) Ian Gratton CHS: Jo Morris (Chair), Sean McDonnell (SM)			
2. Meeting Notes from previous meeting			
The Minutes from 30 July 2020 were accepted			
3. Actions arising from previous meeting			
		Who	Status
1	Publish combined Report 1 & 2 AHA on websites and make accessible to Reference Groups	TV	completed
2	Circulate HP Reference group meeting kick off guidance to HP JWP for comment. Comments to be received by 6 August from JWP for distribution to Reference Groups.	TV	completed
3	Tehlia to circulate the combined Reference groups for JWP comment	TV	completed
4	Review and update report 2 based on JWP comments and circulate	TV	completed
5	Helen Matthews to send Tehlia a paragraph on reference to pay comparison to include in report 2	HM	completed
6	Tehlia to complete a comparative analysis on HP Classification structures across the jurisdictions	TV	Delay due to doc lost due – 1/9/2020
7	Tehlia to review the Project management plan and update to include a refined project scope and define what is in scope.	TV	completed
4. Correspondence			
All correspondence has been dealt with as required. The correspondence report was noted. Correspondence report should be thorough and transparent to ensure information is available for JWP to make informed decisions.			
5. Update on HP project progress.			
<ul style="list-style-type: none"> <i>Report 2:</i> JWP endorsed report 2 <i>Reference Group meeting 1:</i> Feedback provided under agenda item 6. 'Update on AHA Review' <i>Staff Survey</i> AHA survey - Final draft has been circulated for comment to AHA reference group 			

HP survey to be drafted for JWP comment

- HP Review email address to be established for central feedback source

Complete and in use

- HP Review PMP revised

PMP revised and endorsed by the JWP – to be published on website

6. Update on AHA review

Reference group meeting 1 held on 6 August

Feedback summary:

Advantages of classification:

- 6.1 There is a competency-based model that works well in some sites
- 6.2 Clear guidance on level 1&2 requirements within the classification structure
- 6.3 Work level standards – Feb 2019 are a good guide to define role requirement
- 6.4 Work is being done with CIT and UC to develop a pathway through RPL for OTs with a diploma moving into an undergrad role

Disadvantages of classification

- 6.5 Lack of career progression between a level 2 and level 3 due to the small number of level 3 roles available
- 6.6 Issues of people working outside their scope as there isn't the ability to progress from a 2 to a 3 if the role isn't classified at a 3.
- 6.7 The complexity within level 3 to go from a 3.2 up. Classification states that you need to have a diploma - review of pay points within the level and ability to progress is recommended

7. HP Reference Group Feedback

Reference groups

- 4 Reference groups held during week 17 August. Groups divided into:
 - Dental & Podiatry
 - Therapies
 - Diagnostics – Scientific
 - Scientist
- Overall, the reference groups went well and there was a good discussion
- All groups identified similar issues with a different level of priority
- The groups were asked: What's working well, what's not working, and issues raised that are to be parked

Feedback summary below:

What's working:

1. Entry level classification for new grads
2. Provides structure and clarity for supervision requirements
3. Good progression in level 2 with number of pay points
4. Competency based progression from a level 1 to level 2
5. Medical Imaging having their own spine (Need WLS developed)
6. Diverse classification structure that covers many professions

What's not working (grouped into themes)

1. HP3 upgrade process
 - a. Cumbersome and onerous
 - b. Not applicable to all professions / not flexible
 - c. misleading in advertisement of the HP3 banding
2. Diversity/ scope and complexity of roles particularly where there are management responsibilities in smaller professions
 - a. Workloads can be greater and more complex than other States and Territories
 - b. Knowledge needs to be broader and more complex than other levels – particularly at HP2/3
3. Use and application of the way that HP1 is written - after 12 months you may transition to a HP2 and therefore team may not have the budget to upgrade to a HP2 or there may be a need for a HP2 role. Clarity in the WLS of the application of the HP1 to level 2
 - a. Disparity in application of HP1 before moving to a HP2 (people starting at different levels within the HP2 role depending on the work area can create disparity)
4. Appropriate recognition and pay for Subject Matter experts (SMEs) – particularly in the field of research and scientist space. It should be noted that there are People that sit on Nationally recognised Associations as nationally recognised experts and its not recognised within the classification structure or EA
5. Recognition of qualifications and remuneration
 - a. Recognition of multiple skillsets and application of skillsets to their role
 - b. No financial gain to spend years of training to upskill to further quals (qual allowances)
 - c. RPL for years of experience
 - d. Recognition of alternative skills (eg. scientist – reporting on toxicology in a court setting for example)
6. Career progression issues due to the compression of classification structure and pay points
 - a. Lack of progression within the HP3 grade in particular
 - b. Hard barrier between a HP 2 and 3
7. Retention issues due to band ceilings and limited pay point increases (outside of HP2)
 - a. succession planning issue with people staying in the higher grades for long periods of time
8. Application of ARINs to professions causing issues in multidisciplinary roles where the RD prescribes the duties but psychologist are paid more to do the role
 - a. not attractive from psych to take on HP4 role as TL when they can be paid > in a HP3 role
9. Psychology specific - One issue not mentioned is the inconsistency within ACT Government of conditions. Psychology is split across at least two EBAs (ACT PUBLIC SECTOR EDUCATION DIRECTORATE (TEACHING STAFF) ENTERPRISE AGREEMENT 2018 – 2022, and the ACT Health Public Sector Health Professional Agreement 2018 – 2021) The work level standards are not significantly different and do not explain the disparities in pay and conditions. Psychology should be aligned with a single EBA as other allied health professions that provide services into other ACT Directorates.
10. Specialization definition – what is the change in skill, experience, qualifications that define a specialist

11. Recognition of expertise of senior clinicians – to get to a HP4 you must take on Management responsibilities

9. Other Business

HP Review - PMP Timeline for Final report delivery may be fluid to achieve final approval and endorsement due to the Christmas close down period and time it may take to receive feedback. The initial draft report is expected to be ready by December.

Next Meeting

27 August 2020

Please send any comments, errors, omissions on these minutes to: HealthEBA@act.gov.au

Further information: [Internal](#), [External](#)

Actions arising – 28 August 2020		Who	Timeframe
1	Tehlia to review the scope of the AHA review and ensure it aligns with the scope of the HP review to ensure consistency and provide feedback to JWP. (ensure that we are not extending the scope for AHA and not HP)	TV	24 Sept
2	Finalise Report 2 & PMP and publish on website	TV	1 Sept
3	Staff Survey to be drafted for JWP feedback	TV	24 Sept
6	Tehlia to complete a comparative analysis on HP Classification structures across the jurisdictions	TV	27 August
7	Finalise and send out AHA Staff survey to be open for comment for 2 weeks	TV	1 Sept