

**Review of PO, MeS and GFSc Work Level Definitions – Employee Representatives
Consultative Group Comments**

Summary of Submissions

1. PSA

Letter from PSA dated 31 October 2006

WLD's do not allow for career progression

Previous WLD's made reference to 'may include a combination of inputs' – understood that as long as the majority of inputs were obtained then this would satisfy the requirements for classification at that level.

Current WLD's imply that all inputs must be fulfilled to achieve that classification level. References to 'will be' should be changed to 'may be' for all levels.

PO1/MeS1

WLD's refer to 'responsibility for straightforward projects' whereas previous WLD's required the 'carriage of straightforward projects' which is more appropriate.

The word 'straightforward' in other sentences has been removed and should be included.

The use of 'undertakes increasingly specialised operations' should be removed.

L1 should be commencement level for graduates who gain increased skills over time.

PO2/MeS2

Previous WLD's allows for this level to be the 1st level for an advanced practitioner, and for those developing a focus which will lead to specialisation.

L2 is not intended for a Manager, and any references to 'leader' need to be further defined.

L2 should be for advanced practitioners and commencement of specialisation through focusing on an aspect of the work required.

PO3/MeS3

PSA agrees that L3 will be 'specialising within a professional discipline' and L4 will be a 'senior professional specialist/practitioner'.

Operational outcomes include a requirement to undertake duties of an "innovative, novel and or crucial nature" – PSA argue that "innovative" or "novel" is not required at L3.

This level is the 1st level for which a managerial allowance is available, so should be referred to as the "first level of management".

L3 should be for 1st level of management, 1st level of specialisation, more advanced practitioner.

PO4/MeS4

“Decisions are likely to have a significant impact on the agency, on industry, or on the State” is unrealistic, especially in Health Units. Similar requirements in WLD’s for L5.

A health professional or scientist though providing higher level world class outcomes may not have published works in referred journals – this should not preclude classification at L4.

“Lack of precedent” is unrealistic for L4.

L4 should be for 2nd level of management, senior professional specialist, senior professional practitioner.

PO5/MeS5

Concerned that 4th increment available to PO5s is not available to MeS5.

Requirement to be “the leading professional specialist” is unrealistic at this level

“Lack of precedent” for the “majority of duties and actions undertaken” and “significant departures from traditional approaches” is not warranted for L5.

Summary

Professional Stream is divided into 3 categories or combinations of these categories – Practitioners, Specialists, Managers. These should be clearly delineated in the WLD’s.

Letter from PSA dated 9 October 2007

Incorporate more occupational groups into PO Stream

Expand on the 55 occupational groups incorporated in the PO Stream in Schedule 3 of SAPSSEI – include Historians, Graduate Accountants, Graduate Economists, Auditors, Heritage Officers, Forensic Accountants, Dental Therapists, Dental Hygienists, Developmental Educators, Orthotists, and Geographic Information Systems Officers.

Writing of WLD’s needs to be clearer and more specific

After an overview statement at each level, the definitions should then be divided into headings eg Manager (PO3 and above), Advanced Practitioner, Specialist, Senior Researcher etc.

WLD’s do not incorporate the “criticality” of the work or the high degree of technical skill

Eg radiographers, sonographers and perfusionists – current WLD’s make it difficult to fit them into the higher levels.

Develop agreed Position Information Documents (PIDS)

Although the out of date PIDS are no longer used, PSWD may want to consider developing agreed (between the PSA, PSWD and the agency) PIDS endorsed by the CPE. PIDS should have a sunset date eg 5 years from development.

Developing of classification criteria

Consider developing classification criteria into 5 or maybe more homogenous groups.

Schedule 1:21: New Structures: Arrangements in WPEA

Assessment of positions against the new WLD’s – implementation process was disappointing. No directions given by PSWD.

Changes in classification

Changes in classification, and any resulting back-pay, be dealt with in a timely manner. Progressions from PO1/MeS1 6th increment to 7th increment due 1 October 2007 were not done at correct time, resulting in increased workload for pay sections.

PO1 and MeS1 6th and 7th increments

Change wording in Appendix 5 (PO1) and Appendix 6 (MeS1) from “after 12 months at the 5th increment” to:

“A PO1 (or MeS1) at the 5th increment will be assessed by the agency (or health unit) so that after 12 months, if they fulfil the following criteria, they progress to PO1-6. 12 months later they will then progress from the 6th increment to the 7th increment.”

Some agencies consider that the assessment does not occur until after the 12 months at 5th increment – progression of employees may be delayed because of managerial inefficiencies. Results in arguments about retrospectivity.

Assessments should be done before 12 months to enable automatic continuation of the incremental date. This needs to be made clear in the WLD's.

Consistent proformas required

Issued only by PSWD after agreement with PSA eg for the Professional Allowance.

Additional information provided in submission dated 27 March 2008

Definitions

The terms “practitioner” and “senior practitioner” maybe useful in clarifying differences between the managerial role and responsibilities and those of a specialist.

There is confusion about what constitutes “a specialist” – additional wording that clearly sets out in broad terms what constitutes a specialist would be of great assistance.

Include definitions for “practitioner” and “senior practitioner”.

Include a definition of “Professional Supervision”.

Managerial Allowance

3 out of the 5 criteria should be sufficient for an employee to be paid the managerial allowance.

Implementation Barriers

Some occupations in Health Sector require significant levels of skills (eg Perfusionists) – not reflected in WLD's, which is a barrier to progression.

PO5 level – Professionals working in service organisations (as opposed to research organisations) may not be able to meet criteria of publishing articles in professional journals etc.

PO6 level – should provide an appropriate classification for the national and international expert/specialist.

Reviewing Schedule 3, Professional Services Stream SAPSSEI Award

Newer classifications should be included eg IT, Geographical Information Systems, Accountancy etc.

PO1

Should be confined to the “trainee” or “internship” role.

References to complex work should be removed.

Base grade classification.

Should not act or provide advice without supervision from a senior professional.

Not appropriate for PO1 to contribute to the development of the professional discipline or provide advice regarding statutory action.

PO1 – 6th and 7th Increments

Further dot point required to make it clear that the assessment process does not change the incremental date, “The incremental date will be maintained.”

Needs to be some capacity for accelerated progression to 7th increment. For experienced professionals who leave the service and return, it is not reasonable for them to have to work a further 12 mths before achieving top increment.

In an exchange of letters with the PSA it has been agreed that Clinical Psychologists be appointed to the 2nd top increment of PO1 – needs to be clarified in criteria.

PO2

First dot point under Knowledge and Experience is causing confusion – appears to require higher levels of expertise than 2nd dot point. Therefore, 1st dot point should be deleted.

At this level, refer to the work of a “practitioner”.

Post graduate qualifications should not be a requirement at this level.

Under Operational Outcomes, the dot point which states “Coordinates all phases of a project or assignment” should be removed and placed in PO3.

PO3

Reference should be made to the work of the “Practitioner”.

Confusion about the role of “a specialist”. By including reference to the senior practitioner, it would seem that there is a clear distinction between a “specialist” and a “practitioner”.

Under Knowledge and Experience – include 1st dot point from PO2 “Has attained.....within the discipline.”

PO4

Several outcomes of PO4 should be placed at PO5. Unlikely that PO4 would be responsible for crucial professional advice for the development of Government policy and industry or national planning and initiatives.

Reference to having an impact “on the State” should be removed.

PO5

Reference to “highly innovative” should be replaced with “advanced complexity”.

Expectation that professionals at this level would have an international reputation is not realistic – their role is confined more to the local working environment.

Capacity to influence is at state/national level and not international.

2. APESMA

Letter from APESMA dated 9 January 2008

MeS1/GFSc1

Progression is out of step with other professional groups.

L1 should be a training grade, in which scientists acquire new skills.

The statement “Contributions are essentially operational in naturerange of learned professional techniques and theory” reflects a lack of understanding of the nature of work of medical scientists. Much of the work is “repetitive” and not “project” based. The “application of acquired experience” and “learned techniques” is appropriate for an experienced scientist but not one at base grade.

Increased level of responsibility in the WLD's for L1 has resulted in more difficult transition to L2. Also made it harder for an experienced technical officer to be reclassified to MeS1.

Soft barrier at 6th increment should be applied to the top of L1 for progression to L2.

MeS2/GFSc2

“Responsible for professional direction of other medical scientists” or the provision of “discrete professional and consultancy services” should not be required for a L1 to progress to a L2.

Overall requirements and level of responsibility at L4, 5 and 6 has been raised

Eg requirement for L4 to be an expert within the State, for L5 to have a National profile and for L6A to have an International profile. In the previous WLD's these were accepted at the next level.

During the life of WPEA, the requirements for state, national and international recognition should be interpreted in line with previous WLD's.

MeS6

Opening statement indicates “Knowledge and Experience expected in positions at the MeS6A level include”. Interpreted that at L6A (and L6B) the person must meet all of the subsequent conditions. Suggest that this be modified to “Knowledge and Experience expected in positions at the MeS6A/B level may include a combination of”.

WLD's fail to recognise the contribution of scientists who work in a smaller workplace

These scientists may also be expected to have skills and knowledge in other disciplines, and this should be recognised by classification which is commensurate with the scientist's value to the organisation (eg L4 and above).

Managerial allowance

The interpretation of entitlement to the managerial allowance available for MeS3/GFSc3 and above is difficult to apply. Not appropriate to expect a manager at L3 to exercise the same degree of “human resource management” or “allocation of both financial and human resources” as a L5.

Guidance is required at the level of managerial responsibility to be exercised at each level.

Generic definitions across all professional streams

Task of assessment panels has been made more difficult by the attempt to create a set of generic definitions.

Lost much of the “look and feel” that allowed reclassification panels to make valid comparisons with other scientists in the workplace.

WLD's in MeS stream fail to address the significant workforce issues within the medical scientist workforce.

WLD's for MeS should be rewritten in a simplified and more sympathetic way to encourage recruitment and retention of medical scientists.

In the interim, reclassification panels should be asked to interpret the definitions in the knowledge that the general level of definitions has been raised.

GFSc WLD's

Definitions show a general lack of understanding of the role of the GFSc. Current definitions place too much emphasis on organisational responsibility and too little on the scientific aspects of the role.

GFSc at senior levels is responsible for attracting external funding which pays his/her own salary in addition to the salaries of the workgroup – this should be recognised by appropriate classification.

To expect a L3 to “apply for” and “manage external grant funding” and “leadership within the professional discipline” is unrealistic.

Note: Suggested tracked changes to definitions made by APESMA dated 8 November 2006 have again been submitted.

3. HSU

Meeting conducted with HSU on 8 November 2007

Attendees – HSU reps, MinIR office, Dept of Health (Patrick Smith), Minister for Health representative and Jan Summerton (PSWD)

The HSU expressed concerns regarding:

- The salaries paid to health professionals when compared to interstate and private sector in SA (the HSU produced an interstate salary chart);
- The number of employees who are leaving and going overseas (to the UK), interstate and private sector;

- No career structure for allied health professionals in that they are unable to progress through the classification levels;
- Different classifications for jobs being advertised in the Notice of Vacancies eg Manager, Physiotherapist at Womens and Childrens Hospital at PO3 and a Team Leader, Pharmacy at PO4.

The HSU sought that:

- A separate classification structure for allied health professionals be developed;
- Health professionals have their own separate agreement

Since negotiations for WPEA commenced the HSU has continued to advocate that the SA Government should adopt the model used by the Tasmanian Government to remunerate and classify its allied health professionals.

Letter from HSU dated 13 March 2008

WLD's as currently written require the acquisition of greater skills and responsibilities when compared to the previous agreement – may prove detrimental to the effective recruitment and retention of health professionals in the Public Sector.

WLD's should outline the basic principles of progression and classification.

PO1

Advice, reports or recommendations would always be subject to review by senior officers. May contribute to project activities as directed by a senior officer. Should never “provide advice regarding statutory action” or “contribute to discipline knowledge”. “Provision of reports on progress of project activities including incorporating recommendations” will occur only “with experience”.

“With experience, the supervision of assigned employees” – must be restricted to those employees who are non –professional, less skilled and/or less experienced.

PO2

Still subject to supervision, but at a reduced level. Supervision of health professionals is not mandatory, but can occur within a small work group. As such that may “Exercise and accept professional responsibility for the outcomes of a small work unit “ and “Be responsible for professional supervision of other health professionals”. May specialise in one or two areas. Provide reports or recommendations on projects.

“Exercises and accepts professional responsibility for the outcomes of a work unit” – belongs to L3 responsibilities

PO3

Generally operates as specialists or supervises/manages a small work group. Activities are generally subject to professional direction and management responsibilities. As such they would “Have managerial responsibilities for a small work unit” and may have “managerial responsibilities within defined criteria”. Responsibilities are generally within an agency. Unlikely to exercise “high levels” of initiative and will be a “recognized specialist only within an agency.”

Advisory and consultancy services are subject to review by senior staff. Advice is limited to an area of specialist expertise.

Suggested wording to be included:

“Within an area of specialist expertise, develops and promulgates information for management.”

“Contributes to the development of operational policy and broad program direction through participation in relevant intra-agency committees, working parties etc.”

“Develops/provides professional advice and advisory/consultancy services within the agency, to industry representatives and the public within a limited area of specialised knowledge.”

Role is unlikely to involve issues that affect legislation or regulations although they may “Provide advice on the interpretation of legislation, regulations and other guideline material relating to the operations and functions of the work area.”

Australian Public Service SPO-Grade ‘C’ acknowledges the role of the “practitioner”, “manager” and “specialist” – State of SA should be on different.

PO4

Significant concerns as this level contains a number of criteria that are more appropriately classified under PO5. It is inappropriate to expect “wide spread professional recognition”. Work may involve significant complexity and innovation but this is not a prerequisite for all PO4 health professionals. Exercise significant professional judgement which “may include initiating, formulating and managing research programs and major projects.” Do not operate with “lack of precedent”.

Policy and strategic directions – they may “contribute to the formulation of work unit policy and the implementation of corporate policy directives” and “contribute directly to the formulation of work unit objectives” (not directly to corporate objectives).

Following Operational Outcomes are more appropriately placed in PO5:

“Manages programs of crucial importance to the State to satisfy the Government’s objectives or the agency (or health unit’s) corporate goals”.

“Provides expert specialist advisory/consultancy skills with crucial impacts to the industry, the State and possibly the nation.”

“Participates on inter-agency and/or national committees to develop policy, planning and other initiatives.”

“Is the government’s “authority” in a particular specialised field”.

Para 2 – “....a detailed knowledge of national initiatives” should be removed.

Para 3 – “.....and highly innovative” must be removed.

Para 4 – The “specialist” should also be recognised by un-referred papers.

Para 5 – “research programs and major projects” – replace “and” with “or”.

Para 9 – “.....will determine professional standards” – must be directly related to the work group he/she is associated with.

Operational Outcomes:

“determines professional standards” see comment above for Para 9.

“is the authoritative specialist” – replace “the” with “a”.

“Manages.....crucial impacts to the State....” and “Provides.....crucial impacts to the industry....” – should be lessened.

Working Environment:

“Is the government authority...” – change “the” to “a”.

PO5

Recognised at State and national level but will not have an international profile. Inappropriate to “be recognized as a national and/or international authority”. Reference to international recognition did not appear in previous PO5 descriptors, and should be replaced with “state and/or national”.

May be “A leading professional manager” or “A leading professional specialist” but may not be “The leading.....”.

Further define Operational Outcomes and Working Environment to include contributions of a strategic nature and involvement with professional committees, research and teaching. HSU provided some suggested wording.

Preamble section – notable omission is the “practitioner” role (Compare APS SPO – Grade A).

Knowledge and Experience – Requirement for “higher qualifications” and recognition at a national/international level is increased from previous WLD’s – must be lessened.

APS PSO – Grade ‘A’ “specialist” only has “often has a national reputation”.

Same comment as above for “significant contribution” on a “national/international” basis.

PO6

Create new PO6 level.

At this level, health professional will be a leading national specialist but is not expected to be a leading international specialist although they may have international recognition. May also influence within the State outside their narrow area of professional specialisation. Operational Outcomes should be developed to emphasise this role within the State. Managerial responsibilities may encompass large health units with a variety of professional, technical and admin staff.

Definitions

“Novelty” – previous definition should be restored.

“Papers” – should allow “un-referred” paper and “internal reports” as previous definition.