

IN THE FAIR WORK COMMISSION

Matter No: AM2014/204

Title: s 156 - Four yearly review of modern awards
Health Professionals and Support Services Award

SUBMISSIONS

17/03/2017

Filed on behalf of:	Health Services Union		
Filed by:	Leigh Svendsen Senior National Industrial Officer	Mobile:	0418 538 989
Address:	Suite 405, 454 Collins Street, Melbourne 3000		
Phone:	03 9020 1870	Email:	leghs@hsu.net.au

HSU National

Suite 408, 454 Collins Street Melbourne VIC 3000
PO Box 336 Collins Street West, Melbourne VIC 3000
(03) 9020 1877 | hsu@hsu.net.au | www.hsu.net.au | ABN 68 243 768 561



Contents

Contents.....	2
Introduction.....	3
List of Common Health Professionals	3
Context of award	3
Common sense approach.....	4
Changing nature of health professional terminology.....	5
Other modern awards	6
Modern Awards Objective	7
Exclusions from the list.....	7
Details of variation.....	8
Span of hours.....	8
Modern Awards Objective.....	8
Ensuring a simple, stable and sustainable modern awards system	8
The need to encourage collective bargaining.....	9
The need to provide additional remuneration for employees working shifts and overtime	9
Details of variation.....	10
Weekend penalties.....	10
Weekend penalties for shift workers.....	11
Private medical imaging seven day practices	12
History of this provision	12
Shiftwork penalties.....	13
Details of variations	13
Public Holidays.....	14
Details of variations	15
Agreed matters.....	15
Overtime	15
Unpaid meal breaks.....	16
Conclusion.....	16



Introduction

1. The Health Services Union [HSU] makes these submissions in support of variations sought to the *Health Professionals and Support Services Award 2010* ('the HPSS Award'), in accordance with the directions issued by Vice President Catanzariti on 23 November 2016.
2. We make submissions on the following clauses in the HPSS Award:
 - a. List of Common Health Professionals (Schedule B, Exposure Draft)
 - b. Span of hours (clause 8.2, Exposure Draft)
 - c. Weekend penalties (clause 18, Exposure Draft)
 - d. Substitution of Public Holidays by agreement (clause 23.3, Exposure Draft)
 - e. Agreed matters between the parties, including Overtime and Unpaid Meal Breaks.
3. Our submissions are accompanied by draft determinations reflecting our proposed variations in Attachment A.

List of Common Health Professionals

4. Consistent with our previous submissions of 16 July 2015, 4 March 2015 and 28 January 2015, the HSU submit that the list of common health professionals contained in Schedule B of the Award can only logically be treated as indicative.
5. We submit that the Schedule be amended to make it explicit that the list is indicative, in order to prevent any doubt or confusion. As explained in further detail below, and outlined in the witness statement of Alex Leszczynski ('*Leszczynski*') in support of our claim, this approach is consistent with:
 - a. The context of the HPSS Award as a whole;
 - b. A logical common sense approach;
 - c. The frequently changing and expanding nature of health professions;
 - d. The approach that has been taken by the Commission in making modern awards; and
 - e. The modern awards objective.

Context of award

6. The HPSS Award is expressed, at clause 3.1(a) to cover employees in the classifications listed in Schedule A. Schedule A refers to 'Health Professional Employees', Levels 1 to 4.
7. The term 'health professional employee', is not defined in the Award. The ordinary meaning of those words then informs the meaning of the phrase in the context of the Award. It is a phrase of broad scope, apt to describe persons who work in the health industry, exercising skills which generally require tertiary training and/or qualification. The definitions of the health professional



classifications in Schedule B are a comprehensive system of classifications appropriate to cover *all* professional roles.

8. Health professionals, however titled and in whichever discipline, range from entry level employees in their first jobs (indeed some will still be completing the pre-registration requirements under the Health Practitioners Regulation laws) through to those in senior management positions. The classification structure within the HPSS Award is apt to cover all levels of role.
9. Against that background the list of 'common' health professionals must be seen as an indicative list only. The use of the term 'common' implies that there are other health professionals which fall within the scope of the classifications, which not identified on the list. Given that different titles or descriptions may attach to roles which are, in substance, described in the current Schedule B, it would be perverse to regard the Schedule as anything other than indicative.

Common sense approach

10. A logical approach requires the list of health professions in Schedule B to be treated as indicative. To treat it as exhaustive would lead to confusion, uncertainty and inconsistency. As the statement of *Leszczyński* suggests, treating the list as exhaustive could potentially lead to an overly literal, and erroneous, approach which makes illogical distinctions between professional classifications. Some examples are provided below.
11. If the list is exhaustive, then at least arguably, an employee whose job was termed 'Remedial Masseur' would be covered by the Award, but an employee performing the same job with the same qualifications, but termed a 'Massage Therapist'² would not be, and could arguably be award-free.³ This would be nonsensical, and would seriously contradict the modern awards objective principle of equal remuneration for work of equal and comparable value.⁴
12. The list includes a 'Child Psychotherapist', but does not list the more general term of 'Psychotherapist'. It seems illogical that a specialised Child Psychotherapist, but not another Psychotherapist, would be covered.
13. A number of health professions are not included at all in the list, but would be covered by the award. For example, Health Promotion Officers.⁵ This position is discussed further below and in the statement of *Leszczyński*.⁶
14. Additionally, the way the list has been drafted suggests it is not comprehensive. For example, only one health profession in the list – Medical Imaging Technologist (MIT) – contains a sub-list of related occupations. As *Leszczyński* notes, this sub-list is not consistent with the relevant national accreditations. Nuclear Medicine Technologists, for example, are a separate profession

¹ Witness statement of Alexander Leszczyński, (*Leszczyński*), 9]

² *Leszczyński*, 9]; Annexure 2

³ b d

⁴ Fair Work Act 2009 (*FW Act*) s 134(1)(e)

⁵ *Leszczyński*, Annexure 1.

⁶ *Leszczyński*, 12]



to Medical Imaging Technologists but are listed as a subset of that profession, as well as a separate profession elsewhere in Schedule C.⁷

15. A close look at the Schedule and some of the anomalies listed above strongly suggests that the list is not comprehensive and does not appear to have been drafted to be an exhaustive list. As the above examples suggest, to treat the list as exhaustive would lead to confusion, and if taken to the extreme, could lead to illogical exclusions from the award. Such outcomes would be in contrast to the modern awards objective.

Changing nature of health professional terminology

16. The Health Professional sector is not static, but rather is a field marked by constant change.
17. For example, although the term 'Art Therapy' had its origins in the United States and United Kingdom in the 1940s, it wasn't until the 1990s that Australian universities commenced offering post-graduate programs in art therapy, which led to the recognition of the profession and the establishment of Australian National Art Therapy Association (ANATA) the predecessor to the current professional body ANZATA (Australian and New Zealand Arts Therapy Association).⁸
18. *Leszczynski* provides some further examples of professions which evolve, diverge, or simply change their names.
19. A salient example of the evolution of health professional nomenclature are Clinical Coders – a profession not currently listed in the Schedule. As *Leszczynski* explains, while the distinction between Clinical Coders and Health Information Managers used to be quite clear, as the former were unqualified, or had lesser qualifications,⁹ the distinction between the two professions has now become blurred, and the titles are sometimes used interchangeably.¹⁰ Now, Clinical Coders are often degree qualified, and have their own professional association. They are also eligible to join the Health Information Managers' professional association – the HIMAA.¹¹ Furthermore, Health Information Managers themselves were once more commonly referred to as 'Medical Records Administrators'.¹² This one example reveals how health professional terminology is in a state of frequent evolution and change.
20. Another example of the frequent changes in health professional nomenclature is the divergence between the professions of Play Therapists and Child Life Therapists. Child Life Therapists are not listed in the Schedule, while Play Therapists are. However, as *Leszczynski* explains, both of these professions used to call themselves 'Play Therapists' until as recently as November 2014, when the Australian Association of Hospital Play Specialists resolved to change their name to the Association of Child Life Therapists Australia, and to call their practitioners Child Life Therapists.¹³

⁷ *Leszczynski* 18] 20]

⁸ See <https://www.anzata.org/>

⁹ *Leszczynski* 14]

¹⁰ See, eg, *Leszczynski*, Annexure 10

¹¹ *Leszczynski* 15], Annexure 13

¹² *Leszczynski* 15], Annexures 14 and 15

¹³ *Leszczynski* 16]

¹⁴ *Leszczynski* 10] 11], Annexure 5



If the Schedule is exhaustive, this could give rise to the bizarre outcome that the same employees working as Child Life Therapists who would have covered by the award prior to November 2014, when they called themselves 'Play Therapists', would have now lost their coverage because of that nomenclature change.

21. Another example *Leszczynski* provides is 'Health Promotion Officer' which is a relatively new terminology for a position that has been given greater recognition in the health industry and in enterprise agreements.⁵ It is another example of a recently recognised position that is not listed in the Schedule.
22. Indeed, the submission of the Australian Dental and Oral Health Therapists Association of 28 February 2017 provides another example of an emerging health profession which has only been recently recognised (as of June 2010). Because of this, the profession of Oral Health Therapist does not appear in the Schedule. As their submission explains, the lack of clarity as to whether the Schedule is indicative or exhaustive has led to confusion as to whether their profession is covered.
23. The HSU is of the view that clarifying the list as an indicative one will be of value to emerging health professions whose professional titles have emerged in recent years. It will also work to minimise confusion about award coverage, and ensure that employers do not take advantage of the lack of certainty to argue that a health professional employee would not be covered by the award, or would be award-free. It is our view that it was not the Award's intention, nor would it be in accordance with the modern awards objective, to potentially exclude from coverage emerging health professions, such as the examples we have provided, by labelling the list of health professions in the Schedule as exhaustive.
24. Health and health professionals, including doctors and nurses, are constantly changing in response to advances in understanding of the human body, health, wellness and diseases processes. Each of the substantial advancements in our understanding has led to new specialists practising within a newly defined scope of practice and in new or advance treatment options.
25. It is our strong view that, given this evolving nature of health professional terminology, the list in the Schedule must be indicative, and should be clarified to be such. Otherwise, the HPSS Award would be stuck with the health professional nomenclature of a particular point in time, and would become quickly out of date, not adequately reflecting contemporary terminology and health and medical advances.

Other modern awards

26. Modern award classification descriptors in industry-based awards are ordinarily not exhaustive. They list some examples of positions that might be included at a pay point or classification level. Examples include:
 - a. Schedule B to the *Aged Care Award 2010*

¹⁵ *Leszczynski* [12], Annexure 6



- b. Schedule B to the *Banking, Finance and Insurance Award 2010*
27. In these awards, the level descriptors incorporate criteria such as entry levels for a specific level of qualification, mandatory qualification, level of independent decision-making, supervisory requirements, leadership or management of others and so on.
28. In the HSU's view, there is no reason why the HPSS Award should be an exception to other modern awards by creating an exhaustive list of health professions.

Modern Awards Objective

29. To regard the Schedule as exhaustive would have undesirable and anomalous consequences, including the removal from award coverage of health professionals who have hitherto been regarded as covered by the HPSS Award, and the need for frequent applications to be made to add further professional roles to the list as technology and therapeutic practice develop those roles. There can be no rationale for treating one type of health professional as covered by the award, and another as outside the scope of its benefits.
30. Doing so would also appear to contradict the principles of the modern awards objectives, especially ensuring a 'stable' and 'sustainable' awards system,⁶ and the principle of equal remuneration for work of comparable value.⁷
31. Conversely, by treating the list as indicative only, the modern award objective at s 134(1)(g) of the Act, that is 'the need to ensure a simple, easy to understand, stable and sustainable modern award system for Australia that avoids unnecessary overlap of modern awards' is achieved.
32. If the Commission accepts the submissions by several of the employer groups that the list is exhaustive, then the effect will be to disenfranchise any employee who is not employed in one of the specifically named health professions in the Schedule. That is, it would create an expanding group of employees that are excluded from modern award coverage except under the Miscellaneous Award 2010. This would also be in contradiction of the principle of protecting the relative living standards and needs of the low paid.⁸

Exclusions from the list

33. AiG have submitted that the decision concerning Dental Hygienists,⁹ excluding the profession from coverage under the HPSS Award, militates against the argument that the list is indicative. The HSU submits that nothing in the decision lends support to that view. The application was unopposed, and it was made by a body which the then Australian Industrial Relations Commission was satisfied represented the views of that profession. For that reason the group was removed from coverage by the award.

¹⁶ *FW Act* s 134(1)(g)

¹⁷ *FW Act* s 134(1)(e)

¹⁸ *FW Act* s 134(1)(a)

¹⁹ [2009\] A RCFB 948](#)



34. Given that Decision, the HSU would not oppose an exclusionary clause focussing solely on Dental Hygienists.
35. Furthermore, if the professions in Schedule B are treated as indicative, future employers and professional groups will retain the capacity to persuade the Commission why a particular professional group should fall outside coverage, having regard to the principle in s.134(1)(g) of the Act. Any such application may then be considered on its own merits. The starting point, however, should be that all professions are covered.

Details of variation

36. Amending the Schedule by clarifying that the list is indicative would minimise misunderstanding and confusion, as well as the potential for employees or their employers to erroneously believe they are not covered by the Award.
37. The HSU therefore proposes that the HPSS Award be amended as follows:

[6] Delete A.2 Health Professional employees – definitions

A list of common health professionals which are covered by the definitions is contained in Schedule B - List of Common Health Professionals.

And insert:

A.2 Health Professional employees – definitions

An indicative list of common health professionals which are covered by the definitions is contained in Schedule B Indicative List of Common Practice Areas and Titles.

Span of hours

38. The HSU seeks to vary the span of hours clause (clause 8.2) to provide for a simplified, single span of hours applicable to all day workers covered by the HPSS Award and inclusion in the award of clear entitlements relating to shift, weekend and public holiday loadings for shift workers. As outlined below, the HSU submits that varying the span of hours clause is necessary in order to meet the modern awards objective.

Modern Awards Objective

Ensuring a simple, stable and sustainable modern awards system

39. As part of the modern awards objective, the FWC must consider the need to ensure a simple, easy to understand, stable and sustainable modern award system.²⁰
40. Part of the purpose of the development of Modern Awards was to rationalise the number of industrial instruments. An outcome of the process was standardisation of terms and conditions,

²⁰ Fair Work Act s 134(1)(g)



meaning parties were required to accept some alteration to past conditions in the name of greater uniformity and simplicity within an industry.

41. The HSU submits that clause 8.2 is unnecessarily convoluted in that it provides for 5 different spans of hours. Allowing for so many exceptions and alternatives in this clause is confusing to the reader, and undermines the purpose of the award modernisation process, which is to create a simple and easy to understand system.²¹
42. Further, it is not stable or sustainable to allow for separate spans of hours for a handful of certain health and medical practice types. It is not clear why these workplaces are particularly special cases. Moreover, as we have seen in the four year review process, other parties to these proceedings have made claims for further separate iterations of these spans of hours.²² If granted, the number of possible spans of hours in this clause could balloon to 12, providing for even greater unnecessary convolution.
43. The HSU submits that the span of hours clause in the HPSS Award should not diverge so greatly from the other health awards in the modern award system. The HSU has based its draft clause on the *Nurses Award*, which provides that ordinary hours for a day worker will be between 6:00am and 6:00pm from Monday to Friday,²³ with employees regularly rostered to work outside the span of hours to be defined as shift workers.²⁴ The *Aged Care Award* provides for a similar span of hours clause,²⁵ as does the *Medical Practitioners Award 2010*²⁶ (with only one exception for Senior Doctors).²⁷

The need to encourage collective bargaining

44. The existence of multiple spans of hours in this award, and the further applications for even more possible spans, tends to suggest that there has been a departure from the core modern awards objective of providing a “*fair and relevant minimum safety net*” and a tendency to seek, in an award context, outcomes that should be the subject of bargaining. The inclusion of extended and specialised spans is, in the HSU’s submission, contrary to the modern award objective at s.134(1)(b) of the Act – the need to encourage collective bargaining.

The need to provide additional remuneration for employees working shifts and overtime

45. A fair minimum standard would provide that an employee who is employed as a day worker is entitled to overtime if they are rostered to work, or work outside the span of hours. An employee who is employed as a shift worker should be entitled to shift, weekend or public holiday rates unless they are working excess hours.

²¹ FW Act, s 134(1)(g)

²² See, eg, submissions from Kids Matters OT Pty Ltd; Medical Imaging Employment Relations Group; Private Hospital Industry Employers Association; Child Practitioners’ Association of Australia (National) Limited; Australian Industry Group

²³ *Nurses Award 2010*, clause 22.1

²⁴ *Nurses Award 2010*, clause 22.2

²⁵ *Aged Care Award 2010*, clause 22.2

²⁶ *Medical Practitioners Award 2010*, clause 21.1

²⁷ *Medical Practitioners Award 2010*, clause 21.2



46. The HSU submits that the span of hours should be defined as those hours within which work is performed by non-shift workers and during what are broadly regarded as normal working hours. Hours that fall outside these hours would constitute ordinary hours of work for a shift worker, and attract penalties or loadings depending on the time and/or day. Each penalty or loading would be determined by where the hours worked fall within the day or week, regardless of which employer for whom an employee works.

Details of variation

47. We provide our proposed clause below, and in our draft determination at **Attachment A**.

8.1 Ordinary hours and roster cycles

(a) Span of hours day worker

Ordinary hours of work for a day worker are worked between 6.00 am and 6.00 pm, Monday Friday.

(b) A shiftworker is an employee who is regularly rostered to work their ordinary hours of work outside the span of hours of a day worker as defined in clause 8.1(a).

(c) The ordinary hours of work for a full-time employee will be:

(i) 38 hours per week; or

(ii) 76 hours per fortnight; or

(iii) 152 hours over 28 days.

(d) The shift length or ordinary hours of work per day will be a maximum of 10 hours exclusive of meal breaks.

(e) The hours of work will be continuous, except for meal breaks. Except for the regular changeover of shifts, an employee will not be required to work more than one shift in each 24 hours.

48. If the span of hours clause is varied to provide for a single span, then provisions differentiating between various practices would no longer be required and the following definition in clause 3.1 should be deleted:

“private medical, dental and pathology practice means the practice of any medical practitioner, such as medical centre, general practice, specialist practice, family practice, medical clinic, dental practice, pathology practice and women’s health centre, but does not include medical imaging practices, hospitals or hospices.”

Weekend penalties

49. The HSU also seeks to vary clause 18 of the HPSS Award Exposure Draft. In summary, the HSU’s proposal seeks to:



- a. Amend clause 18.1 to clarify that shift workers also receive penalty rates for weekend work, not only 'day workers'.
- b. Remove clause 18.2 which provides a lesser entitlement to weekend penalties for employees in private medical imaging seven day practices.
- c. Amend clause 18.4 Shiftwork penalties, to include an afternoon shift penalty rate of 12.5%, in line with the Nurses Award, and renumber as 18.3.
- d. Renumber clause 18.3 Public Holidays, as 18.2

Weekend penalties for shift workers

50. On its face, this clause appears not to provide any weekend penalties to an employee defined as a shift worker. It therefore severely contradicts the principle that additional remuneration should be provided to employees working weekends²⁸ and shifts.²⁹ If the clause is read literally, and shift workers are not entitled to the weekend penalties provided in 18.1, then a shift worker would only receive their shift work penalty of 115% for Saturday and Sunday work, while a day worker would receive the much greater penalty of 150%.
51. The HSU submits that the clause is commonly understood, however, to provide for weekend penalties to both shift workers and day workers. The HSU believes the use of the 'day workers' was an oversight in the drafting of the award, and that it should have stated 'full-time or part-time employees' instead. Simply put some of the awards from which the new provisions were derived contained the concept of 'day worker', others did not.
52. The fact that the commonly understood practice and meaning of this provision diverges from a literal reading of the provision, contradicts the important principle that modern awards should be easy to understand.³⁰
53. It is clear that other modern awards clearly do provide weekend penalties to shift workers. For example, the *Nurses Award* provides that:

23.1 Employees whose ordinary working hours include work on a Saturday and/or Sunday, will be paid for ordinary hours worked between midnight on Friday and midnight on Saturday at the rate of time and a half, and for ordinary hours worked between midnight on Saturday and midnight on Sunday at the rate of time and three quarters. These extra rates will be in substitution for and not cumulative upon the shift premiums prescribed in clause 26 Shiftwork.
54. It is therefore the HSU's submission that clause 18.1 be amended to ensure that shift workers receive weekend penalties, and that this is abundantly clear from wording of the clause.

²⁸ *FW Act*, s 134(1)(da)()

²⁹ *FW Act*, s 134(da)(v)

³⁰ *FW Act*, s 134(1)(g)



Private medical imaging seven day practices

55. Clause 18.2 provides for lower weekend penalties to apply to private medical imaging seven day practices.
56. The HSU submits the differentiation between the rates payable for working a weekend shift based on the number of days a practice operates is illogical. There is, in the HSU's submission, no justification for including such a distinction in the context of modern award.
57. The differentiation is inconsistent with the modern awards objectives, in particular the principle of equal remuneration for work of equal or comparable value.³¹ For example, under this award as it is currently drafted, two employees with the same occupation, both working in private medical imaging practices, both rostered to work on Saturdays, could receive substantially different rates of pay, simply because one practice is open on a Sunday while the other is not.
58. The differentiation is also in contrast with the principles discussed in greater detail above, including the need to encourage collective bargaining,³² and the need to provide a sustainable and easy to understand modern awards system.³³

History of this provision

59. The entitlement appears to be an artefact of a single Enterprise Award, the *Health Services Union of Australia (NSW/ACT Private Medical Imaging) Award 2004*³⁴.
60. Clause 7.4 of that award reads:

7.4 Where a work location of a practice services patients on a seven day a week basis the ordinary hours of full-time and part-time employees at that work location will be between 7 a.m. and 9 p.m. on such days; where such work is undertaken on a Saturday it will be paid at the rate of time and a quarter; on Sunday it will be paid at the rate of time and a half. Hours worked by full-time and part-time employees at such locations before 7 a.m. or after 9 p.m. on any day will attract overtime rates in accordance with clause 8 - Overtime.
61. This unusual clause was by no means common to other pre-modern awards covering private medical imaging practices or other workplaces in the health and medical sectors. For example, the *Health Services Union of Australia (Private Pathology - Victoria) Award 2003*, provided for (at the minimum) time and half for Saturday work for employees covered by that award.³⁵ As a federal common rule award, this award had widespread coverage in the pre-modern award system, and would have covered many more employees than the NSW Enterprise Award from where this provision has apparently originated.

³¹ FW Act s 134(1)(e)

³² FW Act s 134(1)(b)

³³ FW Act s 134(1)(g)

³⁴ [Health Services Union of Australia \(NSW/ACT Private Medical Imaging\) Award 2004](#)

³⁵ See *Health Services Union of Australia (Private Pathology - Victoria) Award 2003*, clause 26



Shiftwork penalties

62. The HSU understands that changes to the clause 8.2 Span of Hours proposed would mean that a substantial number of employees who would have previously been day workers, may now be considered shift workers under the Award.
63. The HSU therefore proposes that a change to the span of hours provision, and the changes to clause 18.1 concerning weekend penalties for shift workers, be accompanied by a change clause 18.4 Shiftwork penalties.
64. Our proposed amendment allows for an afternoon shift penalty of 12.5% for shifts that commence after 12pm and finish after 6pm, and a night shift penalty rate of 15% for shifts that commence after 6pm and finish before 7:30am.
65. These rates are in accordance with other modern awards, in particular the shiftwork penalties in clause 29 of the *Nurses Award*.
66. We also note that currently under the HPSS award, a day worker is entitled to overtime rates for hours worked outside their span of hours, which is not the case under the *Nurses Award*.
67. The HSU is of the view that, taken together, the amendments proposed in relation to Clause 8.2 Span of Hours, Clause 18.1 Weekend penalties and Clause 18.4 Shiftwork penalties, are in accordance with the principles of the modern awards objective. In particular, they recognise the need to provide additional remuneration for employees working shifts,³⁶ weekends³⁷ and overtime.³⁸ At the same time, the changes ensure that the modern award is simple, easy to understand, and sustainable for its users.³⁹

Details of variations

68. We provide our proposed clause below, and in our draft determination at **Attachment A**. The HSU's proposal is to delete the current clauses 18.1, 18.2 and insert a weekend penalty clause at 18.1 as follows:

18.1 Weekend penalties

- (a) For all ordinary hours worked between midnight Friday and midnight Sunday, a full time or part time employee will be paid 150% of the minimum hourly rate applicable to their classification and pay point.
- (b) A casual employee who works on a Saturday or Sunday will be paid 175% of the minimum hourly rate applicable to their classification and pay point for all time worked, but will not be paid the casual loading of 25%.

³⁶ FW Act s 134(1)(da)(v)

³⁷ FW Act s 134(1)(da)()

³⁸ FW Act s 134(1)(da)()

³⁹ FW Act s 134(1)(g)



18.2 *Public holidays*

Payment for public holidays is in accordance with clause 23.1.

18.3 *Shift work*

(a) *For the purposes of this clause:*

(i) *Afternoon shift means any shift commencing not earlier than 12.00 noon and finishing after 6.00 pm on the same day; and*

(ii) *Night shift means any shift commencing on or after 6.00 pm and finishing before 7.30 am on the following day.*

(b) *Shift penalties*

(i) *Where an employee works a rostered afternoon shift between Monday and Friday, the employee will be paid a loading of 12.5% of their minimum hourly rate.*

(ii) *Where an employee works a rostered night shift between Monday and Friday, the employee will be paid a loading of 15% of their minimum hourly rate.*

(iii) *The provisions of this clause do not apply where an employee commences their ordinary hours of work after 12.00 noon and completes those hours at or before 6.00 pm on that day.*

(iv) *The shift penalties prescribed in this clause will not apply to shiftwork performed by an employee on Saturday, Sunday or public holidays where the extra payment prescribed by clause xx Saturday and Sunday work and clause yy Public holidays applies.*

Public Holidays

69. The HSU submits that clause 23.3(b) Substitution of public holidays by agreement, should be varied, as in its current form it is not consistent with the NES, and per s 56 of the Fair Work Act, should have no effect.

70. Clause 23.3 of the exposure draft provides:

23.3 Substitution of public holidays by agreement

(a) An employer and the employees may agree to substitute another day for a public holiday.

(b) *Where there is no agreement, the employer may substitute another day but not so as to give an employee less time off work than the employee would have had if the employee had received the public holiday. [Our emphasis]*

71. The NES, at s 115(2), provides that, '[a] modern award or enterprise agreement may include terms providing for an employer and employee to agree on the substitution of a day or part-day for a



day or part-day that would otherwise be a public holiday because of subsection (1) or (2)'. (emphasis added)

72. It is our view that s 115(2) of the NES permits a term allowing for substitution of a public holiday *by agreement* only. However, clause 23.3(b) allows for substitution of a public holiday to be imposed on an employee by an employer.
73. The term is therefore inconsistent with s 55(2)(a), which provides that a modern award may include a term only that it is expressly permitted to include under the NES. Consequently, it has no effect, as per s 56, '*[a] terms of a modern award or enterprise agreement has no effect to the extent that it contravenes section 55*'.⁴⁰
74. The HSU believes that including a term in a modern award which has no effect under the NES, contravenes the principle of the modern award objective, which provides that the modern awards system should be 'simple' and 'easy to understand'.⁴⁰ A lay employee or employer reading this award should not have to consult the *Fair Work Act* to understand that this clause, though included in the award, has no effect.
75. Amending the clause to ensure that any substitution requires agreement between an employer and employee would also be consistent with the principles of providing additional remuneration for public holiday work,⁴¹ and the need to encourage collective bargaining.⁴²

Details of variations

76. We provide our proposed clause below, and in our draft determination at **Attachment A**. The HSU's proposal is to delete the current clause 23.3(b).

Agreed matters

77. Following conferences in this matter, the HSU put forward a proposal on 25 April 2016 for resolution of some of the outstanding items. This was outlined in the FWC Statement titled Further Report to the Full Bench, of 26 April 2016. Following correspondence from the parties in response to the HSU proposal, we understand that the following matters are agreed between the parties:

Overtime

78. The parties proposed the following amendments to Clause 19 Overtime:
 - a. To insert 'ordinary' before 'hours' in clauses 19.1(a)(ii), 19.1(b)(ii) (iii), 19.1(c)(i) and 19.1(c)(ii).
 - b. To amend 19.1(b)(iii) to reflect ordinary hours provided in 8.1(c) by adding the words, 'or 76 ordinary hours in a fortnight or 152 ordinary hours in a four week period'.

⁴⁰ *FW Act* s 134(1)(g)

⁴¹ *FW Act* s 134(1)(da) ()

⁴² *FW Act* s 134(1)(b)



- c. To insert new clause 19.3, 'Each day or shift (as relevant) stands alone'.
79. The HSU is of the view that these amendments meet the modern awards objective. In particular, by ensuring clarity in this clause, and in how it is read in the context of the Award as a whole and related clauses, the amendment meets s 134(1)(g), which requires consideration of the need to ensure a simple and easy to understand modern award system.

Unpaid meal breaks

80. The parties proposed to amend Clause 9.1 Unpaid meal breaks. This clause is dealt with in depth in the submission of AiG dated 14 March 2017.
81. The HSU is of the view that the amendments to the meal breaks provision meets the modern awards objective. In particular, by providing greater clarity for employers and employees about when meal breaks may be taken, it meets s 134(1)(g) in ensuring a simple and sustainable modern award system, while also providing flexibility in accordance with s 134(1)(d).
82. The proposed amended clause is as follows:

9.1 Unpaid meal breaks

An employee who works in excess of five hours will be entitled to an unpaid meal break of between 30 minutes and 60 minutes. The meal break will, wherever reasonably practicable, be taken between the fourth and sixth hours of commencing work.

The time of taking the meal break may be varied by agreement between the employer and employee.

An employee who works not more than six hours may elect to forgo the meal break, with the consent of the employer.

Conclusion

83. For the reasons provided above, it is the HSU's view that our proposed variations are consistent with the modern awards objective and should be granted.



Leigh Svendsen
Senior National Industrial Officer



FAIR WORK COMMISSION

DRAFT DETERMINATION

Fair Work Act 2009

Part 2 3, Div 4 – 4 Yearly reviews of modern awards

Health Professionals and Support Services Award 2010

(ODN AM2014/190) MA000027

Health and Welfare

VICE PRESIDENT HATCHER <<PLACE, MONTH, YEAR>>

Review of modern awards to be conducted.

A. The above award is varied

[1] Delete clauses 8.1 and 8.2 and insert the following:

8.1 **Ordinary** hours and roster cycles

(a) Span of hours day worker

Ordinary hours of work for a day worker are worked between 6.00 am and 6.00 pm, Monday Friday.

(b) A shiftworker is an employee who is regularly rostered to work their ordinary hours of work outside the span of hours of a day worker as defined in clause 8.1(a).

(c) The ordinary hours of work for a full-time employee will be:

(i) 38 hours per week; or

(ii) 76 hours per fortnight; or

(iii) 152 hours over 28 days.

(d) The shift length or ordinary hours of work per day will be a maximum of 10 hours exclusive of meal breaks.

(e) The hours of work will be continuous, except for meal breaks. Except for the regular changeover of shifts, an employee will not be required to work more than one shift in each 24 hours.

[2] Delete clause 9.1 and insert the following:



9.1 Unpaid meal breaks

- (a) An employee who works in excess of five hours will be entitled to an unpaid meal break of between 30 minutes and 60 minutes. The meal break will, wherever reasonably practicable, be taken between the fourth and sixth hours of commencing work.
- (b) The time of taking the meal break may be varied by agreement between the employer and employee.
- (c) An employee who works not more than six hours may elect to forgo the meal break, with the consent of the employer.

[3] Delete clauses 18.1, 18.2, and 18.4, renumber clause 18.3 Public holidays to 18.2 Public holidays and insert the following:

18.1 Weekend penalties

- (a) For all ordinary hours worked between midnight Friday and midnight Sunday, a full time or part time employee will be paid 150% of the minimum hourly rate applicable to their classification and pay point.
- (b) A casual employee who works on a Saturday or Sunday will be paid 175% of the minimum hourly rate applicable to their classification and pay point for all time worked, but will not be paid the casual loading of 25%.

18.2 Public holidays

Payment for public holidays is in accordance with clause 23.1.

18.3 Shift work

- (a) For the purposes of this clause:
 - (i) Afternoon shift means any shift commencing not earlier than 12.00 noon and finishing after 6.00 pm on the same day; and
 - (ii) Night shift means any shift commencing on or after 6.00 pm and finishing before 7.30 am on the following day.
- (b) Shift penalties
 - (i) Where an employee works a rostered afternoon shift between Monday and Friday, the employee will be paid a loading of 12.5% of their minimum hourly rate.
 - (ii) Where an employee works a rostered night shift between Monday and Friday, the employee will be paid a loading of 15% of their minimum hourly rate.



- (iii) The provisions of this clause do not apply where an employee commences their ordinary hours of work after 12.00 noon and completes those hours at or before 6.00 pm on that day.
- (iv) The shift penalties prescribed in this clause will not apply to shiftwork performed by an employee on Saturday, Sunday or public holidays where the extra payment prescribed by clause xx Saturday and Sunday work and clause yy Public holidays applies.

[4] Delete clause 19.1 and insert the following:

19 Overtime rates

19.1 Overtime is paid in the following circumstances:

- (a) Where a full time employee:
 - (i) works in excess of their ordinary hours;
 - (ii) works in excess of 10 ordinary hours per shift;
- (b) Where a part time employee:
 - (i) works in excess of their ordinary hours, except where agreement has been reached in accordance with clauses 6.3(c); and/or
 - (ii) works in excess of 10 ordinary hours per shift; and/or
 - (iii) works in excess of an average of 38 hours per week, or 76 ordinary hours in a fortnight or 152 ordinary hours in a four week period.
- (c) Where a casual employee:
 - (i) works in excess of 10 ordinary hours per shift; and/or
 - (ii) works in excess of 38 ordinary hours per week.

19.2 An employee who works overtime shall be paid the following rates based on the minimum hourly rate for their employment classification:

- (a) Monday to Saturday - 150% for the first two hours and 200% thereafter;
- (b) Sunday - 200%;
- (c) Public Holidays - 250%;
- (d) Overtime rates under this clause will be in substitution for and not cumulative upon the penalties and loadings prescribed in clause 18 Penalty rates and shiftwork and the casual loading in clause 6.4(e).
- (e) Each day or shift (as relevant) stands alone

19.3 Rest period after overtime



- (a) An employee working overtime is entitled to 10 consecutive hours off duty between the termination of work on one day and the commencement of work on the next day, without loss of pay for ordinary hours.
- (b) If, on the instructions of the employer, an employee referred to in clause 19.3(a) does not receive 10 consecutive hours off duty, the employee is entitled:
 - (i) to be paid at a rate of 200% of the minimum hourly rate applicable to their classification and pay point until being released from duty; and
 - (ii) upon being released from duty, to be absent until they have had at least 10 consecutive hours off duty, without loss of pay for ordinary working time occurring during their absence.

[5] **Delete sub-clause 23.3(b).**

[6] **Delete A.2 Health Professional employees – definitions**

A list of common health professionals which are covered by the definitions is contained in Schedule B - List of Common Health Professionals.

And insert:

A.2 Health Professional employees – definitions

An indicative list of common health professionals which are covered by the definitions is contained in Schedule B Indicative List of Common Practice Areas and Titles.

B. The determination shall operate on and from <<date>>



FAIR WORK COMMISSION

MATTER NO. AM2014/204

**Four yearly review of modern awards
Health Professionals and Support Services Award 2010**

Re submission by: Health Services Union

Statement of Alex Leszczynski

I, Alex Leszczynski, Senior Industrial Officer, of 351 William Street, West Melbourne VIC 3003 say:

Personal details

1. My name is Alex Leszczynski.
2. I am employed as a Senior Industrial Officer with the Health Services Union Victoria No. 3 Branch, known as the Victorian Allied Health Professionals Association ('VAHPA').
3. I have been employed solely with VAHPA since March 2013. In my role my responsibilities include negotiating enterprise agreements, representing VAHPA members in the Fair Work Commission and coordinating the Industrial work in VAHPA.

Coverage

4. VAHPA has coverage of allied health professional employees in Victoria, including health professional employees covered by the *Health Professionals and Support Services Award 2010* ('the Award').

Health Professional occupations

5. In my role, I am aware that the nomenclature used to describe health professions is changing and expanding all the time, and that new health professions also emerge.
6. Annexed to this statement are some examples of recent health professional position descriptions:
 - a. Health Promotion Officer (Annexure 1);
 - b. Massage Therapist (Annexure 2); and
 - c. Paediatric Occupational Therapist (Annexure 3).
7. The attached position descriptions all describe health professional roles. However, the position

Lodged on behalf of:	Health Services Union		
Lodged by:	Leigh Svendsen, Senior National Industrial Officer	Mobile:	0418 538 989
Address for service:	Suite 405, 454 Collins St, Melbourne 3000		
Phone:	03 9020 1870	Email:	leighs@hsu.net.au 1

titles do not appear in the current list of common health professionals in Schedule C of the Award, though some of them are or may be covered by health professions listed in Schedule C of the Award.

8. For example, Paediatric Occupational Therapist would logically be covered by Occupational Therapist in the list in Schedule C of the Award. Massage Therapist would likely be covered by Masseur, Remedial (Remedial Masseur) in the list in Schedule C of the Award.
9. It is quite clear when one looks at the list in Schedule C of the Award that the list is problematic if it is exhaustive rather than indicative, particularly if one takes an overly literal approach to deciding whether a health profession is covered by the Award. For example, if the list in Schedule C is exhaustive and one does take such an overly literal approach, would Massage Therapists not be covered by the Award, while Remedial Masseurs would? I believe that any reasonable or logical person would think that Massage Therapists are covered by the Award.
10. Listed in Schedule C of the Award is the health profession Play Therapist. However there are in fact two groups of health professionals who called themselves Play Therapists, one whose professional Association is the Australian Play Therapists Association ('APTA'). Annexed to this statement is the APTA website home page (Annexure 4). The professional association of the other group of health professionals who called themselves Play Therapists was the Australian Association of Hospital Play Specialists. The fact that there were two groups of health professionals called Play Therapists caused confusion.
11. As a result, the professional association that represented one of the Play Therapist health professions changed their name from the Australian Association of Hospital Play Specialists to the Association of Child Life Therapists Australia ('ACLTA'). They have also started calling their profession Child Life Therapists, though in some organisations they are still called Play Therapists. Annexed to this statement is a page from the ACLTA website explaining the switch in titles (Annexure 5). Would this change in the name of their profession mean that Child Life Therapists are no longer covered by the Award because Child Life Therapist is not listed in Schedule C of the Award? Again, I believe that any reasonable or logical person would think that Child Life Therapists are covered by the Award.
12. Health Promotion Officer is another example of how health professions change and emerge. In Victoria, Health Promotion Officers have been and still are employed by some employers, particularly in Registered Community Health Centres and Public Health Services, as Community Development Workers (which is listed in Schedule C of the Award). The reason for this is that this is often the best fit in existing classifications in awards and enterprise agreements. However there is

now greater recognition of the Health Promotion Officer profession within the health industry, meaning there is a greater push to recognise them in industrial instruments. Annexed to this statement is clause 93 of the *Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020*, which deals with the development of Health Promotion Officer classifications (Annexure 6). The *Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020* is the most recent public sector enterprise agreement VAHPA has negotiated, which at the time of the making of this statement was awaiting approval by the Fair Work Commission.

13. Clinical Coders are another health profession that has emerged. Annexed to this statement are six 'Clinical Coder' position descriptions (Annexures 7 - 12).
14. Clinical Coders and Health Information Managers (who are listed in Schedule C of the Award) often work side by side with each other. Historically Health Information Managers have been degree qualified, while Clinical Coders were unqualified or had qualifications below that of a degree. However the distinction between the two professions has become blurred, and there are Clinical Coders that are degree qualified, and the work the two professions perform is often very similar or the same. This blurring of the professions is demonstrated by the fact that in some of the clinical position descriptions attached to this statement the positions are described as Health Information Manager/Clinical Coder positions.
15. Clinical Coders now also have their own professional association, the Clinical Coders' Society of Australia Inc ('CCSA'). Annexed to this statement is the website homepage of the CCSA (Annexure 13). Even the professional association for Health Information Managers, the Health Information Managers Association of Australia Limited ('HIMAA') allows Clinical Coders to join as Senior Associate members if they are graduates of a HIMAA approved program in clinical coding or have a minimum of five years senior level experience within the health information industry, and HIMAA provides credentialing for Clinical Coders. Annexed to this statement are the HIMAA membership categories as published on the HIMAA website (Annexure 14), and the HIMAA Professional Credentialing Scheme as published on the HIMAA website (Annexure 15).
16. It should also be noted that the list of Common Health Professionals in Schedule C of the Award includes both Health Information Managers and Medical Records Administrators. These are the same health profession, with Medical Records Administration generally being the old name to describe the Health Information Management profession. In my experience in Victoria, these health professionals are presently called Health Information Managers, though there may be places where they are still referred to as Medical Records Administrators. Annexed to this statement is the

page titled 'HIMAA History' as published on the HIMAA website (Annexure 16).

17. There are also other problems with the List of Common Health Professionals in Schedule C of the Agreement.
18. Under the Medical Imaging Technologist (MIT) profession in Schedule C of the Award it states that this health profession includes Nuclear Medicine Technologist. However Nuclear Medicine Technologists are a separate profession, and are in fact listed as a separate health profession in Schedule C of the Award.
19. Similarly, under the Medical Imaging Technologist (MIT) health profession in Schedule C of the Award it states that this health profession includes Radiation Therapist. Radiation Therapist is another name for Radiation Therapy Technologist, which is listed a separate health profession in Schedule C of the Award.
20. Where the confusion around Nuclear Medicine Technologists and Radiation Therapists being part of the Medical Imaging Technologist health profession may have arisen from is that for people in all three professions to practice in their profession they need to be registered with the Medical Radiation Practice Board of Australia, which is one of the National Boards that is part of the National Registration and Accreditation Scheme. In addition, all three health professions complete similar qualifications, such as a Bachelor of Applied Science in Medical Radiations or Bachelor of Medical Radiation Science, but what often separates them is the specialization they do in the study - Medical Imaging, Nuclear Medicine or Radiation Therapy.
21. The List of Common Health Professionals in Schedule C of the Award thus has a number of problems.
22. Given the above identified issues, and as someone who deals with health professionals and their entitlements as part of their employment, it seems clear that the List of Common Health Professionals in Schedule C of the Award must be an indicative list, not an exhaustive list. New health professions emerge, often doing similar work to existing health professions, and health professions can change their name. If the List of Common Health Professionals in Schedule C of the Award were exhaustive, it could exclude health professionals from being covered by the Award, even though they are doing similar work to and have similar qualifications to health professionals who are covered by the Award.



Witness Signature

Alex Leszczynski

Witness Name (printed)

Date: 17 March 2017



Position Description
Health Promotion Officer

- Position title:** Health Promotion Officer
- Location:** 1/125 George St
Doncaster East, Victoria 3109
- Hours:** 21 - 26 hours per week (negotiable)
- Duration:** Ongoing
- Salary:** Salary and conditions as per schedule of contractual terms
Salary packaging provisions apply.
- Accountability:** The position reports to the CEO via the Health Promotion Manager.
- Supervision:** The position provides supervision of students

Organisational Context

Women's Health East is the Women's Health Service for the Eastern Metropolitan Region (EMR) of Melbourne, covering the municipalities of Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and Shire of Yarra Ranges.

Working within a feminist framework Women's Health East addresses the social, political and environmental causes of gender inequities impacting the health and wellbeing of women in the region, through research, advocacy for systemic change, training, and external capacity building.

Our current priority action areas are the Prevention of Violence against Women, the Promotion of Sexual & Reproductive Health and the Promotion of Gender Equity. Priority areas are subject to ongoing review and change as the organisational strategic directions and focus change in line with women's health needs in the EMR.

WHE is leading the development of a four year regional focus on the prevention of violence against women. *Together for Equality & Respect: A Strategy to Prevent Violence Against Women in Melbourne's East 2013 – 2017* and the soon to be developed *Together for Equality & Respect Action Plan* will be major drivers of the work of the organisation for the next four years. All Health Promotion staff at WHE will participate in the delivery of this work.

Position Context

The Health Promotion Officer (HPO) will coordinate the Eastern Media Advocacy Program. WHE leads this program in partnership with the Eastern Domestic Violence Service and the Eastern Centre Against Sexual Assault. It aims to change community attitudes to, and prevent, violence against women. Through this program, WHE has trained and supports women who have experienced family violence or sexual assault to speak with the

media or at public events. The HPO is responsible for all aspects of this program including working with participants, media and agencies booking the advocates for events; organising ongoing support and learning opportunities for advocates; liaising with other organisations interested in developing media advocacy programs including Aboriginal Organisations, and being involved in program evaluation. Occasional out of hours work is required for this role.

The HPO will also play an integral role in the organisations communications including leading the WHE Communications Working Group and contribute to the major communications of the organisation. This role will specifically have oversight of the WHE website, media and social media campaigns and updates, and will contribute to quarterly newsletters, and our annual report.

The HPO be actively engaged in the development and implementation of the WHE Health Promotion Plan and associated documents along with other HP staff, the HP Manager and the CEO. The HPO will attend relevant network meetings, develop and deliver projects and conduct research and community consultation in line with Women's Health East's strategic directions. The primary focus of the role (both in terms of HP and geographic priorities) will alter in line with organisational requirements.

The role provides assistance in the development of new initiatives, advocacy and policy directions for Women's Health East; including the sourcing of funds.

Key Performance Areas

1. Coordinate the Eastern Media Advocacy Program
2. Play an integral role in the communication functions of the organisation, including leading the WHE Communications Working Group, and oversight of the WHE website, media and social media.
3. Contribute to the development of tools, resources and products to promote and communicate Women's Health East's responses to Women's Health needs and issues.
4. Actively participate in the development, implementation and evaluation of the WHE Health Promotion Plan. This includes conducting regional needs analysis and developing or updating an evidence base for objectives for the WHE Health Promotion Plan and the development of associated documents (eg Evaluation plan).
5. Develop and maintain strategic relationships and partnerships with Women's Health East's stakeholders as prioritised in the Strategic Plan and Health Promotion Plan.
6. Keep abreast of current women's health and related research and health promotion initiatives to inform Women's Health East priorities – particularly in relation to the priority areas within your primary focus of work.
7. Assist with the Identification and sourcing of appropriate funding for priority initiatives and contribute to the writing of funding submissions and reports.
8. Participate in staff meetings and staff development.

Other responsibilities include to:

- Understand and comply with the WHE OH&S policy and procedures and the legislative requirements relevant to this position
- At all times treat other staff with courtesy and respect
- Maintain adequate records and provide reports as may be required
- Take a continuous quality improvement approach to your work and participate in CQI activities of the HP team and the Organisation as relevant
- Display behaviour in line with WHE's commitment to environmental sustainability
- Undertake other duties as directed which fall within the scope of the position and the skills of the position holder

Selection Criteria

1. A tertiary degree in Health Promotion, community development or other relevant qualification and at least two years relevant experience
2. Commitment to working within a feminist framework and within a social model of health

3. Up to date knowledge and/or experience in women's health issues, particularly the prevention of violence against women
4. Demonstrated sound health promotion skills, knowledge and experience
5. Well developed, contemporary IT skills and experience in use of online tools such as WordPress, MailChimp and Photoshop
6. Excellent written and verbal communication skills
7. Flexibility and ability to work independently and collaboratively
8. Capacity to network and build partnerships with a broad range of stakeholders
9. Strong time management /organisational skills and ability to manage multiple and competing demands

Desirable Criteria

1. Experience working with Aboriginal organisations and or people
2. Demonstrated skills in advocacy work and policy review
3. Experience working with the media and or in a communications role
4. Experience in the development and delivery of training programs
5. Knowledge of the Eastern Metropolitan Region

Requirements:

- a National Police Check certificate
- a current Victorian driver's licence
- pre-existing injury or illness declaration prior to appointment to position
- employee privacy, confidentiality and security agreement prior to appointment to position
- new employee induction operational policies & procedures to be completed upon appointment

Updated: May 2014

POSITION DESCRIPTION

Position Title:	MASSAGE THERAPIST		
Industrial Instrument:	Eastern Palliative Care Assoc Inc & Social & Community Services Employees Enterprise Agreement 2009 - 2012	Department:	Allied Health
Responsible To:	Family Support Consultant for daily operational matters and Senior Massage Therapist for discipline specific matters	Hours of Duty:	As per contract
Performance Appraisal:	Regularly during the first six months and then annually at the anniversary of commencement		Page 1 of 3

Eastern Palliative Care delivers home-based care services to the eastern region of Melbourne.

All staff and volunteers of Eastern Palliative Care must demonstrate a commitment to our Code of Ethics, Code of Conduct and a willingness to work within the organisational Vision, Mission and Values.

Our Mission: *Eastern Palliative Care is privileged to care for and accompany the dying person and their caregivers in the final phase of life, upholding their dignity and respecting their spiritual, physical, emotional, cultural and social needs. Our care continues in the bereavement services that we offer families and carers.*

Our Values:

Compassion – includes sympathy for others in their suffering, listening, accepting and actively responding to their needs

Dignity – upholding the unique personality, situation and choices of others, valuing their lives in the face of death and respecting their rights

Excellence – striving to do our best for those in our care and to give leadership through quality care, ethical practice, research and innovation

Partnering – vesting control in the client while joining with others to give continuous care

Equity and Access

Eastern Palliative Care Assoc Inc. is committed to equal opportunity, social justice, cultural diversity and social inclusion in community based palliative care. We recognise the value of diversity amongst staff and clients and we aim to create an inclusive work and health care environment free from discrimination and harassment. We also respect that different cultures, rights and practices exist within the community.

MASSAGE THERAPIST

Massage is a component of therapy program of Eastern Palliative Care.

The Massage Therapist provides therapy to clients and their carers within an interdisciplinary team model reporting to the Family Support Consultant for all client-related responsibilities and program development issues.

Clinical supervision will be provided by the Family Support Consultant.

Essential Education Qualifications/Competencies:

- Diploma of Remedial Massage Therapy from an accredited training organisation
- Minimum of two years postgraduate experience in massage therapy
- Membership of a relevant professional body
- Well-developed interpersonal and written communication skills
- Current Victorian driver's licence, good driving record and willingness to use own vehicle in line with EPC Process Map 1761 – Motor Vehicle Use Of

Desirable Qualifications/Competencies:

- Ability to work with a high level of independence and autonomy
- High-level organisation and time management skills
- Previous experience in palliative care or community health setting
- Familiarity with common computer applications

Key Results Areas:

1. Demonstrates a commitment to quality, continuous improvement, occupational health & safety and risk management.
2. Demonstrates the ability to provide massage therapy, which includes assessment, planning and evaluation to meet the needs of clients.

POSITION DESCRIPTION

Position Title:	MASSAGE THERAPIST		
Industrial Instrument:	Eastern Palliative Care Assoc Inc & Social & Community Services Employees Enterprise Agreement 2009 - 2012	Department:	Allied Health
Responsible To:	Family Support Consultant for daily operational matters and Senior Massage Therapist for discipline specific matters	Hours of Duty:	As per contract
Performance Appraisal:	Regularly during the first six months and then annually at the anniversary of commencement		Page 2 of 3

3. Provides massage interventions in line with palliative care, complementary therapy and interdisciplinary practices.
4. Demonstrates the ability to work collaboratively as a team member and shows commitment to organisational goals.
5. Utilises culturally appropriate intervention strategies for Culturally and Linguistically Diverse clients (CALD).
6. Demonstrates effective and efficient management of clinical and non-clinical workload to meet organisational requirements.

Key Result Area 1	Demonstrates a commitment to quality, continuous improvement, occupational health and safety and risk management
Key Result Indicators	<ol style="list-style-type: none"> 1.1 Take responsibility for own health and safety and that of others who may be affected by workplace conduct. 1.2 Ensure that all hazardous conditions, injuries and near misses are reported immediately to the Quality Governance & Risk Management Coordinator. 1.3 Participate in meetings, training and other health and safety activities as deemed necessary by Eastern Palliative Care. 1.4 Demonstrated ability to foster and collaborate in the development and achievement of best practice and quality processes.
Key Result Area 2	Demonstrates the ability to provide massage therapy, which includes assessment, planning and evaluation to meet the needs of clients
Key Result Indicators	<ol style="list-style-type: none"> 2.1 Conducts massage therapy assessment within accepted time frame. 2.2 Establishes rapport with clients and families. 2.3 Assists clients in setting realistic goals and therapy plans. 2.4 Conducts massage interventions within the organisational guidelines and evaluates therapy outcomes. 2.5 Provides client and carer/family education as appropriate.
Key Result Area 3	Provides massage interventions in line with palliative care, complementary therapy and interdisciplinary practices
Key Result Indicators	<ol style="list-style-type: none"> 3.1 Incorporates a range of massage techniques to maximise opportunities for effective and appropriate therapy in palliative care and bereavement. 3.2 Provides opportunities for clients to explore complementary therapies to improve their feeling of wellbeing. 3.3 Participates and contributes to the interdisciplinary client review meetings. 3.4 Evaluates and reports on therapeutic interventions and practices. 3.5 Recognises opportunities for quality improvement initiatives and participates in quality improvement activities. 3.6 Demonstrates ability to work within the boundaries of the massage therapist role.
Key Result Area 4	Demonstrates the ability to work collaboratively as a team member and shows commitment to organisational goals
Key Result Indicators	<ol style="list-style-type: none"> 4.1 Understands and operates within professional boundaries. 4.2 Demonstrates ability to respond appropriately to colleagues and to provide support and feedback on an informal basis. 4.3 Participates in the education and orientation of new staff. 4.4 Positively contributes to the maintenance of an environment that promotes personal integrity,

POSITION DESCRIPTION

Position Title:	MASSAGE THERAPIST		
Industrial Instrument:	Eastern Palliative Care Assoc Inc & Social & Community Services Employees Enterprise Agreement 2009 - 2012	Department:	Allied Health
Responsible To:	Family Support Consultant for daily operational matters and Senior Massage Therapist for discipline specific matters	Hours of Duty:	As per contract
Performance Appraisal:	Regularly during the first six months and then annually at the anniversary of commencement		Page 3 of 3

	<p>respect, safety and security for all individuals within the Team and the wider organisation.</p> <p>4.5 Accepts responsibility for developing and maintaining collaborative communication with colleagues.</p> <p>4.6 Implements strategies for conflict management in an appropriate and timely manner.</p> <p>4.7 Actively supports the EPC Quality process by identifying quality improvement opportunities and participating in Quality activities.</p>
Key Result Area 5	Utilise culturally appropriate intervention strategies for Culturally and Linguistically Diverse clients (CALD)
Key Result Indicators	<p>5.1 Demonstrates a positive regard for all cultures.</p> <p>5.2 Responds to others in a non-judgmental and non-evaluating manner.</p> <p>5.3 Demonstrates awareness of the relationship between culture and health and the relationship between cultural behaviours and health beliefs.</p> <p>5.4 Demonstrates knowledge of culturally appropriate resources and how to access them, including use of interpreter services.</p> <p>5.5 Demonstrates the ability to adapt massage procedures to meet specific cultural needs as appropriate.</p>
Key Result Area 6	Demonstrates effective and efficient management of clinical and non-clinical workload to meet organisational requirements
Key Result Indicators	<p>6.1 Able to prioritise and manage clinical workload to meet key performance indicators.</p> <p>6.2 Demonstrates the ability to document client records in a professional manner that protects confidentiality and meets statistical reporting requirements.</p> <p>6.3 Able to review own performance, identify learning needs and access opportunities for development.</p> <p>6.4 Actively participates in supporting internal and external committees.</p> <p>6.5 Contributes to the regular revision of written resource material for clients.</p> <p>6.6 Accepts responsibilities for assisting with massage therapy education and program development.</p>

Agreement:	I have read, understood and agree to comply with this job description.	
	Name:	
	Signature:	
	Date:	

Date Reviewed: February 2013
Date Ratified: 15th December 2004



Listed 20 Feb 2017
Advertiser: Inspiring Possibilities

Paediatric Occupational Therapists

- **Work alongside a team of experienced OTs and Speech Pathologists**
- **Ongoing support, mentoring, clinical supervision and professional development**
- **Flexible and supportive work environment and culture**

About us

Inspiring Possibilities is a multi-disciplinary team of occupational therapists and speech pathologists with practices located in both Sydney and Melbourne. We are specialists in paediatric care and aim to provide the best possible support to children through our services.

As we have just recently registered with NDIS and expect further expansion within the next 12 months, we are currently seeking passionate Paediatric Occupational Therapists to join our team.

About the role

As a **Paediatric Occupational Therapist**, you will be responsible for providing assessments and interventions to children ranging between 2-12 years of age with a wide range of developmental conditions.

You will work with children in homes, schools, kindergartens, and clinics in all regions of Melbourne and outer suburbs, as well as throughout Victoria (including South-West and Western regions).

About you

- Proven track record in working with a general paediatric caseload
- Previous experience with children with Autism and Developmental Delays
- Current membership with APRHA, Working with Children and Police Check
- Access to own car and hold current drivers licence
- Patient, self-motivated and adaptable to the needs of each client
- Organised, independent, playful and enthusiastic personality
- Passion for supporting and empowering families of children with special needs

Benefits & Culture

- Significant flexibility and independence in your work arrangements and workload
- Reduced administrative tasks so you can concentrate on providing care to clients
- Clinical notes can be electronically performed and accessed from anywhere

How to apply

To apply, please send your cover letter and CV to
reception@inspiringpossibilities.com.au.

Please visit our website for more information at
www.inspiringpossibilities.com.au.

**If you would like an informal chat to discuss the role, please
call Charlie on 0400 825 344. We look forward to making
you an integral part of the team!**



Select Page

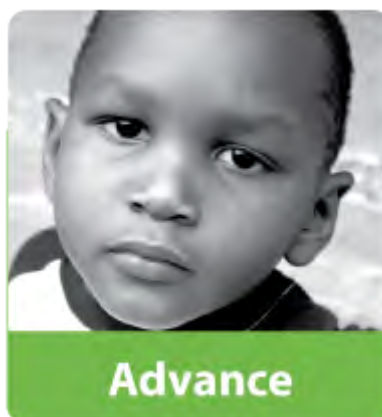


Welcome

Welcome to the Australian Play Therapists Association (APTA). Play Therapy is a well researched and effective form of psychotherapy/counselling for a wide range of childhood emotional, behavioural, social and psychological difficulties. The Australian Play Therapists Association (APTA) is Australia's Peak Professional Play Therapy Association. It is a registered Not for Profit Association.

Our Mission

The Australian Play Therapists Association (APTA) aims to advance and promote the interests and standards of Play Therapy and Play Therapists in Australia through promoting the value and benefits of Play Therapy for children and others. APTA is unique in Australia in that clinical members and APTA Registered Play Therapists are already qualified mental health professionals, who have completed specialised training in play therapy.





Discover the benefits of
becoming a member of APTA

[Full Details](#)

APTA Approved Clinical
Supervisors

Coming Soon



[Home](#) [About Child Life Therapy](#) [About ACLTA](#) [Membership Portal](#) [News and Events](#)

[Useful Links](#) [Contact Us](#)

[Home](#) › [About Child Life Therapy](#) › [Switching Titles to Child Life Therapist](#)

Switching Titles to Child Life Therapist

In June 2014, thanks to the generous support of Australian children’s cancer charity Camp Quality, ACLTA (then AAHPS, Australian Association of Hospital Play Specialists) held a Strategic Forum on Hospital Play in Australia. Representatives from all states and territories (except NT), and from a range of child life therapy services (Children’s Hospitals, sole practitioners, private practice) came together to set the course for the Association, and profession, in the coming years. One of the agreements of the Forum, which was later passed by ACLTA Member Vote, was to unify professional and association titles.



Up until this point, there had been many titles to describe the role across Australia – including play therapist, educational play therapist, hospital play specialist, and play coordinator. This led to confusion and difficulty in evolving the profession.



‘Child Life’ is the professional title used throughout USA, Canada and many other countries. It is internationally recognized and associated with the growing body of evidence demonstrating the efficacy and benefits of therapeutic play and psychological preparation for children in healthcare. By aligning with the professional title of **Child Life Therapist** (and collectively as the **Association of Child Life Therapists Australia**), we recognise the full scope of our evidence-based practice, and provide an opportunity to strengthen our identity.

The Association declared its “Switchover Date” for this title change was as of **17 November 2014**.

ACLTA understands it may take time for services and professionals to change their titles at individual healthcare facilities. We encourage ACLTA Members particularly to show leadership in this process, and create opportunities for discussion about the title change – whether that be between child life therapists, Hospital Executives, Allied Health and Nurse Unit Managers, team leaders, other healthcare professionals, and the

children and families we serve.

Resources

In order to assist with these discussions, the Executive have compiled some resources that may assist in these discussions and changes. Some of these are listed below, however please also refer to the [Recommended Frameworks](#) page and [Association Documents](#) page.

- [Advice of Title Change Letter](#) (PDF 383K) from AAHPS/ACLTA Chairperson, Michelle Perrin
- [Photo/image on AAHPS-ACLTA Name Change](#) (for sharing with teams and other professionals!)
- Infographic on [Benchmarking of Child Life Therapy Services in Australia, 2014](#). Please note: If a detailed benchmarking report, specific to your site, would be helpful please email our Membership Coordinator at membership@childlife.org.au.
- Download the ACLTA Framework: [Scope of Practice for Child Life Therapists in Australia](#) (including Assistant, Practitioner, Senior Practitioner and Manager levels). This may assist in redrafting/creating position descriptions at facilities, so they are in unison with other child life therapy positions across the country.
- Download the recent American Academy of Paediatrics statement on the importance of child life therapy: [2014 Policy Statement on Child Life Services](#)
- Read the [American Child Life Council's Evidence-Based Practice Statements](#). While ACLTA did not create these documents, these Statements make clear “why we do what we do” as Child Life Therapists (and may be helpful for showing others why we are aligning with a title that is used in the USA/Canada).
- Download and distribute ACLTA's free, printable flyer about our profession, entitled [Child Life Therapists in Australia](#) (PDF 432K).

Need guidance and support? Contact the ACLTA Executive via the [Contact Us](#) form on this website (or send an email to email@childlife.org.au) to be put in touch with your State/Territory Representative.



92. Replacement Positions

92.1 Subclause 92.2 below applies to the following Health Services only:

Alexandra District Hospital	Mildura Base Hospital
Bairnsdale Regional Health Service	Omeo District Health
Ballarat Health Services	Rochester & Elmore District Health Service
Barwon Health	Rural Northwest Health
Bendigo Health Care Group	St. Vincent's (Hospital) Melbourne Limited.
Echuca Regional Health	Swan Hill District Health
Hepburn Health Service	Tallangatta Health Services
Hesse Rural Health Service	Upper Murray Health & Community Services
Inglewood & District Health Service	Western District Health Service (including Coleraine District Health Service)
Kerang District Health	West Gippsland Health Care; and
Kilmore & District Hospital	Wimmera Health Care Group
Kyabram and District Health Service	Yarram & District Health Service
Mallee Track Health & Community Service	Yarrawonga District Health Service
Maryborough District Health Service	

92.2 Every endeavour will be made to appoint to a position that falls vacant on the basis of prolonged leave, within eight weeks of the vacation of the position.

93. Reserved Matters

93.1 The Employer (and its representative) and the Union will agree by 4 August 2017 on a Health Promotion classification structure that will apply to Employees.

93.2 It is intended that the agreed classification structure will be an integrated structure.

93.3 The integrated structure will be implemented in an agreement that replaces this Agreement or as otherwise agreed.

Position Description

Position Title:	Advanced Clinical Coder
Department/Unit:	Clinical Coding Service, Health Information Service
Division:	Information Management Division
Grade:	A04
Reports To:	Manager Clinical Coding Service

Position Purpose

To assign accurate and timely clinical codes to patient episodes of care through analysis of patient record documentation using the appropriate version of the International Statistical Classification of Diseases and Related Health Problems, Australian Modification (ICD-10-AM) applying Australian Coding Standards and relevant State Coding Authority advice.

This position is acknowledged as having developed high level clinical coding skills, knowledge and abilities through on-the-job experience. The position is required to undertake additional duties in relation to clinical coding, quality and data management.

Key Accountabilities

1. Live and perpetuate the Mercy mission and demonstrate the values of the Mater originating from the Congregation of the Sisters of Mercy.
2. Clinical coding – abstract and verify relevant information in the health record; assign accurate ICD-10-AM codes and perform DRG grouping according to Australian Coding Standards, State Coding Authority, NCCC, Qld Coding Committee and legislative guidelines within designated timeframes.
3. As part of the coding process, complete Queensland Cancer Registry notifications and collect/flag clinical indicator and audit data.
4. Utilise the 3M Codefinder software, relevant patient information systems and related pathology and associated databases to assist in verification and allocation of clinical codes.
5. Liaise with Clinicians to clarify documentation in the health record to assist in timely and accurate assignment of codes and participate in regular coder-clinician communication strategies.
6. Initiate, participate in and contribute to quality improvement and education activities and initiatives.
7. Demonstrate the competencies associated with the Advanced Clinical Coder level of the Mater Clinical Coder Competency Framework.
8. Report on any Workplace Health and Safety issues within the workplace and act in a manner congruent with the maintenance of a safe and harmonious workplace.

Mandatory Requirements

Successful completion of approved medical terminology and clinical coding qualifications.

Professional & Personal Attributes

1. Demonstrated willingness to commit to the mission, philosophy and values of the Congregation of the Sisters of Mercy.
2. A high level of disease and procedure knowledge, and excellent knowledge of the Australian Coding Standards and local, state and national coding guidelines and rulings.
3. Demonstrated extensive experience in clinical coding within a hospital environment using ICD-10-AM and a high level understanding of inpatient Casemix principles as they relate to inpatient funding. Demonstrated experience in coding a variety of clinical specialities and/or across both public and private sectors is desirable. Expert coding ability and knowledge in at least one clinical specialty is required.
4. Proven coding accuracy that demonstrates consistent coding quality of 95% DRG accuracy, 95% Principle Diagnosis accuracy and 90% Additional Diagnosis and Procedure accuracy.
5. Demonstrated high level interpersonal, communication and negotiation skills in order to liaise effectively with clinicians, hospital staff and colleagues.
6. Demonstrated time management and organisation skills, including the ability to organise and prioritise tasks to meet deadlines and evidence of consistently producing acceptable levels of coding productivity.
7. Proven ability to function as a team member, maintain confidentiality, work with minimal supervision and be flexible.
8. Demonstrated ability to use hospital information systems, 3M Codefinder, Microsoft Office Word and Excel applications.
9. Demonstrated understanding of the principles of workplace health and safety, equal employment opportunities and anti-discrimination as they relate to the workplace

Position Description

Clinical Coder

The employee will undertake their role in a manner that demonstrates commitment to Ramsay Health Care and its values.

The Ramsay Way

We are caring, progressive, enjoy our work and use a positive spirit to succeed We take pride in our achievements and actively seek new ways of doing things better We value integrity, credibility and respect for the individual

We build constructive relationships to achieve positive outcomes for all

We believe that success comes through recognizing and encouraging the value of people and teams

We aim to grow our business while maintaining sustainable levels of profitability, providing a basis for stakeholder loyalty

Position Title: Clinical Coder

Unit / Department: Health Information Services

Reports to: Health Information Services Manager

Position Summary: The Clinical Coder is responsible for ensuring abstraction and assignment of inpatient episodes is complete, timely and accurate. The diagnosis and procedure codes for inpatient episodes of care are assigned in accordance with most current *The International Statistical Classification of Diseases and Related Health Problems, Australian Modification (ICD- AM)*, *The Australian Classification of Health Interventions (ACHI)*, *Australian Coding Standards* and Department of Health, Western Australia guidelines.

Qualifications / Key Selection Criteria

Essential

- Minimum 1 year of clinical coding experience in a tertiary or secondary hospital
- Completed a Health Information Management Association of Australia (HIMAA) Intermediate Clinical Coding course or equivalent
- Sound knowledge and understanding of health fund contracts
- Strong understanding of casemix and Diagnosis Related Groups (DRG)
- Demonstrated good understanding of anatomy, physiology, diseases and/or pathological processes
- Ability to work effectively independently and within a team environment
- Demonstrated sound computer skills using the MS Office Suite
- Demonstrated commitment to quality improvement activities and excellence in customer service

Desirable	<ul style="list-style-type: none"> • Membership of, or eligible for membership with the Clinical Coding Society of Australia • Previous private hospital experience • Demonstrated proficient and effective written and verbal skills • Excellent time management and organisational skills
------------------	---

Behavioural Attributes

Professionalism	<ul style="list-style-type: none"> • Demonstrate honesty, integrity and ethics in the workplace
------------------------	--

Team Building	<ul style="list-style-type: none"> • Work collaboratively and cooperatively with all members of the team to achieve service delivery excellence
----------------------	--

Communication	<ul style="list-style-type: none"> • Demonstrate sound communication skills both written and verbal to internal and external customers
----------------------	---

Key Performance Criteria

Element	Criteria
Personal & Professional Development	<ul style="list-style-type: none"> • Act in a professional manner at all times when dealing with internal and external customers • Promote the Hospital in a positive manner both internally and externally • Be aware and abide by the Australian Coding Standards for Ethical Coding • Abstract and assign complete and accurate diagnosis and procedure codes according to current standards and practice including: <ul style="list-style-type: none"> - <i>The International Statistical Classification of Diseases and Related Health Problems, Australian Modification (ICD- AM)</i> - <i>The Australian Classification of Health Interventions (ACHI)</i> - <i>Australian Coding Standards</i> - Department of Health Western Australia guidelines • Demonstrate a good work ethic that includes punctuality, integrity, respect for others and a commitment to professional practice • Effectively follow-up documentation and reports that are absent from the health record • Effectively liaise with the Finance Department regarding ICD codes and/or DRGs required for the timely handling of accounts and requests • Complete coding on the ward for the timely handling of accounts • Attend all mandatory training sessions provided by the organisation and be actively involved in other training and development as required • Adhere to the Ramsay Code of Conduct • Adhere to the Ramsay Health Care Confidentiality, Privacy and Intellectual Property Policy and relevant Hospital Policy • Perform other duties as requested by the Manager

Measurable Outcomes:

1. > 98% DRG accuracy for internal and external audits
2. Clinical Coding output variable
3. 100% participation in external Clinical Coding audits by health funds and agencies and internal audits
4. 100% accuracy in identifying and resolving statistical discharges
5. 100% active participation in coding on the wards
6. All Type C exclusions identified and reported to the Manager
7. Clinical coding queries addressed promptly and succinctly with the appropriate department or staff
8. Actively participate in monthly Clinical Coding peer review sessions

Customer Service

- Treat all customers with respect and equality
- Recognise and tolerate individual differences in others including gender, sexual preferences, age, disability and culture in line with Ramsay Health Care Workplace Diversity Guidelines
- Ensure unauthorised persons do not gain access to patient information
- Answer queries promptly and courteously

- Dress and personal presentation reflect the requirements of the Hollywood Private Hospital Dress Standards and Grooming Policy

Measurable Outcomes:

9. Report any incidents of unauthorised access to patient information
 10. 100% compliance of wearing of Corporate uniform in its entirety
-

Teamwork & Communication

- Demonstrate the ability to effectively work independently and within a team environment
- Assist new members of staff to effectively perform their role including orienting and assisting them to support skill and knowledge acquisition
- Demonstrate sound communication skills both written and verbal
- Resolve workplace conflict in a professional manner through the correct organisational processes
- Actively participate in whole of Department quarterly meetings and fortnightly Clinical Coding specific meetings

Measurable Outcomes:

11. >80% attendance record in Department and Clinical Coding meetings
-

Continuous Improvement

- Promote best practice in line with Ramsay Health Care, Hospital and Department policies and procedures
 - Actively participate in quality projects undertaken at Hospital and Department levels
 - Actively support quality programs involving State health services, accreditation and other regulatory bodies
-

Measurable Outcomes:

12. Identify areas for improvement in Clinical Coding and develop quality improvement plans to address these areas
 13. Complete Hospital Morbidity Data System (HMDS) clinical coding edits within 2 days of assignment by the Health Information Services Manager or appointed person
 14. 100% accuracy in assignment of codes and service type
 15. Identifies and reports any Hospital and Department policies and/or procedures which require review and/or amendment
-
-

Risk Minimisation

- Attend facility workplace health and safety training including orientation and annual mandatory training sessions; manual handling and emergency procedures in line with legislative requirements
- Participate in and contribute to health and safety to ensure a safe work environment for team members, internal and external customers
- Report incidents and hazards utilising the Hospital's reporting procedures and mechanisms

Measurable Outcomes:

16. 100% completion of annual mandatory e-learning modules prior to or by the due date
 17. Incidents and hazards reported promptly using the Hospital's procedures and mechanisms
-
-

Employee Name: _____

Signature: _____

Date: _____

1. THE ORGANISATION AND OUR MISSION

St Vincent's Hospital Melbourne (SVHM) is a leading teaching, research and tertiary health service, which employs more than 5,000 staff across 18 sites throughout Melbourne.

Part of Australia's largest not-for-profit Catholic health and aged care network, St Vincent's Health Australia, SVHM provides a diverse range of adult clinical services including acute medical and surgical services, sub-acute care, medical diagnostics, rehabilitation, allied health, mental health, palliative care, correctional health and community residential care.

SVHM's mission is to provide high quality and efficient health services to the people of Victoria in accordance with the philosophy of St Vincent's Health Australia. This mission is based on the values of compassion, justice, integrity and excellence.

2. KEY POSITION DETAILS

Job Title:	Health Information Manager/Clinical Coder	Reports to:	Manager, Health Information Services
Program:	Business Analysis & Reporting	Department:	Health Information Services
Industrial Agreement:	Victorian Public Health Sector (Health Professionals, Health & Allied Services, Managers & Administrative Officers) Enterprise Agreement 2011-2015	Classification:	Dependant on qualification

3. LOCAL WORK ENVIRONMENT

This position works within the Health Information Services department alongside 15 other Health Information Managers & Clinical Coders. St Vincent's utilise a scanned medical record (InfoMedix) and coding is performed from the scanned medical record. Our internal coding deadline is 9 working days post end of month. We have monthly coding meetings which include education/presentations etc. from other departments. The option to work some hours from home is offered to our experienced staff. We have coding auditors & educators within our team and a comprehensive training program is undertaken for all new staff.

4. POSITION PURPOSE

To code inpatient episodes in a timely and accurate manner.

5. POSITION DUTIES

- Classification of patient episodes using ICD-10-AM in accordance with NCCH Australian Coding Standards and Victorian Guidelines
- Participation in ensuring the achievement of all internal and external coding reporting deadlines
- Participation in monthly coding meetings and other relevant educational opportunities

6. INCUMBENT OBLIGATIONS

General

- Perform the duties of the position to the best of their ability and to a standard acceptable to SVHM
- Comply with all SVHM policies, procedures, by laws and directions
- Comply with all SVHM requirements, policies, procedures and directions
- Treat others with respect and always behave professionally and in accordance with the SVHM Code of Conduct
- Only access confidential information held by SVHM when this is necessary for business purposes, maintaining the confidentiality of that information once accessed
- Participate in the annual SVHM performance review process
- Display adaptability and flexibility to meet the changing operational needs of the business
- Comply with applicable Enterprise Bargaining Agreement provisions
- Display a willingness to develop self and seek to improve performance

- Maintain skills and knowledge necessary to safely and skilfully undertake duties
- Take personal responsibility for the quality and safety of work performed
- Recognise the relationship between clinical and non-clinical functions in the achievement of optimal safety and quality care
- Take all necessary care and precautions in the performance of duties
- Participate in risk management and continuous quality improvement activities as part of day-to-day work

Health and Safety

- Attend general hospital orientation within 3 months of commencement
- Protect the health and safety of self and others, complying with all health and safety related policies, procedures and directions
- Report incidents and accidents and collaborate with management to resolve safety issues
- Complete required Fire and Emergency Training annually
- Complete required Workplace Culture and Equity Training annually

7. INCUMBENT CAPABILITY REQUIREMENTS (Level 2)

The incumbent of this position will be expected to possess the following core capabilities:

Capability		Demonstrated behaviour
Personal	Personal effectiveness	Takes responsibility for accurate, timely work results
	Learning Agility	Identifies personal development needs and seeks information from a range of sources
Outcomes	Patient/Resident/client centred	Strives to meet and exceed expectations, demonstrating sound judgement
	Innovation and Improvement	Contributes to improvement by reviewing strengths and weaknesses of current processes
Strategy	Driving Results	Manages own work load to deliver results
	Organisational Acumen	Understands the interdependencies between units/departments
People	Working with and Managing others	Takes responsibility for ensuring productive, efficient teamwork
	Collaboration	Works collaboratively within and outside the team

8. SELECTION CRITERIA

- Sound coding skills & knowledge of the Australian Coding Standards
- Understanding of the Victorian Casemix funding model

8.1 ESSENTIAL REGISTRATION, LICENSE OR QUALIFICATION REQUIREMENTS

- Australian or New Zealand qualification in Health Information Management or Clinical Coding
- Eligibility for full membership of the Health Information Management Association of Australia

8.2 OTHER ESSENTIAL REQUIREMENTS

- Effective communication and organisational skills
- Demonstrated attention to detail
- Knowledge of the Victorian Casemix funding model
- Ability to achieve targets and deadlines
- Demonstrated ability to learn and understand new systems

8.3 OTHER NON ESSENTIAL REQUIREMENTS

- 2 years of coding experience relevant to St Vincent's casemix
- Proficient in the use of Microsoft packages (Word, Excel, Access, PowerPoint etc.)

9. PRE-EXISTING INJURY

Prior to any person being appointed to this position it will be required that they disclose full details of any pre-existing injuries or disease that might be affected by employment in this position.

10. AGREEMENT

General:

I have read, understood and agree to comply with the responsibilities and accountabilities of this position description. I agree to comply with all SVHM requirements, policies, procedures, by laws and directions.

National Police Check:

I understand that it is a condition of my employment to provide SVHM with a current National Police Certificate PRIOR TO COMMENCING WORK and this is at my own cost.

I understand that regardless of the frequency, if I am working and or visiting in a designated 'high risk area' of SVHM (as defined in the SVHA Pre-employment/Appointment Safety Checks Policy) I will be subject to periodic Police Checks every three years at my own cost.

Name: _____

Signature: _____

Date: _____



position description

position title:	Health Information Manager/Clinical Coder
portfolio/service:	The Royal Melbourne Hospital
location:	Health Information Services
reports to:	Coding Manager
award:	Health Professionals
classification:	Health Information Manager Grade 2 Year 5
date:	2015

Melbourne Health is Victoria's second largest public health service. We provide comprehensive acute, sub-acute, general, specialist medical and mental health services through both inpatient and community based facilities through the following services: The Royal Melbourne Hospital – City Campus, The Royal Melbourne Hospital – Royal Park Campus, North Western Mental Health, North West Dialysis Service and Victorian Infectious Diseases Reference Laboratory.

Melbourne Health provides services to the culturally and linguistically diverse communities of northern and western metropolitan Melbourne, as well as providing general and specialist services to regional and rural Victorians as a tertiary referral service.

Melbourne Health employs over 8,900 staff across our services and manages over 1,400 beds. Melbourne Health provides one of the two adult major trauma services to the state of Victoria.

In 2011-2012, Melbourne Health provided 100,998 episodes of care to patients. There were 71,075 emergency presentations, 32,266 elective patients admitted and 456,456 outpatient appointments made.

Our Strategic Directions 2010 – 2015 is underpinned by our organisational values and behaviours 'passion for caring – Achieving the Extraordinary' and incorporates five key goals: Develop our Workforce, Improve the Quality & Safety of Services, Develop and encourage Strategic Relationships, Foster a Culture of Research and Innovation; and Build a Sustainable Organisation.

Further information on Melbourne Health is available at www.mh.org.au.

Melbourne Health's Vision

Passion for Caring – Achieving the Extraordinary

Our Mission

Melbourne Health's mission is to provide World class healthcare for our community. We will embrace discovery and learning, build collaborative relationships and engage our patients in their care.

Our Goals

Supporting us to achieve, guiding our direction.

- Develop our workforce
- Improve quality and safety of our services

- Develop and encourage strategic relationships
- Foster a culture of research and innovation
- Build a sustainable organisation

Securing the health of our communities through research and innovation, to deliver effective services and educate future generations.

Melbourne Health's Values

- **Respect** for the dignity, beliefs and abilities of every individual
- **Caring** and Compassion
- **Integrity** by being open honest and fair
- **Unity** as a team and in embracing our communities
- **Discovery** through passion for innovation

Melbourne Health's behaviours can be viewed on our [website](#).

At Melbourne Health our employees provide person-centred care which ensures:

- Patients and family/carers are treated with respect
- Effective communication occurs with patients and family/carers about all aspects of their care
- Patients receive timely care

Occupational Health & Wellbeing

Melbourne Health endeavours to provide a working environment for its employees that is safe and without risk to health. Employees are required to:

- Take reasonable care for their own safety and that of anyone else who could be affected by their actions;
- Responsible for ensuring the implementation of health and safety policies and procedures; and
- Fully co-operate with MH in any action it considers necessary to maintain a working environment which is safe and without risk to health.

Melbourne Health is an equal opportunity employer and is committed to providing for its employees a work environment which is free of harassment or discrimination.

MH promotes cultural diversity and awareness in the workplace

Melbourne Health reserves the right to modify position descriptions as required. Staff will be consulted when this occurs.

Melbourne Health is a smoke free environment.

Position Summary for Health Information Manager/Clinical Coder

Role Summary:

- ICD Coding and Grouping
- Coding and Casemix audits
- Casemix education to Clinical Staff
- Casemix related activities
- Other duties as required by Coding Manager

Strategic Goals influencing key result areas

○ Develop our Workforce

Melbourne Health acknowledges that it is our people who make us a truly great organisation and that strong and effective leadership engages, unites and motivates staff. Investing in our workforce and providing them with a supportive environment, the necessary skills for them to confidently do their job and a culture where they can excel and feel valued creates a workplace of choice. It also enables us to attract and retain the most talented and brightest people.

Major Accountabilities for this position that relate to the above strategic goal are:

- Coding of inpatient episodes, using ICD-10-AM classification in accordance with Australian and Victorian Coding Standards, meeting standards set by the Coding Manager.
- Achievement of internal and external coding deadlines. Assist in completion of outstanding diagnosis coding as a priority.
- Data entry of codes onto Patient Administration System.
- Completion of cancer registry, where necessary.

○ Improve the Quality and Safety of our Services

Melbourne Health strives to continuously improve the quality and safety of our services and actively involve and inform patients and their carers in the healthcare they receive. This allows us to deliver the best care for our community.

Major Accountabilities for this position that relate to the above strategic goal are:

- Adherence to State and National Coding Standards and practice.
- Adherence to Australian standards for ethical coding.
- Attendance at, and participation in HIS Coding Meetings
- Respond to requests for coded information as required.

○ Develop and encourage Strategic Relationships

Our relationships with our key partners in health, research, education and foremost with our community are crucial to achieving our mission to deliver world class care. Continuing to develop and encourage these strategic relationships is a key priority for Melbourne Health.

Major Accountabilities for this position that relate to the above strategic goal are:

- Liaison with Unit Heads regarding medical documentation; deficiencies and impact on coding and case mix.
- Prepare and present relevant educational material
- Attend Clinical Unit Meetings as required
- Participate in Intern Orientation where required

○ **Foster a culture of Research and Innovation**

Melbourne Health's strong commitment to research and innovation is underpinned by our value of 'discovery' and a legacy of experience, determination and challenging the expected. Fostering a culture that strives for continuous improvement underpins our mission to deliver world class care for our community. At any one time there are at least 600 active research projects underway at Melbourne Health, across all disciplines with multi-disciplinary collaboration fostered and encouraged.

Major Accountabilities for this position that relate to the above strategic goal are:

- Undertake special projects directly related to coding, as required
- Assist other Health Information Services staff with queries and problems, as necessary.
- Complete ad-hoc projects as directed by the Coding Manager
- Attendance at meetings relevant to any coding/casemix analysis being undertaken
- Other duties as requested by the Director, Health Information Services.

○ **Build a Sustainable Organisation**

Building a sustainable organisation provides the foundation for Melbourne Health's continued ability to deliver on our vision and mission and encourages us to look to the future in our day to day business.

Major Accountabilities for this position that relate to the above strategic goal are:

- Check and verify each DRG assigned at the time of coding.
- Participation in regular and adhoc meetings with clinical units regarding casemix, coding and documentation issues.
- Respond to requests for casemix information; preparation of casemix reports and summaries, as required.
- Provide and analyse Coding and DRG information as required
- Update Coding Audit Database as required
- Conduct scheduled Unit meeting with Clinical Staff
- Report on audit results.

Knowledge & Experience required to fulfil this position

- Essential:
 - Bachelor of Health Information Management, Bachelor of Applied Science (HIM) or Diploma of Medical Record Administration or Completion of recognised Clinical coding course
 - Eligible for membership of the Health Information Association of Australia (HIMAA)
 - Demonstrated experience coding moderate to complex inpatient episodes using ICD 10 AM
 - Sound knowledge of Australian and Victorian Coding Standards
 - Thorough understanding of the Victorian Admitted Episodes Dataset and the Policy and funding guidelines
 - Excellent communication skills, written and verbal
 - Strong interpersonal skills

- Desirable:
 - Previous tertiary hospital experience

I acknowledge and accept that this position description represents the duties, responsibilities and accountabilities that are expected of me in my employment in the position.

..... /...../2015
Employee Signature

.....
Employee Name (*please print*)



Position Description

ALL CALVARY SERVICES

Version:1

Position Title:	Clinical Coder		
Position Number:		Cost Centre:	Q1511
Site/Facility:	Calvary John James Hospital		
Department:	Health Information Services Department		
Enterprise Agreement	Health Professionals & Support Services		
Classification:	Clinical Coder Level 1-6		
Reports To:	Health Information Services Manager		
Date of Preparation:		Date Updated:	15/02/17

Primary Purpose

The Clinical coder is responsible for accurate assignment of codes to inpatient episodes using International Classification of Diseases 10th edition Australian Modification (ICD-10-AM) and Australian Classification of Health Interventions (ACHI).

Organizational Environment

At Calvary, our vision as a Catholic Health, Community and Aged Care provider, to excel, and be recognised, as a continuing source of healing, hope and nurturing to the people and communities we serve.

Our Services include public and private hospital care, acute and sub-acute care, home care services and Retirement and aged care services, in both rural and metropolitan areas.

Accountabilities and Key Result Areas

Communication:

- Excellent communication and interpersonal skills including demonstrated experience in liaising with a wide range of internal and external clients.

People and Culture:

- Demonstrated experience and understanding of the need for continuation of both personal and professional development.
- Developing a work culture that encourages & supports risk identification & management
- Work in accordance with the mission and vision of Calvary and actively participate in developing a culture that promotes Calvary's values of healing, hospitality, stewardship and respect.

Service Development & Performance:

- Commitment to ensuring quality services are delivered to both internal & external clients through continuous improvement activities.
- In-depth and up to date knowledge of coding using the current version of ICD-10-AM with a minimum of two years coding experience.
- A thorough knowledge of Australian Coding Standards and a working knowledge of Casemix and AR-DRGs.
- Experience coding in private health sector with in-depth knowledge of Private health funding model

WH&S Responsibilities:

- Take reasonable care of your own health and safety and the health and safety of others in the workplace

Annexure 13

- Comply with relevant Calvary WHS policies, procedures, work instructions and requests
- Report to your supervisor any incident or unsafe conditions which come to your attention
- Observe any additional requirements as outline in Calvary's WHS Responsibilities, Authority and Accountability Table (published on Calvary intranet)
- Commitment to ensuring a safe working environment for both internal & external clients through participation in safety audit programs.

Key Relationships

Internal: Finance, Medical and Nursing staff, Administrative staff

External:

- Health care providers
- Patients

Position Impact

Direct Reports:

- Health Information Services manager

Budget:

Selection Criteria

Essential:

- Successful completion of an approved ICD-10-AM clinical coding course
- Understanding of Diagnosis Related Group classification and case mix
- Ensure all coding queries are brought to the attention of the Health Information manager
- Participate in ongoing coding education, keep abreast of current developments in clinical coding practices implementing current coding practices as directed by Australian Consortium for Classification Development
- Ability to liaise and effectively communicate with health professionals to clarify patient diagnoses and procedures
- Demonstrated attention to detail and proven ability to prioritise tasks
- Ability to manage efficient and effective workflows
- Understanding the importance of maintaining patient confidentiality

Approvals

Job Holder's signature:

Date:

Manager's signature:

Date:



Health

Western Sydney Local Health District

POSITION DESCRIPTION

Reference Number :	313830		
Recruitment Type	Bulk Recruitment		
Position Number :			
Position Title :	Clinical Coder		
Cost Centre :	Cost Centre	Code	%
	BKTN Health Information & Record Service	354485	100
Organisation unit :	Western Sydney Local Health District		
Location :	Blacktown/Mount Druitt		
Facility :	Blacktown Mount Druitt Hospital		
Award Classification :	Health Employees' Administrative Staff (State) Award-Admin Off Lvl 3, Health Employees' Administrative Staff (State) Award-Admin Off Lvl 4, Public Hospital Medical Record Librarians (State) Award-Medical Records Admin		
Registration/ Licence Requirements :	Not Applicable		
Vaccination Category :	B		
Employment Screening Check			
National Criminal Record Check :	Yes		
Working With Children Background Check :	No		
Working With Aged Care Check :	No		
Responsible To :	Clinical Coding Manager, BMDH District Clinical Coding Manager, WSLHD		
Responsible For :	Regular day to day activities including code inpatient episodes of care by analytically examining the content of the medical record (in electronic format) and assigning ICD-10-AM codes to diagnoses and procedures in accordance with the Australian Coding Standards and other relevant coding authorities.		
Purpose Of Position :	Responsible for the accurate and timely coding of inpatient episodes of care. Maintain ethical coding practice and participation in quality activities.		

Key Accountabilities :	1. Code inpatient episodes of care by analytically examining the content of the medical record (in electronic format) and assigning ICD-10-AM codes to diagnoses and procedures in accordance with the Australian Coding Standards and other relevant coding authorities. 2. Ensure coded data is correctly entered into the PAS. 3. Complete cancer registration system. 4. Participate in quality in quality activities, such as coder-clinician sessions and coding audits, to enhance documentation and clinical coding. 5. Monitor the allocation of DRGs during the coding process and via allocation of type changes during the coding process, where applicable and report any discrepancies to the manager. 7. Collect coding activity statistics and ensure that every effort is made to meet local coding benchmarks. 8. Prioritise the clinical coding workload to ensure DVA records are completed within reporting time frames.
	<i>All staff are expected to take reasonable care that their actions do not adversely affect the health and safety of others, that they comply with any reasonable instruction that is given them and with any reasonable policies/procedures relating to health or safety in the workplace, as well as notifying any hazards/risks or incidents to their managers.</i>
Challenges/Problem Solving :	Liaise with clinicians and other relevant professionals to clarify and seek further information regarding coding queries.
Communication :	Promote collaborative professional relationships with other health care professionals.
Decision Making :	During the coding process, the allocation of codes must apply with relevant standards.
Selection Criteria :	<p>Selection Criteria</p> <ol style="list-style-type: none"> 1. Successful completion of a recognised clinical coding qualification or equivalent coding experience. 2. Experience in clinical coding using ICD-10-AM and sound knowledge of current Australian Coding Standards. 3. Demonstrated experience in using computerised systems. 4. Demonstrated good verbal and written communication skills. 5. Demonstrated ability to adapt to change. 6. Demonstrated ability to organise and prioritise own workload. 7. Commitment to working in a team environment. 8. Commitment to continuing professional development and to working in a continuous quality environment.
Staffing :	Nil
Budget :	Nil
Financial Delegation:	Nil

JOB DEMANDS CHECKLIST

Physical Demands	
	Frequency
Sitting - remaining in a seated position to perform tasks	Constant
Standing - remaining standing without moving about to perform tasks	Occasional
Walking - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Occasional
Running - Floor type: even / uneven / slippery, indoors / outdoors, slopes	Not Applicable
Bend/Lean Forward from Waist - Forward bending from the waist to perform tasks	Not Applicable
Trunk Twisting - Turning from the waist while sitting or standing to perform tasks	Occasional
Kneeling - remaining in a kneeling posture to perform tasks	Occasional
Squatting / Crouching - Adopting a squatting or crouching posture to perform tasks	Occasional
Leg / Foot Movement - Use of leg and / or foot to operate machinery	Occasional

Climbing (stairs/ladders) - Ascend / descend stairs, ladders, steps	Occasional
Lifting / Carrying - Light lifting & carrying: 0 - 9 kg	Occasional
Lifting / Carrying - Moderate lifting & carrying: 10 - 15 kg	Not Applicable
Lifting / Carrying - Heavy lifting & carrying: 16kg & above	Not Applicable
Reaching - Arms fully extended forward or raised above shoulder	Occasional
Pushing / Pulling / Restraining - Using force to hold / restrain or move objects toward or away from the body	Frequent
Head / Neck Postures - Holding head in a position other than neutral (facing forward)	Occasional
Hand & Arm Movements - Repetitive movements of hands and arms	Infrequent
Grasping / Fine Manipulation - Gripping, holding, clasping with fingers or hands	Occasional
Work At Heights - Using ladders, footstools, scaffolding, or other objects to perform work	Occasional
Driving - Operating any motor powered vehicle	Occasional
Sensory Demands	
	Frequency
Sight - Use of sight is an integral part of work performance e.g. Viewing of X-Rays, computer screens	Constant
Hearing - Use of hearing is an integral part of work performance e.g. Telephone enquiries	Constant
Smell - Use of smell is an integral part of work performance e.g. Working with chemicals	Not Applicable
Taste - Use of taste is an integral part of work performance e.g. Food preparation	Not Applicable
Touch - Use of touch is an integral part of work performance	Constant
Psychosocial Demands	
	Frequency
Distressed People - e.g. Emergency or grief situations	Not Applicable
Aggressive & Uncooperative People - e.g. drug / alcohol, dementia, mental illness	Not Applicable
Unpredictable People - e.g. Dementia, mental illness, head injuries	Not Applicable
Restraining - involvement in physical containment of patients / clients	Not Applicable
Exposure to Distressing Situations - e.g. Child abuse, viewing dead / mutilated bodies	Not Applicable
Environmental Demands	
	Frequency
Dust - Exposure to atmospheric dust	Occasional
Gases - Working with explosive or flammable gases requiring precautionary measures	Not Applicable
Fumes - Exposure to noxious or toxic fumes	Not Applicable
Liquids - Working with corrosive, toxic or poisonous liquids or chemicals requiring PPE	Not Applicable
Hazardous substances - e.g. Dry chemicals, glues	Not Applicable
Noise - Environmental / background noise necessitates people raise their voice to be heard	Not Applicable
Inadequate Lighting - Risk of trips, falls or eyestrain	Not Applicable
Sunlight - Risk of sunburn exists from spending more than 10 minutes per day in sunlight	Not Applicable
Extreme Temperatures - Environmental temperatures are less than 15C or more than 35C	Not Applicable
Confined Spaces - areas where only one egress (escape route) exists	Occasional
Slippery or Uneven Surfaces - Greasy or wet floor surfaces, ramps, uneven ground	Not Applicable
Inadequate Housekeeping - Obstructions to walkways and work areas cause trips and falls	Occasional
Working At Heights - Ladders / stepladders / scaffolding are required to perform tasks	Occasional
Biological Hazards - e.g. exposure to body fluids, bacteria, infectious diseases	Not Applicable

As the incumbent of this position, I confirm I have read the Position Description and Job Demands Checklist, understand its content and agree to work in accordance with the requirements of the position.

Employee Name: _____

Employee Signature _____ Date: _____

Manager's Name: _____

Manager's Signature _____ Date: _____



Become a Member (/index.php/becoming-a-member)

Being a member of CCSA will give you access to an important peer and support network.

[READ MORE \(/INDEX.PHP/BECOMING-A-MEMBER\)](/INDEX.PHP/BECOMING-A-MEMBER)



Our Mission (/index.php/about/mission-objectives)

The mission of the CCSA is to provide a forum and support for Clinical Coders

[READ MORE \(/INDEX.PHP/ABOUT/MISSION-OBJECTIVES\)](/INDEX.PHP/ABOUT/MISSION-OBJECTIVES)



Members Area (</index.php/members-login>)

Log in to our Members Area to access the Community forum and other Member Resources

[MEMBER'S AREA LOGIN \(/INDEX.PHP/MEMBERS-LOGIN\)](/INDEX.PHP/MEMBERS-LOGIN)

What is the Clinical Coders' Society of Australia?

The Clinical Coders' Society of Australia Inc. (CCSA) was established in 1996.

The CCSA constitution states that the primary objective of the Society is to provide a forum and support for Clinical Coders and those interested in the coding of health care data.

The CCSA aims to provide members with advice and support with:

- workforce and professional issues
- continuing education activities
- coder accreditation

In addition to helping raise the profile of Clinical Coders and to promote the understanding of the value of coded data.

The constitution of the CCSA enables membership to be offered to Clinical Coders, Health Information Managers, and those with an interest in clinical coding.

The CCSA is managed through a Managing Committee comprised of state and territory representatives.

CCSA is proudly supported by



To contact CCSA:



CCSA Membership & Correspondence

93 Kitchener St
Tugun QLD 4224

or your CCSA State or Territory Representative.

[VIEW YOUR LOCAL REPRESENTATIVE \(/INDEX.PHP/ABOUT/MANAGEMENT-COMMITTEE\)](/INDEX.PHP/ABOUT/MANAGEMENT-COMMITTEE)

Become a CCSOFA Member

[JOIN NOW \(/INDEX.PHP/BECOMING-A-MEMBER\)](/INDEX.PHP/BECOMING-A-MEMBER)

[Home \(/index.php\)](/index.php)

[About \(/index.php/about\)](/index.php/about)

[Contact \(/index.php/contact\)](/index.php/contact)

[Becoming a Member \(/index.php/becoming-a-member\)](/index.php/becoming-a-member)

[Mission & Objectives \(/index.php/about/mission-objectives\)](/index.php/about/mission-objectives)

[\(/index.php/about/mission-objectives\)](/index.php/about/mission-objectives) [CCSA Constitution \(/index.php/about/ccsa-constitution\)](/index.php/about/ccsa-constitution)

[Management Committee \(/index.php/about/management-committee\)](/index.php/about/management-committee)

[Code Of Ethics and Practice Standards \(/index.php/about/code-of-ethics-and-practice-standards\)](/index.php/about/code-of-ethics-and-practice-standards)

[Position Statement \(/index.php/about/position-statement\)](/index.php/about/position-statement)

[Newsletter \(/index.php/newsletter\)](/index.php/newsletter)

[Employment \(/index.php/forum/employment\)](/index.php/forum/employment)

[Members login \(/index.php/component/users/?view=login&Itemid=160\)](/index.php/component/users/?view=login&Itemid=160)

HIMAA

Representing Health Information Professionals since 1949

Home AboutUs **Membership** Education Events Conference PD Courses Publications News WorkWeb Store Contact Login

[Home](#)

Individual Membership Categories

Individual Membership Types and descriptions are below.

Full Membership

Australian Residents \$330

Overseas Residents \$385

Individuals who have graduated with a HIMAA-accredited Degree (Undergrad or Masters) from one of the following universities or where previously Full Members of the Medical Records Association of Australia:

- Curtin University
- Higher Colleges of Technology (United Arab Emirates)
- La Trobe University
- Queensland University of Technology
- University of Sydney (Formerly Cumberland College of Health Sciences)
- University of Tasmania*
- Western Sydney University*

*Accreditation pending

Click [HERE](#) to join today

Fellowship of HIMAA

Full Members of HIMAA with at least 7 years of continuous financial membership with the Association who have made a significant contribution to the health information management profession can apply to be recognised by the Board as Fellows of HIMAA. Criteria are detailed in the application form. Fellowship of HIMAA entitles the member to bear the postnominal FHIMAA.

Click [HERE](#) to apply today.

New Graduate Membership

Australian Residents \$165

Overseas Residents \$205

Individuals who have graduated within the past 12 months with a HIMAA-accredited Degree (Undergrad or Masters) from one of the above universities or a HIMAA Approved Program.

Those members who graduated from a HIMAA-accredited University Degree will go onto Full Membership

Those members who graduated from a HIMAA Approved Program will go onto Senior Associate Membership

Click [HERE](#) to join today

Senior Associate Membership

Australian Residents \$285

Overseas Residents \$340

Individuals who are graduates of a HIMAA approved program in clinical coding, health informatics, business, management of information systems/IT or have a minimum of five years senior level experience within the health information industry

Click [HERE](#) to join today

Associate Membership

Australian Residents \$245

Overseas Residents \$295

Individuals working in or associated with the health information/informatics industry and not eligible for Full or Senior Associate Membership, including non-HIM Students

Click [HERE](#) to join today

If you qualify for one of these Membership categories but are retired, on maternity leave, or working less than 15 hours per week, please contact our Membership Officer (at membership@hima.org.au) about Membership at a concessional rate.

Documentation will be required to support your application at the concessional rate.

To enquire about membership categories or concessional membership rates, please contact the HIMAA Membership Officer at membership@hima.org.au or 02 9887 5002.

Copyright © 2016 - Health Information Management Association of Australia Limited - HIMAA - All rights reserved

ABN: 54 008 451 910 - RTO ID: 91660

HIMAA uses www.surveymethods.com for our online survey projects. [SurveyMethods.com Online Survey Software](http://www.surveymethods.com) is a comprehensive survey creation, deployment, and analysis tool. Click here www.surveymethods.com to obtain more information for your educational institution or and non-profit organization.

HIMAA

Representing Health Information Professionals since 1949

Home AboutUs **Membership** Education Events Conference PD Courses Publications News WorkWeb Store Contact Login

[Home](#)

HIMAA's Professional Credentialing Scheme

Credential (Post-Nominal)	Membership Level	Qualification
Certified Health Information Manager (CHIM)	Full Member	HIMAA-accredited HIM degree
Certified Health Information Practitioner (CHIP)	Senior Associate, Associate Member	HIMAA-approved program and/or experience
Certificate of Participation	Non-member	Self-assessed

Credentialing Cycle:	2 years
Credentialing requirement:	150 points in HIMAA's Professional Credentialing Scheme
Credentialing method:	Participant's Diary of Continuing Professional Development
Credential:	Certificate under Company Seal
Submission:	60 days before End Date of current period
Enrolment:	Application with initial Participant's Diary demonstrating 75 points over 12 months
Cost:	\$150 for non-members only* ← introductory discount offer \$100!

* For HIMAA members, participation in the PCS is a complimentary membership service.

Introduction

This Scheme has been available to members since 2007. It is HIMAA's certification of professional standing, and offers HIMAA members the following benefits:

- Demonstration of commitment to professional currency to peers
- Quality assurance of continuing professional development and quality improvement to employers
- Post-nominal privileges:

CHIM (Certified Health Information Manager) for Full Members

CHIP (Certified Health Information Practitioner) for Senior Associate and Associate Members

Because most members come to HIMAA with a qualification – particularly those in the Clinical Coding and HIM occupations of the profession – HIMAA's credentialing scheme focuses more on maintenance of currency of the member's credentials. Members achieve this by demonstrating participation in continuing professional development and quality improvement activity, which they report biennially through submission of a participant's diary.

Participation in the scheme entitles the member to bear the post-nominal **CHIM** (Certified Health Information Manager) for members with a HIMAA-accredited HIM qualification, or **CHIP** (Certified Health Information Practitioner) for members with other related qualifications and/or experience such as HIMAA's clinical coding courses.

In the context of HIMAA's strategic focus on improving the positioning and standing of the profession in the healthcare sector, a working group of the Professional Development Sub-Committee of HIMAA's national Education Committee reviewed the scheme to strengthen its quality assurance value to employers as well as to peers. The revised Scheme was re-launched at the HIMAA NCCCH National Conference in Darwin on 8 October 2014.

What has improved?

We know how busy and time-poor health information management professionals are. So you will find the PCS diary and guidelines now support you by allocating **higher points** for greater educational effectiveness and provide you space to reflect on **quality improvement possibilities** arising from your CPD. By cross-referencing your activities against HIMAA's competency standards, your diary also emphasises the **performance value** to your employer of your participation in the scheme.

The revised Professional Credentialing Scheme is also one employers can use to demonstrate quality assurance to their funders and decision makers.

The Scheme is easy to use. Simply download a copy of the attached **Participant's Diary** [HERE](#) and enter your continuing professional development activities as you undertake them. You can work out how many points to allocate to each activity by consulting the **Point Allocation Guide** [HERE](#).

For a first enrolment, all that is required is 12 months of activity amounting to 75 points. Thereafter, your continuity in the Scheme is through a submission of a fresh diary amounting to 150 points every two years. Each time your completed diary is received and approved, you will receive a fresh Certificate of CHIM or CHIP status for the next two year period. See the **Policies and Procedures** document [HERE](#) for more information.

For Non-Members Too

To add QA value to employers, HIMAA's Professional Credentialing Scheme is now also open to **non-members**. The biennial fee for non-members will be \$150 per biennial PCS cycle. In an **introductory offer**, this fee is discounted to just **\$100.00**. Non-member participants will be issued a Certificate of Participation in recognition of completion of requirements. Application and self-assessment forms for non-members are available [HERE](#) and [HERE](#) respectively.

For HIMAA members, of course, the Professional Credentialing Scheme remains a member benefit and is **complimentary**.

You can be a professional alone, but together we can do so much more. **HIMAA Credentialing – the more who enrol, the stronger the assurance.**

Please submit your Participant's Diary to:

Email: HIMAA's Membership Officer at membership@hima.org.au

Email Subject heading: HIMAA PCS Participant Diary Submission

Fax: +612 9887 5895

Attn: HIMAA Membership Officer

Subject heading: HIMAA PCS Participant Diary Submission

Post: HIMAA Professional Credentialing Scheme

Locked Bag 2045

North Ryde NSW 1670

Copyright © 2016 - Health Information Management Association of Australia Limited - HIMAA - All rights reserved
 ABN: 54 008 451 910 - RTO ID: 91660

HIMAA uses www.surveymethods.com for our online survey projects. SurveyMethods.com Online Survey Software is a comprehensive survey creation, deployment, and analysis tool. Click here www.surveymethods.com to obtain more information for your educational institution or and non-profit organization.

HIMAA

Representing Health Information Professionals since 1949

[Home](#) [AboutUs](#) [Membership](#) [Education](#) [Events](#) [Conference](#) [PD Courses](#) [Publications](#) [News](#) [WorkWeb](#) [Store](#) [Contact](#) [Login](#)

[Home](#)

HIMAA History

The Health Information Management Association of Australia Limited, (HIMAA) began in 1949 as the New South Wales Association of Medical Records Librarians and the Victorian Association of Medical Librarians. In 1955, the Australian Federation of Medical Records Librarians (AFMRL) was established.

The profession continued to grow, which prompted constitutional change. In 1975, the AFMRL became the Medical Record Association of Australia.

In the 1980s, the profession experienced rapid growth. This led to the establishment of a number of specialist undergraduate health information management degrees in several Australian universities.

During the 1990s, the profession flourished, driven by an increasing focus on technology and the growing impact of the profession upon resource allocation decisions in the healthcare sector.

Mindful of the increased importance of the profession, in October 1996, members voted in favour of proposed changes to the Association's constitution. The Association was re-incorporated as a national company - the Health Information Management Association of Australia Limited. Today, employment opportunities for qualified health information managers abound. HIMAA Limited, through its professional membership, and its branch structures, stands at the forefront of health information management in Australia.

Copyright © 2016 - Health Information Management Association of Australia Limited - **HIMAA** - All rights reserved

ABN: 54 008 451 910 - **RTO ID:** 91660

HIMAA uses www.surveymethods.com for our online survey projects. [SurveyMethods.com Online Survey Software](http://www.surveymethods.com) is a comprehensive survey creation, deployment, and analysis tool. Click here www.surveymethods.com to obtain more information for your educational institution or and non-profit organization.