# All District Health Boards

# National Health Administration Workers Pay System

## Operational Guidelines

This guide may be updated at a national level as required through the national governance process in partnership with unions. They must not be updated locally.

It is intended to help DHBs operationalise the National Health Administration Workers Pay System.

**Version control**

| Version | Key Changes |
|---|---|
| DRAFT 10 January 2022 | DRAFT for REVIEW |
| DRAFT 22 Feb 2022 | Updated Draft |
| DRAFT 5 May 2022 | Updated Draft |
| DRAFT 24 May 2022 | Updated Draft |

# Contents

# 1. Introduction

The 20 District Health Boards (DHBs) and the New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (PSA) developed this Operational Guidance to provide system support for the National Health Administration Pay System (the System). The parties developed the System to deliver a pay equity settlement for the Administration and Clerical workforce covered by the pay equity claim.

## Background

On 18 April 2018, the New Zealand Public Service Association Te Pūkenga Here Tikanga Mahi (PSA) raised a pay equity claim for clerical administration members employed in DHBs. The DHBs agreed that it was arguable that this workforce has been historically undervalued, and the parties set up a process of engagement between the parties to assess the claim.

Assessment of the claim established that the workforce had been subject to sex-based undervaluation. The parties were then faced with the challenge of addressing the undervaluation in the context of 20 DHBs, 1500 job titles across a workforce of approximately 10,000 employees with a high level of pay variability across locations and between the four regional MECAs.

The parties decided that developing a national pay rate and job banding structure would be necessary to address the undervaluation. The national structure provided the framework to deliver a pay equity settlement for the Clerical Administration workforce in DHBs covered by the claim.

Developing a new national pay system required an extensive work programme. The outcome was a national pay rate and job banding structure that –

- provided the delivery mechanism for the pay equity settlement https://www.tewhatuora.govt.nz/assets/Whats-happening/What-to-expect/For-the-health-workforce/Employment-relations/Pay-equity/Administration-and-Clerical-Pay-Equity/Pay-Equity-Administration-and-Clerical-Signed-Agreement-2022-06-07.pdf; and
- provided the framework for the pay system beyond settlement.

## Future-Focused System

The provisions for the new national pay system are set out in these guidelines; separate from the pay equity settlement which set the rates of remuneration required to address the sex-based undervaluation. The new national pay system is intended to be a "living system" which can be adapted and developed as it evolves. For example, in developing the pay system for the Health Clerical and Administration workforce, the parties envisaged that the structure might transition to a cross-workforce gender-neutral job evaluation system at a future date.

## Governance

The parties have established bipartite governance structures to maintain the national pay system. The terms of reference for the national and local groups are appendices to this document.

## What makes up the National Health Administration Workers Pay System?

The National Health Administration and Clerical National Job Banding System (the System) is made up of:

- A single national pay scale with pay bands and steps within the bands
- National Role Profiles which are linked to pay bands; and
- A specialist pay scale framework for Clinical Coders

These elements work together as part of maintaining the pay system for the administration and clerical workforce.

## 2. The National Health Administration Workers Pay Scale

The table below sets out the pay rates for each step in each pay band of the National Health Administration Workers Pay Scale[1]. The rates have been set as part of the settlement and are fixed until any future MECA negotiation.

**Note:** For information about the Clinical Coder pay scale and progression framework see section 8.

| National Administration and Clerical Pay Structure | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| **Band** | **Top Step Rate** | **Number of steps** | (Start) **Step 1** | **Step 2** | **Step 3** | **Step 4** | **Step 5** | **Step 6** | **Step 7** |
| **Band 7** | 86,700 | 7 | 73,695 | 75,863 | 78,030 | 80,198 | 82,365 | 84,533 | 86,700 |
| **Band 6** | 81,600 | 7 | 71,196 | 72,930 | 74,664 | 76,398 | 78,132 | 79,866 | 81,600 |
| **Band 5** | 75,480 | 6 | 67,932 | 69,442 | 70,951 | 72,461 | 73,970 | 75,480 | |
| **Band 4** | 72,114 | 6 | 64,903 | 66,345 | 67,787 | 69,229 | 70,672 | 72,114 | |
| **Band 3** | 68,340 | 5 | 59,627 | 61,805 | 63,984 | 66,161 | 68,340 | | |
| **Band 2** | 63,240 | 4 | 55,177 | 57,865 | 60,552 | 63,240 | | | |
| **Band 1** | 57,630 | 3 | 51,291 | 54,461 | 57,630 | | | | |

Placing a worker on the correct band and step is determined by the role being mapped to a National Health Administration Role Profile and the step placement guidance being followed.

All new DHB administration and clerical workers whose role can be mapped to a national profile should be placed on this national scale and offered the relevant MECA terms and conditions.

[1] This National Pay Scale is an extract from the Health Administration and Clerical Pay Equity Settlement.

# 3. National Health Administration Workers Role Profiles

All administration and clerical work jobs need to be matched to National Health Administration Workers Role Profiles (the 'National Role Profile') as part of the system.

The PSA and DHBs developed the National Role Profile approach to reflect the range of administration and clerical work on the basis that administration and clerical roles have many standard features. A role profile is a generalised description of a role using information created from representative roles. They are not designed to be a perfect fit for every role, but the roles for all DHB employees covered by the claim should be able to be mapped to one of the current profiles. The governance of the system allows for the creation of new profiles if needed.

Using the National Role Profile is efficient and transparent. It is an internationally recognised way of reducing the number of individual jobs which need to be individually evaluated with a job evaluation tool. Their main purpose is to standardise pay rates for like administration roles and those of like value, within and across DHBs.

The National Role Profiles are a key part of the system framework and application of the profiles will be monitored at a local and national level.

**Note:** DHBs must not create local versions of the National Role Profile. The national governance group develops new profiles and reviews current profiles by working in partnership.

## How the Profiles are Structured

The National Role Profiles are made up of:

- A single sentence summary of the function of the role to help users to orient to the most likely profile to be referencing.
- Factors of the job – split into the following sections:

| | |
|---|---|
|  | **Skills & Knowledge**: indicative knowledge, skills and experience required for the role |
|  | **Responsibilities**: key duties and additional duties that may also be undertaken |
|  | **Accountabilities**: indication of the authority and accountability of the role |
|  | **Leadership**: leadership (including influencing professional leadership) responsibilities that are required |
|  | **Demands**: the usual physical and mental demands of the role |

The National Role Profiles **ARE**:

- Profiles of generalised administration and clerical roles with summarised associated factor evaluations and indicative of the type of work and the responsibilities of a role.

The National Role Profiles **ARE NOT**:

- Intended to replace existing job descriptions
- Person specifications for recruitment purposes, although they may be helpful in drawing up person specifications in the future.
- A list of tasks or check list of activities that must be completed to be in that band
- Requirements or recommendations on how DHBs should organise staff

**Note** The national role profiles are included in this document in Appendix 2.

# 4. Mapping Guidance

For each role that requires mapping, the local DHB / PSA mapping group should:

- Read the job description, person specification and any other job information (information directly from the role holder and/or their line manager – those that know the role well is best) in order to select appropriate national profiles.
- Identify possible profile matches using the profile index and profile titles (there are unlikely to be more than three possible matches).
- Compare the profile job statements with the job description, role specification and any other available information for the job to be matched.
- For each area of the profile compare the information about the role with that in the selected profile and determine whether they match. The information does not have to match every aspect of the profile(for example 'supervises trainees' is equivalent to 'supervises students').
- It is important to consider all factors and not just prioritise a few but you are looking for a 'best fit' rather than a perfect match.

All mapping outcomes must be subject to consistency checking. Only when consistency checking is complete, and any apparent inconsistencies resolved should the mapping be confirmed.

If a local mapping group is not able to map a role, it should be referred to the National DHB / PSA Engagement Forum.

**Note 1:** For multi-jobbed employees (that is those who have separate part time administration roles) there should be a mapping outcome for each of the roles.

**Note 2:** For employees who work across multiple areas and roles (for example in regular reliever or rotation arrangements) the role should be mapped to a profile which reflects the highest level of complexity in the work undertaken.

## What to Consider When Mapping

Through the process the mapping team should consider each area of the National Role Profile.

Examples of significant differences to consider in each of the headings in demand under each of the sections in the National Role Profile are set out below:

| | |
|---|---|
|  | **Skills & Knowledge**: indicative knowledge, skills and experience required for the role |

Things to consider in this area

- The difference between completing standard letters and drafting original correspondence; or the difference between providing routine information to an enquirer and having to justify DHB policy to a service recipient.

- The difference between planning your own work and having to organise the work of others, or the difference between contributing a part of a short-term plan and overseeing the development of a long-term plan.
- The difference between standard keyboard skills and audio or touch typing.

| | |
|---|---|
|  | **Responsibilities**: key duties and additional duties that may also be undertaken |

Things to consider in this area

- The difference between using resources on a daily basis and determining the need for those resources across a section; or the difference between using information for daily tasks and determining the structure of departmental information systems; or the difference between carrying out daily vehicle checks and the management of a fleet of vehicles.
- The difference between resolving predictable problems which may vary in circumstances and having to deal with problems that have implications for service delivery; or, the difference between following an established procedure and the responsibility for ensuring procedures are in place.
- The difference between handling petty cash and managing a financial process; or, the difference between monitoring expenditure against an allocated budget and having the responsibility for drawing up the budget.

| | |
|---|---|
|  | **Accountabilities**: indication of the authority and accountability of the role |

Things to consider in this area

- The difference between using standard policies and procedures and using discretion to interpret policies and procedures and setting policies and procedures
- Entering data and approving the transaction (entering leave in a roster or approving)
- The difference between processing expenses from another role's budget and having accountability for signing off expenses against a budget

| | |
|---|---|
|  | **Leadership**: leadership (including influencing professional leadership) responsibilities that are required |

Things to consider in this area

- The difference between allocating work to your team on a daily basis and being responsible for deploying employees across a service or department ; or, the difference between being involved in the recruitment interview process and having responsibility for approving the appointment of staff.

- Dealing with immediate operational issues vs developing a learning plan (workforce not a team)
- The difference between training peers in aspects of the role and having responsibility for ensuring competence of staff within the function

| | |
|---|---|
|  | **Demands**: the usual physical and mental demands of the role |

Things to consider in this area

- The difference between working in an office environment all the time and being required to work outside on a regular basis exposed to dirt or dust.
- The difference between spending the majority of working time seated and being required to stand or walk continuously throughout the day; or, the difference between lifting and carrying light items occasionally and having to lift and carry heavy items on a frequent basis.
- The difference between working to deadlines you set for yourself and working to deadlines over which you have no control; or, the difference between having to concentrate on repetitive work and having to switch from one task to another throughout the day.
- The difference between working in an area where occasionally you experience a person who is distressed and working in an environment where the frequency of verbal abuse from the public is a regular occurrence.

The tables in appendix 3 give an indication of the key differences in knowledge and responsibilities across the more generalised range of profiles. The tables do not replace the role profiles, nor are they a checklist of 'musts' for those profiles but may be useful when trying to make a decision between two different profiles.

## Development of Local Guidance

Mapping involves people making judgements because there needs to be a 'best fit' approach. Therefore, it is important to have rules and mechanisms in place locally that ensure these judgements are informed, structured and consistent. It is also important to have an audit trail of how and why jobs have been matched to which National Role Profile.

Much of the language of the role profiles is generic and will therefore require interpretation by the local DHB teams to reflect local circumstances; and in such cases local guidance to supplement the profile guidance can be developed to ensure consistency within the DHB. This interpretation should be co-created with the union and available to employees on request.

It is important to note that it is the work carried out and not an employee's job title that determines the National Role Profile that the role is mapped to.

At the local DHB level, existing job descriptions, checklists and task lists, or work organisation are not replaced by the National Role Profiles. National Role Profiles form the national framework for mapping and recognising the work carried out. Change of roles for individuals may be managed through normal change processes at the local DHB level but the new role should be mapped to a role profile.

## Summary of the National Role Profiles Mapped to the National Pay Scale Bands

The following table shows how the role profiles map to the bands in the pay scale.

| Band | Profiles | Key function of the role |
|---|---|---|
| **Band 7** | Profile 7A: | Functional Leadership or Line Management Leadership of an administration specialist function. |
| **Band 6** | Profile 6B: | Specialist or Technical Leadership/Supervision of an administrative function. |
| | Profile 6D: | Analyse, Advise and/or resolve complex problems for finance, procurement and/or payroll. |
| **Band 5** | Profile 5A: | Managing the rostering of staff for service(s)/division(s). |
| | Profile 5B: | Managing a waitlist, schedule template and processes for a clinical service(s). |
| | Profile 5C: | Provide active, day-to-day administrative coordination across functions to an individual(s), service, or programme of work. |
| | Profile 5D: | Providing and coordinating access to information internally and/or externally. |
| **Band 4** | Profile 4A: | Providing a range of administration services to an individual, service or department or project. |
| **Band 3** | Profile 3A: | Inputs and processes information, completing routine payroll transactions in accordance with procedures. |
| | Profile 3B: | Transcription of medical information (outpatient letters, pathology reports, radiology reports, operation /labour, and delivery notes). |
| | Profile 3C: | Provides routine administration support and tasks for a defined area. |
| | Profile 3D: | Ensures financial information is processed in accordance with procedures and to provide information for payments or receipts. |
| | Profile 3E: | Undertake day-to-day updates of records, ensuring data quality and provide reports. |
| **Band 2** | Profile 2A: | Responds to and resolves enquiries via the telephone |
| | Profile 2B: | Inputs and processes financial/purchasing/payroll information, completing routine transactions in accordance with procedures. |
| | Profile 2C: | Provides reception services. |
| **Band 1** | Profile 1A: | Enters records into information systems; generates standard reports. |
| | Profile 1B: | Initiates, retrieves, and files case records, responds to routine requests for information. |

# 5. New Roles and Changed Roles

Existing roles have been mapped to a National Role Profile as part of the settlement process.

When a new role to the service has been created and there is no post holder in the post, this role needs to be mapped to a National Role Profile. New roles must be mapped **prior** to recruitment processes starting.

For new roles the following practice should be followed:

- The likely job demands of a new post should be agreed and documented in the form of a role specification and organisation chart.
- This exercise should be carried out in partnership by the local engagement forum, who will be advised by appropriate management and union representatives from the relevant sphere of the work.
- After recruitment, the DHB should allow a reasonable period of time for the job to 'bed down' and this may vary according to the nature of the job. Some posts may need a period of a few months, while others may be subject to seasonal variations requiring a full year to determine the full job demands.
- Once the full demands of the post are clear the role mapping can be reviewed. The standard procedure for mapping should be followed. This includes checking that the outcome is consistent with other similar jobs.
- The application of the reassessed mapping outcome would normally be backdated to the start date of the new job.

**Note:** It is important to remember that the process is about a role, not a person.

## Change in Roles

Roles change over time as we change the way we deliver services. This is a normal part of how organisations work. This means roles may need to be remapped to a different national role profile.

Mapping should only be reviewed where there is a change in job content **and does not just reflect an increased volume of work**, that is, it cannot be addressed by employing more people.

***Criteria*** - The following criteria are required to be met before an application for a mapping review can happen:

- the requirements for the role have changed to the point that the current mapped profile may no longer be the best fit; and
- at least a year has passed since the effective date of implementation of the original mapping outcome, its initial appeal, or a subsequent review; and
- clear evidence of the change can be provided in support of the application for re- evaluation

The effective date of application of the revised band will be the date of application for change.

When reviewing changed roles, the following principles are important to remember:

- **evaluate jobs not people** - mapping is of the content of job and not of the abilities or performance of the individual jobholder.
- **assume acceptable performance of the job** - the mapping process assumes that the job is being performed to a competent standard by a fully trained and experienced individual.
- **map jobs as they are now** - the mapping should be based on job facts as it is undertaken at the current time, rather than how the job was done previously or how it may be done in the future.
- **map actual job content, not perceptions** - the focus is on actual job content rather than assumptions or perceptions of the job, and does not consider desired level of pay, perceived importance, or issues of status sought or previously assigned.

# 6. Pay System Rules[2]

## Starting Rate

All staff new to a role, will commence on step 1 of the relevant pay band, with the exception of the following specific circumstances.

**Recognition of prior experience**

Where an applicant to a role has highly relevant previous experience (more cumulative experience than the minimum listed in the profile description), a commencement step of 2 or 3 could be agreed by the hiring manager / professional lead, in consultation with the HR on the following basis:

| Relevant Cumulative Experience | Starting Step |
|---|---|
| 2 or more years more than the minimum experience referenced in the profile | Step 2 |
| 4 or more years more than the minimum experience referenced in the profile | Step 3 |

**Same band at different DHB**

An employee who moves to a role profile in the same band at another DHB will be appointed at their existing band and step and will retain their salary anniversary date.

**Gaps in service of less than 2 years**

If a new recruit is returning to work that is the same or similar to their previous role, they will return to the higher of their previous step placement or the step assessment based on recognition of prior experience.

**Maintenance of Salary**

No existing employee will have their pay reduced to progress into a higher band.

The employee will retain their rate and start at a step that reflects the experience gained working in the health sector environment and progress through the steps while the pay rate is maintained until the steps surpass the pay rate held.

Employees who move to another role within the same band will retain their current step and salary anniversary date.

[2] Note that the pay system rules are also contained in the Settlement Agreement.

## Progression

With the exception of Coders, progression through the pay steps will be by automatic annual service-based increment. This is consistent with the agreed pay design principles and the Gender Pay Principles.

## Salary Anniversary Date

The salary anniversary date is the anniversary of the date the individual commenced employment in their current band, which is recorded for each employee as part of the translation to the applicable pay step (start date for time in role).

Once employees have transitioned to the new pay system, where an employee moves to a job in a higher pay band, their salary anniversary date becomes the date they commenced in the new role in the band.

In all other cases including changing jobs within the same band or moving to another band as part of an organisational change process, salary anniversary dates will remain unchanged.

## Casuals

Those employed as genuine casual employees should be paid according to the role that they are undertaking for each separate engagement.

## Relief Pool/Resource Teams

Those employees who are permanent (fulltime or part time) or fixed term employees employed in relief or resource teams and required to cover a variety of roles, should be paid according to the highest level of work across the range of roles they carry out for all time worked.

# 7. Recruitment

Recruitment for administration and clerical roles should make it clear in the advertisement which role profile the role is mapped to and how the step placement decisions are made. This can be hosted locally or can be linked to the national TAS site.

Any administration role that has not been mapped to a national role profile must not be advertised until this is completed.

## Effect of pay equity claim settlement on future employment agreements

As part of the candidate offer the offer must contain the following advice:

“this role has been the subject of a pay equity settlement”

Note: Exact wording to be provided

# 8. Clinical Coders

The following payscale and progression framework applies to workers whose work maps to the clinical coder framework. This framework will only apply where the role is within the specialised coder teams within DHBs.

## A Specific Pay Scale for Coders

The table below sets out the pay rates for each step in each pay band of the National Health Administration Workers Pay Scale[3]. The rates have been set as part of the settlement and are fixed until any future MECA negotiation.

| Levels | | Level Value | Tertiary Adjustment | Note |
|---|---|---|---|---|
| **Level 0** | Trainee / Apprentice | 69,360 | None | The work at this level is fully managed and only applies to unqualified coders. |
| **Level 1** | Novice | 71,652 | None | No tertiary adjustment applies at this level. |
| **Level 2** | Developing | 74,019 | None | No tertiary adjustment applies at this level. |
| **Level 3** | Competent | 76,464 | 6.5% | Tertiary adjustment added to base. |
| **Level 4** | Proficient | 78,990 | 8% | Tertiary adjustment added to base. |
| **Level 5** | Expert | 81,600 | 10% | Tertiary adjustment added to base. |
| **Level 6** | Auditor | 86,700 | 10% | Appointed role – employees cannot automatically progress to this role. |

## Tertiary adjuster

The basis of the tertiary adjustment is to account for the amount of time a coder spends working on the more complex work (tertiary and quaternary).

The adjustment will apply to coders when 40% of the discharges completed by the coder and where the clinical specialty being coded is predominately completed at a tertiary or quaternary level (determined by the % of IDFs (at least 50% of the discharges are IDFs in a specialty).

## Clinical Coder Pay Structure Rules

**Salary on Appointment**

At commencement of employment, an employee will be placed on the salary level equivalent to their qualification level as set out in the salary framework. If an employee moves to a coder role in another DHB they will be appointed to the same salary level.

[3] This National Pay Scale is an extract from the Health Administration and Clerical Pay Equity Settlement.

**Gaps in service of less than 2 years**

If a new recruit is returning to work that is the same or similar to their previous role, they will return to the higher of their previous step placement or the step assessment based on recognition of prior experience.

**Progression Between Levels**

The Coders salary framework operates under the principle that employees will be progressed to the next salary level when they meet all the requirements as set out in the salary framework.

The DHB and the employee have a mutual interest in ensuring that employees have the necessary qualifications and skills to undertake coding work. It is an expectation that employees are supported to progress and that employees will not be disadvantaged if the support is not provided.

Salary progression will date from the time an employee meets the criteria set out in the Clinical Coder Level Framework. If an employee believes that they meet the requirements to progress to the next level, they can request in writing to be considered for progression.

**Auditor**

The Auditor level is to recognise a Clinical Coder appointed to the role of Auditor.

## The National Clinical Coder Framework

The National Clinical Coder Framework is set out below.

| Level | Skill Level | Competencies | Measurement Targets |
|---|---|---|---|
| **Clinical Coder Level 0** | Apprentice/ Trainee | • Participates in facilitated training programme<br>• Consolidation of theoretical knowledge with practical skills<br>• Gaining practical classification knowledge<br>• Learning abstraction techniques<br>• Participation in quality and education programmes<br>• Develop working knowledge of hospital's computer systems<br>• Participation in administration support roles in the Clinical Coding Department | Essential to have:<br>• Working towards or successful completion of HIMAA Medical Terminology Course or Challenge Exam<br>• Ability to be accepted onto the HIMAA Introduction to Clinical Coding course or the NZ ACE Course or other nationally agreed courses.<br>Preparation to move to next level:<br>• Meets training requirements outlined in Level 1 Competencies<br>Guideline:<br>• Work is fully managed<br>• Principle of progression when requirements are met. |
| **Clinical Coder Level 1** | Novice | • Participates in facilitated training programme<br>• Consolidation of theoretical knowledge with practical skills<br>• Gaining practical classification knowledge<br>• Learning abstraction techniques<br>• Participation in quality and education programmes<br>• Develop working knowledge of hospital's computer systems<br>• Participation in administration support roles in the Clinical Coding Department | Essential to have:<br>• Successful completion of HIMAA Introduction to Clinical Coding course or the NZ ACE Course or other nationally agreed courses.<br>Targets:<br>• Maintain average DRG accuracy of 90% in audits<br>• Maintain average 80% coding accuracy in coding audits<br>• Minimum throughput of 2-3 coded events per coding hour<br>• This should be supported by audit process. Where audits not done progression will not be delayed<br>Preparation to move to next level:<br>• Meets and maintain targets and training requirements outlined in Level 1 Competencies and demonstrates the ability to meet level 2 Competencies.<br>Guideline:<br>• Principle of progression when requirements are met. |

| Level | Skill Level | Competencies | Measurement Targets |
|---|---|---|---|
| **Clinical Coder Level 2** | Developing | • Developing in clinical knowledge and application to coding practice<br>• Developing Abstraction skills<br>• Developing classification knowledge<br>• Developing independent coding decision-making with clarification from peers<br>• Active participation in coding quality and education activities<br>• Active participation in meeting clinical coding targets and deadlines<br>• Developing basic knowledge of Casemix and Diagnosis Related Group (DRGs) and how these apply to clinical coding<br>• Contributes to Priority coding | Essential to have:<br>• One-year coding experience or a time where the employee meets all expectations in Level 1.<br>Targets:<br>• Maintain average DRG accuracy of 90% in audits<br>• Maintain average 80% coding accuracy in coding audits<br>• This should be supported by audit process. Where audits not done progression will not be delayed<br>• Minimum throughput of 2-3 coded events per coding hour<br>Preparation to move to next level:<br>• Meets and maintain targets and training requirements outlined in Level 2 Competencies and demonstrates the ability to meet level 3 Competencies.<br>Guideline:<br>• Principle of progression when requirements are met. |
| **Clinical Coder Level 3** | Competent | • Competent in clinical knowledge and application to coding practice<br>• Competent in Abstraction skills<br>• Competent in classification knowledge<br>• Independent in coding decision-making<br>• Active participation in coding quality and education activities<br>• Active participation in meeting clinical coding targets and deadlines<br>• Competent in basic knowledge of Casemix and DRGs and how these apply to clinical coding<br>• Contributes to priority coding<br>• Identifies and manages instances of documentation ambiguity<br>• Supports Levels 0, 1 and 2 coders. | Essential to have:<br>• Two years coding experience or a time where the employee meets all agreed expectations at Level 2.<br>Targets:<br>• Maintain average DRG accuracy of 95% in audits<br>• Maintain average 90% coding accuracy in coding audits<br>• Minimum throughput of 3-4 coded events per coding hour<br>• This should be supported by audit process. Where audits not done progression will not be delayed<br>Preparation to move to next level:<br>• Meet and maintain targets and training requirements outlined in Level 3 Competencies and demonstrates the ability to meet level 4 Competencies.<br>Guideline:<br>• Principle of progression when requirements are met.<br>• Throughput will be dependent on complexity and managed locally |

| Level | Skill Level | Competencies | Measurement Targets |
|---|---|---|---|
| **Clinical Coder Level 4** | Proficient | • Proficient in clinical knowledge and application to coding practice<br>• Proficient in Abstraction skills<br>• Proficient in classification knowledge<br>• Independent in coding decision-making<br>• Active participation in coding quality and education activities including assisting in the delivery of presentations and training sessions<br>• Active participation in meeting clinical coding targets and deadlines<br>• Proficient in basic knowledge of Casemix and DRGs and how these apply to clinical coding<br>• Contributes to priority coding<br>• Identifies and manages instances of documentation ambiguity<br>• Supports Levels 0, 1, 2 and 3 coders.<br>• Accurate coding of complex cases independently.<br>• Responsibility for resolution of difficult coding queries | Essential to have:<br>• Three years coding experience or a time where the employee meets all agreed expectations at Level 3.<br>Targets:<br>• Maintain average DRG accuracy of 95% in audits<br>• Maintain average 95% coding accuracy in coding audits<br>• Minimum throughput of 3-4 coded events per coding hour<br>• This should be supported by audit process. Where audits not done progression will not be delayed<br>Preparation to move to next level:<br>• Meets and maintain targets and training requirements outlined in Level 4 Competencies and demonstrates the ability to meet level 5 Competencies.<br>• Successful completion of the HIMAA Advanced Coding Course<br>Guideline:<br>• Principle of progression when requirements are met.<br>• Throughput will be dependent on complexity and managed locally |

| Level | Skill Level | Competencies | Measurement Targets |
|---|---|---|---|
| **Clinical Coder Level 5** | Expert | • Expert in clinical knowledge and application to coding practice<br>• Expert in Abstraction skills<br>• Expert in classification knowledge<br>• Independent in coding decision-making<br>• Active participation in meeting clinical coding targets and deadlines<br>• Expert in knowledge of Casemix and DRGs and how these apply to clinical coding<br>• Contributes to priority coding<br>• Identifies and manages instances of documentation ambiguity<br>• Supports Levels 0, 1, 2, 3 and 4 coders.<br>• Accurate coding of complex cases independently.<br>• Responsibility for resolution of difficult coding queries<br>• Responsibility for data resolution<br>• Delivers training to clinical coding staff | Essential to have:<br>• One year at level 4<br>• Meets all agreed expectations in training outlined in Level 4 Competencies<br>• Successful completion of the HIMAA Advanced Coding Course<br>Targets:<br>• Maintain average DRG accuracy of 95% in audits<br>• Maintain average 95% coding accuracy in coding audits<br>• Minimum throughput of 3-4 coded events per coding hour<br>• This should be supported by audit process. Where audits not done progression will not be delayed<br>• Clinical coding certification (additional payment)<br>Guidelines for progression (guidance to follow):<br>• Throughput will be dependent on complexity and managed locally<br>• At Level 5 active participation in coding quality and education activities including the delivery of presentations and training sessions.<br>• Alternative pathways for fulltime coders are available |

# Appendix 1 – Terms of Reference for Joint Governance Structures

## **Terms of Reference:** National DHB/PSA Administration Engagement Forum

**Purpose**

The purpose of the National PSA-DHB Admin Engagement Forum is:

- To support engagement between the parties on national issues of significance for the administration workforce
- To monitor and maintain consistency in application of the national job banding structure pay equity including development of new summary profiles, assessment of new profiles and review of roles unable to be resolved locally
- To have oversight of the transition to any new gender-neutral job evaluation system
- To engage in any relevant research opportunities

**Structure**

- The Forum comprises six PSA and six DHB nominees. Each party will determine its own representation, ensuring national and regional representation.
- The forum will have a link to relevant structures in HealthNZ.
- The Forum will select one member as chair, with the Deputy Chair being from the other party. The chair shall rotate on an annual basis.
- Terms of reference will be reviewed on an annual basis.

**Note:** Requires secretariat- and includes the holding of shared data

**Guiding Principles**

In their dealings with each other, the parties are committed to:

- Shared responsibility
- Solution focused
- Sharing information and having frank and open discussions
- Being open to the ideas of others and appreciating the different points of view; and
- Being constructive, courteous and professional.

**Meetings**

- The Forum will meet as and when agreed but generally three to four times per annum.
- A quorum will comprise not less than 8 members; 4 from each party.

**Agendas**

- Members of the Forum shall advise the Chair of items to be included on the agenda not less than four weeks before the meeting.
- The agenda for each meeting will be finalised by the chair and the deputy-chair in time to be provided, with any associated papers or supporting documentation, to members two weeks prior to the actual meeting.

- The Chair will invite any subject-matter experts he or she considers necessary to inform the Forum's discussion on any specific agenda item.

**Decision Making**

- Every endeavour shall be made to achieve consensus in decision making.
- The Forum, having fully considered matters put to it, may make recommendations to the CEOs.

**Minutes**

- Minutes of the Forum will be prepared in note form confirming agreements and actions and will not be a verbatim record of proceedings.
- Minutes shall have no status until confirmed by members of the Forum.
- Confirmed minutes will be made available to all stakeholders.

## **Terms of Reference:** Local DHB/PSA Administration Engagement Forum [insert DHB] DHB and Public Service Association (PSA)

**Purpose**

The purpose of the Local Administrative [/Clerical] Engagement Forum is:

- To monitor and maintain consistency in application of the national job banding structure at the local level
- To support any nationally led transition to a new gender-neutral job evaluation system
- To support harmonious workplace relations at the local level through engagement and cooperation between the parties
- To provide a forum for engagement on wider administration issues as agreed

**Structure**

The composition of the forum is to be balanced and agreed locally. A typical composition may include:

- 1 x DHB and 1 x PSA representative Local PSA organiser plus a delegate / member
- DHB Pay Equity Lead / Professional Lead
- HR/ER Advisor.

The local engagement forum will select one member as chair, with the Deputy Chair being from the other party. The chair shall rotate on an annual basis. Terms of Reference will be reviewed annually.

**Application of Role Profiles**

To ensure consistent application of the national job banding structure the local engagement forum will:

- review new roles and review new roles that may have been mapped incorrectly (refer section 2, New Roles)
- receive regular reports of all new administrative [insert /clerical] appointments and review for consistency of mapping. Resolve issues related to individuals or services.
- refer any roles that cannot be mapped to the Health Administration Workers National Role Profiles to the National PSA/DHB Administrative Engagement Forum for consideration and/or development of a new profile
- process applications for role review where the role has evolved
- provide regular reports to the National DHB/PSA Administrative Engagement Forum.

**Issue Resolution Pathway**

The parties commit to the following pathway principles for engagement and resolution of workforce issues:

- resolution of issues should take place at a local level in the first instance
- for issues that may have regional/national applicability the parties will develop a process for these discussions to occur

- having followed the process, issues not resolved may be escalated to the National DHB/PSA Administrative Engagement Forum.

**Confidentiality**

Meeting participants may become privy to confidential information relating to other departments, teams, or individuals at [insert DHB name] DHB. Any information shared at this meeting that either party deem as confidential is not be discussed outside of this forum (except by agreement). The parties will agree at each meeting if any agenda items are to be deemed as confidential.

**Guiding Principles**

In their dealings with each other, the parties are committed to:

- shared responsibility
- solution focused
- sharing information and having frank and open discussions
- being open to the ideas of others and appreciating the different points of view; and
- being constructive, courteous and professional.

**Meetings**

- The local engagement forum will meet as and when agreed but a minimum of four times per annum
- A quorum will comprise not less than x members; x from each party.

**Agenda**

- Members of the local engagement forum shall advise the Chair of items to be included on the agenda not less than two weeks before the meeting.
- The agenda for each meeting will be finalised by the chair and the deputy-chair in time to be provided, with any associated papers or supporting documentation, to members one week prior to the actual meeting.
- The Chair will invite any subject-matter experts they consider necessary to inform the Forum's discussion on any specific agenda item.

**Minutes**

- Minutes of the Group will be prepared in note form confirming agreements and actions and will not be a verbatim record of proceedings.
- all documentation to support a review of an existing role mapping or mapping of a new role is to be retained. (e file) agree duration of storage
- minutes shall have no status until confirmed by members of the Group.
- confirmed minutes will be made available to all stakeholders.

## Appendix 2 –National Health Administration Workers Role Profiles

https://www.tewhatuora.govt.nz/assets/Whats-happening/What-to-expect/For-the-health-workforce/Employment-relations/Pay-equity/Administration-and-Clerical-Pay-Equity/20DHB-PSA-National-Health-Administration-Role-Profiles-080422.pdf