

Minutes, 3 September 2021

**Health Professionals Classification Review
Medical Imaging Out of Session Proposal**

Attendance

CHS: Jo Morris (Chair), Sean McDonnell, Tehlia Vinton (Project Officer/Secretariat); Steven Linton,
ACTHD: Helen Matthews
Unions: Chris Dyer (PA); Andrew Gallagher (HSU)
Medical Imaging Representatives: Leigh Bush (HSU pathology delegate), Samantha Wilson, Rebecca Hamilton
Calvary: Anne-Marie Cassell

1. Apologies

Tim Garret (HSU pathology delegate), Suzanne Smallbane
CMTEDD: Ian Gratton
Unions: Ron Johnson (CPSU)

2. MEDICAL IMAGING HSU MEMBERS PROPOSALS

- The Medical Imaging HSU members proposals response to health professional classification review and for enterprise bargaining was tabled prior to the meeting for attendees to consider and discuss during this meeting.
- It was established that the proposal consisted of issues to be considered through Enterprise Bargaining and issues for the review.
- It was noted that anything regarding remuneration is a matter for bargaining and not inside the scope of the review and therefore should be carried to the Enterprise Bargaining process
- Point 30 in the proposal was discussed (included below for ease of reference):

We propose that criteria for personal upgrade to the MI4 level.

MI4 ADVANCED CLINICIAN/MODALITY

Advancement to this classification is available to an employee in medical imaging who satisfies the following criteria:

1. *Is either:*
 - a. *A Breast Sonographer or MRI Technologist requiring post graduate qualifications or certification from the employer; or*
 - b. *A Medical Imaging Technologist who demonstrates advanced clinical expertise;*
2. *Has 5 years post graduate experience;*
3. *Employer requires at least a Graduate Certificate Qualification or ASMIRT MRI Certification; and*
4. *Is assessed as competent in complex procedures and able to work independently; and*
5. *Demonstrates their ongoing engagement in continuing professional development activities.*

Or

1. *5 years post graduate experience; and*
2. *Demonstrates advanced expertise in their area of specialty. This could include a specific modality, education, research, IT systems or a form of advanced practice; and*
3. *The advanced/specialist expertise is relevant to their area of work.*
4. *Further definition as per work level standard review*

MI4B Employees will be eligible for the postgraduate allowance if they hold a Postgraduate Diploma, Masters or Doctorate Degree in their area of specialty in addition to the qualification making them eligible for this classification. The rate of payment should be as described in the Postgraduate Allowance clause (3.5-5.5% of salary) or MI4.4 (for Masters and Doctorate) or MI4.3 (for Diploma), whichever is the lessor.

- MI advised that they feel that a separate classification structure much like the pharmacy classification structure or radiation therapy structure would best suit their needs. They talked through the proposal of the personal regrade between a level 2 and 3 and 3 and 4 as a vehicle to achieve competency-based progression specific to the MI needs.
- The Medical Imaging representatives spoke about the retention issues experienced between a level 2 and 3 radiographers. The report acknowledges the issues experienced at retaining MRI technicians at this level, though the group highlighted that it is not just MRI technicians.
- The proposal is intended to support the development of career pathways within MI
- Jo Morris noted that there is a concern that this is a significant proposal put forward very late in the process of the HP Review. For there to be adequate consultation on the items listed in the proposal that are relevant to the HP review will set the project closure and endorsement process back.
- When comparing the competency framework to the pharmacy framework that was put forward by Pharmacy aligned to the National Competency hospital pharmacy framework, there is a lack of detailed available for the MI proposal to be adequately considered.
- Sean McDonnell advised that a competency framework for MI is not dependant on the review or Enterprise Bargaining process. Should MI want to explore and put forward a case for competency-based progression, it can be done at any stage throughout the agreement through the correct consultation processes such as the establishment of a working committee.
 - Collaboration of all areas that employ MI - including Calvary Hospital is required put up a proposal of a competency framework
- Steve Linton advised that there is no comparison to Pharmacy for a personal regrade process through the competency framework.
 - Tehlia Vinton advised that having sat on the competency panel on Friday 27 August 2021, the process for approval is intensive and rigorous with a panel consisting of union representation, the relevant level being progressed to and calvary and CHS representatives.
 - It is advised that through the competency framework put forward for MI there is consultation with Pharmacy to seek advice on their framework, lessons learnt etc.
- MI advised that the issue they are experiencing is hard barriers between the levels.
- Helen Mathews left the meeting at 1.04pm due to meeting clash
- Tehlia Vinton made the observation that there may be more of a relevant case for an operational workforce review of MI based on the feedback received through the Review process. The competency framework may or may-not assist with some of the issues experienced by MI, however a full operational review including operational structure sounds like it would be more relevant. All parties agreed to this and Tehlia advised it could be mentioned in the Review as an observation. All parties agreed to this
- Leigh Bush on behalf of MI advised that as a result of the discussion that it would be best for MI to remain as status quo – ie MI to remain as a separate stream within the HP classification structure as currently recommended in the V4 of the Draft final report

3. Actions

1. Add operational review requirement for MI to the final report.