

Minutes, 24 September 2020

Health Professionals Classification Review Joint Working Party			
Attendance			
CHS: Tehlia Vinton (Project Officer/Secretariat), Jo Morris (Chair) ACTHD: Helen Matthews Unions: Chris Dyer (CD) (PA); Ron Johnson (CPSU), Tim Garrett (HSU pathology delegate), Ed Yap (HSU) CMTEDD – Sophia Bouzas			
1. Apologies			
Russell Noud, Andrew Hogan, Eileen McEvoy (HSU) Ian Gratton CHS: Sean McDonnell (SM) Calvary: Michelle Vella			
2. Meeting Notes from previous meeting			
The Minutes from 27 August 2020 were accepted			
3. Actions arising from previous meeting			
		Who	Status
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	complete – confirmed that scopes align
2	Finalise Report 2 & PMP and publish on website	TV	complete
3	Staff Survey to be drafted for JWP feedback	TV	24 Sept
4	Tehlia to complete a comparative analysis on HP Classification structures across the jurisdictions	TV	27 August
5	Finalise and send out AHA Staff survey to be open for comment for 2 weeks	TV	complete
4. Correspondence			
All correspondence has been dealt with as required. The correspondence report was noted. Correspondence noted was feedback received from various teams and health professions.			
5. Update on HP project progress.			
5.1 Staff survey – will be drafted based on the questions that have already been approved by the JWP 5.2 It was noted that the comparative analysis is difficult to pull together due to the complexities involved. 5.3 The feedback from the HP reference groups meeting 2 was shared with the JWP prior to the JWP meeting. Summary of the feedback from meeting 2 is summarised in Agenda item 7. 5.4 Next reference group meeting to be scheduled once the staff survey results have been received from the HP staff survey. Union organisers have requested to be invited to the next reference group meeting.			
6. Update on AHA review			
6.1 The only AHA 1 within ACT roles are being used as casual COVID workers – look at repurposing the AHA1 role 6.2 Broad-banding a level 2 & 3 to include more pay points			

6.3 Feedback received is in support of introducing an AHA level 4 role with TL responsibilities to support career progression for the AHA's

6.4 Inconsistency of AHA roles across the service – AHA role has a different skillset to HPs, and we should consider this when hiring. FB is that some manager recognise the difference in skillsets between and AHA and a HPs. This should be considered when hiring to an AHA role. There is also inconsistency in how the skills of AHAs are used in different services. There is an education component for some HPS to understand the full scope of practice for AHAs and what value they can add.

7. HP Reference Group Feedback

7.1 Include a trainee / grad / student defined level within the classification structure with a clear definition of the application of the level and how it is to transfer to a level 2 role

7.2 Remove the time requirement for HP1 (currently it's a temporary role at 12 or 24 months based on your profession)

7.3 More depth in the classification structure – particularly at the HP3 level (i.e. more pay points within level 3)

7.4 Recognition in WLS for specialist within professions (this was particularly an issue within small professions where they are required to perform a number of varied duties at a HP4 level (managerial, specialist, case load, education)

7.5 Performance or competency-based progression

7.6 Qualification allowance for higher qualifications

7.7 Provision and definition for senior clinicians to be recognised for subject matter specialisation and years of experience / capability (recommendation to refer to NSW for clarity)

7.8 Broad banding – (as per previous Professional officer agreement or CYPP grades)

7.9 Remove the HP3 upgrade scheme and reallocate funding to expanding the HP3 level through competency-based progression

7.10 Excellence increment within all levels (ie: a soft barrier between levels), not similar to current HP3 upgrade. Formal recognition of staff who can demonstrate they are excellent clinicians.

7.11 Managerial allowance as an alternative incentive to recognise complexity of role (combined clinician managers role). This may be particularly relevant to smaller professions where there is not equitable time allocation to managerial and other responsibilities within senior roles

7.12 Recognition of dual qualifications and mixed skill set.

7.13 Increased increments to recognise years of service and experience in a profession (sonography) to help retain experienced staff.

9. Other Business

No other business raised

Next Meeting

23 October 2020

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

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

Actions arising – 24 September 2020		Who	Timeframe
1	Staff Survey to be drafted for JWP feedback	TV	Share with JWP week commencing 28/9
2	Tehlia to complete a comparative analysis on HP Classification structures across the jurisdictions	TV	Share with JWP week commencing 28/9
3	First draft of Report 3 – summary of feedback from reference groups and staff survey collated to be sent to Reference groups for comment before providing to JWP	TV	November
4	AHA Review Final Report	TV	
5	Invite Union organisers to the next reference group.	TV	Send when next meeting invite goes out. Should be mid Oct