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1. Introduction

HSU members are in the process of endorsing claims for Award Reform. This document outlines the proposed conditions claims. HSU members have spent two years developing a draft Award that is fit for purpose and properly values the work of Allied Health professionals.

Please review the proposed claims in this document and then complete the feedback survey contained in the HSU newsletter.

2. Proposed amalgamation of “profession groups” into the CHAP Award

The structure of HSU Health Awards is out of date and not fit for purpose. HSU members currently sit in over 35 Awards and 15 determinations. It is proposed that an award is made for all Clinical Health and Associated Professionals. This includes the professions listed below.

<ul style="list-style-type: none"> • Aboriginal Health Worker • Aboriginal Health Practitioner • Aboriginal Health Education Officer Graduate • Allied Health Assistant • Anaesthetic and Operating Theatre Technician • Audiologist • Art Therapist • Biomedical Engineer • Cardiac Physiologist (previously referred to as Cardiac Technologist) • Child Life Therapist (previously referred to as Play Therapist) • Counsellor • Dialysis Technician • Dietitian • Diversional Therapist • Electronics Technician • Environmental Health Officers 	<ul style="list-style-type: none"> • Interpreter • Librarian • Library Assistant • Library Technician • Lived Experience (Peer) Worker (previously referred to as Peer Worker) • Music Therapist • Occupational Therapist • Orthoptist • Orthotist / Prosthetist • Perfusionist • Pharmacist • Pharmacy Assistant • Pharmacy Technician • Physiotherapist • Podiatrist • Psychologist • Sexual Assault Worker • Social Worker • Speech Pathologist
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<ul style="list-style-type: none">• Exercise Physiologist• Genetic Counsellor• Health Manager (See Note 1 below)• Health Promotion Practitioner (previously referred to as Health Education Officer)	<ul style="list-style-type: none">• Technical Officers (engaged in assisting Biomedical Engineers)• Welfare Officer
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NOTE 1

Will include employees who have been classified as Health Manager due to the deficiencies in a variety of classification structures within other awards but will be undertaking duties and roles now contemplated by this Award.

3. Conditions applied to all Professionals under the CHAP Award.

Implementation of the HSU Core Conditions Log of Claims.

- 1) As listed here: <https://www.hsu.asn.au/stay-informed/secretary/vote-on-your-core-conditions-log-of-claims>

Payment for the cost and time of mandatory Continuing Professional Development (CPD) (Clause 5 and 11):

- 2) Employees required to undertake and complete CPD to maintain registration through AHPRA or, in the absence of such a National Health Law requirement a relevant professional association with responsibility for registering / accrediting the profession, will be entitled to:
 - (a) 7 days of leave for full time employees (pro-rata for part time employees) each year for the purpose of completing CPD (clause 13); and
 - (b) \$100 allowance for each hour of CPD required to be completed each year (or the average of CPD hours required to be completed each year) to maintain registration / accreditation (clause 5).
- 3) Employees who are not required to maintain registration as per (1) above, under the National Health Law or relevant professional association, will be entitled to:
 - (a) 3 days of leave each year for the purpose of completing CPD (clause 13); and
 - (b) A minimum of \$1,000 CPD allowance each year payable where such CPD is pre-approved and directly relevant to the profession and / or area of practice (clause 5).

Higher Qualifications Allowance to recognise the time, cost, and effort to obtain higher qualifications, and the significant benefit of higher skills and knowledge to the health system (Clause 6):

- 4) Allowance to be paid to Employees who hold a post-graduate qualification of direct relevance to their professional practice, in addition to qualifications relied upon for accreditation and / or registration.

Paid at the following rates of the employee's base rate:

- (a) (AQF8) Post-Graduate Certificate: 3.5%
- (b) (AQF8) Post-Graduate Diploma: 5%
- (c) (AQF9) Masters: 7.5%
- (d) (AQF10) PhD or Post-Doctoral: 10%

Employer will cover costs of mandatory professional requirements (Clause 10):

- 5) Employees reimbursed by the employer for costs incurred and required for the performance of their duties, for example:
 - (a) Registration costs applied by AHPRA.
 - (b) Membership costs of a relevant association providing accreditation for the professions.
 - (c) Working with children checks.

HSU members must have improved outcomes and not be worse off during change processes (Clause 11):

- 6) No Employees will suffer a reduction in their substantive level, grade, or salary because of the implementation of change, including a new facility, department or LHD structure.

Shift work and week-end work (clause 12):

- 7) As far as is reasonably practicable, employees will not be compelled to undertake shiftwork against their wishes.

Ceremonial Leave (clause 14):

- 8) Employees required by Indigenous tradition to be absent from work for Aboriginal and Torre Strait Island ceremonial purposes will be entitled up to 15 days paid leave in any year for such purposes.
- 9) *Aboriginal Health Workers / Practitioners Only:* in instances where attendance at Aboriginal and Torre Strait Islander ceremonies or other obligations identified in (8) above is in connection with work, attendance will be on paid time.

Overtime (clause 15):

- 10) Payment of overtime will not be withheld due to prior approval not being forthcoming in situations such as:
 - (a) Excessive workloads.
 - (b) Clinical acuity factors outside of the employee's control.

- (c) Emergency safety or regulatory factors.
- (d) Urgent clinical / patient requirements.
- (e) Equipment failure.

On-Call and Recall to Duty (clause 16) - note this clause is extensive and members should read the complete clause contained in the Draft Award:

Note: Perfusionists should refer to section (8) *Perfusionists specific conditions* of this document for details relating to Perfusionists on-call.

11) Employees may be on-call for the following purposes:

- (a) To be available to provide a remote support service to the workplace / colleagues ('recall - remote support') with a minimum payment of one (1) hour overtime for any calls / support provide remotely.
- (b) To be available to provide a remote clinical / professional service directly to patients / clients ('recall - remote clinical') with a minimum payment of three (3) hours overtime for any recalls and remote clinical services provided.
- (c) To be available to return to the workplace and undertake the tasked emergent duty ('recall to the workplace') with a minimum payment of four (4) hour overtime for any recalls to the workplace.

12) Rostering on-call (clause 15, A):

- (a) Employees will not be placed on-call during periods of leave or accrued days off, or the days immediately preceding or following such periods.

13) Consultation of on-call arrangements (clause 15, A):

- (a) The employer must genuinely consult with HSU members prior to introduction of or, major change to, on-call arrangements.

14) Increase to on-call allowance paid during period required to be on-call regardless of whether recalled to duty (clause 15, A):

- (a) Please see Clause 16, Part A, (xiii) of CHAP Draft Award to review proposed options for on-call increase.
- (b) Social Workers and Sexual Assault Service workers retain current on-call allowance.

Fair and Reasonable Staffing and Workloads are a non-negotiable for staff and patient safety (clause 15, 16 and 17):

15) Implementation in full of the Core Conditions Safe Staffing Principles.

16) Implementation in full of the Core Conditions Workload Review to provide staff a right to have workloads collectively reviewed with mandated outcomes.

- 17) Implementation in full of the Core Conditions staff backfill clause which requires the employer to backfill positions whether planned or unplanned of more than 2-weeks.
- 18) When determining the safe staffing and workload levels, the Employer must consider:
 - (a) Clinical duties; and
 - (b) Regulatory requirements; and
 - (c) Administrative duties; and
 - (d) Managerial and operational supervisory responsibilities; and
 - (e) Professional supervision responsibilities; and
 - (f) Meeting and committee attendance; and
 - (g) Professional Development; and
 - (h) Duties related to training, education of other clinicians, staff, interns, or students; and
 - (i) Quality and research activities; and
 - (j) Award Grading Committee involvement; and
 - (k) Work, health and safety considerations; and
 - (l) Any other relevant factors in the employee position and role, either individually or collectively within the workplace / service.

Access to Safe and Trauma informed consult / support rooms (clause 20):

- 19) Employees must have access to trauma informed rooms for the provision of clinical services and support.
- 20) Such rooms must be conveniently and safely accessible.
- 21) Such rooms must be considered in future facility redesign and development.

Career progression and grading of positions must be consistent, expedient, and based on Award criteria, not funding (Clause 4, 22-25):

- 18) Progression within levels through year increments will occur on the anniversary of employment, not based on FTE equivalence (clause 4, iv).
- 19) New Grading Committee structure which consists of equal part Employer and HSU member representatives with the power to determine:
 - (a) Any proposed new or any proposed alteration of an existing positions grading; or
 - (b) Personal regrades for any level under the Award for which personal progression is available; or

- (c) Whether a position is misclassified and any backpay requirement arising from the misclassification; or
 - (d) Assist in validating and / or determining the appropriate grading of certain classifications / roles as specifically identified in the Classification Schedules; or
 - (e) The assessment of any Award criteria such as speciality area, qualification, credentialing for the purpose of determining the appropriate classification of an employee or class of employees; or
 - (f) Disputes arising as to the payment of the higher qualification allowance to an employee.
- 20) Recommendations from the Grading Committee must be actioned by Local Health Districts according to strict time limits and cannot be rejected based on funding.
- 21) Personal regrades must be assessed in strict time limits, with written responses providing direct feedback and areas of improvement for future applications (clause 23).
- 22) Positional misclassifications will be reviewed at the grading committee in first instance, if a misclassification has occurred, payment will be made to the date of misclassification (clause 24).
- 23) Grading of management levels must consider a range of complexity, geographical, staffing and responsibilities of the role in addition to total weighted reports (clause 25).

Increased recognition for staff because scope of practice is constantly evolving which improves patient care and clinical productivity (Clause 23):

- 24) The HSU and Ministry must convene at least twice a year to review and discuss changes to the professions' scope of practice and workforce planning.
- 25) If changes to scope of practice are identified or explored then appropriate consultation, planning and monitoring of pilots must occur to determine efficacy including impacts on remuneration and classification structures.
- 26) The Employer will not implement any trial / pilot of new or advanced practice until such process is followed.

Allied Health Educator Task Force (Clause 24):

- 27) HSU and Ministry of Health to establish taskforce with mandate to implement the findings of the Allied Health Workforce Educator Report. Specifically, to achieve Allied Health Educator roles (including Psychology and Pharmacy) as constituting 2% of the total Allied Health workforce.

No worker to go backwards:

- 28) No member is worse off because of negotiations.

4. Health Professionals (as defined and employed under Part I Schedule 9 of Draft Award) and Aboriginal Health Worker / Practitioner specific conditions

Sole practitioner allowance rates increased in line with pay increases and extended to apply to Aboriginal Health Workers / Practitioners (clause 8):

- 29) Sole practitioner allowance increased in accordance with pay differential between *Health Professional Proficient Clinician* and *Health Professional Senior Clinician*
- 30) Aboriginal Health Workers and Practitioners who meet the criteria of a sole practitioner entitled to the allowance.

5. Interpreters specific conditions

Interpreters required to interpret in more than one language by employer will receive an allowance for each additional language they provide interpreting services for (clause 9):

- 31) Rates of allowance as follows:

Additional Language Allowance			
10	9(iii)	An Interpreter Grade 1 will receive this allowance for each additional language they provide to the Interpreter Service.	\$1,490 pa
			\$28.56 pw
11	9(iii)	An Interpreter Grade 2 and above will receive this allowance for each additional language they provide to the Interpreter Service.	\$2,980 pa
			\$57.12 pw

6. Lived Experience Workers (Previously Peer Worker) specific conditions

- 32) Under construction – final claims for Lived Experience Workers, including peer supervision clauses will be provided shortly.

7. Perfusionists specific conditions

- 33) Current on-call provisions for perfusionists are inadequate considering the considerable and unique demands such requirements place on perfusionists.
- 34) Claims are under development to reflect and recognise through stronger entitlements the key challenges and issues perfusionists face with on-call arrangements.

8. Pharmacy employees (Including Pharmacists, Pharmacy Technicians and Assistants) specific conditions

Pharmacy employees required to undertake a compounding session in a Grade B, C or D cleanroom environment during any rostered shift will receive an allowance for each session:

- 34) A compounding session is defined as an episode in which an employee is required to wear appropriate PPE for the purpose of compounding.
- 35) Rates of allowance as follows:

Compounding Allowance			
5	7(iii)	Non-Aseptic Compounding and Grade C - D Cleanrooms - one (1) session in a shift	2.50 (per shift)
6	7(iii)	Non-Aseptic Compounding and Grade C - D Cleanrooms - two (2) or more sessions in a shift	5.00 (per shift)
7	7(iii)	Aseptic Compounding (Full PPE - Grade B Cleanroom) - one (1) session in a shift	5.00 (per shift)
8	7(iii)	Aseptic Compounding (Full PPE - Grade B Cleanroom) - two (2) or more sessions in a shift	10.00 (per shift)

9. Psychologists:

Psychologists will be provided clinical supervision and peer reflection during work time by Psychology Board of Australia approved supervisors.

- 36) Psychologists seeking to undertake training to achieve Board Approved Supervisor ('BAS') with the Psychology Board of Australia ('PBA') will be provided the following employer support:
 - (a) Paid time to complete the supervisor training course and subsequent maintenance requirements.
 - (b) Payment of reasonable costs to enable the psychologist to undertake the supervisor training and subsequent maintenance requirements.
- 37) Provisionally registered and registrar psychologists will be provided with paid time and facilitated access to a BAS during paid time.
- 38) All psychologists, regardless of classification level, are provided access to peer consultation required to meet PBA maintenance of registration requirements.

10. Classification changes

39) The complete details of proposed classification changes are contained in the document titled **Clinical, Health and Associated Professionals Proposed Award at Classification schedules - Part I:**

- (a) **Schedule 1** - Aboriginal Health Worker
- (b) **Schedule 2** - Aboriginal Health Practitioner
- (c) **Schedule 3** - Aboriginal Health Education Officer Graduate
- (d) **Schedule 4** - Allied Health Assistant
- (e) **Schedule 5** - Anaesthetic and Operating Theatre Technicians
- (f) **Schedule 6** - Biomedical Engineering
- (g) **Schedule 7** - Cardiac Physiologists
- (h) **Schedule 8** - Environmental Health Officers
- (i) **Schedule 9** - Health Professionals
- (j) **Schedule 10** - Health Promotion Practitioners
- (k) **Schedule 11** - Interpreters
- (l) **Schedule 12** - Librarians
- (m) **Schedule 13** - Library Assistants
- (n) **Schedule 14** - Library Technicians
- (o) **Schedule 15** - Lived Experience (Peer) Workers
- (p) **Schedule 16** - Perfusionists
- (q) **Schedule 17** - Pharmacists
- (r) **Schedule 18** - Pharmacy Technicians
- (s) **Schedule 19** - Psychologists.

11. Transitional Arrangements (Section C of Draft Award)

40) In most instances classifications that have been superseded / replaced will have a readily comparable classification (Level and Grade) in the new Award, with the Award containing Transitional Tables for each classification structure to assist with the translation of current employees to the appropriate Level and Grade under the new Award.

41) These Transitional Tables at times will only offer provisional guidance as in some instances, the proposed changes to classification structures and roles is quite

significant, inevitably meaning that some translation outcomes will be determined based on the role, duties, responsibilities, qualifications held by employees on the commencement of the new Award.

- 42) However, mindful of these challenges, a framework of principles has also been established to ensure fair and reasonable outcomes are achieved; that no one is worse off; and that disputes about outcomes can be addressed and resolved quickly within provided timeframes.