

Schedule 1

The advisors have reported the following concerns

1 *Scopes of practice and compliance with professional standards*

- (a) There is a failure to recognise the professional obligations of advisors including to:
 - (i) impartial advice whatever the view of ACC and or the client or advocates
 - (ii) meet professional regulatory standards and requirements of their professional bodies
- (b) Advisors report that they are unable to express their opinion on a file without pressure, duress or fear of adverse consequence

2 *Workload and work role*

- (a) Advisors believe that the resources provided are not sufficient, fair and reasonable for the tasks allocated to each advisor and for Clinical Services as a whole.
- (b) Advisors report that ACC does not allow reasonable flexibility to enable advisors to carry out their work in a way and time that meets the demands and complexity applicable to each individual case they are required to advise on.
- (c) Advisors working on files where there is sustained or frequent exposure to emotionally distressing and/or cognitively challenging/difficult situations and work feel unsafe and unsupported
- (d) Advisors report there uncertainty round roles, tasks and/or standards – including :
 - (i) frequent changes,
 - (ii) lack of clear explanations for changes to role or tasks,
 - (iii) important task-related information not being available,
 - (iv) not providing adequate pathways for reporting of concerns and escalation

3 *Empowerment of Advisors*

- (a) Advisors report:
 - (i) A culture of dismissing alternative ideas and of dismissing evidence-based opinions offered
 - (ii) Repeated and unreasonable behaviour directed towards them leading to psychological harm
 - (iii) That they feel it is unsafe to speak up about workplace health and safety, concerns about unwarranted variation in client care and clinical advice provision.

- (iv) That there been adverse consequences for advisors who have spoken up.
- (v) That they are not given reasonable control, clinical autonomy and respect over preferences about how they do their work.
- (vi) That there a culture of inappropriate suppression of communication between advisors and other ACC staff.
- (vii) That they are not enabled to be engaged, and their voice respected when decisions are made about their work or clients.
- (viii) That there is a lack of reasonable and meaningful collaboration prior to changes in the workplace, the work or working conditions that impact on advisors and this does not comply with the Collective agreements and/or employer obligations.
- (ix) When changes are proposed the employer appears to be unaware of and responsive to the potential and or likely impact of those changes on workplace health, safety and performance and professional matters.
- (x) That there is a lack of reasonable opportunities for skills development for advisors.
- (xi) That the selection to engage in project work, undertake specified task work (for example, sensitive claims, IPM tasks etc), teaching/mentoring is not carried out in a competency-based, fair and transparent way.
- (xii) That opportunities for career advancement are not carried out in a competency-based, fair and transparent way.
- (xiii) That advisors are not valued,
- (xiv) That advisors are not respected for their advice, knowledge, skill and work.

4 *Managing conflict and or concerns*

- (a) Advisors report a lack of appropriate processes in place to resolve conflict and or differences of opinion about clinical work.
- (b) Advisors feel issues including how work is carried out, suboptimal working conditions are not addressed and when raised not responded to promptly nor in a way that enhances relationships and fosters mutual respect.
- (c) Advisors experience management that does not understand the professional obligations of clinical advisors.
- (d) Advisors report that managers fail to:
 - (i) resolve any conflict in a fair and appropriate way
 - (ii) provide escalated support for issues with high clinical and/or other risk.

- (iii) Ensure that the advisors comply with the law, professional regulatory standards and requirements of their professional bodies.
 - (iv) Ensure that advisors have adequate training and mentoring for the role and work tasks.
 - (v) Provide advice and assistance in relation to work tasks.
- (e) Advisors report that ACC has not responded appropriately and actively when concerns are raised via:
- (i) the clinical services risk tool
 - (ii) meetings with clinical leadership/management including those carrying out strategy and governance functions
 - (iii) -emails or written communication with clinical leadership, management, or those carrying out strategy and governance functions
 - (iv) other processes at ACC.

5 *Oversight*

- (a) Advisors believe that the present leadership does not achieve:
- (i) Appropriate use of resources.
 - (ii) Minimisation of unwarranted variation in client care,
 - (iii) The meeting of professional and ACC values and responsibilities are met.
- (b) Advisors are concerned that the way work is carried out at present breaches obligations to comply with the law, standards and requirements of their professional bodies.
- (c) Advisors feel they are not supported and in some cases prevented from being able to effectively, efficiently and safely carried out functions and or activities the job requires.
- (d) Advisors report a lack of:
- (i) reliable and fit-for-purpose information and data for use in organisational decision-making.
 - (ii) Appropriate risk assessment and management systems with identification, quantification, analysis, mitigation and reporting of task or project-related and operational risks and potential and emerging risks.

6 *Impact of culture*

- (a) Advisors report that the culture at ACC has caused illness, stress, distress, low self-esteem, and/or fear.

- (b) That this led to leave being taken and or required.
- (c) That the culture at ACC has led to disengagement, learned helplessness and/or a feeling of insecurity, adversely impacting on work performance.