Health New Zealand | Te Whatu Ora and PSA

National Health Administration Workers Collective Agreement (NHAWCA)

Transition of National Health Administration Workers Variation June 2024

This document sets out a proposed variation to the National Health Administration Workers Collective Agreement (National Administration CA). See link to the CA here .

This variation is being conducted as per clause 2.8 (Variations) of the National Administration CA, *"this Agreement may be varied in writing by a signed agreement between Health New Zealand | Te Whatu Ora and the PSA, subject to their respective ratification processes. Any variation will apply only to those employees directly affected. Employees are "directly affected" only if their employment terms are altered due to the proposed variation."*

Background

Employees who transferred to Health New Zealand | Te Whatu Ora from the Ministry of Health or the Health Promotion Agency in July 2022 included employees covered by the ex-Ministry of Health CA or the Health Promotion Agency CA but whose roles may be within coverage of the existing National Administration CA.

As set out in S.57 (Employment Relations Act 2000 - ERA) an *"employee can be bound by only one Collective Agreement covering the same work done by the employee".*

The new Policy, Advisory, Knowledge and Specialist Workers Collective Agreement (PAKS CA replaced the ex-MOH and ex-HPA Collective Agreements. To be consistent with the legislation, the coverage of the PAKS CA excludes those employees whose roles are within coverage of the National Administration CA.

The transition provisions for moving this group of employees to the National Administration CA were agreed between the parties in the Health NZ | Te Whatu Ora / PSAPAKS CA Terms of Settlement March 2024. See link to the Terms of Settlement here.

The provisions covered in this proposed variation are as follows:

1. Establishing whether an ex-Ministry of Health (MoH) or a Health Promotions Agency (HPA) employee's role is within coverage of the National Administration CA.
2. The Transition Process that applies if it is established that an ex-MoH or HPA employee's role is within coverage of the National Administration CA. The Transition Process is set out in Clause 1.4.3. Health NZ | Te Whatu Ora / PAKS CA Terms of Settlement March 2024.
3. The grandparented provisions, from the ex-MOH or HPA CAs, that it was agreed to add to the National Administration CA. The PAKS CA Clause 1.4.3 provides that grandparented provisions for those covered by the ex-MoH or HPA CA are to be recorded in the National Administration CA in the Grandparented Provisions **Appendix 5** of that Collective Agreement.
4. The pay related provisions which apply to ex-MoH or HPA employees who transition to the National Administration CA are set out in clause 11 of the PAKS CA.
5. This Variation also includes measurement targets agreed between Health New Zealand l Te Whatu Ora and the Public Service Association (PSA) that enable Clinical Coders in the Foundation Collections and Classifications Team, Data and Digital to be mapped to the National Administration CA Clinical Coder Framework.

The parties have agreed that, if ratified, this variation document will be added to the National Administration CA as Appendix 6. The parties will incorporate the variation into the Collective Agreement at the time of renewal.

Signatories

 Margie Apa - Chief Executive Health New Zealand l Te Whatu Ora 18/7/2024	 Ashok Shankar Advocate for Public Service Association

Transition Provisions

1. Establishing Coverage

Clauses 1.4.1 and 1.4.2 of the Health NZ | Te Whatu Ora / PSA Policy, Advisory, Knowledge and Specialist Collective Agreement **Terms of Settlement** March 2024 set out the process for establishing whether an ex-MoH employee's role is within coverage of the National Health Administration Workers CA.

1.4 National Health Administration Workers CA

1.4.1 As set out in S.57 (ER Act) an "employee can be bound by only 1 Collective Agreement covering the same work done by the employee". To be consistent with the legislation, the coverage of the PAKS CA excludes those employees that are within coverage of the National Health Administration Workers CA.

1.4.2 Establishing coverage: The process of establishing whether an employee's role is within coverage of the National Health Administration CA is through the process of mapping to establish if the role is able to be mapped to a Health Administration National Role Profile.

If it is established that an employee's role is covered by the National Health Administration Workers CA, the role will come under coverage of that CA.

If it is not established that the roles come under coverage of that CA, the roles will come under coverage of the PAKS CA.

2. Transition Process

If it is determined that the role is within coverage of the National Health Administration Workers CA, then the agreed process for **transitioning** the employee to the National Health Administration Workers CA is detailed in Clause 1.4.3 of the PAKS CA Terms of Settlement March 2024:

1.4 National Health Administration Workers CA

*1.4.3 **Transition process:** The parties have agreed that the process for transitioning employees to the National Health Administration Workers CA is as follows:*

- *Mapping to establish whether the employee's role is able to be mapped to a Health Administration National Role Profile.*
- *Offer the benefit of the Administration and Clerical Pay Equity Settlement Agreement.*
- *Record grandparented provisions for those covered by the ex-MoH CA for inclusion in the National Health Administration Workers CA in the Grandparented Provisions Appendix 5 of that CA,*
- *Transition to the same pay band and pay step in the National Health Administration Workers Collective Agreement as per the pay band and pay step in the Administration & Clerical Pay Equity Settlement*.

3. Grandparented Provisions from PAKS CA

It has been agreed between the parties (Clause 1.4.3) as part of the Transition Process, that Grandparented provisions are recorded in the **National Health Administration Workers CA** in the **Grandparented Provisions Appendix 5.**

- *The Grandparented Provisions to be included from the PAKS CA and recorded in the **National Health Administration Workers CA** in the **Grandparented Provisions Appendix 5** are attached to this Variation as Appendix 1.*

4. Pay-Related Provisions for transitioning ex-MOH and HPA employees

Clause 11 (Pay Provisions) of the PAKS CA sets out the pay-related provisions that apply to ex-MoH and HPA employees who transition to the National Administration CA

Note: This is an extract of relevant provisions from clause 11 - PAKS CA.

11.1 Pay Increases

11.1.1 Year 1 – Pay Increases

- *For employees whose roles will be within coverage of the **National Health Administration Workers CA,** an increase of a flat rate adjustment of $4000 is to be applied to the pay band and step they have received from the Administration & Clerical Pay Equity Settlement Agreement. Those employees will transition to the same pay band and step in the National Health Administration Collective Agreement.*
- *For employees covered by the **ex-MoH CA pay bands,** the increase is effective 1 July 2023.*
- *For employees covered by the **HPA Collective Agreement** (30 June 2022 - 31 October 2023) the increase is effective 1 November 2023.*

  ***Note:** The reason for applying the $4000 flat rate adjustment to those employees who will transition to the **National Health Administration CA** is that having this adjustment effective 1 July 2023 (or 1 November 2023 for ex-HPA employees) means that this group is not disadvantaged compared with other employees within coverage of the PAKS CA. The rates change will be as follows:*

  - *Administration & Clerical Pay Equity Settlement rates effective 1 July 2022[1]*
  - *The pay equity settlement will move those employees onto the national Administration pay structure.*
  - *The increase in rates for the PAKS CA for Year 1 will be applied effective 1 July 2023 (or 1 November for ex-HPA employees). The principle of approach is that there is no double dipping so employees receiving the $4000 on their pay equity rate, will receive no increase in moving to the National Health Administration Workers CA.*
  - *On completion of mapping and confirmation of coverage by the National Health Administration Workers CA, the employee will move to the same pay band and pay step in the national pay structure in the National Health Administration Workers CA. Note: The increase has been applied to the printed pay rates in the National Administration CA. This increase is not in addition to those printed rates.*

11.1.2 Year 1 – Lump Sum

- *A **lump sum payment of $750** shall be paid to all employees within coverage of the PAKS CA who are PSA members bound by this settlement at the date of ratification.*

- *The payment will be pro-rated for part-time employees based on the greater of their contracted FTE or the number of ordinary (T1) hours paid (including paid leave) in the previous 12 months.*

***Note:** For avoidance of doubt, this lump sum is payable to PSA members who will move to be within coverage of the National Administration CA. The reason for this is that there is no entitlement to the $750 lump sum as a result of transition to the National*

[1] It is a legal obligation for Te Whatu Ora to offer the benefit of the pay equity settlement from the date that transferred employees became employees of Te Whatu Ora (1 July 2022).

Health Administration CA. This preserves consistency across the workforce that has been within coverage during the negotiations.

11.1.3 Year 2 – Pay Increase

- *An effective date of 1 July 2024.*
- *An increase in base salaries by a $2000 flat rate adjustment or 3% whichever is the greater from 1 July 2024.*
- *This pay increase applies **to employees whose roles will be within coverage of the National Health Administration Workers CA** if those employees have not yet transitioned to the National Health Administration Collective Agreement. . Note: The increase has been applied to the printed pay rates in the National Administration CA. This increase is not in addition to those printed rates.*

2.5 Year 2 – Lump Sum

- *A **lump sum payment of $500** shall be paid to all employees within coverage of the PAKS CA on 1 July 2024.*
- *The payment will be pro-rated for part-time employees based on the greater of their contracted FTE or the number of ordinary (T1) hours paid (including paid leave) in the previous 12 months.*

Note: *For avoidance of doubt, this lump sum is payable to employees who were moved to the National Administration CA where such employees did not receive the $500 lump sum at the time this was paid to employees covered by the National Administration CA.*

Appendix 1: Grandparented Provisions

The following grandparented provisions are to be added to Appendix 5 (Scheduled and Grandparented Provisions) of the National Administration CA.

Grand-parented provisions are entitlements that remain in place for employees that were covered by the applicable collective agreement at the time the provisions were grand-parented. Grandparented provisions do not apply to new employees from the date of grandparenting of the provision.

1.0 The following are provisions grandparented at the date of ratification of the PAKS Collective Agreement.

1.1. Grandparented Hours of Work Provisions *Ex-MOH CA February 2020 to February 2023 (clause 4.1 Hours of Work)*

The standard full-time hours of work are 37 hours 55 minutes per week, seven (7) hours and 35 minutes each day or 40 hours per week, eight (8) hours each day for Principal Advisors. Normal working hours will fall between 7 am and 6 pm, Monday to Friday.

1.2. Grandparented Annual Leave Provisions

Ex-MOH CA February 2020 to February 2023 (clause 7.1 Annual Leave)

1.2.1. Employees covered by this Agreement are entitled to a minimum of four (4) weeks and two (2) days annual leave for each completed year of full-time service, pro-rata to reflect the employee's working week, up to the end of their fourth year of service. Employees are entitled to 25 days annual leave after five (5) continuous years' service. In the event that this clause would reduce current leave entitlements, existing leave continues to apply.

Ex-MOH CA February 2020 to February 2023 (clause 7.1.1 Annual leave banking and salary trade)

1.2.2. Annual leave banking and salary trade

The Ministry and the employee may agree for the employee to 'bank' or 'trade' salary subject to operational and business requirements.

1.2.3. Leave banking

An employee may take a reduced salary for a defined period of time and bank the reduced amount of salary towards an extended period of paid leave, for an agreed specific purpose or event i.e., further study, travel, or a sabbatical.

The employee must identify when the additional leave will be taken. If leave is not used when it was identified that it would be taken it will be paid out.

1.2.4. Salary trade for additional leave

1.2.4.1. An employee may purchase additional annual leave over and above their entitlements as set out in this Agreement. An employee may trade salary for an additional week of annual leave. These arrangements are for a minimum of a 12-month period.

1.2.4.2. The week of additional leave purchased will equate to a 2% reduction in salary for 12 months.

Ex-HPA CA June 2022 to October 2023 (clause 18 Annual Leave)

1.2.5. Staff can apply to the Tumu Whakarae / Chief Executive for a cash up of one (1) week of their contractual working week. If agreed, this will be paid as a lump sum. This can be requested once per entitlement year.

1.2.6. An employee with less than five (5) years' service can purchase, with their managers approval, additional annual leave over and above their entitlements set out in Clause 18.1.

1.2.7. An employee may trade salary for an additional week of annual leave. The week of additional leave purchased will equate to 2% reduction in salary for 12 months.

1.3. Grandparented Sick Leave Provisions

Ex-MOH CA February 2020 to February 2023 (clause 7.4 Sick Leave)

Permanent employees are entitled to 12 days paid sick leave for each of their first two (2) years of service with the Ministry. After two (2) years continuous service as defined in clause 2.6, they will be entitled to 15 days in each year thereafter.

1.4. Grandparented Long Service Leave

Ex-HPA CA June 2022 to October 2023 (clause 24 Long Service Leave)

Following a period of ten (10) years current continuous service the employee will be entitled to three (3) weeks paid leave.

Note: Employees within coverage of the ex-HPA CA prior to ratification of this PAKS CA may opt to be covered by the long service provisions of the PAKS CA rather than the grandparented provisions above.

1.5. Grandparented Parental Leave Provisions

Ex-MOH CA February 2020 to February 2023 (clause 7.6.8 Ex-Gratia Payment)

- An ex-gratia payment equivalent to six (6) weeks' salary is payable when a further six (6) months service with the Ministry has been completed. This applies if the employee returns to work immediately after taking at least 30 working days extended leave (excluding paternity leave).

- The payment will be calculated on the ordinary pay and hours worked prior to going on parental leave. If an employee and their partner both work for a state sector employer, only one will be eligible for the payment.

- Employees absent on parental leave for less than six (6) weeks will receive the proportion of the payment that the absence represents in working days.

- The ex-gratia payment constitutes an enhancement to the legislation.

Note: This grandparented provision is for transition purposes only and provides an option for those employees within coverage of the ex-MOH CA, who are on parental leave at the time of ratification of this PAKS CA to claim this entitlement on return to work.

Following this transition, this grandparented provision will no longer apply and will be superseded by the parental leave provision in the National Administration CA.

1.6. Grandparented PSA Personal Development Days provision

Ex-MOH CA February 2020 to February 2023 (clause 5.3 PSA Personal Development Days)

- Employees covered by this CEA is entitled to two (2) PSA Personal Development days each calendar year. A calendar year begins on 1 January and comes to an end on 31 December.

- The use of the development days is at the discretion of the individual employee and will be used for personal development such as voluntary work, attending Marae wananga, Kapa haka wananga or attending personal training courses. Note that these are examples only.

- The Development days are not accruable; paid at the ordinary daily rate; to be approved by the employee's manager following receipt of an employee's application to take the leave. This application does not require a reason to be provided.

1.7. Grandparented Vision and Hearing Provisions

Ex-MOH CA (February 2020 to February 2023) (clause 9.2)

- Employees are entitled to reimbursement, up to a maximum of $420.00 (inclusive of GST), every two (2) years for the costs of eye tests and corrective eyewear (glasses/ lenses, frames or contact lenses) and/ or hearing tests and corrective hearing apparatus.

- The Ministry will be directly invoiced if employees attend a preferred provider. If an employee wishes to attend an alternative provider, the employee will be reimbursed upon receipt of an expense claim up to the entitlement.

Preferred providers can be found on the Ministry's intranet site at:
http:llintranet.moh.aovt.nzlpeonle-careers/workina-ministry/staff-benefits/

Ex-HPA CA (June 2022 to October 2023) (clause 14)

1.8. Vision and Hearing Provision

Employees are entitled to have their vision and/or hearing tested every two (2) years if they have worked at Te Hiringa Hauora for more than 12 months and who have not resigned from their employment at Te Hiringa Hauora.

When the examination by an optometrist or audiologist identifies the need for corrective glasses/lenses or corrective hearing devices, employees are entitled up to a $450 towards the cost of test and or eyewear, contact lenses or hearing devices on production of a receipt.

1.9. Grandparented Severance Provisions

Ex-MOH CA February 2020 to February 2023 (clause 10.3 Severance)

- In the event that an employee's position becomes surplus to requirements, the employee's employment may be terminated by the Ministry of Health. Consultation and related issues will be managed by the Ministry in accordance with the change management policies and procedures at the time.
- If an employee is made redundant, they will be entitled to:
- One (1) months' notice of termination or payment in lieu of notice; and

- Compensation payment for redundancy of four (4) months' base salary; and
- Reasonable, agreed paid time *off* to attend job interviews; and
- A certificate of service stating that employment has been terminated as a result of redundancy.
- The employee will not be entitled to payment of redundancy compensation where they are offered (irrespective of whether they accept) a suitable alternative position within the Ministry, or within the wider State Services, or by any organisation in accordance with section 61(a) of the State Sector Act.

2. Historical Grandparenting

Employees who were covered by a previous collective agreement, where provisions were grandparented, may still be covered by such historic grandparented provisions. These provisions are set out below and remain grandparented to those employees who are entitled to them as per the terms of these previous agreements.

2.1. Ex-HPA CA June 2022 to October 2023 (clause 9.3 Hours of Work)

- Employees who have the contracted hours of 37.5 hours as of 30 June 2022, and who are members of the PSA, will continue to have these hours of work grand-parented.
- Any changes to the hours of work or the days of the week will be by mutual agreement between the employer and the employee.

2.2. Ex-MOH CA February 2020 to February 2023 (clause 7.3 Long Service Leave)

Employees covered by this Agreement will become entitled to an additional 'one-off' week's paid leave for each completed period of five (5) years unbroken service from the date that they become covered by this Agreement. Note that if an employee is presently covered by a Ministry employment agreement that provides a long service leave entitlement, previous service under coverage of that other agreement will also be recognised for long service leave purposes.

2.3. Grand-parented provisions ex-MOH CA (February 2020 to February 2023) (Appendix Two)

- The conditions of employment outlined below have been grandparented to employees who were covered by the provisions of the Department of Health Employees Agreement at the time of its expiry on 30 June 1992 and who are now covered by subsequent collective agreements between the PSA and the Ministry.
- The same arrangement will apply to employees covered by the employment contract/ agreement for staff in licensing and medicine control offices who transferred from area health boards on 1 July 1993.
- Previous service that was recognised under those Agreements for the purposes of leave and severance entitlements will continue to be recognised.

3. Core Hours of work

The core hours of work for these staff continued to be 9:30am to 3:30pm. This is deemed to be an agreed variation to the "Hours of Work" clause in this CEA.

4. Sick leave

Section 4.7 of the expired 1991/92 collective employment agreement will continue to apply.

5. Long service leave

The transition arrangements from section 4.10 of the expired 1991/92 collective employment agreement to the "Service Leave" paragraph of the new collective agreement are:

- Employees with Jess than 15 years continuous service as at 23 July 2003 will be entitled to three (3) weeks paid leave on completion of 15 years continuous service, and one (1) week for each completed period of five (5) years unbroken service with the Ministry thereafter;

- Employees with 15 or more but less than 20 years continuous service as at 23 July 2003 will be entitled to four (4) weeks paid leave on completion of 20 years continuous service, and one (1) week for each completed period of five (5) years unbroken service with the Ministry thereafter; and

- Employees with 20 or more years continuous service as at 23 July 2003 are entitled (in addition to four (4) weeks long service leave if it has not been taken already) to one (1) week at their next five (5) year interval after 23 July 2003 (e.g. an employee with 28 years' service as at 23 July 2003 would be entitled to one (1) week on completing 30 years), and one (1) week for each completed period of five (5) years unbroken service with the Ministry thereafter.

6. Retiring leave

Section 4.11 of the expired 1991/92 collective employment agreement will continue to apply.

7. Resigning leave

Section 4.12 of the expired 1991/92 collective employment agreement will continue to apply, but service will be frozen as at 23 July 2003 (i.e., no service after 23 July 2003 will be recognized).

8. Severance

The paragraphs entitled "Severance", which are part of section 7,2,08 of the expired 1991/92 collective employment agreement (or paragraph 7.2.10 in the case of the licensing and medicine contract), will continue to apply in place of the "Severance" paragraph in the new collective agreement.

9. Cessation leave

The paragraphs entitled "Cessation Leave", which are part of section 7.2.08 of the expired 1991/92 collective employment agreement (or paragraph 7.2.10 in the case of the licensing and medicine contract), will continue to apply, but service will be frozen as at 23 July 2003 (i.e. no service after 23 July 2003 will be recognised).

Appendix 2: Additional Measurement Targets - Clinical Coders Framework

The following provisions add Measurement Targets for Clinical Coders in the Foundation Collections and Classifications, Data & Digital. If ratified, the parties will add these provisions to the existing Clinical Coders Framework in clause 11.5.10.5 of the National Administration CA.

Level	Skill Level	Competencies	Foundation Collections and Classifications, Data & Digital Measurement Targets
0	Apprentice/ Trainee	• Participates in facilitated training programme. • Consolidation of theoretical knowledge with practical skills • Gaining practical classification knowledge • Learning abstraction techniques • Participation in quality and education programmes • Develop working knowledge of Hospital's computer systems. • Participation in administration support roles in the Clinical Coding Department	**Mortality Coders** Essential to have: • Working towards or successful completion of HIMAA Medical Terminology Course or Challenge Exam • Ability to be accepted onto the HIMAA Introduction to Clinical Coding course or the NZ ACE Course or other nationally agreed courses. • Able to interpret the World Health Organization (WHO) mortality rules and guidelines for selecting the underlying cause of death Preparation to move to next level: • Meets training requirements outlined in Level 1 Competencies Guideline • Work is fully managed • Is coding and inputting, under supervision, the selection and coding of underlying cause of death and contributing causes of death on medical certificates of cause of death (MCCDs) for adult deaths.
			Private Hospitals Essential to have: • Working towards successfully completing the HIMAA Comprehensive Medical Terminology Course or challenge exam • Work is fully managed Preparation to move to next level: Ability to be accepted into the HIMAA Introduction to Clinical Coding Course

			Cancer Registry Essential to have: • Able to interpret the International Agency for Research on Cancer (IARC) rules and guidelines for cancer registration Preparation to move to next level: • Meets training requirements outlined in Level 1 Competencies Guideline • Work is fully managed • Is registering, under supervision, one or two sites of cancer in the low level of complexity[2] group abstracting information received on electronic pathology reports
1	**Novice**	• Participates in facilitated training programme. • Consolidation of theoretical knowledge with practical skills • Gaining practical classification knowledge • Learning abstraction techniques • Participation in quality and education programmes • Develop working knowledge of Hospital's	**Mortality** Essential to have: • Is able to select and code the underlying cause of death and contributing causes for adult deaths • Knows where to source supporting clinical information on causes of death, (including the NMDS database and NZ Cancer Registry), and how to appropriately use (and not over-use) that information. • Able to work largely unsupervised with coding advice readily available from trainer. All coding work peer reviewed by team leader or experienced clinical coders Preparation to move to next level: • Underlying Cause of Death correct selection of code 90% for adult medical certificates of cause of death (MCCD)

[2] **Complexity levels by cancer site/type:**

- Low level of complexity - melanoma (in-situ and invasive), prostate, male genital organs, cervix in-situ, central nervous system (CNS)
- Moderate level of complexity – breast, gynaecology (including invasive cervical), digestive system (excluding colorectal), endocrine (including thyroid), urinary system, head and neck, non-melanoma skin cancers, cancers of unknown primary
- High level of complexity – haematology, colorectal, thoracic (including lung), soft tissue, bone and non-CNS nervous system, paediatric tumours (all sites/types)

		computer systems. • Participation in administration support roles in the Clinical Coding Department	**Private Hospitals** Essential to have: • Successful completion of the HIMAA Introduction to Clinical Coding • Training in coding medical/geriatric and hospice discharge events • Familiar with accessing other sources of relevant health information to supplement information provided by private hospitals • Training in Private Hospital data process (PHGUI & PHASE) and NMDS loading process. • All coding work peer reviewed by team leader or experienced clinical coders. Preparation to move to next level: • Learn processing and coding of maternity (mother and baby) events
			Cancer Registry Essential to have: • Able to accurately register one to two sites of cancer from the low-level complexity group with minimal supervision. • Demonstrates an ability to accurately identify 90% of time, Extent of disease, Date of diagnosis and other variables required to complete each registration • Knows how and where to obtain missing/supplementary information required to register a cancer with a high level of accuracy. This includes viewing coded hospital discharge records, radiation oncology records and mortality records (including post-mortem reports) • Demonstrates an ability to accurately update cancer registrations when new information is received Preparation to move to next level: • Receives training to register, under supervision, at least one cancer site in the moderate level of complexity group, including coding any additional site-specific staging system codes • Peer review demonstrates an ability to apply the Berg rules relating to 'Multiple tumours' of the same cancer site • Learn how to analyse and register cancers from NMDS.
2	**Developing**	• Developing in clinical knowledge and application to coding practice • Developing Abstraction skills	**Mortality** Essential to have: • One year coding experience meeting all expectations of Level 1 • Minimum throughput of 15-20 adult MCCDs coded and input per day.

		• Developing classification knowledge • Developing independent coding decision- making with clarification from peers • Active participation in coding quality and education activities • Active participation in meeting clinical coding targets and deadlines • Developing basic knowledge of Casemix and Diagnosis Related Group (DRGs) and how these apply to clinical coding • Contributes to Priority coding	• Learn how to code and input, under supervision, causes of death and other data variables (blood alcohol/drug levels, external cause dates, injuries etc) on coroners' records and postmortem reports, including accessing information from the National Coronial Information System (NCIS) database, Water Safety NZ database and Land Transport NZ fatal crash data • Demonstrates an ability to 90% accurately select and code the underlying cause of death with minimal supervision and oversight for adult certificates of death Preparation to move to next level: • Learn how to code and input child and youth death records (aged 1 year to 24 years inclusive)
			Private Hospitals Essential to have: • Able to code medical/geriatric and hospice events without supervision • Target – Maintain average 90% coding accuracy in coding audits with minimal supervision. • Demonstrates an ability to code maternity events with minimal supervision • Demonstrates an ability to use Private Hospital process and NMDS load process with minimal supervision. Preparation to move to next level: • Start learning the coding of surgical discharge events. • With supervision start learning process of fixing NMDS load process errors
			Cancer Registry Essential to have: • One year cancer registration experience or a time where the employee meets all expectations in Level 1 • Able to accurately register cancers from at least two sites in the *moderate level of complexity group • Demonstrates an ability to 90% accurately update cancer registrations when new information is received • Active participation in meeting cancer registration targets – all cancers reported on laboratory reports to be provisionally registered within 6 months of receipt of the reports into NZCR Preparation to move to next level: • Receives training to accurately register cancers from at least one site in the *high level of competency group

			• Learn how to analyse and register cancers from Radiation Oncology (ROC) and Mortality sweeps
3	**Competent**	• Competent in clinical knowledge and application to coding practice • Competent in Abstraction skills • Competent in classification knowledge • Independent in coding decision- making • Active participation in coding quality and education activities • Active participation in meeting clinical coding targets and deadlines • Competent in basic knowledge of Casemix and DRGs and how these apply to clinical coding • Contributes to priority coding • Identifies and manages instances of documentation ambiguity • Supports Levels 0, 1 and 2 coders.	**Mortality** Essential to have: • Two years' coding experience or a time where the employee meets all the agreed expectations at Level 2 • Minimum throughput of 25-30 adult MCCDs coded and input per day. • Competent at coding coroner's report with minimal supervision • Able to maintain high level of accuracy with minimal guidance from trainer and peers • Able to update the coding of coroners' records when new information is received • Able to provide rationale for coding decisions when inputting their coding work • Maintain average 90% coding accuracy in coding audits for underlying cause of death with minimal supervision Preparation to move to next level: • Learn coding and inputting of fetal and neonatal death records which include information about the mother, pregnancy, labour, and delivery. Follow specific perinatal death coding guidelines issued by the WHO
			Private Hospitals Essential to have: • Meets all Level 1-2 competencies • Ability to code multiple medical/geriatric/hospice/maternity events per day with 90% accuracy. Minimum throughput of 200-300 events per day. • Learn coding of surgical events under peer review, focussing on day events and minor surgical procedures • Able to use Private Hospital process and NMDS load process independently with a basic understanding of NMDS data load errors and fix files • Able to use and understand Microsoft Access and transactional databases Preparation to move to next level: • Increase understanding in coding of more complex surgical procedures
			Cancer Registry Essential to have: • Meets all expectations of Levels 1-2 • Is able to provide peer review of work completed by other NZCR coders registering cancers the employee has been trained in • Able to work efficiently without supervision on registering cancer sites already trained in

			• Learns how to register more sites of cancer from all levels of complexity • Participate in the editing of cancer registrations for the sites they have been trained in • Able to analyse and register cancers first notified to NZCR via the Mortality Sweep (i.e., died of cancer but there is no matching cancer registration in NZCR) • Able to analyse and register cancers first notified to NZCR via the NMDS sweep (i.e., hospital event has cancer diagnosis but there is no matching cancer registration in NZCR) • Able to analyse and register cancers first notified to NZCR via the ROC sweep (i.e., an individual received radiation treatment for a cancer but there is no matching cancer registration in NZCR) Preparation to move to next level: • Receive training in registering more sites of cancer in the moderate and high levels of complexity groups
4	**Proficient**	• Proficient in clinical knowledge and application to coding practice • Proficient in Abstraction skills • Proficient in classification knowledge • Independent in coding decision- making • Active participation in coding quality and education activities including assisting in the delivery of presentations and training sessions • Active participation in meeting clinical coding targets and deadlines • Proficient in basic knowledge of Casemix and DRGs and how these apply to clinical coding	**Mortality** Essential to have: • Has met all competencies listed in Levels 0-3 • Coding and inputting of fetal and neonatal death records which include information about the mother, pregnancy, labour and delivery. Follow specific perinatal death coding guidelines issued by the WHO • Able to provide peer review of work completed Preparation to move to next level: • Able to provide constructive feedback to less experienced coder when checking their coding work **Private Hospitals** Essential to have: • Meets all competencies in Levels 1-3 • Target – code minimum 200 surgical events per day • Able to assist in training new private hospitals' clinical coders • Thorough understanding on how Private Hospitals Access System (PHASE) works to load events to NMDS. • Competently use PHASE Microsoft Access and transactional databases. Preparation to move to next level: • Learn to interpret and action NMDS data quality reports

		• Contributes to priority coding • Identifies and manages instances of documentation ambiguity • Supports Levels 0, 1, 2 and 3 coders. • Accurate coding of complex cases independently. • Responsibility for resolution of difficult coding queries	**Cancer Registry** Essential to have: • Able to register cancers of all sites in the low level of complexity group, at least 3 sites in the moderate level of complexity group, and at least two sites in the high level of complexity group. • Able to train new coders in the cancer registration process for cancers in the low and moderate complexity groups that the employee has received training for • Able to provide expert advice to both internal and external stakeholders on the cancer registration process, and in particular for the sites of cancer registration they have been trained in • Participates in initiatives to monitor and improve the quality of the data • Able to work with NZCR Data Administrator to respond to requests from Genetic Services agencies investigating any possible genetic/familial risks for an individual to get a cancer diagnosis Preparation to move to next level: • Receive training in all other cancer sites they have not previously been trained in • Maintain up to date knowledge of current methods of diagnosing and treating cancers
5	**Expert**	• Expert in clinical knowledge and application to coding practice • Expert in Abstraction skills • Expert in classification knowledge • Independent in coding decision- making • Active participation in meeting clinical coding targets and deadlines	**Mortality** Essential to have: • High level of competency in coding all types of death records Audit validated 95% of underlying cause of death code is accurate. • Participates in edits of mortality coding and other data quality initiatives • Able to train new mortality clinical coders • Able to provide expert advice on mortality coding and data collection to both internal and external stakeholders • Able to work with IT staff to explore automating some functions in mortality coding and processing

		• Expert in knowledge of Casemix and DRGs and how these apply to clinical coding • Contributes to priority coding • Identifies and manages instances of documentation ambiguity • Supports Levels 0, 1, 2, 3 and 4 coders. • Accurate coding of complex cases independently. • Responsibility for resolution of difficult coding queries • Responsibility for data resolution • Delivers training to clinical coding staff	**Private Hospitals** Essential to have: • Meets all competencies in Levels 1-4 • Competent in coding all types of private hospital records Audit validated 95%. • Able to train new private hospitals' clinical coders • Able to provide expert advice on the private hospital data collection and coding to internal and external stakeholders • Able to process and action data quality reports on private hospitals data in NMDS, and provide feedback to other coders • Able to work with IT staff to explore automating some functions in private hospitals' coding and processing • Ability to create and load fix files to the NMDS Preferable to have: • Successful completion of the HIMAA Advanced Clinical Coding Course • HIMAA Clinical Coder Certification
			Cancer Registry Essential to have: • Meets all competencies in Levels 1-4 • Able to register cancers of all sites and types with a high degree of accuracy Audit validated 95%. • Able to train less experienced coders in all aspects of cancer registration, and for all sites of cancer • Able to participate in meetings of the Coding and Reporting Committee of the Australasian Association of Cancer Registries (AACR), and share information and coding decisions made with other NZCR clinical coders • Able to work with IT staff to explore automating some functions in cancer registration and processing • Able to check the annual pre-publication cancer data tables to identify, investigate and correct (where necessary) any suspected coding errors