Health Information Management
Association of Australia

Membership Project
Final Report

September 2011

Prepared by
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## TABLE OF CONTENTS

Acknowledgements

1. Executive Summary ........................................................................................................ 1

2. Background to project .................................................................................................... 3

3. Project scope and deliverables ...................................................................................... 3

4. Project oversight and management ............................................................................... 4

5. Project Plan .................................................................................................................... 4

6. Communication and Engagement Plan ........................................................................ 5

7. Overview and assessment of current state .................................................................... 5
   Current membership categories .................................................................................. 6
   Profession, association and industry ........................................................................... 7
   Trends in membership ................................................................................................. 8
   Member identity and representation .......................................................................... 8
   Professional credentialing ......................................................................................... 9
   Industrial and workforce concerns ......................................................................... 10

8. Strategic opportunities .................................................................................................. 10
   The current strategic environment ............................................................................. 10
   What does it mean to expand, and whom might we seek to attract? ......................... 11
   International membership opportunities ................................................................ 13
   Strategic opportunities for credentialing ................................................................ 14

9. Research (Australia & International) ........................................................................... 15

10. Stakeholder consultation .............................................................................................. 16
    Interviews and briefing sessions ............................................................................... 16
    Membership Surveys .................................................................................................. 21
    Reference Group and early options ......................................................................... 28

11. Recommendations – Membership Categories, Rights and Privileges ...................... 29
    Preliminary Options ..................................................................................................... 29
    Recommendation to HIMAA Board ........................................................................... 31
    Proposal to HIMAA members ................................................................................... 32
    Final Recommendations for Categories, Rights and Privileges ................................ 35

12. Recommendations – Credentialing ............................................................................ 50
    The HIMAA Professional Credentialing Scheme .................................................... 50
    CPD and certification within other associations ....................................................... 51
    The value proposition for pursuit of certification ...................................................... 52
    Proposed new groups/specialties for professional credentialing............................. 53
    Practical improvements to current credentialing scheme ......................................... 54
    CPD obligations for Fellowship ............................................................................. 56

13. Transition plan for recommendations ......................................................................... 58

14. Governance and oversight .......................................................................................... 61

15. Risk identification and mitigation ................................................................................ 62

16. Recommended changes to Articles of Association .................................................... 66

17. Summary of Recommendations .................................................................................. 67
    Membership ............................................................................................................... 67
    Credentialing ............................................................................................................. 68
    Marketing and promotion ....................................................................................... 70

Appendix A - Table of Professional Associations Researched 2011 .............................. 71

Appendix B – Record of Interviews ............................................................................... 77

Appendix C – Membership Survey Questions and Response Options ......................... 79
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The outcomes and recommendations in this report would not have been possible without the contribution of members past and present. I thank all those who gave of their time to offer comment and advice on all aspects of the project. Their ideas, concerns and passion have helped inform so much of what has been considered and taken forward as recommendations.

A special word of thanks to Bob Blue, Rose Wong and Ralph La Tella for their administrative, technical and personal support provided throughout the project.
1. Executive Summary

The Health Information Management Association of Australia (HIMAA) has embarked on a project to expand the membership base of the Association and to introduce a system of credentialing for existing and potential new members. This report establishes the rationale for the project, as determined within the Strategic Plan for 2010-2013 and considers opportunities for further promotion and positioning of the Association and its membership within the health industry.

The Association relies on graduates of HIMAA-accredited programs in Health Information Management as its principle source of members. Following the recent closure of two such university programs, this reliance has already impacted member growth in this area, particularly as a proportion of overall membership numbers. The notion to expand the membership base is seen as an opportunity to ensure long-term growth and sustainability, and the continued relevance of the Association to those it represents within the health information management profession and wider industry.

The Australian health system is in the midst of great change and reform. Initiatives such as Activity-Based Funding and the Patient-Controlled Electronic Health Record (PCEHR) will require significant resources and expertise in health information management and clinical coding. In view of continuing demands for qualified graduates and HIM skill-sets in support of health reforms across Australia, there is an urgent need to consider ways to grow and sustain the membership, and promote opportunities for credentialing and continuing professional development.

Following the appointment of a Project Officer in late January 2011, a detailed plan was implemented to consult with members and other stakeholders on opportunities for membership and credentialing. Interviews and briefings sessions were held with members as well as with individual organisations and employer groups to determine issues and concerns for change in these two strategic areas. At the same time extensive research was undertaken into approaches by other professional associations, nationally and internationally, to support their members through membership structures and systems of credentialing.

Feedback from members and other individuals has been comprehensive and has helped inform the development of specific recommendations for change. Members outlined their perceptions of the value of membership of the HIMAA, and their interests in ensuring the Association maintains its relevance and place within industry. Some Full Members expressed concern at the potential implications for an expanded membership base on their status and positioning. Equally, others expressed interest in a stronger, more vocal and potentially more relevant Association, enabled through inclusion and recognition of a wider membership base. Future strategies for membership should endeavour to build upon the predominance of graduates of HIMAA-accredited programs, encourage other eligible and past members to re-join and ensure existing members at all levels of membership are fully engaged and supported through their involvement in the Association.

Current categories offer limited recognition of individual member qualifications, other than those necessary for Full Membership of the HIMAA. Even in this category, and for Affiliate members, there is no capacity to recognise or acknowledge other relevant qualifications, experience, achievements and/or contribution to the profession or wider industry. It is apparent that many associations have addressed these points through a more progressive membership structure, allowing members to work towards a level of distinction or specialisation over time.
The recommended introduction of Fellowship member categories will enable suitably qualified individuals, on application, to demonstrate their experience and career achievement. Fellowship reflects the highest level of recognition within membership, and its award should be based on sufficient rigor and challenge.

Through the introduction of an Associate member category, many who comprise a growing percentage of the overall membership will be recognised for their qualifications and/or experience at a senior-level within the health information industry. At the same time, retention of the Full Member category should rightfully acknowledge the unique qualifications and primacy of this professional occupational group.

Credentialing through certification has been available to members of the HIMAA since 2007 but has unfortunately attracted little interest. There are opportunities to expand the scheme to recognise those working in particular specialties or occupational groups. While a demand for HIM certification within health is not evident at this point, members should be encouraged and supported in pursuing further learning and development.

Further work is required to consider and implement the recommendations of this report. Members past and present, as well as other stakeholders, have made a significant contribution to ideas and proposals around membership and credentialing. Their continued involvement and investment in the Association and its activities is critical to the success of this project.

Changes to membership categories and a system of credentialing should seek to raise the profile of individual members as well as the Association within the health industry. Workforce demands in light of health reforms and significant skill shortages cannot wait for these changes to occur, and the Association must be seen to be working both with employers and members on strategies to improve educational opportunities, competencies, relevance and representation.
2. Background to project

The Health Information Management Association of Australia (HIMAA) is the professional body representing Health Information Managers and others with an active interest or involvement in the industry. The HIMAA’s vision is to improve the health of Australians through professional information management. Supporting this vision is the Association’s Mission, outlined as follows:

\[ \text{HIMAA seeks to promote and support our members as the universally recognised specialists in information management at all levels of the healthcare system.} \]

The HIMAA supports its members nationally and through state and territory branches by providing a forum for networking, and by serving as an advocate on matters concerning health information management policy and strategy.

In the HIMAA Strategic Plan 2010-2013 the Board identified a number of areas of strategic focus. One of these is membership. The Board considered the need to ensure the continued growth and sustainability of the Association’s membership and the potential to attract new members. It also considered opportunities for a system of credentialing to support and recognise the qualifications and skills of those it represents.

Graduates of accredited Health Information Management (HIM) university programs, as well as those with Associate Diploma or Medical Record Librarianship qualifications, have traditionally comprised the bulk of the membership. As Full Members of the HIMAA, graduates of recognised programs represent approximately 60% of the membership. Following the closure of two undergraduate HIM programs at The University of Sydney and Queensland University of Technology, a decline in the future growth of Full Membership is anticipated.

The project to review membership and credentialing acknowledges an existing and anticipated demand within the health industry for the unique skills, qualifications and experience of its members. It also reflects a need for the Association to grow in order to continue to provide meaningful services, advocacy and support to its constituents.

3. Project scope and deliverables

The strategic objective for this project is outlined in the HIMAA Strategic Plan 2010-2013 as follows:

\[ \text{“To expand the membership base of HIMAA to anyone aligned with HIMAA’s mission and introduce credentialing to continue to recognise the uniqueness and identification of qualified Health Information Managers and groups of individuals aligned with the HIMAA Body of Knowledge competencies.”} \]

On the basis of this objective, project deliverables were defined as follows:

1. Project initiation and management, including:
   - Project Plan for the duration of the project
   - Identification of stakeholders (including HIMAA members) and a Communication / Engagement Plan for the duration of the project
   - Monthly Project Status Reports
2. Finalise the new membership categories, as indicated in the Strategic Plan

3. Define membership rights and attributes required for each membership category

4. Identify and recommend changes to the Articles of Association required to change the membership model

5. Identify and mitigate risks and issues associated with the membership changes

6. Define the credentialing model to identify and recognise occupational, professional and specialty groups within the HIMAA Body of Knowledge, including:
   - Identification of groups to be credentialed, examples include Health Information Managers, Clinical Coders / Health Classification, Health Informatics, Casemix Specialist, Health Records Management
   - For each specialty group, develop or update the competencies that will define them
   - For each group, define how credentialing will be obtained including education and training completed and prior knowledge
   - Define how credentialing will be recognised
   - Identify requirements within the HIMAA Office to support member credentialing

7. Define the transition process and timeframe to transition existing members to the new membership and credentialing model

8. Develop a Communication and Marketing Plan for the implementation of the changes

9. Prepare a HIMAA Membership Project Report at the end of the project for consideration by the HIMAA Board

10. Prepare a HIMAA Membership Recommendation Paper for distribution to all HIMAA members and consideration at the next HIMAA AGM.

Individual tasks and milestones for each deliverable were determined and included in the Project Plan.

4. Project oversight and management

A Project Steering Committee (PSC) reporting to the Board was established in February 2011, and tasked with oversight of the project. The PSC comprised the Senior Vice President, two other Board Members and the Chief Executive Officer of the HIMAA.

The Stamford Group Pty Ltd, trading as Stamford Informatics, was appointed to undertake project management. Tim Nelson, Managing Director of Stamford Informatics, was appointed Project Manager.

5. Project Plan

A Project Plan was prepared in February 2011 and formally approved by the Project Steering Committee. The Plan included a work breakdown structure with anticipated
tasks required to complete each project deliverable. Important milestones for key deliverables were determined and included in a project schedule. The Plan also included a preliminary listing of project stakeholders, a series of assumptions and constraints and a statement on change and control procedures. A risk assessment identified anticipated risks to the project’s management, delivery and completion, and included assigned responsibility and strategies for both the Project Manager and the Project Steering Committee.

6. Communication and Engagement Plan

A separate plan was prepared to guide consultation with stakeholders throughout the life of the project. The plan included strategies for direct communication with stakeholders and a series of activities each month. A variety of methods were employed to encourage active involvement and participation in the project, including email, phone and personal consultation, presentations, briefing meetings and teleconferences.

Aims for communication and engagement were identified as follows:

- To highlight the strategic direction and intent of expanded membership for the HIMAA and opportunities for credentialing
- To identify and discuss the impact of the expanded membership model and credentialing for the stakeholder group
- To encourage input into the consolidation of new membership categories and the design of a comprehensive credentialing system for members
- To quantify the risks associated with the proposed changes and identify strategies to mitigate
- To emphasise the skills, capabilities, role and function of health information managers and other groups of individuals aligned with the HIMAA Body of Knowledge
- To promote opportunities for collaboration, cooperation and synergy with key stakeholder groups
- To encourage and garner interest in stakeholder affiliation, partnering or membership of the HIMAA under the expanded membership model.

7. Overview and assessment of current state

As a professional association representing an established occupational group, the current HIMAA membership structure is to some extent quite unique. This uniqueness largely reflects the diversity of its membership, consisting as it does both of individuals with a recognised qualification in health information management (or its previous equivalent) and those with other professional backgrounds or industry experience. There are similarities, however, with the membership structures of other associations that represent a discrete profession. Some of these similarities are explored later in this report.

This section of the report examines the current composition of the HIMAA and changes over time in the balance of membership categories. It also comments on issues and challenges concerning member identity, representation and qualification, in the context of the stated objectives for this project. Further statements are made regarding the current HIMAA Professional Credentialing Scheme. Where relevant, comments received from members via the Membership Surveys and from individual interviews are included to qualify key points.
**Current membership categories**

Membership categories, rights and privileges have changed little over the past decade, although more recently there have been some small changes to the balance of membership. The Full Member category retains its predominance in terms of member numbers, but changes in member figures since 2006 are worth noting and validate efforts to seize opportunities, identified within this report, that seek to retain existing members whilst expanding the membership base and ensuring its long term sustainability.

The table below provides a summary of current HIMAA membership categories and the applicable rights and privileges for each. This information is reflected on the HIMAA website and in promotional material, although some wording is slightly different from that found in the current Articles of Association. These differences are highlighted and discussed in section 11 of the report.

**Table 1: Current HIMAA membership categories, definitions, rights and privileges**

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Rights and Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Member</td>
<td>Persons who are graduates of accredited Australian Health Information Management university programs</td>
<td>Full voting rights and member privileges</td>
</tr>
<tr>
<td>Fellow Member</td>
<td>Full members selected by the Board who have made outstanding contribution to the profession</td>
<td>Full voting rights and member privileges</td>
</tr>
<tr>
<td>Honorary Member</td>
<td>Persons not otherwise eligible for membership of the Association who, in the opinion of the Board, have made a significant contribution to health information management or rendered distinguished service to the health information management field or a related field</td>
<td>Not entitled to vote at any HIMAA General Meeting. Not eligible for election or appointment as a member of the Board. Not entitled to be a member of a committee or subcommittee of the Board or be appointed as a delegate of the Company (other than as approved by the Board in its discretion). Have no rights and privileges of membership (but may attend a General Meeting at the invitation of the Board)</td>
</tr>
<tr>
<td>Affiliate Member</td>
<td>Individuals working in, involved in or affiliated with the health information management profession or a related professional field but who do not have qualifications enabling membership as a Full Member</td>
<td>Eligible to vote at HIMAA General and State Branch Meetings. Eligible for election or appointment to State Branch committees/subcommittees and national committees but not to HIMAA Board</td>
</tr>
<tr>
<td>Life Member</td>
<td>Affiliates, Full Members or Fellows who, in the opinion of the Board, have made a significant contribution to health information management or rendered distinguished service to the health information management profession</td>
<td>Rights and privileges as per relevant member category</td>
</tr>
<tr>
<td>Student Member</td>
<td>Students enrolled full-time or part-time in an approved Health Information Management educational program conducted by a university, but only during the time they are so enrolled as students</td>
<td>Voting rights and eligibility are the same as for Affiliate members</td>
</tr>
</tbody>
</table>
### Organisational Member

Any organisation which proves to the satisfaction of the Board that the object(ive)s of the Company are compatible with those of HIMAA and which is involved in or affiliated with the health information management field or a related professional field

Not entitled to vote at any HIMAA General Meeting. Not eligible for election or appointment as a member of the Board. Not entitled to be a member of a committee or subcommittee of the Board or be appointed as a delegate of the HIMAA (other than as approved by the Board in its discretion). Have no rights and privileges of membership (but may attend a General Meeting at the invitation of the Board). May exercise any rights and privileges of membership only through its nominated representative

### Concessional Member

Persons who, at the time of application and for the period of membership purchased, are otherwise eligible to be an Affiliate, Full Member or Fellow of the Association but are not in full-time or regular part-time employment, or who have retired from the workforce on a permanent basis

Not entitled to vote at any HIMAA General Meeting. Not eligible for election or appointment as a member of the Board

Although not stated in the definition above, Full Member includes those individuals who have previously been granted or qualified for Full Membership of the HIMAA. This includes individuals with an Associate Diploma in Medical Record Administration, or an approved equivalent.

At the time of writing this report, there are no Fellow or Honorary Members of the Association and only one Concessional Member. From individual interviews as well as discussions at project briefing sessions around the country, little appears to be known by members about these categories.

The listed rights and privileges largely reflect those defined within the Articles of Association, but again with some variances. The term ‘full voting rights and privileges’ is widely understood to apply only to Full Members. While Affiliate and Student members may exercise the same voting rights as Full Members at general meetings of the Association, they are not eligible for representation on the HIMAA Board.

### Profession, association and industry

In the context of discussions around membership and credentialing it is important to clarify a number of key terms. There should be no uncertainty that the HIMAA represents a profession, one that is recognised as a formal occupation. Professions Australia defines a profession as a “…disciplined group of individuals who adhere to ethical standards and who hold themselves out as, and are accepted by the public as possessing special knowledge and skills in a widely recognised body of learning derived from research, education and training at a high level, and who are prepared to apply this knowledge and exercise these skills in the interest of others”¹. The HIMAA is a member of this body, which seeks to support and promote the professionalism of like associations to their respective industries, and to the communities they serve.

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HIMAA Membership Project – Final Report. September 2011. 7
As a professional association the HIMAA represents a core group of individuals who are eligible for Full Membership. It also represents, through membership, others who work within what may be referred to as the health information or health information management industry.

For the purposes of this report and any further discussion, the word profession should be deemed to refer to the Health Information Management profession, that includes those eligible for Full Membership of the Association. Reference to the health information or health information management industry is intended to describe the environment in which both those with a recognised qualification and those with other qualifications and experience are employed.

**Trends in membership**

While individual member categories have not changed recently in their overall structure or definition, payment and subscription arrangements for Student members were altered in 2007. At that time Student membership was offered free to undergraduate students regardless of status (part-time or full-time). A subscriber rate was also offered, allowing interested Students to access a printed copy of the HIM Journal in addition to the online version. Another subscription arrangement is available to graduates of a HIMAA-accredited HIM program, who pay a Full Member discounted rate for up to 12 months following graduation.

Table 2 below presents a summary of financial members within each member category from June 2006 to June 2011. There are some changes of note in member numbers and percentage totals, including:
- An increase in real terms of the number of Full Members, but a 6% decline overall as a percentage of the total membership
- An increase in real terms of the number of Affiliate members, and an 8% increase overall as a percentage of the total membership

If we exclude non fee-paying Student members* from the data below, there is a decline in Full Member percentage of the total membership from 76% to approximately 71% over 6 years, and an increase in Affiliate member percentages from around 15% to 25%.

Although these changes are not necessarily significant, they do reflect a change in the overall composition of membership.

**Table 2: Membership numbers by major category June 2006 – June 2011**

<table>
<thead>
<tr>
<th>Category</th>
<th>June 06</th>
<th>June 07</th>
<th>June 08</th>
<th>June 09</th>
<th>June 10</th>
<th>June 11</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
<td>#</td>
<td>%</td>
</tr>
<tr>
<td>Student*</td>
<td>96</td>
<td>16.4</td>
<td>32</td>
<td>6</td>
<td>43</td>
<td>8.2</td>
</tr>
<tr>
<td>Full Member**</td>
<td>373</td>
<td>63.9</td>
<td>392</td>
<td>72.7</td>
<td>355</td>
<td>67.4</td>
</tr>
<tr>
<td>Life</td>
<td>8</td>
<td>1.4</td>
<td>8</td>
<td>1.5</td>
<td>8</td>
<td>1.5</td>
</tr>
<tr>
<td>Affiliate</td>
<td>72</td>
<td>12.3</td>
<td>84</td>
<td>15.6</td>
<td>94</td>
<td>17.8</td>
</tr>
<tr>
<td>Concessional</td>
<td>29</td>
<td>5</td>
<td>12</td>
<td>2.2</td>
<td>14</td>
<td>2.7</td>
</tr>
<tr>
<td>Organisational</td>
<td>6</td>
<td>1</td>
<td>11</td>
<td>2</td>
<td>13</td>
<td>2.4</td>
</tr>
<tr>
<td>TOTAL</td>
<td>584</td>
<td>100</td>
<td>539</td>
<td>100.0</td>
<td>527</td>
<td>100.0</td>
</tr>
</tbody>
</table>

* Individual student subscribers are not included in the Student category
** New graduate subscribers are included in the Full Member category

**Member identity and representation**

Categories of Full Member, Affiliate and Student are the largest by numbers, and form the basis for individual identification within membership. What clearly identifies
Full Member is a recognised qualification in health information management, or its equivalent. Student members are defined equally as clearly, as those enrolled in an approved university HIM program. The Affiliate category is less well defined as a component of the membership. Rather they are simply identified as individuals involved in the industry but without qualifications that would enable them to be Full Members.

During the course of the project, many have commented on what they consider to be the inherent limitations of the above categories. No recognition or distinction is seen within the categories for those with any qualifications other than what is required for Full Membership, including post-graduate qualifications. Equally there is no recognition of individual tenure in membership, nor in the wider profession/industry. Others have expressed concern that within the Full Member and Affiliate categories there is no recognition of specialisation, achievement or experience.

Such concerns may not be completely allayed by changes to category type or definition, and indeed to attempt to address all concerns would be simply impossible. A number of other associations do allow for progression in membership on the basis of criteria such as qualifications, experience, achievement and tenure, and these possibilities have been explored with both current and past members throughout the project.

The Professional Credentialing Scheme does offer some level of differentiation for both Full and Affiliate members but to date has seen limited utilisation.

While the Affiliate category is open to a range of individuals working within the health information industry, the lack of identity within the category definition for those with different qualifications and/or experience has been viewed by some as a barrier or disincentive to membership. Some Clinical Coders without an HIM qualification expressed the view that they did not feel a part of the Association, or valued alongside others within the membership. Others with different qualifications, as well as individuals with extensive experience in the industry but with no qualifications, expressed a sense of limited ‘connection’ with the Association and a feeling of being considered to have less to contribute without the HIM degree.

A number of views were expressed around representation, with many feeling the Association represented only those in more traditional roles within the HIM profession and the wider industry. Some graduates of HIMAA-accredited HIM programs whose careers have taken them into areas or positions outside of health care organisations felt they no longer had anything to contribute to the Association, given their current role and perceptions regarding whom the HIMAA seeks to represent. Others, however, commented that they viewed themselves as Health Information Managers regardless of their current position of employ and that representation through the HIMAA required their commitment and involvement in membership.

**Professional credentialing**

The HIMAA Professional Credentialing Scheme has been operational since 2007. Although viewed by many purely as a system of certification based on professional development, the scheme is true to its title. The term credentialing is used widely to describe a process employed to validate an individual's qualifications, experience, skills and knowledge. As later sections of this report describe, a number of professional associations credential their members on the basis of a defining membership category, and/or through a formal process of certification based on the fulfillment of obligations for continuing professional development.
There has been limited participation in the HIMAA’s Professional Credentialing Scheme to date, although it has been evident from conversations with members that little is known about the intent of or processes involved. More work is needed to promote the scheme to current and potential new members, and options in this regard are outlined in section 12 of this report.

Industrial and workforce concerns

It is important that any changes to membership categories and the introduction of credentialing do not detract from or compromise the unique professional standing of qualified Health Information Managers. Equally, efforts to grow the membership should seek to strengthen the voice of the HIMAA and improve representation of those covered by existing and future industrial agreements.

Currently, in Victoria, qualified Health Information Managers are classified in the Victorian Public Sector Agreement 2004-2007. In the agreement, HIMs are defined as “An employee who has passed examinations qualifying him/her for admission as a full graduate of the HIMAA”. In New South Wales, the Health Professional and Medical Salaries (State) Award (effective 12th November 2008) classifies Medical Record Administrators in much the same way and refers to different rates of remuneration based on the number of years after graduation.

In Western Australia substantial effort has been made to have qualified Health Information Managers recognised as a health profession, in line with achievements in other States and Territories such as Queensland, the ACT and the Northern Territory. These efforts, achievements and the strength of position for qualified HIMs within relevant awards and agreements should not be diluted through any proposed changes to membership, or the introduction of a system of credentialing.

8. Strategic opportunities

There are significant developments occurring within the health industry nationally and internationally that are worthy of consideration in conjunction with the strategic objective of this project. A number of these developments are outlined below, along with some consideration of what the Association may be seeking to achieve with respect to an ‘expanded’ member base and opportunities for credentialing.

The current strategic environment

There are suggestions and expectations of an increasing demand for Health Information Managers and Clinical Coders in response to major health reforms such as Activity-Based Funding (ABF) and the development of electronic health record applications at a state and national level. Various workforce studies and reports produced by the Australian Institute of Health and Welfare and the Department of Health Victoria have identified implications for shortages in the critical skill-sets needed to oversee these and other reforms.

3 Australian Institute of Health and Welfare 2010. The coding workforce shortfall. Cat. no. HWL 46. Canberra: AIHW.
In view of some of the implications raised by these studies, particularly around education and training, there are a number of opportunities available to the HIMAA through the Membership Project. In particular there is an opportunity to better support, through membership and representation, those needed to fill essential positions for HIMs and Clinical Coders. There is a further opportunity to attract into membership, and to better identify within membership, those with other qualifications and experience working within the health information industry. Member credentialing and certification may lend further support to the issues and challenges identified in these studies, promoting a standardised and structured approach to continuing professional development and competency-based assessment.

A number of employer groups interviewed during the course of the project were emphatic in their concerns at the apparent lack of qualified HIMs for critical positions within their organisations. Questions of “what is the HIMAA doing about it?” were not uncommon and were not easily answered. The Association and the wider profession need to remain mindful of these frustrations as it looks to ensure continued member growth, representation and relevance within the health sector.

The closure of undergraduate programs in HIM at the University of Sydney and Queensland University of Technology is a significant factor in the move to consider options to ensure the continued sustainability of HIMAA membership. At this point in time the Association cannot continue to rely exclusively on graduates from the remaining university programs as the primary source of future members. Equally, while there are opportunities for the HIMAA to attract those in the industry with other professional backgrounds or experience, both former HIM graduate and student members and those eligible to join should remain a key target for membership.

Comments from the Membership Surveys suggested an expanded member base could strengthen the Association, improve professional recognition and provide a ‘stronger voice’ for the HIMAA politically. Particular comments (un-edited) from both current and past members included:

- Greater numbers means greater lobbying power
- Expanding the membership base will reflect reality of the workplace and give it legitimacy in policy negotiations
- We can only continue to champion the role of HIMs and clinical coders if there is strength in numbers
- Will expand the profile of health information management…
- Increased revenue derived from membership; increased potential to influence the wider health agenda; diversity of knowledge, influence and input; increased membership to draw from to hold key executive roles within the association.

Other comments and feedback from individual members interviewed expressed an interest in the HIMAA taking a stronger lead within its sphere of influence, particularly in seeking to attract other professionals into membership, or risk losing ground to other groups who may look to “fill the void”.

**What does it mean to expand, and whom might we seek to attract?**

Expansion of the member base is clearly stated as a strategic objective of this project. In conversation with members and past-members alike, proposed expansion has been interpreted by some as an attempt merely to increase member numbers without regard to the impact a broader member base might have on the role, function and strategic direction of the Association. Others have expressed significant concern at the potential ‘dilution’ of the professional status and composition of the
membership, should the Association seek purely to attract those not currently eligible for Full Membership.

Efforts within many professional associations to expand their member base are usually continuous and predicated on the need to grow in order to provide meaningful services to those they represent. Such a need is no less apparent for the HIMAA, particularly within the current economic environment.

Historically the HIMAA has focused its membership structure on those eligible for Full Member status. Those without the recognised eligibility or qualification have been permitted to share in membership of the Association but there has been limited recognition of the diversity of their qualifications, skills and experience. An expansion of the member base is an opportunity to acknowledge these others within the health information industry and, through membership and representation, to encourage their learning, development and contribution to the sharing of knowledge and ideas.

Feedback from members suggested those who identified themselves as Clinical Coders would be an appropriate group to attract into membership, regardless of qualification or background. Likewise those involved or employed in areas such as information systems, information technology, health informatics, health research and data management. There were also suggestions that administrative and clerical support staff within Health Information Management/Health Record Departments and wider operational areas within health care facilities could be attracted into membership. Comments on and further options for an expanded membership base are explored in more detail in subsequent sections of this report.

Seventy-eight (78) past members responded to the Membership Survey. Findings from this survey indicate that of this figure, 50 were previously Full Members and 22 Student members. Thirty-two (32) respondents (including 16 Full and 14 Student) had been members for between 1-3 years and 16 (14 Full and 2 Concessional) for more than 10 years. These totals are useful in the wider context of responses made to questions throughout the survey and should be considered in future assessments of membership opportunities and member satisfaction.

Comments in response to two particular questions in the above survey are also worth noting in the context of this section. The questions asked whether the respondents would be interested in re-joining the Association should an expanded membership base be pursued and if a credentialing system was available. Thirty-eight respondents (56%) indicated ‘yes’ to the first question, nineteen were unsure and eleven indicated ‘no’. Comments (un-edited) included:

- Depends…no real benefit to me in being a member here due to lack of professional development opportunities and small numbers of HIMs in this state.
- No longer relevant to the work I do, my office is now a member and I don’t need to be as well.
- Upgrade the website to allow online re-enrolment.
- I am satisfied with my HISA membership and don’t see a need to belong to both.
- If there were greater options and pricing structures in me choosing what I wanted out of the organisation it may entice me back.
- In the past had a narrow focus (this may have already changed in the years since I was a member) but an expanded member base could bring more relevant topics to the table.
- As someone who lives outside a metro area I found little support from HIMAA or value in belonging.
Twenty-two former members indicated they would be interested in re-joining on the basis of a credentialing system, while a further 20 and 20 respectively responded ‘no’ or ‘don’t know’. Sixteen individuals did not respond to the question. Comments (un-edited) included:

- For more junior members of the profession, I would have thought yes, but not for me as I am in a senior role within health.
- Only if the credentialing was recognised either financially or for applying for a job.
- It would be a motivator to ensure I remained informed and competent in my professional skills.
- Probably not, unless my work in clinical research is recognised. I simply don’t know where I fit with HIMAA anymore.
- I would need to see what is involved in credentialing process.

These and other comments point to issues of relevance, value and opportunity in membership and credentialing, which the objectives of this project are indirectly seeking to address. Having invited past members to contribute in this way and given the extent of the responses made, it is recommended that outcomes of this project be clearly communicated to this group. Former members should, quite justifiably, be considered a target for an expanded membership base and consulted and valued accordingly.

**International membership opportunities**

The HIMAA has established strategic partnerships internationally with organisations involved in the delivery of individual training in Clinical Coding. Under license, the Saudi-based Excellence Health Training Institute, through its operational partner MedFormatix, offers training in ICD-10-AM, ACHI and ACS to individuals and facilities in Saudi Arabia using HIMAA educational course material. Students who successfully complete the material, along with a final assessment, may potentially seek certification as a Clinical Coder through the HIMAA. The Centrul pentru Managementul Serviciilor de Sanatate in Romania is also contracted to undertake coder training using HIMAA materials.

There is a significant opportunity to promote membership to individuals trained through licensing arrangements in both of these countries. Equally there may be opportunities in future to encourage graduates of these courses into formal credentialing through certification.

A Health Information Management program at Higher Diploma level has been available from the Higher Colleges of Technology (HCT) in the United Arab Emirates since 2001. Since 2004 the HCT has been graduating students from a Bachelor Degree Program. In 2009 this Program was formally accredited by the HIMAA. Consequently, graduates of the program are eligible for Full Membership of the Association. Whilst eligible, it appears graduates are or have been unaware of their eligibility. This was confirmed following recent consultation with HCT faculty.

Over 300 students have graduated from the HCT Program across two campuses since 2001, presenting a significant source of potential members for the HIMAA. A more progressive membership structure, offering opportunity for example for advancement through Fellowship of the HIMAA, could appeal to a number of cultural norms within the Emirates, where qualifications, status and positioning are highly respected in society. Opportunities for credentialing through certification may also appeal.
Graduates of the HCT have tried for many years to establish a national association for HIMs but without success. There may be an opportunity for the HIMAA to offer support for the establishment of a local chapter of the Association, or to offer some advice on the formation of an independent Association with possible links to the HIMAA.

The American Health Information Management Association has long had an interest in the Middle East and is often represented at local conferences and events, including the upcoming 2011 World Health Care Congress in Abu Dhabi. Unlike the HIMAA however they have not been involved in the accreditation of undergraduate programs in HIM within the Middle East.

**Strategic opportunities for credentialing**

A commitment to ongoing learning and development is crucial for any individual or professional group. In section 12 of this report, options are outlined to expand the existing HIM Professional Credentialing Scheme. A more inclusive membership structure coupled with expanded opportunities for CPD and certification should aim to create incentives for further learning regardless of the individual’s professional qualifications, background or experience.

Employers frustrated with ongoing recruitment challenges should be further consulted and involved in opportunities for credentialing. Many of those interviewed throughout the project were keen to see what support the Association could offer to those without the HIM qualification, recruited into key positions. Equally there was interest in how the Association might sponsor or support the training of new graduates, particularly those entering clinical coding roles within the workforce.

Efforts to expand member access to professional development (PD) events and other e-learning opportunities are applauded and will complement any changes to membership and credentialing in the future. Adding further videos, lectures and copies of presentations will add significantly to the resources available to members.

The HIMAA has an opportunity through this project, and with other strategic initiatives planned, to more effectively promote its vision, mission and values to the profession and the wider health information industry.
9. Research (Australia & International)

Extensive research into the membership structures and credentialing systems of relevant professional associations was undertaken throughout the project. Associations included those in health and other industries, both nationally and internationally. Research included a review of association websites and printed publications, as well as interviews (where possible) with senior management.

While many more were researched and considered in the context of this project, a short summary is provided in Appendix A of membership and credentialing systems across seven (7) international and (22) national associations.

Associations representing Health Information Managers in the United States of America and Canada present logical and perhaps the most easily comparable models of membership. Also included in Appendix A are the UK-based Institute of Health Records and Information Management (IHRIM) and Professional Association of Clinical Coders (PACC), the Health Management Institute of Ireland (HMI), the American Medical Informatics Association (AMIA) and the Healthcare Information and Management Systems Society (HIMSS).

Australian Associations researched included:

- Australasian Health and Research Data Managers Association
- Health Informatics Society of Australia
- Health Informatics New Zealand
- Records and Information Management Professionals Australasia
- Australasian College of Health Service Management
- Australian Institute of Medical Scientists
- Australian Computer Society
- Australasian College of Health Informatics
- Australasian Association for Quality in Health Care
- CPA Australia
- Australian Institute of Management
- Australian Institute of Project Management
- Australian Association of Practice Managers Ltd
- Australian Human Resources Institute
- Association of Regulatory and Clinical Scientists
- Australian Physiotherapy Association
- Australian Psychological Society
- Occupational Therapy Australia
- Speech Pathology Australia
- Dietitians Association of Australia
- Australian College of Midwives
- Australian College of Mental Health Nurses

As may be seen from the summary provided in Appendix A, a number of key features were identified in relation to the structure, definition and use of membership categories by these associations, as well as their use of systems of credentialing. Many allow for some form of progression within membership, based on tenure or more formal considerations of qualifications and experience. Fellowship categories are used variably to acknowledge achievement and contribution, and may be recognised on award or application. Many associations also provide for the use of post-nominals, as a means of promotion both for the individual member and for the association. Further features and findings are presented throughout the report.
10. Stakeholder consultation

The Project Plan identified a list of agreed stakeholders for consultation. This list was expanded throughout the project on the advice of members and as interest in the project developed.

Identified stakeholders were grouped into one of the following categories:

- **HIMAA**
  - Including members (past and present), national committees, state and territory branch committees and the national office
- **Affiliate Groups/Organisations**
  - Including the Clinical Coders Society of Australia and the Health Informatics Society of Australia
- **Education, Research and Training**
  - Including four state universities and the National Centre for Health Information Research and Training
- **Departments of Health**
  - State and Territory, as well as the Commonwealth Department of Health and Ageing
- **Targeted Individuals and Organisations**
  - Intended to identify those individuals working in specialised areas such as health information management, clinical coding and classification, activity-based funding and information systems, along with selected organisations
- **Other**
  - Included organisations and associations such as Standards Australia, the Australian Institute of Health and Welfare, Australian Private Hospitals Association and the National E-Health Transition Authority.

An initial mail-out to organisations, associations and departments of health was undertaken in late February and again in March, as further stakeholders and appropriate contacts were identified. Recipients of these letters were subsequently contacted by telephone, and meetings arranged with the Project Manager.

Briefing sessions were scheduled with HIMAA members through respective State and Territory Branch Committee Presidents and Convenors. Some of these sessions included non-members and past members of the Association. The sessions provided attendees with a background to the project and a broad overview of potential options and opportunities. A short presentation was followed by open questions and discussion. Tape recordings of discussions were made where possible.

During visits by the Project Manager to each state and territory, interviews were held with representatives and leaders of various organisations, associations and departments of health. Some of these interviews were conducted by phone or teleconference where opportunities to meet in person were not available. A record of interviews held with individuals is included in Appendix B.

**Interviews and briefing sessions**

Opportunities, issues and concerns expressed by a cross-section of stakeholders consulted are paraphrased below under a selection of headings and points of discussion. While it is not practical to document all oral or written contributions from stakeholders, there is value in understanding the interests and sentiment of those consulted, and to recognise how these have contributed to the formation of options for future membership structures and a system of credentialing.
Membership and the value of association

The benefits of membership are not well understood by some, nor the value of being a part of a wider professional association. Some concerns were expressed at the monetary value of membership, while others expressed regret that many do not see the importance of being a member in order to contribute to the Association and its objectives.

The project is considered an opportunity to encourage past members to 're-connect' with others in the field. Other comments included:

- Membership is not essential for employment nor recognised in terms of remuneration and other conditions of employment, so there is little perceived value in joining
- Focus of project should be on encouraging past-members to re-join or eligible members to join for the first time before we consider expanding the membership base
- Work that has been done by the Board/Association to address membership issues in the past is not widely known
- Value in offering member discounts where individuals are members across more than one relevant association (e.g. HISA, AHRDMA, ACHSM)
- Would like to see ‘eligibility for membership of the HIMAA’ return to job descriptions
- People will join the Association for a reason, but there is a perception that opportunities for membership are not well communicated
- Association needs to better promote the extent of its advocacy as this is not widely heard or understood
- Membership needs to be easy. Remove barriers to membership by reducing paperwork and making process less cumbersome
- Professional associations face a continual challenge to market membership to current and prospective members
- Special interest groups can help encourage networking and participation, and can also support member retention.

Membership categories, identity, rights and privileges

Interest in retaining the unique identity of graduates from accredited HIM university programs was clearly expressed in the membership surveys and in individual interviews. There was also interest in finding ways to acknowledge and identify those with other qualifications and/or experience within the industry. Modifications to existing membership categories were considered opportunities to promote individual skills, qualifications and experience to industry.

A number of Clinical Coders, and regardless of qualification or background, expressed the view that in the Clinical Coders Society of Australia (CCSA) they have a sense of identity and recognition. Other comments included:

- There is an opportunity to encourage those with other qualifications and backgrounds into membership and to offer them some identity in the process
- Clinical coders should be encouraged back into membership of the HIMAA rather than continue to exist as a separate group under CCSA
- Value in offering continuing education opportunities for coders through membership of the HIMAA
- Potential for people involved in research, data quality and data management to be encouraged to join an Affiliate/Associate category and to promote their skills in these areas
The HIMAA needs to offer some identity and career path for those on the fringe of HIM or working in the field without an HIM qualification or risk another professional association taking such an initiative away from us.

Opportunities for expansion

There was significant interest in seeking to attract Clinical Coders into membership, in addition to any involvement with the CCSA. Some expressed the view that Clinical Coders without undergraduate HIM qualifications felt excluded from membership. Other potential members were identified, including administrative support staff working within the hospital sector, those working in information systems, IT and health informatics, past members of the Association and those who are eligible but have never sought membership of the HIMAA.

Creating incentives for current members to remain in membership was considered equally important alongside opportunities to expand. Expansion was seen as important in order for the Association to grow, to improve its ‘voice’ within industry and to remain relevant to those it seeks to represent.

It was affirmed by many that qualified HIMs are highly respected in industry and that any expansion in membership needed to ensure this respect and value continued.

Expansion of the member-base is viewed by some as an opportunity for growth and by others as a threat to the unique identity of the Association. Concerns at possible dilution of the profession were common. Views were also expressed that an expanded member-base can potentially increase the pool of individuals for whom the HIMAA can advocate.

Comments were made that the HIMAA has an opportunity through an expanded member-base to appeal to those who are not otherwise represented by, or members of, other professional associations. Equally if the HIMAA does not seek to attract such individuals into membership, another association may fill this ‘vacuum’.

Other comments included:

- Health reforms and initiatives such as ABF present the HIMAA with an opportunity to open its doors to a broader audience of members
- We need to be more inclusive of others within the industry, particularly coders
- We should not ignore those people without the HIM degree who have potentially much to offer the HIMAA
- Opening membership to others would demonstrate maturity of the Association, and the wider profession
- Expansion might positively extend our influence, voice and political strength
- Need to attract those who should already be members as well as potential new members from other related professional areas
- Risk that a broader membership will take us too far away from our basic focus as a professional group.

Workforce and recruitment

There was widespread concern expressed, particularly by employer groups, at the difficulty in recruiting suitably qualified HIMs to essential positions. There is growing frustration and impatience at the lack of graduates, and more than one argument offered that future health reforms will not wait for HIMs to be found.
Interest was expressed in seeing the HIMAA support on-the-job training and professional supervision of those without qualifications and/or experience. There was some suggestion that the Association needed to be proactive in promoting HIM competencies and standards of practice to those without HIM qualifications, particularly in light of recruitment issues and the reduction in number of undergraduate program offerings.

Relevance, representation and member retention

Concerns were expressed that the Association was no longer seen as relevant to those HIMs who had moved away from traditional areas of employment. Retaining members would be difficult unless the HIMAA identified ways to advocate and represent those working in more diverse roles within the health sector. It was suggested this may be achieved through the formation of special interest groups, particularly for those working in positions in which they do not identify themselves as 'practising' health information managers. Other points raised included:

- Need for a balance of representation on the Board
- Limited awareness amongst membership of the extent to which the HIMAA advocates on their behalf
- Concern at perceived limited profile of the Association in industry and lack of representation on major industry committees/reference groups/projects.

Valuing skills and experience

Comments included:

- Importance of valuing experience, not just qualifications
- "HIMs don't own the skills". There are many others from different backgrounds and with other qualifications who could demonstrate that they meet HIM competencies in areas in which they work.
- HIMAA needs to develop some prestige by including within membership those working in areas such as health informatics, particularly given the roll-out of new systems within the health system
- People want representation, and they want their skills to be valued.

Credentialing and certification

Varying perceptions and opinions were expressed regarding credentialing at briefing sessions and during individual interviews. Overall, sentiments regarding the concept were positive. Some members saw little relevance given current workforce shortages and viewed certification as a burden to members, and of little value or interest to employers. Other points raised included:

- HIMs have the pick of the jobs, so credentialing is unlikely to make much difference in terms of their employability
- Personal motivation for credentialing is unclear. “Why would I want to do it?”
- CPD important regardless of industry interest
- Certification should be viewed as essential to professional and career development regardless of employer interest at this stage
- Credentialing seen as important to employers where they are unable to recruit qualified HIMs and wish to ensure those recruited without qualification are (or have been) assessed as competent against established standards
o Credentialing should help raise the profile of members and the Association, whether or not the credential itself is currently recognised by the employer
o Process should not just focus on qualifications, particularly post-graduate, but on training focused specifically in the area or specialty in which someone is seeking certification
o Credentialing will value and promote existing skills
o Credentialing will help raise member profiles and improve communication about their role
o Credentialing may be key to retaining members and encouraging them to better promote themselves to their employers
o Credentialing should encourage/provide incentive for participation, particularly for specialty groups such as clinical coders
o Widening of certification to include a range of specialties/occupational groups may encourage individuals from these areas into membership
o Comment from one particular Department of Health that they are moving away from requiring specific qualifications for a number of professional positions, given difficulties with recruitment. Credentialing may offer some assistance to the State employer in terms of recruitment and skills identification.

Cooperation and collaboration

Points raised here related to HIMAA's existing and potential interaction with other professional groups and associations in health, and included:

o Uncertainty over role, interests and linkages of/between groups such as HIMAA and HISA, AHIC etc
o Views expressed that closer collaboration needed between groups with an interest or stake in issues around health information
o Views expressed that there has been limited involvement of CCSA in HIMAA activities in the past, and a sense of not being 'heard' on issues of relevance or concern to both
o The HIM and health informatics landscape is ‘blurred’. Some explanation and differentiation is needed to more clearly define roles.

HIMAA promotion and profile

Individual members and employer groups expressed an interest in seeing the Association improve its promotion and profile within industry. A selection of comments included:

o Need to ensure the unique skill-set and profile of graduate HIMs continue regardless of changes to membership
o HIMAA is not viewed as a very vocal group. Suggested a need to be more visual and proactive in helping to address/resolve workforce issues, particularly around coding
o Some unaware of the role, function and capabilities of qualified HIMs beyond the traditional and more easily understood areas of employment
o View expressed that HIM skill-set is not being maximised.
Membership Surveys

The use of surveys to obtain member input on issues and opportunities for membership and credentialing was a key communication strategy for the project. In early March a survey was released to current members via email, using Survey Methods software. The aim of the surveys was to seek early feedback and comment on the strategic objective of the project, and to help guide consultation with members and other project stakeholders.

Questions were structured to gauge opinion on the advantages and disadvantages of an expanded model of membership, to determine individual understanding of, and attitudes towards, credentialing and to help guide future professional development initiatives.

Details of current job specialisation and employment type were sought, along with current membership status and duration. Remaining questions did not refer to specific options for membership or credentialing to avoid preempting or prejudicing planned discussions with members around Australia. Anticipated responses to these questions, however, were considered a reasonable measure of member interest, awareness and understanding.

Twenty-one (21) questions were included in an initial survey of current members. A second survey of past members was released in early April, and forwarded using the last available email address on the Association’s member database. The same questions were used as per the current member survey, although some were modified to identify what particular changes to membership categories and/or the introduction of credentialing might encourage past members to re-join.

A full listing of questions and response options for both surveys is included in Appendix C.

Membership Survey Findings

Results and comments received in response to some of the membership survey questions, for both current and past members, are presented below. In addition to tables and graphs drawn directly from survey data, some comparisons have been made based on the following criteria:

- Member status (Full or Affiliate Member, Current and Past)
- Duration of membership
  - Less than 1 year
  - 1-3 years
  - 3-5 years
  - 5-10 years
  - more than 10 years

Select comments recorded after relevant questions by respondents are used to highlight particular sentiments, concerns and/or preferences on each issue.

Question 2 asked respondents to indicate which specialty area or occupational group best described their role. In response to the option ‘other’, a number indicated they held responsibilities across more than one area. Responses also listed academic, scientific, student, project management and health service management.

In the current member survey just under 40% of Full Member respondents indicated their specialty as health information management, and 14% as clinical coding and
classification. This contrasted with Affiliate Members who reported 25% and 40% respectively for each specialty.

Membership

An indication of the composition and background of the survey respondents is provided in Figures 1 and 2 below. Figure 3 provides an indication of other associations with which some of the respondents have membership.

**Figure 1: Current and past membership status**

**Figure 2: Membership tenure (Current and past member)**
A listing of the association acronyms for the figure below can be found in Appendix A.

**Figure 3: Membership of other associations**

Current and past members, in Full Member and Affiliate categories respectively, were asked if they perceived any advantages and disadvantages of an expanded membership model. Responses are summarised in Figure 4 below:

**Figure 4: Do you see any advantages (A) and disadvantages (D) of an expanded HIMAA membership base?**
Comments from current and past members (unedited) included:

**Advantages**
- Greater voice; more resources to provide services; greater pool of ideas.
- Because HIMAA would have a broader representation and this would enable relevant information to be shared across a wider cross section of the workforce.
- Would need to ensure that there is genuine benefit to the expanded membership draftees.
- Diversity is good. HIM may be “shrinking” and we should include others to prevent disappearing off the radar.
- Strengthens professional recognition and creates a networking structure for peer support and advise.

**Disadvantages**
- Lack of clarity of the core HIM functions and how they relate to other groups in the area.
- There is a potential to “water down” the HIM qualification but this should be managed by having some distinction of specialty area, ie credentialing.
- Loss of control and a threat to our core HIM values.
- Erosion of professional status of HIMAA membership if membership is open to anyone.
- The Association might be flooded with people who are not university qualified so what will be the point of difference of HIMAA?

Current members were asked if they felt individual rights and privileges should change with any expansion of the membership base. While a majority (53%) of Full Members who responded indicated in the positive, 45 responses (30%) were unsure (see Figure 5).

**Figure 5: Do you think the rights and privileges of member categories should change to support an expanded membership base? (Current members only)**

Comments (unedited) included:
- With the closure of a the HIM undergraduate degrees we can no longer limit membership to graduates only. Numbers of the professional association are small as it is.
If we are going to dilute the Association membership, then yes, separate categories will have to be created. We will not all be equal in skills, knowledge, experience.

Higher qualified should have higher privileges and rights - but not so much to be an "exclusive" club.

I think there should be broader rights and priviledges to other membership categories but still have a way of identifying the qualified HIM professional.

The graduate of an HIM program should be the only group to have graduate membership - happy to see more affiliate or associate groups, but no change to full grad membership. If this changes it is not HIMAA.

As an affiliate working in health information management but having other tertiary qualifications do I get voting rights or will it be that possibly a minority membership is the only sector with voting rights or the right to hold office.

It should not be assumed that particular members would not have the capacity to contribute or undertake duties in the same manner as members with certain privileges and rights.

Professional Development

119 (67%) current members and 41(60%) past members indicated continuing professional development (CPD) was very important to them. A further 41 (23%) current members and 16 (23%) past members felt CPD was somewhat important. Nineteen (19) current members indicated they were participating in the HIMAA’s Professional Credentialing Scheme at the time of the survey. Nine (9) past members indicated they were participating in the scheme prior to ceasing membership.

Responses to the question below were quite revealing and indicate a need to ensure that the existing scheme is better promoted to members.

Figure 6: Are you interested in participating in the HIMAA’s Professional Credentialing (CPD) Scheme?

<table>
<thead>
<tr>
<th>Category</th>
<th>Current Members</th>
<th>Past Members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Already participating</td>
<td>18</td>
<td></td>
</tr>
<tr>
<td>Planning to participate</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Thinking about participating</td>
<td>67</td>
<td></td>
</tr>
<tr>
<td>Do not intend or wish to participate</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>I am not aware of the scheme</td>
<td>46</td>
<td></td>
</tr>
</tbody>
</table>

Credentialing

Broad indications of perceived advantages of credentialing by current and past members are expressed below, and again from present or former categories of Full Member and Affiliate. Separate from the figures below, of past members surveyed 48% indicated they did not see any disadvantages, with 22% indicating they did see disadvantages and 29% unsure.

Figure 7: Do you see any advantages of a system of credentialing for HIMAA members? N= 197

Comments (unedited) included:

Advantages
- *Gives more recognition to those who have pursued ongoing education as well as participation in the profession.*
- *Some of us have experience in some areas and not in others - this should probably be identified and good for employers to see what the individual can do as the HIM profession is quite broad and given the demand for us in the health sector it would open up some competition depending on your credentials.*
- *Offers objectives to aspire to.*
- *Brings us into line with other professions and gives us more flexibility in membership as the proportion of HIM trained members decreases.*
- *Personally no. There is no advantage for me at the moment. If it was linked to salary or essential requirements for a job then my answer would be different.*
- *It is a fast moving industry and a carrot for those who stay updated versus those who just renew their membership.*

Disadvantages
- *Pigeon holing people does not provide future opportunities.*
- *If you are not credentialed you may be treated differently.*
- *May become too exclusive and seen to be out of reach.*
- *Dis disadvantageous for rural and remote members.*
- *Maybe puts professionals into boxes that are then hard to migrate out of.*
Just under 50% of current member respondents indicated they believed participation in a credentialing system would support them in their current work environment. This response was highest amongst respondents who have been members of the Association for between 1-3 years. A further 35% suggested credentialing would have no impact and 16% indicated they didn’t know. Past members were asked if the availability of a credentialing system would encourage them to re-join the Association. Responses were evenly divided between yes, no and don’t know. However 60% indicated they would be interested in participating in a credentialing scheme if it was developed to support a particular role or specialty in which they were employed. This compared to 64.5% of current member respondents.

Current and past members were asked to indicate what they would find valuable and of interest to them in terms of a credentialing model. Although only 40% and 28% of survey respondents respectively made comments, many of these have helped shape thinking and discussions with members throughout the project.

Comments (unedited) included:

**Current members**
- The necessity to have credentials with a diminishing workforce and no degree in HIM available in NSW.
- Recognition of my status as an HIM
- An expanded professional structure to encourage more young people to become involved in a HIM career.
- Credit for participation in varied areas – the recently expanded credentialing criteria for HIMAA is on the right track.
- The credentialing scheme would need to acknowledge non-HIMAA training in the same way as other disciplines.

**Past members**
- Opportunity to keep up with the latest education/trends/information etc, whilst earning what I’m guessing would be similar to accreditation.
- For myself it would help to keep me current and make it easier to re-enter the workforce should I want.
- For my own self-development, I could identify areas where I might need further training or skills development if I want to work in that particular field.
- It could be a good way to quantify your work experience and skills to potential employers.
- To enhance professional skills.
Reference Group and early options

In late May, following extensive consultation and a review of other professional association’s structures, a Discussion Paper was prepared outlining potential options for membership and credentialing. The options were an early formulation of ideas, and intended to stimulate thinking and discussion. The paper also included definitions of important terms and concepts relating to credentialing, certification and professional development.

A Discussion Paper: Options for HIMAA Membership and Credentialing, Version 1.0, May 2011, was released for comment to an informal Reference Group. The group consisted of current and past members of the HIMAA, and included all those who voluntarily supplied their name and contact details when completing the HIMAA Membership Project Surveys. Although formation of a reference group was not part of the original Project Plan, the idea was presented to the Project Steering Committee as an opportunity to consolidate ideas and feedback received on the project to date.

From an initial list of fifty-three (53) who provided their contact details, twenty-three (23) members and seven (7) past members accepted the invitation to join the Reference Group. The Discussion Paper was released to the group on 30th May, and members were asked to provide written comment via email within 2 weeks of release. A teleconference was convened on 23rd June to allow group members to meet together to discuss and provide further input.

Nine (9) written responses to the paper were received, and six (6) members participated in the teleconference. While some written responses indicated a preference for one of the three listed options in the Discussion Paper, most offered comment only on aspects of each option. A short summary of feedback received was prepared by the Project Manager and presented at meetings of the Project Steering Committee and HIMAA Board.

Following feedback from the Board, a revised version of the Discussion Paper was prepared. Two options were presented for consideration, the first combining elements of two original options from Version 1.0, based on comments from the Reference Group, and the second a more streamlined alternative for membership categories and credentialing. This revised paper, Version 1.1, was released again to the Reference Group for comment, as well as to State and Territory Branch Executives, the Editorial Board and the Education Committee. The closing date for written feedback was set at 19th July.

Twenty (20) responses to the paper were received. A revised option based on the responses was presented to the HIMAA Board at their meeting via teleconference on 28th July. Following the Board’s endorsement a revised set of proposals was released to members for comment on 17th August 2011.
11. Recommendations – Membership Categories, Rights and Privileges

The deliverables for this Project with respect to Membership are outlined below:

- Finalise the new membership categories, as indicated in the Strategic Plan
- Define membership rights and attributes required for each membership category

This section of the report identifies and defines proposed changes and additions to membership categories. An overview is provided of early options presented for comment, culminating in the preparation of formal proposals for consideration by all members of the HIMAA.

The final recommendations on membership are based on a comparison of membership structures in other professional associations, feedback from various stakeholder groups on Version 1.0 and 1.1 of the Discussion Paper ‘Options for HIMAA Membership and Credentialing’ and comments from members on formal proposals. Comments provided through the initial Membership Surveys have also informed the development of these recommendations.

Preliminary Options

As indicated in section 10 of this report, a series of options were developed and released for comment to a reference group consisting of current and past members of the Association. The options were very preliminary, but offered potential membership structures designed to promote member identity, qualifications and experience within the Association and to industry. In addition to the options, the paper defined key terms and concepts associated with credentialing and continuing professional development. Reference was also made to the current HIMAA Professional Credentialing (CPD) Scheme.

In Version 1.0 of the Discussion Paper three options were presented for consideration. Each option proposed a category of ‘Active member’. It was suggested this category replace Affiliate member and be extended to include anyone with an ‘interest’ in health information management. Although the term Affiliate has returned in the recommended model below, the change is considered an ideal opportunity to expand the HIMAA membership base. A similar category is used in professional associations such as AHIMA and CHIMA, and provides an opportunity for those on the periphery of these organisations to be involved and informed on standards for best practice in health information management.

Two of the original options in the Discussion Paper retained a Full Member category, and created a separate category to recognise those with other qualifications and/or senior-level experience. These options also included categories of Associate Fellow and Fellow respectively. The categories were intended to offer some level of progression in membership and to formally recognise membership tenure, experience, a commitment to CPD and participation on state/territory and national committees.

A third option proposed a common ‘Professional’ category for both graduates of accredited HIM programs and those with other relevant HIMAA-endorsed qualifications. The category offered full voting rights and privileges for those eligible.
While there was support for categories of fellowship, and a category that acknowledges the qualifications and experience of non-HIM qualified individuals, interest was consistently expressed in retaining some unique identity for those with HIM (or equivalent) qualifications.

**Version 1.1 of the Discussion Paper** presented two alternative options for the core individual membership categories. The first was based on comments received from the original paper and combined some elements of two of the original options. The option retained a common Professional category but provided for the use of post-nominals to allow those eligible to identify themselves as Health Information Managers, Clinical Coders, Health Information Practitioners or Information Specialists based on applicable criteria. A Fellow category was also retained.

The second option was more streamlined, with a single category of ‘Member’ and the use of post-nominals to self-identify as above. A Fellow category was also included. As with the first option in this revised paper, full voting rights and privileges were extended to anyone with an interest in, working in or affiliated with the profession.

Twenty (20) written responses to this Discussion Paper were received, following circulation to a wider audience for comment. Seven (7) responses did not state a preference, or did not support either option. Of the remaining thirteen (13) that did indicate a preference, ten (10) selected Option 1 and three (3) selected Option 2. A table with details of the stakeholder group, number of responses received and indicated preference is presented below:

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Responses</th>
<th>Option 1</th>
<th>Option 2</th>
<th>No Pref. or Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reference Group</td>
<td>8</td>
<td>7</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>State/Territory Executive</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Editorial Board</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Education Committee</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Other (State committees et. al)</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>20</strong></td>
<td><strong>10</strong></td>
<td><strong>3</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

Although a preference for Option 1 in the responses was clear, renewed concerns were expressed regarding the positioning and unique status in membership of graduates of accredited HIM university programs. In particular some argued that retention of a Full member category was essential to the profession, and rightfully reflected an established career structure and degree of professionalism, status and competence within industry.

Version 1.1 of the Discussion Paper also included some minor suggested changes to other membership categories, and issues of committee representation, as listed below:

- Extension of ‘full rights and privileges’ to Life members, regardless of prior membership status;
- Expansion of Honorary member to include international experts in a health information or related field;
- Board composition of at least 50% graduates of accredited HIM university programs.

Few comments were received on these proposed changes, although all responses to the issue of Board composition supported the 50% minimum figure suggested.
Recommendation to HIMAA Board

On the basis of feedback received on Version 1.1 of the Discussion Paper the core individual member categories defined in Table 4 below were provided to the Project Steering Committee and HIMAA Board for consideration in early August 2011. The changes put forward were an attempt to address the majority of interests and concerns expressed in response to the discussion papers. In particular the changes involved retention of the Full Member category, the creation of an Associate category and a level of Fellowship for those with or without the HIM qualification or an approved equivalent. The changes were considered most likely to appeal to the existing membership and to future members.

The following points were acknowledged in the proposed changes and recommendations:

- There is popular support for a separate category or identity for those who are graduates of an accredited HIM university program;
- There is interest in some form of progression in membership, and the creation of a level of Fellowship either on application or nomination;
- There is an opportunity to better identify and acknowledge other qualifications and experience within the Association and the wider industry, through subtle but important changes to membership categories, rights and privileges;
- A key priority of this project is expansion of the membership base;
- Opening membership to those with an interest in the Association may assist in future growth and promotion of the profession to a wider audience.

Table 4: Recommended changes to core individual member categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Identification</th>
<th>Rights and Privileges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow</td>
<td>Persons who are graduates of accredited Health Information Management university programs. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the profession and satisfy a formal assessment</td>
<td>On application and evidence, members may use the post-nominal FHIMAA</td>
<td>Full voting rights and member privileges.</td>
</tr>
<tr>
<td>Associate Fellow</td>
<td>Persons who are graduates of clinical coding, health, business, management or information systems/IT courses that correspond to one or more of the HIM core competencies. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the profession and satisfy a formal assessment</td>
<td>On application and evidence, members may use the post-nominal Assoc.Fellow HIMAA</td>
<td>Full voting rights and member privileges.</td>
</tr>
<tr>
<td>Full Member</td>
<td>Persons who are graduates of accredited Health Information Management university programs</td>
<td>Members may use the post-nominal MHIMAA.</td>
<td>Full voting rights and member privileges.</td>
</tr>
<tr>
<td>Associate</td>
<td>Persons who are graduates of clinical coding, health, business, management or information systems/IT courses that correspond to one or more of the HIM core competencies, or individuals with a minimum of five (5) years senior-level experience within the industry</td>
<td>On application and evidence, Associate members may use the post-nominal Assoc.HIMAA and self-identify as Assoc.HIMAA (Clinical Coder), Assoc.HIMAA (Health Information Practitioner) or Assoc.HIMAA (Information Specialist), based on applicable criteria and HIMAA competencies</td>
<td>Full voting rights and member privileges.</td>
</tr>
</tbody>
</table>
Following discussion at the Project Steering Committee and feedback received from the Board, further adjustments were made to the above, in addition to other core membership categories, and a report prepared for distribution to all HIMAA members for comment. The key adjustments included:

1. Re-defining a Full Member as “Persons who are graduates of HIMAA-accredited Health Information Management programs, or who have previously been granted Full Membership of the HIMAA”. This subtle but important change recognises those who are graduates of the Higher Colleges of Technology program in the United Arab Emirates, as well as those who have other recognised and accepted qualifications that have previously enabled them to participate as Full Members.

2. Re-defining the Associate Fellow category to recognise those with academic qualifications in health, business, management or information systems/IT. In practical terms this would require individuals to be in possession of at least a university-awarded Diploma qualification in the respective subject area, and would necessarily exclude those with clinical coding certificates.

3. Removing self-identification options for Associate Members beyond use of the post-nominal Assoc.HIMAA. The creation of multiple specialty categories according to established HIMAA HIM competencies is viewed as complex, impractical and of limited appeal in the short-term.

4. The addition of a Retired Member category for those in relevant categories who have retired from the industry, but who wish to maintain a connection with the Association.

5. Re-locating and re-defining rights and privileges in a separate table

6. Deletion of a category for Concessional Members, to be replaced with an option for individuals within relevant categories to apply for a concessional rate of membership where they are not in full-time or regular part-time employment.

Proposal to HIMAA members

On 17th August a document entitled ‘Proposed Changes to Membership Categories, Rights and Privileges - Report to HIMAA Members’ was released via eAlert. Table 5 below summarises all of the proposed member categories. Included within the proposal was a recommendation that composition of the Board be not less than 60% Fellows or Full Members of the HIMAA, an increase from an earlier suggestion of 50%. This increase largely reflected member concerns. Reference was also made in the proposal to a continuation of the existing Professional Credentialing (CPD) Scheme, with extension initially to Certified Clinical Coder (CCC) and Certified Information Specialist (CIS).
Table 5: Summary of proposed member categories (as at 17th August 2011)

<table>
<thead>
<tr>
<th>Category</th>
<th>Definition</th>
<th>Identification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fellow</td>
<td>Persons who are Full Members of the HIMAA. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the profession and satisfy a formal assessment</td>
<td>On application and evidence, members may use the post-nominal FHIMAA</td>
</tr>
<tr>
<td>Associate Fellow</td>
<td>Persons who are graduates of academic programs in health, business, management or information systems/IT that correspond to one or more of the HIM core competencies. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the health information professional domain and satisfy a formal assessment</td>
<td>On application and evidence, members may use the post-nominal Assoc.Fellow HIMAA</td>
</tr>
<tr>
<td>Full Member</td>
<td>Persons who are graduates of HIMAA-accredited Health Information Management programs, or who have previously been granted Full Membership of the HIMAA</td>
<td>Members may use the post-nominal MHIMAA</td>
</tr>
<tr>
<td>Associate</td>
<td>Persons who are graduates of clinical coding, health, business, management or information systems/IT courses that correspond to one or more of the HIM core competencies, or individuals with a minimum of five (5) years senior-level experience within the industry</td>
<td>On application and evidence, Associate members may use the post-nominal Assoc:HIMAA</td>
</tr>
<tr>
<td>Affiliate</td>
<td>Individuals with an interest in, working in, involved in or affiliated with the health information management profession or a related professional field, but who do not have qualifications or experience enabling membership as an Associate or Full Member</td>
<td>Affiliate members are not entitled to self-identify using post-nominals</td>
</tr>
<tr>
<td>Student</td>
<td>Students enrolled in a course of study that would lead to eligibility for Full Member or Associate membership</td>
<td>Student members are not entitled to self-identify using post-nominals</td>
</tr>
<tr>
<td>Retired Member</td>
<td>Associates, Full Members, Associate Fellows and Fellows who have formally retired and are no longer in full-time or part-time employment within the industry but who wish to maintain a connection with the Association</td>
<td></td>
</tr>
<tr>
<td>Life Member</td>
<td>Associate, Full Member, Associate Fellow or Fellow Members who, in the opinion of the Board, have made a significant contribution to health information management or rendered distinguished service to the health information management profession</td>
<td></td>
</tr>
<tr>
<td>Honorary Member</td>
<td>Persons who in the opinion of the Board, have made a significant contribution to health information management, rendered distinguished service to the health information management field or who are recognised nationally or internationally for their contribution to the industry</td>
<td></td>
</tr>
<tr>
<td>Organisational Member</td>
<td>Any organisation which proves to the satisfaction of the Board that the object(ive)s of the Company are compatible with those of the HIMAA and which is involved in or affiliated with the health information management field or a related professional field</td>
<td></td>
</tr>
</tbody>
</table>

Also included in the report to members was a table depicting the proposed rights and privileges of each member category. This was the first time this information had been presented for comment in this way during the project. Feedback from the
membership surveys, and from conversations and interviews with members during the course of the project, suggested some uncertainty surrounding the definition and allocation of rights and privileges. The label ‘Full voting rights and member privileges’ has commonly been used to define the unique standing of Full Members. The extent of this definition however has not clearly been understood nor applied in some contexts.

Table 6: Summary of proposed member rights and privileges (as at 12/8/11)

<table>
<thead>
<tr>
<th></th>
<th>Student</th>
<th>Affiliate</th>
<th>Associate</th>
<th>Full</th>
<th>Assoc. Fellow</th>
<th>Fellow</th>
<th>Life</th>
<th>Honorary</th>
<th>Retired</th>
<th>Organisational</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible to vote at HIMAA General and State Branch meetings</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Eligible for election or appointment to State/Territory Branch/Network Executive/Sub-committees</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for election or appointment to any National Committee of the HIMAA</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible for election or appointment to HIMAA Board</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible to hold office as Vice-President of State/Territory Executive</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible to hold office as President of State/Territory Executive</td>
<td>● ● ●●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible to hold office as President or Vice President of Board</td>
<td>● ● ●●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible to participate in CPD Scheme</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eligible to seek certification upon fulfillment of CPD obligations</td>
<td>● ● ● ● ● ● ● ●</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Benefits</td>
<td>L</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>F</td>
<td>L</td>
<td>L</td>
<td>L</td>
<td></td>
</tr>
</tbody>
</table>

Membership Benefits: F=Full Benefits, L=Limited Benefits as prescribed by the Board

Thirteen (13) individual responses were received to the report to members, along with one group response from the Editorial Board and a joint submission from the Department of Health Information Management at La Trobe University.

Nine (9) of the individual respondents indicated general support for the proposed categories, rights and privileges. Three (3) individual respondents expressed concern at some aspects of the proposals, or the overall project approach, and a fourth gave support to Associate Member and Associate Fellow categories with some suggested modification.

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i Composition of the HIMAA Board must be no less than 60% Fellows or Full Members.
ii An Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.
iii A Life Member who was previously an Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.
iv A Retired Member who was previously an Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.
v Applies to Life Members who were previously Fellow or Full Members only.
Detailed responses from the Editorial Board and La Trobe University identified a range of issues and concerns. Whilst it is not practical to outline these here in detail, the issues and concerns are summarised below and relate primarily to:

- Appropriate use of the terms ‘Association’ and ‘Profession’
- The rigor and nature of any formal assessments for Fellowship
- The use of HIM Entry-level competencies as the basis for determining eligibility for membership as Associate and Associate Fellow
- The creation of an Associate Fellow category
- The number of proposed categories and the potential impact on work volume and procedures in the National Office
- The separation and description of Affiliate and Associate categories
- Opening membership to those with an ‘interest’ in the Association
- The rationale for the use of post-nominals and any potential confusion they may cause when used alongside post-nominals for qualifications
- The title and application of certification categories
- Student rights and privileges, particularly students in courses of study that would lead to eligibility for Associate membership
- Incentives for those not in full-time or regular part-time employ to remain in membership of the Association and at a considerably reduced (or no) fee
- Perceptions regarding organisational membership benefits and any limitations on the rights and privileges of individuals whose membership is paid for by their employer
- Expectations for individual member commitment to CPD, and ongoing commitment as the basis for retention of member status, beyond categories of Associate Fellow and Fellow.

Final Recommendations for Categories, Rights and Privileges

There are a number of options and opportunities to change membership categories and structures in support of the original objectives of this project. The approach presented follows extensive consultation and research, and is believed to offer a practical and realistic opportunity to both expand the membership base and continue to support the HIMAA mission.

The recommended changes and additions below will require the support of the existing membership and the full investment and oversight of the HIMAA Board to effect appropriately. In the sub-sections that follow, key aspects of the recommendations and a suggested approach are outlined.

Changes endorsed by the Project Steering Committee

Issues and suggested refinements to proposals provided to the HIMAA membership were considered and discussed at a final meeting of the Project Steering Committee on 5th September 2011. Minor changes were made to category definitions for Associate and Associate Fellow, and to the description of (and entitlement to) rights and privileges for voting and representation on committees.

Implementation

While the largest membership category by volume retains its standing and status within the recommended new structure, the creation of an Associate category and levels of ‘Fellowship’ present a significant change for the HIMAA. Effective change management will be essential to successful implementation. On the assumption the recommendations that follow will be endorsed by the membership, further involvement of members, State/Territory Executives and other HIMAA committees in planning and implementation will be critical.
Suggestions for effective transition to the new membership and credentialing model are outlined in section 13 of this report. In short it is recommended the Board focus its attention initially on implementing the Associate category. Proposals for communicating and marketing this change are outlined in a separate report and must precede implementation.

Fellowship and formal assessment

Fellowship programs and individual categories of Fellow are managed quite differently across associations in health and other industries. Some of these have been highlighted briefly in Appendix A of this report. What is consistent from a review of associations nationally and internationally is that the status of Fellow is widely recognised as an achievement of high distinction, awarded on the basis of experience and accomplishments specific to the industry concerned.

Associations such as Speech Pathology Australia award fellow status as a professional honour to members with extensive experience and standing, much like the existing Fellow category for the HIMAA. Others such as the Australian Association of Practice Managers award fellowship on the basis of qualifications and completion of the Association’s CPD program.

The Australian College of Midwives awards a Fellow category to those with continuous membership of the College for up to 5 years prior to application, and who have made a significant contribution to the profession. Contribution is determined through evidence of continuing professional and personal development and a commitment to excellence in midwifery practice.

Records and Information Management Professionals Australasia (RIMPA) offers a Fellow category as the highest level of recognition within the ‘professional’ categories of membership. In addition to a bachelor-level qualification the category requires a minimum of 7 years membership, at least 2 years of service on the Company or Branch Council Board, evidence of contribution to industry and a commitment to the CPD scheme. RIMPA also requires applicants for this category, and other professional categories, to show evidence they understand what are termed ‘professional status recordkeeping skills’. Those who have completed a RIMPA-accredited course will automatically be deemed to meet most of these skills.

The Australasian Association for Quality in Health Care (AAQHC) and the Australasian College of Health Service Management (ACHSM) both require completion of a formal assessment within their respective fellowship categories. Members of the AAQHC must self-assess and provide evidence to a Professional Development and Credentialing Committee of experience and development in five domains. These domains include experience in health care and CPD, management and leadership, knowledge and experience of external assessment, training/education and performance measurement. Completion of what is termed a ‘minor’ or ‘major’ exam is based on a point system, which is weighted according to the individual’s qualification, published articles and field experience. Both types of examination are oral. The minor exam includes questions based on the individual’s published work or the content of their qualification, while a major oral exam addresses topics in national and international topics in health care quality and safety and the individual’s personal experience and achievements.

The ACHSM Fellowship process involves the completion of an examination and/or the submission of a thesis, report or scientific paper. The selected topic for the latter must be approved by the ACHSM Board and relate to some aspect of health management. Upon completion the paper/report is reviewed and assessed by a
panel of Fellows. In support of preparation for an exam, members can join study groups and access online resources, including articles and other readings.

A formal assessment is recommended for the HIMAA Fellow category, but requires careful consideration and planning. It also needs the involvement of members and both state and national committees of the Association in its design and application. Assessment processes such as examinations require considerable expertise and resources to design and administer. Some associations address issues of cost by charging application fees, and this may be a consideration as part of any future planning.

Consideration has been given to requiring formal certification through the Professional Credentialing Scheme as the basis for application for Fellow or Associate Fellow. This has some merit in promoting the value and importance of CPD. However, given limited interest and enrolment in the scheme to date, this may prove to be a disincentive to participation. It is recommended that applicants for Fellow and Associate Fellow provide evidence of professional development activities they have completed over the 12 months preceding application. It is also suggested applicants provide a plan for continued development for the next 12 months. Upon conferment of status the applicant would be required to enroll in the HIMAA Professional Credentialing Scheme and complete a minimum number of CPD points annually in order to maintain their membership at this level. With proposed changes to the current scheme outlined in section 12, this process may provide more incentive for eligible members to apply for fellowship and to participate in the formal CPD scheme.

Alignment of qualifications to competency standards

The creation of an Associate Member category provides an opportunity (for the first time) to recognise individuals who work within the industry but who have backgrounds and qualifications other than in health information management. To achieve this recognition, some assessment needs to be made as to the appropriateness or otherwise of formal qualifications in the suggested areas of clinical coding, health, business, management or information systems/IT.

One way to do this, potentially, is to attempt to align certain qualifications with the professional ‘body of knowledge’ of a Health Information Manager. This ‘alignment’ may serve to:

- assist an individual member to identify what competencies they need to function effectively within the industry and the opportunities available to them through formal education and CPD to acquire those competencies,
- assist employers in understanding what support they may need to provide to enable their employee(s) to further develop in order to meet established competencies,
- assist employers in determining what skills and competencies are needed for individual positions within the HIM domain where a qualified HIM is unavailable,
- promote to the wider industry and workplace accepted competencies and standards for the profession of health information management.

The Health Information Management (HIM) Entry-level Competency Standards are an important part of the HIM Body of Knowledge and could potentially be used or extended for the above purposes. It is important to acknowledge however that these standards are designed to support an assessment and determination of HIM course curriculum and design, and not to review or assess other programs of study.
Using competency standards in this way should not be viewed as a step towards the 'accreditation' of other programs, nor is it suggested that individual programs be screened by the Education Committee for design and content. It is strongly recommended however that the Education Committee be invited by the Board to consider how such standards could be used or extended to permit this important alignment of courses and programs relevant to the Associate and Associate Fellow categories.

**Use of post-nominals**

Post-nominals may be used to indicate an individual's qualifications, experience, professional title or membership of an association. Often used on business cards, resumes and as part of email signatures, post-nominals are a popular means to promote personal achievement or recognition.

Post-nominals can offer individuals a level of distinction and differentiation from their peers, and promote commitment to a professional association. The use of post-nominals for categories of membership can potentially benefit the relevant association as well as the individual. When used appropriately post-nominals can promote the association that represents and supports individual professional interests, expertise and authority within industry.

Out of 30 national and international associations reviewed during the course of this project, 24 use post-nominals as part of a certification/CPD program or to indicate a category of membership. Most of these associations reserve use of membership post-nominals for senior categories only, following nomination, application and/or assessment.

The HIMAA currently permits use of the post-nominals CHIM and CHIP for those who complete requirements of the Professional Credentialing Scheme. These demonstrate personal commitment to ongoing learning and development. It is recommended these continue to be used in conjunction with post-nominals for individual categories of Associate, Full Member, Associate Fellow and Fellow only.

Both certification and membership post-nominals are an opportunity to further the profile and reach of the HIMAA within the health sector. They may also foster individual pride and confidence in the Association and create an improved sense of identity and belonging.

The use of any post-nominal is entirely voluntary. While practices vary, post-nominals for certification and membership usually follow those indicating professional qualifications. Only one membership post-nominal should be used to reflect the individual's current (and not previous) status.

It must be emphasised that use of an appropriate post-nominal to denote membership status is only permitted when the individual is a current member of the Association. If the individual's membership lapses for whatever period of time, the applicable post-nominal may not be used.
Recommended Categories

A summary of each recommended category is presented below.

**Category: Fellow**

**Definition:** Persons who are Full Members of the HIMAA. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the profession and satisfy a formal assessment.

**Identification:** FHIMAA

**Discussion**
Fellowship categories in professional associations are often created to acknowledge both individual expertise and contribution to industry. This Fellow category offers progression in membership for Full Members and is based purely on application from eligible members. In some associations the status of Fellow is bestowed, or awarded upon nomination by a professional or industry colleague. In associations representing a dedicated profession, Fellow represents the highest achievement of an individual based on personal endeavour and completion of some form of assessment.

A minimum 7-year tenure of membership is recommended and all at Full Member status preceding formal application. This minimum demonstrates a level of commitment on the individual's behalf to the Association's mission and objectives. The seven-year period need not be continuous and should be assessed on a case-by-case basis.

Demonstrated commitment to CPD should be evidenced in details of any formal and informal activities completed over a 12-month period prior to application. Applicants would also need to submit a structured plan for CPD for the proceeding 12 months. Maintenance of Fellow status would be reliant on a commitment to the HIMAA’s Professional Credentialing Scheme and the completion of appropriate hours/points annually. Further details of CPD obligations for the purposes of certification are provided in section 12.

It is recommended that evidence of contribution to the profession require details from the applicant of at least three (3) of the following:
- Participation on state/territory executive or other relevant committees, special interest groups, national committees and/or HIMAA Board;
- Published papers, articles in relevant journals, or formal writings/reports at a regional/state level within industry;
- Presentations at relevant seminars/conferences; and
- Independent research leading to the publication of findings.

**Category: Associate Fellow**

**Definition:** Persons who are graduates of academic programs in health, business, management or information systems/IT that align with the HIM Entry-Level Competencies. Applicants must have a record of at least 7 years membership, demonstrate a commitment to CPD, provide evidence of significant contribution to the health information industry and satisfy a formal assessment.

**Identification:** Assoc.Fellow HIMAA
Discussion
The Associate Fellow offers a level of progression for individuals with previous membership at Associate level, and is again based on application from eligible members. As with the category of Fellow, applicants must demonstrate a minimum 7-year tenure of membership of the HIMAA, with at least 4 years as an Associate member.

Qualifications in the defined areas above must be at a minimum university undergraduate level of Diploma. A certified copy of the academic qualification would be required on application. Further requirements for commitment to CPD and evidence of contribution to the health information industry should largely reflect those for Fellow.

Maintenance of Associate Fellow status would be reliant on a commitment to the HIMAA's Professional Credentialing Scheme and the completion of appropriate hours/points annually. Further details of CPD obligations for the purposes of certification are provided in section 12.

Category: Full Member

Definition: Persons who are graduates of HIMAA-accredited Health Information Management programs, or who have previously been granted Full Membership of the HIMAA.

Identification: MHIMAA

Discussion
While alternatives to the continuation of a restricted category for the majority membership were considered and discussed throughout the project, retention of Full Member status was clearly preferred. The only change recommended to the definition of this category is to officially acknowledge those individuals who have previously been granted Full Membership on the basis of other recognised qualifications, including an Associate Diploma in Medical Record Administration.

Retaining the Full Member category appropriately supports the professional status and focus of the Association. It also recognises the continued primacy of those with recognised qualifications that enable people to claim their occupation as Health Information Manager. Both aspects are vital to the continued growth and development of the profession throughout the Australian health industry. At a time of unprecedented change and reform across the sector and in view of the increasing demand for the professional expertise of our qualified members, continuation of Full Member status is vital.

The letter ‘M’ preceding HIMAA for the recommended post-nominal above denotes ‘Member’. To use letters ‘FM’ before the acronym would lengthen the post-nominal beyond a standard 5-6 character length, while use of the letter ‘F’ would conflict with the Fellow category.

Category: Associate

Definition: Persons who are graduates of clinical coding, health, business, management or information systems/IT courses that align with the HIM Entry-level competencies, or individuals with a minimum of five (5) years senior-level experience within the industry.
Identification: Assoc.HIMAA

Discussion
The Associate member category is an entirely new category intended to improve the identity and recognition of individuals with other qualifications and/or experience working within the health information industry. While current Affiliate members may be recognised by their employer for their qualifications and/or experience, these attributes have no bearing on their position, influence and contribution within the Association that represents them.

Associate members must be graduates of courses that align with the HIM Entry-level competencies. No specific level of qualification is recommended, however reference to ‘clinical coding’ is viewed as an opportunity to appropriately acknowledge those with formal training or education in this specialty. In anticipation of efforts to develop qualifications for clinical coding through the HIMAA Education Centre, this training may in future include a minimum of Certificate IV, or VET equivalent, from a recognised registered training organisation, or a minimum diploma-level qualification from an Australian or international university. Applicable post-graduate qualifications such as the Graduate Certificate of Clinical Classification from Curtin University should also be acknowledged for eligibility to Associate and Associate Fellow status.

As previously suggested in this report, an Associate category offers a significant opportunity to attract into membership those with recognised training and experience in clinical coding. It is important that those involved in clinical coding without an HIM qualification from an HIMAA-accredited program be recognised and encouraged to contribute to the Association and its objectives. This is a particular priority given industry demands for those with essential skills and experience in this area, required to support activity-based funding and other health care initiatives.

For practical purposes an applicant for Associate Member would be required to provide evidence of qualifications upon application, submitting a certified copy of their academic award and/or transcript. Once again the use of HIM Entry-level Competencies to review clinical coding and other courses will need careful consideration, and is recommended for separate study and stakeholder consultation.

The inclusion of individuals in this category without formal qualifications is intended to recognise, amongst others, those known to be working in senior roles within the health information industry, in some cases with state-wide responsibility for policy or decision-making in areas such as health information, health informatics and clinical coding. The suggested 5-year minimum could be increased, and specific reference could also be made to positions of manager/director (or equivalent) rather than merely ‘senior-level’.

Applicants with a minimum of five (5) years senior-level experience would be required to provide a position description, outlining the tasks and activities undertaken for the relevant positions. This may be included within a Resume/CV or documented separately. It is recommended a letter of attestation also be provided from the applicant’s manager. The 5-year time period may be continuous or cumulative, and across more than one position of employment and/or employer.

Category: Affiliate

Definition: Individuals with an interest in, working in, involved in or affiliated with the health information industry, but who do not have qualifications or experience enabling membership as an Associate or Full Member.
Identification: Not applicable

Discussion
The most significant change recommended to this category is the inclusion of the words ‘interest in’ within the definition. It must be emphasised however that these words are already included in the current definition of the category, as stated in Section 6.1(2) of the Articles of Association. In practice it would appear these words have not been used in any recent promotional material, nor included in the description of the Affiliate category on the HIMAA website. Nor is the current definition necessarily clear to the broader membership.

Nevertheless the suggestion to include these words has raised concern. In particular it is felt that the ‘change’ would dilute the membership of the Association, or de-value the status of other categories where qualifications and/or practical experience are essential pre-requisites.

Adjusting the Affiliate category to include those with "...an interest in" the industry provides an opportunity to encourage networking and contribution from individuals with diverse backgrounds and experience. The wording is not only a part of the current definition but also reflects what is available in associations such as the AHIMA, CHIMA and the RIMPA. Reference in the definition to ‘a related professional field’ has been removed, given its potential ambiguity.

Those seeking membership on the basis of an ‘interest’ may already be employed in health, or in another industry involving similar principles, practices, systems and/or expertise. Whilst it is not possible to estimate or determine who might have an ‘interest’ in the health information industry, emphasizing the openness of this category may help facilitate an expanded member base. Additionally, it may expose interested individuals to the wider profession, promote the role and function of the HIMAA and provide incentives for further learning. It may also encourage such individuals into formal programs of study in HIM.

While the Affiliate category supports a more open and inclusive membership of the HIMAA, rights and privileges are restricted. It is recommended voting rights for general meetings of the HIMAA be withdrawn from this category, although voting rights and participation on state/territory committees should be encouraged. It is not recommended Affiliate members be eligible to hold office. Additionally, Affiliates may pursue continuing professional development but will not be entitled to seek certification through the HIMAA Professional Credentialing Scheme. These restrictions may allay some fears surrounding the openness of this category. Further clarification regarding proposed rights and privileges is provided later in this section.

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**Category: Student**

**Definition:** Students enrolled in a course of study that would lead to eligibility for Full Member or Associate membership.

**Identification:** Not applicable

**Discussion**
A broader definition of the Student category was first proposed in Version 1.0 of the Discussion Paper and attracted few comments. The suggested change supports the Associate category, creating an opportunity to attract a variety of students from courses and programs in clinical coding, health, business, management or information systems/IT into early membership of the Association.
The recommended definition above will need further consideration and discussion in conjunction with the Associate category. A critical issue to consider is how students enrolled in HIMAA-accredited HIM programs will view and respond to the change. Questions may be asked as to whether a more inclusive approach at this level will alienate these students, create a disincentive to join and potentially weaken the primary source of qualified graduates into membership?

As previously indicated, the use of HIM Entry-level Competencies to determine the relevance or ‘alignment’ of other courses and academic programs will require further consideration and review. This will be particularly important in the context of an expanded Student member category.

**Category: Retired Member**

**Definition:** Associates, Full Members, Associate Fellows and Fellows who have formally retired and are no longer in full-time or part-time employment within the industry but who wish to maintain a connection with the Association.

**Identification:** Not applicable

**Discussion**
Although the current Concessional category includes those who have retired from the workforce on a permanent basis, a separate Retired membership category is recommended for these individuals. The category would offer a discounted fee for membership and attendance at conferences and other events, and encourage such individuals to continue to contribute to the Association and its objectives.

A retired or senior category of membership is available in Associations such as the AHIMA, CHIMA, AMIA, RIMPA, ACHSM and the APA. During a review of these and other associations, and in consultation with senior representatives, it is clear that this category values the contribution and continuing involvement of these individuals, many of whom have maintained membership of their respective association for decades.

Although workforce shortages and the continuing demand for HIMs may impact the timing and uptake of retirement for some, the ageing population will present a continuing challenge for professional associations such as the HIMAA.

**Category: Life Member**

**Definition:** Associates, Full Members, Associate Fellows or Fellow Members who, in the opinion of the Board, have made a significant contribution to health information management or rendered distinguished service to the health information management industry or profession.

**Identification:** Not applicable

**Discussion**
Life membership is an appropriate category for those recognised by the HIMAA Board as having made a significant contribution to health information management or rendered distinguished service to the HIM profession. A Life Member who was previously an Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon the approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.
Category: Honorary Member

**Definition:** Persons who in the opinion of the Board, have made a significant contribution to health information management, rendered distinguished service to the health information management industry or who are recognised nationally or internationally for their contribution to the industry.

**Identification:** Not applicable

**Discussion**
Honorary membership is currently conferred by the Board upon those who are deemed to have made a significant contribution to health information management and/or the wider field, but who are not otherwise eligible for membership of the HIMAA. At the time of writing this report there is one Honorary member of the HIMAA.

This category has been modified to recognise national or international experts in health information or a related field. Such individuals would be invited to accept conferment of this category, and be encouraged to deliver an occasional address at a national HIMAA conference or other educational event. They may also be invited to write guest editorials for the HIMJ, but would have no rights or privileges of membership other than exemption from any annual subscription. This adjustment to the category may raise the profile of the HIMAA on both a national and international level.

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Category: Organisation Member

**Definition:** Any organisation or corporate entity which proves to the satisfaction of the Board that the object(ive)s of the Company are compatible with those of the HIMAA and which is involved in or affiliated with the health information management field or a related professional field.

**Identification:** Not applicable

**Discussion**
Organisational membership is currently available to those organisations that demonstrate that their objectives are compatible with those of the HIMAA, and are involved in some way with the health information management profession or wider industry. As at June 2011 there were fourteen (14) organisational members.

Organisational membership benefits employees in particular, where the organisation pays membership for three or more of its staff. Subscription rates for Full and Affiliate members are reduced by 20%, and both the staff concerned and the organisation have access to current Full and Affiliate category benefits.

A practical benefit to the organisation is unlimited use of the HIMAA’s Workweb recruitment facility, and free advertising on the WorkWeb site. Beyond this however there is arguably no other tangible benefit to the organisation from such membership.

Concerns have been raised that this category discriminates against existing and potential members whose employers do not wish to pay for Organisational membership. Concerns have also been expressed that employees of Organisational members are not entitled to the rights and privileges of individual membership. It is
evident that many are mis-informed as to the intent and benefits of this category. It is equally apparent, particularly given the small number of current Organisational Members, that there is opportunity to improve offerings associated with this category and to market more effectively to industry.

There are few professional associations, particularly within the health industry, that offer organisational membership as well as individual membership. The Health Informatics Society of Australia offers Corporate membership, which is promoted as an opportunity for ‘partnership’ with key stakeholders in the health informatics field. Like the HIMAA, Corporate members pay discounted individual membership for their employees and receive all the benefits of individual membership. In addition they received electronic communications and relevant news alerts on health informatics, and are invited to contribute to the development of policy and position papers for the Society. Four (4) levels of Corporate membership are available based on the number of employees the business seeks to sponsor.

RIM Professionals Australasia also offers Corporate membership at discounted rates for different numbers of employees. It addition it offers Vendor membership, allowing relevant organisations within the industry to receive free advertising through their online product directory in addition to the benefits of Corporate membership.

The Australian Human Resources Institute (AHRI) offers its organisational members priority sponsorship and exhibiting opportunities at national conventions, and the right to use a promotional logo indicating they are members of the Institute.

The Canadian Health Information Management Association (CHIMA) offers Corporate Sponsorship, rather than membership for organisations. Referred to as the ‘CHIMA Connection’, sponsorship is available to companies on three levels, namely Silver, Gold and Platinum. Sponsorship benefits are linked to advertising on the CHIMA website and in relevant Association publications, exhibition opportunities at the annual conference and access to The CHIMA Source newsletter. The CHIMA Connection is promoted as an opportunity for companies to establish relationships with professionals in the HIM industry throughout Canada.

The American Health Information Management Association (AHIMA) offers up to seven levels of corporate sponsorship, with similar offerings related to exhibition at national conferences, recognition as a partner of the Association and Corporate Affiliate membership. The latter involves a standard annual payment of US$750, and provides companies with access to the Journal of AHIMA, newsletters and eAlerts, along with printed recognition of the company in AHIMA publications and other promotional material.

For the HIMAA there is a potential to improve offerings to organisational members, through which the HIMAA could establish closer and more strategic ties with industry. In particular, some Organisational members could be invited to participate in the preparation of HIMAA policy, position papers or formal responses to workforce and other industry-related issues.

Opportunities should be identified to direct market the Association to a range of public and private health care providers through organisations such as the Australian Healthcare and Hospitals Association, the Australian Private Hospitals Association and the Australian Health Insurance Association. Departments of Health, community health care organisations and those in primary care should also be targeted.

Corporate and vendor clients present a significant opportunity for the Association. Discounts and priority sponsorship or exhibition privileges at HIMAA educational
events could be offered, as well as opportunities to contribute through the Association in promoting member skills and interests.

The accreditation of HIM programs outside of Australia, notably the program of the Higher Colleges of Technology in the United Arab Emirates, along with formal partnerships with organisations such as Saudi-based Medformatix, present further opportunities to optimise organisational member benefits and to expand the HIMAA's existing member base.

For the sake of clarity it is recommended the category title be changed to Organisation Membership.

Deleted Category

As indicated earlier in this section, it is recommended the Concessional member category be deleted. During briefing sessions with members around Australia it was evident that this category is not well understood. An earlier Inactive category was familiar to many, and questions were asked as to the motive or rationale for change. From a peak of 19 in June 2007, this category has seen a consistent decline in numbers. As at June 2011 there is one (1) Concessional member.

Given the imperatives of this project are to expand the membership base of the HIMAA and to ensure its continued growth and sustainability, it is essential that an opportunity for a concessional rate of membership be widely promoted. For those no longer in full-time or regular part-time employment the offer of discounted or free membership within the individual’s prior category of membership may provide an important incentive to renew once family, personal or work-related circumstances change.

A concessional rate of membership would need to be applied for and reviewed on a case-by-case basis, and should be available to existing members in categories of Affiliate, Associate, Full Member, Associate Fellow and Fellow only. Those not previously in membership would not be eligible for a concessional rate upon first application to the Association.

Deleting this category ensures those eligible for a concessional rate of membership retain their connection with the Association at the level and status of their original category. It is recommended a nominal fee be charged based on the member’s category, and that the individual receive continued access to eNewsletters and the website only.

A concessional rate, rather than a concessional category, will enable eligible individuals to remain engaged and involved with the Association at their previous level of membership. It is a change that will support people through changes to career or family/personal circumstances and create an important incentive for continuing membership.

Recommended Member Rights and Privileges

Member rights and privileges are defined in the HIMAA Articles of Association. As previously stated in this section, it is apparent that the nature of and entitlement to these rights and privileges is not widely known. Full Members are justifiably proud to claim eligibility for “full voting rights and member privileges”, but from conversations with many members there is little insight into the comparable rights and privileges of other member categories.

Section 7 of the Articles of Association include the following ‘rights’ of membership:
Entitlement to vote at any general meeting of the Company
Eligible for election or appointment as a member of the Board of the Company
Entitlement to be a member of a committee or sub-committee of the Board or be appointed as a delegate of the Company other than as approved by the Board.

Further rights and privileges have been established over time and are summarised in Table 7.

In consultation with members, a description of the entitlement to vote has been extended to include voting at State/Territory Branch meetings, although the entitlement to this right has not changed. All current membership categories other than Honorary and Organisational remain entitled to vote under the current Articles. Equally, all but Honorary and Organisational members are eligible for election or appointment to State or Territory Branch/Network Executive Committees and/or subcommittees, as well as to various national committees of the HIMAA.

In a number of professional associations such as the Institute of Health Records and Information Management (UK) and the ACHSM, the right to vote is not available to students and others at entry-levels of membership. The right to vote is viewed as an ‘earned’ entitlement for more senior, qualified and/or experienced professionals. With the expansion of both the Student and Affiliate categories to a wider audience their participation and involvement in activities of the Association, particularly at a State and Territory level, should be encouraged. It is recommended however that the right to vote be afforded only to Associate, Associate Fellow, Full Members, Fellows and to eligible Life and Retired Members.

In Table 7 below reference is made, as per the Articles of Association, to the right to vote at any general meeting of the HIMAA. The Articles do not explicitly define what constitutes a general meeting in Section 7. Section 24 of the Articles however refers to general meetings as (in effect) the annual general meeting. For the purposes of this report a general meeting could include meetings of State/Territory Branches. Further thought and discussion on this suggested definition is recommended.

Election or appointment to Board is currently reserved for Full Members, Fellow and Life Members only. In Version 1.1 of the Discussion Paper ‘Options for HIMAA Membership and Credentialing’, mention was made of varying expectations for future composition of the Board. Comments on a suggested minimum of 50% HIMs, intended to include those who have previously been granted Full Membership of the HIMAA, were as follows:

- “I strongly agree that the Board should maintain 50% HIM membership. To not do this would be signaling the end of “HIM” in HIMAA.”
- “…agree that the HIMAA board composition needs to be expanded..however also agree with 50% being graduates of HIM programs.”
- “I strongly agree with the suggestion that at least 50% of the board be HIM graduates.”
- “I also agree that the HIMAA board should be made up of 50% qualified HIM’s and 50% non-qualified. There are some non-qualified HIM’s i.e. senior Clinical Coders with lots of skills and experience that could have something to offer being part of the Board.”
With an expanded member base there is an opportunity to broaden the balance of experience, skills and interests on the HIMAA Board, without relinquishing a majority lead and direction by Full, Fellow or eligible Life Members. Maintaining the primacy of the HIM has been a major concern for the majority membership, and this concern has been reflected in discussions with members, and at meetings of the Steering Committee and Board. Equally there has been a call to allow members with other qualifications, experience, knowledge and expertise to contribute, through representation on the Board, to furthering the mission and objectives of the Association.

In the report to members of 17th August, a revised figure of 60% Fellows or Full Members was proposed. Feedback from individual members, the Editorial Board and the Department of Health Information Management at La Trobe University did not raise specific objections to this figure. Queries were raised regarding justification for allowing Associate Fellows to serve on the Board, and the actual number of other members that would be permitted to serve, but separate references to the issue supported the notion overall.

A Board open to individuals other than Full, Fellow or eligible Life Members represents a significant change for the existing and future membership of the Association. To anticipate and allay concerns from the majority membership of the HIMAA, a further increase to a minimum composition of 75% is recommended. As section 48.1 of the Articles of Association stipulates the number of directors on the HIMAA Board must be eight (8), this would still provide two (2) positions for Associate and Associate Fellows. Any increase in the number of director positions permitted under the Articles should be carefully considered with respect to an agreed composition above.

To preserve the professional status and direction of the HIMAA, and its continued support primarily for those with recognised qualifications in HIM or its equivalent, eligibility to hold office as Vice President and President of the Board is retained for Full Member, Fellow and applicable Life Members only.

Eligibility for election or appointment to State/Territory Branch/Network Executives is recommended be open to any member of the Association, reflecting long-standing and current entitlements for all but Honorary and Organisational Members. Eligibility for appointment to any National Committee of the HIMAA is also recommended for all categories. Both eligibilities will encourage the involvement and participation of existing and potential new members in the operation of the Association at a local and national level.

It is acknowledged that a number of Branches have struggled for members and for volunteers to serve on local Executive Committees. While it is recommended that Associate and Associate Fellows be deemed eligible to hold office as Vice-President of a State/Territory Executive, eligibility to hold office as President should be permitted only upon the approval of the Board and where a Full Member or Fellow is unwilling or unavailable to accept this position of office. This again acknowledges the importance of maintaining the primacy of the majority membership. It also provides an added opportunity for Associates and Associate Fellows to contribute further at a local level under certain conditions.

Member ‘privileges’, not listed in the Articles of Association, relate to participation in the HIMAA Professional Credentialing (CPD) Scheme and particular benefits including (but not limited to) reduced fees for conference registration, hardcopy editions of the HIMJ, access to the eNewsletter and free or discounted advertising of positions on the HIMAA website. A range of other benefits (not listed) may be prescribed as deemed appropriate by the Board.
It is recommended that all but Student, Honorary and Organisational members participate in the HIMAA CPD Scheme. Affiliate members should be encouraged to pursue opportunities for further learning and development. At this entry-level of membership however it is not recommended they be permitted to seek certification upon fulfillment of CPD obligations.

Table 7: Summary of recommended member rights and privileges

<table>
<thead>
<tr>
<th>Membership Rights and Privileges</th>
<th>Student</th>
<th>Affiliate</th>
<th>Associate</th>
<th>Full</th>
<th>Assoc. Fellow</th>
<th>Fellow</th>
<th>Life</th>
<th>Honorary</th>
<th>Retired</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entitled to vote at any general meeting of the HIMAA</td>
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<td>Eligible for election or appointment to State/Territory Branch/Network Executive/Sub-committees</td>
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<td>Eligible for appointment to any National Committee of the HIMAA</td>
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<td>Eligible for election or appointment to HIMAA Board</td>
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<td>Eligible to hold office as Vice-President of State/Territory Executive</td>
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<tr>
<td>Eligible to hold office as President or Vice-President of Board</td>
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<td>Eligible to participate in CPD Scheme</td>
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<td>Eligible to seek certification upon fulfillment of CPD obligations</td>
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<tr>
<td>Membership Benefits</td>
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</table>

Membership Benefits: F=Full Benefits, L=Limited Benefits as prescribed by the Board

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*a* Student representation on these committees must not exceed a maximum of 25%.

*b* Composition of the HIMAA Board must be no less than 75% Fellows or Full Members.

*c* An Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.

*d* A Life Member who was previously an Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.

*e* A Retired Member who was previously an Associate or Associate Fellow may hold office as President of a State/Territory Branch/Network Executive only upon approval of the HIMAA Board, and where a Full Member or Fellow is unwilling or unavailable to accept this position of office.

*f* Applies to Life Members who were previously Fellow or Full Members only.

*g* The entitlement to pursue recognition as a Certified Health Information Manager (CHIM) is available only to Full Members and Fellows of the HIMAA.
12. Recommendations – Credentialing

The deliverable for this Project with respect to Credentialing is outlined below:

- Define the credentialing model to identify and recognise occupational, professional and specialty groups within the HIMAA Body of Knowledge, including:
  - Identification of groups to be credentialed, examples include Health Information Managers, Clinical Coders / Health Classification, Health Informatics, Casemix Specialist, Health Records Management
  - For each specialty group, develop or update the competencies that will define them
  - For each group, define how credentialing will be obtained including education and training completed and prior knowledge
  - Define how credentialing will be recognised
  - Identify requirements within the HIMAA Office to support member credentialing

There are two approaches to credentialing outlined in this report. Given that existing and proposed membership categories are based on qualifications and experience, individuals will in effect be ‘credentialed’ on membership application and/or renewal. Credentialing on membership offers the opportunity to identify and acknowledge people’s current qualifications and/or experience to date. The membership category title, definition and privileges can acknowledge these achievements, particularly where a post-nominal may also be used (e.g. FHIMAA).

An additional form of ‘credentialing’ is currently available to those who actively participate in the HIMAA Professional Credentialing Scheme, leading to certification. Certification through CPD offers members an opportunity to maintain the currency of their skills through the completion of a range of activities, and to demonstrate their commitment to further learning, both formal and informal. The focus of this section of the report is purely on credentialing through certification and consideration of a range of options relating to CPD.

It has not been possible during the time available for this project to identify all potential groups to be credentialed. Nor has it been possible to consider requirements for the development of further competencies for any identified groups. More work is needed to explore this potential for the future.

The HIMAA Professional Credentialing Scheme

Established in 2007, the current credentialing scheme offers certification through CPD to Full and Affiliate members only. Post-nominals of CHIM (Certified Health Information Manager) and CHIP (Certified Health Information Practitioner) may be used by those Full Members and Affiliate members respectively who successfully complete requirements for professional development.

Current arrangements for CPD are reasonably broad. Members must accrue 150 points over 2-years, and are required to keep a diary of activities undertaken. The diary must be submitted to the HIMAA Executive for verification at the end of this period, along with appropriate evidence. The three areas in which points can be earned are Qualifications, Professional Development and Service to HIMAA Board/Committees.
All those enrolled in the HIMAA’s Professional Credentialing Scheme are formally assessed for certification on the basis of their activity diary and associated evidence. Since the scheme’s inception in 2007, 3 members have pursued the CHIP certification and 32 the CHIM certification. As at May 2011, 25 members are currently confirmed as CHIM, and only 1 as CHIP. The current scheme has an appropriate but heavy emphasis on activities, events and qualifications in a relevant discipline. There is limited recognition of less formal and work-based activities however.

**CPD and certification within other associations**

Professional bodies such as the Australian Physiotherapy Association (APA), the Australian Computer Society (ACS), the Australian Human Resources Institute (AHRI) and CPA Australia encourage and recognise activities such as self-directed learning, reading relevant journals and magazines, watching videos, participating in discussion groups and undertaking research. Members are offered guidance on how to set objectives for learning, and are able to record activities online or using their own diary and record-keeping system. Additionally, not all members are assessed for evidence of their fulfillment of CPD requirements, with some associations choosing instead to conduct random audits or to review only a set percentage of members for compliance each year.

Records and Information Management Professionals Australasia (RIMPA) has developed a set of guidelines for members. These guidelines explain the concept and suggested approach to CPD, list the six types of CPD recognised by the Association and describe the activities that may incur CPD points. Members are encouraged to plan their professional development rather than pursue completion of CPD activities on a random or ad-hoc basis. Equally both the APA and the AHRI emphasise the importance of members planning and setting objectives for personal and professional development. The APA issues members with a professional development portfolio that identifies the range of activities available to suit individuals at different stages of their career, while the AHRI guides members in setting learning goals and identifying the resources required to meet those goals.

Some professional associations measure (or quantify) commitment to CPD in terms of points, hours or a combination of the two. RIMPA uses ‘weighted hours’, a figure derived by multiplying the hours spent completing an activity by the allocated time weight assigned to the activity type or category. A higher weighting is given to formal education and learning activities than to informal learning and/or attendance at relevant meetings and conferences.

The AHRI requires the completion of 90 hours of CPD over a three-year period. The Association requires that members pursue a balanced mix of CPD activities across 7 different categories, including:

1. Formal education
2. Learning activities
3. Conferences/seminars
4. Presentation of papers
5. Industry involvement
6. Service to the HR profession
7. Informal learning

Members of AHRI have the option to maintain their own hardcopy records of CPD activities or to use the Association’s CPDedge Online software. The latter allows users to create learning goals and strategies, enter individual activities and to review progress towards the completion of 90 hours over 3 years.
Certain aspects of the above schemes are worthy of consideration for the HIMAA. In many cases the success of some of these schemes owes much to the flexibility afforded members to identify and complete a range of professional and personal development activities, and to record and report these simply and seamlessly.

The value proposition for pursuit of certification

In section 10 of this report a summary is provided of comments from individual members and external stakeholders on the perceived value of credentialing through certification. The section also includes comments from the Membership Surveys of current and past members. It is apparent from some of these comments that perspectives differ as to the value of pursuing certification on the basis of CPD. Additionally, what was apparent from the early stages of the project was a limited understanding or awareness of the current credentialing scheme.

Associations such as Speech Pathology Australia place a strong emphasis on the value of CPD in reflecting the individual's commitment to professionalism and service provision. Certified Practising Speech Pathologist status is promoted as demonstrating to an individual's employers, colleagues, peers and the public that they are committed to maintaining their knowledge and skills. Other associations emphasise benefits to both individuals and the employer, including:

- **Benefits to the individual:**
  - Opportunities for career advancement
  - Demonstrated commitment to continued learning and application of knowledge
  - Enrichment of employment experience, individual competence and capability
  - Improvement of professional status or standing
  - Differentiation from non-certified/credentialed individuals working within the field.

- **Benefits to the employer:**
  - Improved capability and competence of the employee
  - Improved performance and efficiency within the organisation
  - Greater confidence in the commitment and professionalism of employee
  - Ability to differentiate between certified and non-certified employees
  - Improved awareness of the individual profession, and the role of its Association in promoting best practice and formal education.

Interest from employer groups in the credentialing of members in this way was guarded. Many suggested their interests and priorities lay with the challenge of recruiting qualified applicants to critical positions within their organisations. Some however suggested they could look to certified individuals without formal qualifications in HIM should the former be unavailable, suggesting they see a direct link between certification and competency.

Comments from members were generally divided between those who expressed an interest in certification for their own career development, and those unwilling to consider the perceived effort involved without the assurance of compensation or improved remuneration within the workplace.

The value of CPD and certification for members, and potential members alike, must be clearly articulated and promoted by the Association. In light of workforce reforms and a shortage of ‘HIM’ skills in many areas of the health system it could be argued
that now is not the time for the Association to promote the benefits of certification to both members and employers. It is suggested however that investment by members in further learning and development should not be influenced by market demand, but by a desire to promote one’s own skills, dedication and professionalism. A value proposition should emphasise self-promotion, recognition and career opportunity in any market situation. Improvements as suggested below will be critical to supporting this proposition. More could be done to promote the individual, the professional and the Association through CPD and certification.

**Proposed new groups/specialties for professional credentialing**

Given the depth of specialisation within the HIM field and the diversity of roles, it would be neither practical nor feasible to develop a system of CPD and certification that caters individually for each potential specialty. Key groups could certainly benefit from tailored certification, such as clinical coders, quality managers, database managers and perhaps casemix/costing/activity-based funding specialists. Results from the Membership Surveys revealed that while many members have roles or responsibilities that span more than one specialty, most identified themselves as having particular roles in health information management, clinical coding/classification, and information systems/IT. These are the areas recommended for new or continued consideration for credentialing through CPD and certification.

Given the size of the current membership it is recommended certification be limited to 3-4 areas of specialty. Complex and varied systems of credentialing can create an administrative burden for associations, and there is merit in keeping options limited and more general at this time.

Notwithstanding the current certification process for Clinical Coders based around ICD-10-AM, which has seen around 100 individuals certified to date, there is an opportunity to extend the existing Professional Credentialing Scheme to include this specialty. This is particularly relevant as the Association continues to progress the development of qualifications in coding at Certificate III, Certificate IV and Diploma level. The coder workforce study undertaken by the AIHW in 2010 identified that there were limited opportunities for continuing professional development, particularly for those in rural and remote areas. Interviews with a number of coders around the country supported recommendations in the report that opportunities be provided to encourage and support those in this specialty to continue to maintain the currency of their skills, competencies and knowledge.

Given estimates in the above study indicating over 65% of the coder workforce are not educated to a degree or higher qualification in HIM, a formal CPD scheme managed through the HIMAA ought to be of strategic interest to the Association. It is recommended that certification for clinical coders be considered first with any expansion of the Professional Credentialing Scheme. Currently, Certified Clinical Coders are required to complete a currency certificate every two years to maintain their right to retain certification. As part of this process, the HIMAA could require that activities which attract CPD points be undertaken by the individual, and submitted for verification along with the currency certificate. These activities could include attendance and participation at relevant coding meetings at a state or territory level and other generic activities suggested for CHIM and CHIP certifications. This interim change would be relatively easy to manage within existing resources. Future plans for certification however should necessarily involve a range of stakeholders, not least the CCSA and state and territory departments of health.

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5 Australian Institute of Health and Welfare 2010. The coding workforce shortfall. Cat. no. HWL 46. Canberra: AIHW.
Determining appropriate CPD activities as well as ongoing education and training requirements for Clinical Coders may be less problematic than for those working in the specialty areas of health information systems and IT. Australian and international health workforce studies highlight the difficulties inherent in describing the role and demand for information professionals. By establishing a credentialing and certification scheme for 'health information specialists' the Association will be making an early and strategic investment in its membership, and potential new members. Such an initiative would also help to promote the discipline and potentially support workforce demands for individuals with the essential 'skill-set' necessary to underpin national projects such as the PCEHR. An extension of CPD in this area may provide incentives for membership from those within the health information industry who are members of other associations such as the Australian Computer Society. This particular group has a long track record of providing multiple pathways of certification for its members.

Again it is recommended that work on the development of CPD opportunities and certification for a 'Health Information Specialist' involve a range of members, state and national committees and other relevant stakeholders. The term Health Information Specialist may need further consideration and refinement, particularly given the plethora of terms and definitions used currently to describe individuals working in this field.

Practical improvements to current credentialing scheme

A number of practical changes are recommended to the existing credentialing scheme with respect to the following:

- Marketing and promotion
- Guidelines for members, including goal-setting
- Activities that attract CPD points
- Balance of activities
- Future strategies.

Marketing and promotion
Feedback received via the membership surveys and from individual members indicated the current scheme is not well known or understood. Others who were aware of the scheme were skeptical as to its relevance, and whether there was value in participating given current workforce shortages. Still others expressed frustration at the paperwork and processes involved in reporting activities.

CPD is used widely across a range of associations to promote the individual, the profession and the association. Though not perceived by some employers as essential within the current economic climate, a comprehensive credentialing scheme for the HIMAA membership may potentially increase our visibility and positioning within the health sector.

It is recommended that:
- The value and relevance of CPD and certification be clearly articulated by the Association
- The current scheme, with proposed changes and improvements, be marketed widely and comprehensively to current members, recent past members as well as employers
- Issues of current and future recognition by employers be explored in some detail, particularly with respect to any proposed changes.
Guidelines for members, including goal-setting
Current information on credentialing available from the HIMAA website focuses primarily on process. Members would benefit from access to a general set of guidelines that not only explain in more detail the range of CPD activities available but offers guidance with respect to defining goals and objectives for learning and development. The APA provides its members with an outline of how to prepare goals and outcomes. Members are encouraged to set goals that reflect what they feel they need to learn in terms of specific knowledge, understanding, skills and professional attitudes6. The AHRI encourages members to work methodically to identify personal gaps in areas of learning or knowledge deficiency before setting specific goals. Simple guidance such as this may offer greater incentives for involvement in the scheme, and will assist members to better manage their professional and personal development.

It is recommended that:
- Guidelines be prepared outlining the value and importance of goal-setting for professional development, providing examples where possible.

Activities that attract CPD points
Current activities are reasonably comprehensive, and certainly measurable. Additional activities that are less easy to measure and require a degree of trust and professional responsibility could also be recognised. These activities may include independent study and/or reading and the viewing of videos (both physical and internet-based). Reading material and online publications other than the HIMJ might include Healthcare Informatics Online, the Journal of the AHIMA and specific texts used in support of further learning or work-based projects. It would be incumbent on the individual to provide reasonable evidence of the material they have referenced, however these activities would acknowledge that people use and rely on a range of resources for continued learning, and that they learn in different ways.

The Professional Development category could be further divided into Conferences & Seminars and Papers/Publications, making a distinction between the variety of activities for which CPD points may be earned. Additionally, the category ‘Service to HIMAA Board/Committees’ could be re-worded ‘Service to HIM Profession or Industry’, reflecting a broader involvement and commitment at this level. ‘Membership of and regular attendance at Special Interest Groups/state sub-committees’ would be better placed in this category, rather than under Professional Development. Representation on course advisory committees for the HIM program and/or other relevant programs of study should also be included here.

Workplace activities that may involve collaborative projects such as the replacement of patient information systems/applications could also be added as a recognised activity. Individuals may be required to lead teams, complete in-house or external-provider training in project management or serve on state-wide committees involved in major change to system or policy. Such activities may be more difficult to measure but they would recognise important aspects of an individual’s career development, and may again offer improved incentive for participation in the scheme. Routine activities within the day-to-day scope of the individual’s job description should not be counted or credited for CPD points.

It is recommended that:
- Additional activities and changes outlined above be included in the CPD activities for CHIM and CHIP certifications

o Existing (and future) categories and activities be broadly defined to ensure easy interpretation.

Balance of activities
Members should be encouraged to complete a range of activities where possible, potentially from each of the three (or more) categories. This may be implicit in the current scheme but does not appear in information provided online to members. As the range of activity options increase, so too will the opportunity for members to pursue those activities that best meet their goals for further learning and development.

It is recommended that:
   o Members be encouraged, where possible, to complete a range of activities from those available in the short and longer-term.

Future strategies
A number of associations have created an online tool that allows members to record and update their CPD activities online. Attendance at association events is registered automatically on the individual’s personal record, reducing the need for additional notation. This information is then available to the association electronically at the time of membership renewal and/or when reviewing an individual submission for certification. The development of an online tool will require further consideration and investigation, particularly in terms of any interface requirements with an existing or future membership database.

As participation in the credentialing scheme expands, options to audit members should be considered as an alternative to the review of each individual’s diary. This practice is not uncommon across a range of associations researched, large and small. The HIMAA website advises members that the current credentialing scheme is based on the honesty and integrity of members. Random audits of members can be structured in such a way that they discourage dishonesty and/or are sufficiently punitive in the event that audits discover CPD activities have been falsely claimed.

Early suggestions surrounding certification indicated that with a proposed extension to Certified Clinical Coder and Certified Health Information Specialist, these as well as the existing categories would be mutually exclusive. In practice there is no reason why an individual might not be able to pursue certification in one or more areas of specialty. This will require some further consideration on behalf of members and other stakeholder groups.

It is recommended that:
   o Members and stakeholder groups be invited to review further and future options for credentialing, in particular the determination of CPD activities for progress towards certification as a Clinical Coder and Health Information Specialist
   o Consideration be given by the Board and the National Office to options involving the future recording and reporting of CPD activities.

CPD obligations for Fellowship
As previously stated, applicants for Associate Fellow would be required to show evidence of any professional development activities completed over a 12-month period prior to application. This evidence need not be in a form required by those enrolled in the current Professional Credentialing Scheme. Details of any qualifications completed, conferences attended and/or papers/publications produced
could be provided as notary evidence in a formal letter of application, with further
details requested as required. Evidence of a commitment to CPD should be sought
primarily through a structured plan from the applicant, outlining goals and specific
plans for CPD for the proceeding 12-months. Applicants could be directed to the
current scheme for guidance in preparing this plan.

It is recommended that maintenance of Associate Fellow and Fellow status be
predicated on a commitment to the HIMAA's Professional Credentialing Scheme.
This could be evidenced not only at the conclusion of a 2-year qualification period but
annually, with the member providing an indication on membership renewal of CPD
activities completed to date. This requirement reinforces the expectations for
achievement, commitment and contribution at these levels of membership.

Final comment

The current credentialing scheme has structure, merit and the potential to provide
further incentives in membership for both new and existing members. Recommended
changes outlined in this section of the report are intended to further improve
opportunities for member identity, competence and professionalism.
13. Transition plan for recommendations

The Membership Project has invoked considerable interest and passion from members and non-members alike. Given the extent and potential impact of recommended changes, the process of transition should be carefully progressed to allow for further development and consultation as it proceeds.

Consultation with stakeholders throughout the project was productive and informative. Further conversations with key organisations and employer groups, particularly around the recommendations in this report, would benefit both the Association and the membership. These conversations would also serve to strengthen the HIMAA’s ties with industry.

The suggested approach to transition under key headings below assumes at least in-principle support for the changes recommended. Each heading includes suggested ‘next-steps’ for the Board to take in order to progress the recommended changes.

Membership

Promoting a more inclusive entry-level **Affiliate** category, open to those with an interest in the industry, is a suggested early priority. This proposed change is already supported in the current Articles of Association. Although a slight re-wording is proposed as per section 11 of this report, there is no preclusion to its immediate application.

The **Student**, Associate and Associate Fellow categories require consideration and review together, given their reference to other courses and programs of study. A recent survey of undergraduate students at Curtin University, seeking opinions on broadening of the Student member definition, should be considered before further work on this category. There is an early opportunity to allow for those enrolled in current HIMAA clinical coding courses and applicable post-graduate clinical classification programs to be recognised for membership at this level. This would welcome into membership individuals who will be a critical component of the future health information workforce and encourage networking and further learning through the Association.

Section 11 of this report outlines the evidence that could be sought to verify an applicant has sufficient ‘senior-level’ experience for recognition as **Associate** member. It is recommended the Board develop some broad criteria to support interpretation of ‘senior-level’ to support consideration of each applicant for this category on a case-by-case basis. The criteria should be based around the level of responsibility, authority and/or autonomy the individual exercised within the senior position concerned.

The alignment of courses and programs of study for **Associate** and **Associate Fellow** categories requires further review and consideration. Use of the HIM Entry-level competencies for this purpose has been stated explicitly within the definition. However these competencies continue to be reviewed by the Education Committee, work that should not be impeded or disrupted by a consideration of their immediate usage beyond the purposes for which they were initially developed. It is recommended the Board first consider what form an ‘alignment’ of courses and programs might take, and what evidence would be needed to support this process. Additionally, consideration could be given to using some components of the entry-level subject domains and competencies as the basis of a separate document to be used to ‘align’ relevant courses and programs.
Work should proceed carefully and methodically on the development of ideas and a final proposal for formal assessment, as the basis for Associate Fellow and Fellow status. It is recommended a committee or special interest group be established by the Board, with representation from the Education Committee, and be tasked with considering options for assessment and the resources and expertise necessary to oversee its administration. Reference in this report to associations with established Fellowship programs, in particular the ACHSM, should help support and inform this process. Further consultation with and involvement of members in this process will be critical to its success.

Retired Member status may be introduced with immediate effect, and available to Full Members ahead of inclusion (at a later date) of those in Associate, Associate Fellow and Fellow categories. Life Member should continue in its current form until the latter categories are introduced, and remain available in the interim to Affiliate members.

Honorary Member may also continue in its current form. Early consideration could be given by the Board to identifying those individuals who are recognised nationally or internationally for their contribution to industry. Awarding Honorary Member status to a select few individuals may help promote other changes introduced as a result of this project and assist in furthering the position and profile of the Association within the current environment.

Organisation Member has retained its definition within the recommendations. It is suggested that early work with this category involve a review and categorisation of current members. This should include an identification of organisation type, industry, business, size (e.g. number of employees) and membership tenure. It should also include details of employees for whom it pays individual membership. A clearer picture of current organisational members will assist in planning to attract new members.

Concessional Member may be deleted with immediate effect, and the single owner of this status re-assigned to their original membership category. Urgent consideration must be given however as to how a concessional rate of membership is to be applied before this option is promoted to members. Recent awareness of this category and the proposed changes may result in some immediate expressions of interest from members.

Next steps

Within 3 months:

1. Apply definition of Affiliate category on HIMAA website. Delay further changes until full establishment of Associate category.
2. Review findings of student member survey initiated by Curtin University. Subject to this survey, open Student membership to those enrolled in any HIMAA Clinical Coding course or post-graduate clinical classification program.
3. Discuss recommendation to align relevant courses and programs to the HIM Entry-level competencies.
4. Implement Retired Member category.
5. Continue with Life Member and Organisational Member in current form.
6. Review and categorise current Organisational Members, and identify opportunities to attract other organisations (national and international) into membership.
7. Abolish Concessional Member category and re-assign individual to original category of membership.
8. Establish a concessional rate of membership.

Within 6 months:

1. Develop criteria for ‘senior-level’ experience, qualifying applicants for Associate member.
2. Establish committee or special interest group to explore use of HIM Entry-level competencies in aligning relevant courses and programs.
3. Consider potential recipients of title of Honorary Member, both at a national and international level.
4. Work with the Higher Colleges of Technology to identify strategies for promoting membership of the HIMAA to graduates of the HIM Program.

Within 12 months:

1. Establish committee or special interest group to explore options for formal assessment of Associate Fellow and Fellow membership categories.

Rights and privileges

A transition to adjusted rights and privileges will be entirely dependent upon progress with recommended changes to membership categories. This will include eligibility for appointment to the HIMAA Board and eligibility to hold positions of office, as defined for the new Associate and Associate Fellow categories respectively. Removal of voting rights for Students may be undertaken with immediate effect, however it is recommended this right be retained for the category of Affiliate, until such time as the above categories are established. This will avoid alienating a growing number of members within this category with existing access to these rights and privileges.

Credentialing

The recommendations to expand the current Professional Credentialing Scheme to include Certified Clinical Coder and Certified Health Information Specialist will require significant further work and consultation with members, both from these and other areas of specialisation. It is recommended these opportunities be widely publicised to members to encourage interest and ideas in determining appropriate activities for continuing professional development.

Transition to these levels of credentialing should be preceded by practical changes to the current scheme, along with plans already underway to improve professional development offerings for members. Recommendations for practical changes are itemised in section 12 and prioritised below.

Next Steps

Within 3 - 6 months:

1. Develop guidelines to support members in setting goals or objectives for learning, using examples referred to in other associations outlined in this report.
2. Adjust categories as recommended in section 12 and broadly define for the benefit of members.
3. Identify appropriate other activities which may attract CPD points.
Within 12 months:

1. Identify and undertake strategies to market and promote the Professional Credentialing Scheme to current and past members.
2. Identify and proceed with opportunities to discuss and promote scheme to employers and employer groups for the benefit of their employees.
3. Undertake to improve the recording and reporting of CPD activities by members.
4. Consider future opportunities to audit members.

14. Governance and oversight

Further work is required to proceed with recommendations arising out of this report. While it is impractical ahead of this work to propose detailed procedures for the implementation of changes to membership categories and the introduction of a system of credentialing, some broad suggestions for future governance and oversight are offered below.

Members and past members alike should be kept well informed of any ‘next-steps’ taken by the Board to initiate change. Recommendations around membership and credentialing will impact members, special interest groups, state/territory executives and both local and national committees to varying degrees. It is important these critical stakeholders be invited and encouraged to participate further in any future developments.

Opportunities to communicate with members via social media outlets should be explored, such as Facebook and Twitter. These are used to good effect by associations such as the AHIMA and ACHSM to encourage members to keep in touch and to interact more readily with colleagues and national office staff. Although such outlets do require appropriate oversight by the association concerned they can be used to complement more formal communications with membership via email or newsletter.

The Association would benefit from continued consultation with individuals and organisations involved throughout the project. Employer groups will have a particular interest in project outcomes where these may impact on workforce issues and anticipated health reforms. Whilst interest in credentialing was limited, some indicated they saw value in a more vocal and representative Association supporting its members within the workforce.

As per the original deliverables for this project, a communication and marketing plan is needed to ensure the successful implementation of new and revised membership categories and the potential for expansion of the membership base as a consequence. The plan should link closely with the ‘Communication’ and ‘Positioning and Advocacy’ elements of the HIMAA Strategic Plan 2010-2013. Additionally it should clearly articulate the rationale for the recommended changes and promote their benefits to both existing and potential new members.
15. Risk identification and mitigation

The Association’s Policy statement on risk management states that the HIMAA is committed to:

- Behaving as a responsible corporate citizen protecting its members, employees, clients, contractors, visitors, the community and the general public from unnecessary injury, loss or damage.
- Achieving its business objectives by minimising the impact of risks it can meaningfully and realistically control.

The approach to risk identification and mitigation that follows broadly reflects this policy.

Risks have been grouped under headings of Membership and Credentialing, CPD and Certification, and Process. In the table below each identified risk includes an indication of likelihood, impact and recommended strategy to address. A column labeled ‘Responsibility’ is also included to identify an individual, position or committee responsible for overseeing the recommended strategy.

A number of risks and recommended strategies will need to be addressed separately in a Communication and Marketing Plan. Risks identified during the transition period may best be resolved through direct communication with members and stakeholders, including via the HIMAA website.

Qualification of risk descriptors

There are a number of ways in which the risks identified in this report could be qualified with respect to their probability (or likelihood) and potential impact. A simple approach is followed in the proceeding table, using the terms and their meanings below:

**Likelihood:**

Low – Risk is not expected but should not be ignored  
Medium – Risk is anticipated or may occur  
High – Risk is expected

**Impact:**

Low – Impact is minimal and may be addressed through routine practice(s)  
Medium – Impact is significant and should be addressed  
High – Impact will seriously affect process, operations and/or relationships  
Critical – Impact will cause failure of process, operations and/or relationships
### Table 8: Identified risks

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| Recommended changes to membership categories, rights and privileges  | Medium     | Critical | Project Manager/Board | • At Information Brief (Sept. 2011) clearly state process of stakeholder consultation and research undertaken in support of the recommendations  
• Clearly outline proposed changes in Recommendation paper to members (Oct. 2011)  
• Determine best approach to structuring voting process at AGM on key recommendations (Sept/October 2011)                                                                                     |
| An expanded member base reduces clarity of HIMAA role and purpose    | Low        | Medium  | CEO/Board            | • Clearly identify changes to membership categories (and rationale for change) on HIMAA website and in promotional material and brochures  
• Broadcast changes through formal letters to key stakeholders consulted during the project, and to Departments of Health within each state and territory  
• Define continued scope and purpose of the HIMAA through Communication and Marketing Plan                                                                                                              |
| Full members perceive a loss of identity, uniqueness and ‘earned’    | Medium     | High    | Project Manager/Board | • Clearly state recommendations at Information Brief (Sept. 2011)  
• Clearly outline retained benefits, positioning, rights and privileges for Full Members in final Project Report and in Recommendation paper to members (Sept/October 2011)                                                                 |
| and proposed credentialing fail to attract new members               | Medium     | Medium  | Board                | • Establish timeframe for review of changes post transition/implementation  
• Address through Communication and Marketing Plan                                                                                                                                                    |
| Changes to member categories, rights and privileges and proposed    | Low        | Critical | Board                | • Exit interview members to determine impact of changes on decision to cease (or not renew) membership  
• Survey past and present members within 6 months of change to gauge attitude towards member category changes                                                                                           |
| credentialing lead to a decrease in membership                      | Low        | Medium  | Board Members/CEO    | • Communicate directly with CCSA, HISA, ACHSM and others to outline scope and intention of recommended changes  
• Address through targeted strategies identified in Communication and Marketing Plan                                                                                                                     |
| Changes to member categories, rights and privileges and proposed     | Low        | Medium  | Board/CEO            | • Address through Board composition and monitoring of state/territory branch representation and activity                                                                                                           |
| credentialing impact adversely on HIMAA’s relationship with other    | Low        | High    | CEO/Board            | • Arrange with relevant associations for members to receive discounts and other incentives to encourage cross-membership  
• Promote opportunities for cross-membership through                                                                                                                                                |
<p>| professional groups and associations                                 |            |         |                      |                                                                                                                                                                                                                                                                                                                                           |</p>
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| Changes introduced to CPD and certification fail to attract new members | Medium     | Medium | Board                | • Establish timeframe for review of changes post transition/implementation  
                                                                 |            |        |                      | • Address through Communication and Marketing Plan            |
| Changes introduced to CPD and certification lead to a decrease in membership | Low        | Critical | Board CEO/National Office | • Exit interview members to determine impact of changes on decision to cease (or not renew) membership 
                                                                 |            |        |                      | • Survey past and present members within 6 months of change to gauge attitude towards member category changes |
| Changes introduced to CPD and certification impact adversely on HIMAA's relationship with other professional groups and associations | Medium     | Medium | Board Members / CEO  | • Communicate directly with CCSA, HISA, ACHSM and others to outline scope and intention of recommended changes 
                                                                 |            |        |                      | • Address through targeted strategies identified in Communication and Marketing Plan |
| Cost, time commitment and geographic isolation limit interest and uptake of CPD | Medium     | High   | Board/CEO            | • Ensure CPD supports diverse activities and development opportunities 
                                                                 |            |        |                      | • Provide opportunities for activities at a local health service or health care organisation to attract CPD points |
| Long term/senior members do not see value of CPD and certification and opt not to participate | Medium     | High   | Board/CEO            | • Actively promote value of CPD and certification to all members regardless of age, stage of career or employer recognition |
| Members employed in less traditional areas do not see value of CPD and certification and opt not to participate | Medium     | High   | Board/CEO            | • Ensure CPD supports diverse activities and development opportunities |
| Employers do not recognise credentialing scheme in future recruitment and selection practices | Medium     | Medium | Board/CEO            | • Engage employer groups early on in proposed credentialing model 
                                                                 |            |        |                      | • Address through continued consultation with stakeholders |
| Employer does not support member’s participation in CPD and certification scheme | Medium     | Medium | Board/CEO            | • Identify strategies to market certification process and value to employer groups 
                                                                 |            |        |                      | • Ensure CPD supports diverse activities and development opportunities beyond those that may require absence or time away from normal duties |
| Certification has no impact on employee recognition and/or remuneration longer-term | Low        | Medium | Board/CEO            | • Identify strategies to market certification process and value to employer groups 
                                                                 |            |        |                      | • Promote CPD and certification as a professional opportunity and responsibility of members, regardless of employer recognition |
| The CPD and certification system creates unreasonable burden of work for HIMAA National Office | Low        | High   | Board/CEO            | • Develop solution for the electronic submission or online recording/logging of CPD activities 
<pre><code>                                                             |            |        |                      | • Consider opportunity to randomly audit members for completion of CPD points annually and/or upon membership renewal |
</code></pre>
<table>
<thead>
<tr>
<th>Risk</th>
<th>Likelihood</th>
<th>Impact</th>
<th>Responsibility</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources unavailable to manage transition to new membership and credentialing model</td>
<td>Low</td>
<td>High</td>
<td>Board/CEO</td>
<td>• Ensure recommendations for transition are carefully progressed and reviewed</td>
</tr>
<tr>
<td>HIMAA Office under-resourced to manage and ensure appropriate oversight of new procedures</td>
<td>Low</td>
<td>High</td>
<td>Board/CEO</td>
<td>To be determined based on further development of options and requirements</td>
</tr>
<tr>
<td>Procedures for managing new membership and credentialing model incorrectly followed</td>
<td>Low</td>
<td>High</td>
<td>Board/CEO</td>
<td>To be determined based on further development of options and requirements</td>
</tr>
</tbody>
</table>
16. Recommended changes to Articles of Association

Changes to membership categories, rights and privileges, and the introduction of a system of credentialing must be reflected in the Articles of Association for the Health Information Management Association of Australia Limited. This section clarifies where essential changes or additions will need to be considered, for the benefit of the Association’s legal counsel.

Table 9 below identifies those articles impacted by the changes and recommendations made throughout this report.

Table 9: Articles for review

<table>
<thead>
<tr>
<th>Article</th>
<th>Change/Addition</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Add new categories and re-wording of existing categories</td>
</tr>
<tr>
<td></td>
<td>Adjustments to wording of article 6.2 based on changes to relevant categories and addition of new categories</td>
</tr>
<tr>
<td>7.</td>
<td>Add new categories and re-wording of existing categories</td>
</tr>
<tr>
<td></td>
<td>Addition of revised list of rights and privileges and appropriate eligibilities</td>
</tr>
<tr>
<td>8.1</td>
<td>Delete reference to Inactive Member and add details of concessional subscription rate for applicable categories</td>
</tr>
<tr>
<td>9.1(3)</td>
<td>Add Associate, Associate Fellow, Fellow, Life and Retired member categories</td>
</tr>
<tr>
<td>16.5</td>
<td>Add Associate and Associate Fellow categories</td>
</tr>
<tr>
<td>24.2</td>
<td>Consideration should be given to the representation of the directors in relation to the authority to convene a general meeting</td>
</tr>
<tr>
<td>48</td>
<td>Change to reflect balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>52.1</td>
<td>Add Associate, Associate Fellow, Fellow, Life and Retired member categories</td>
</tr>
<tr>
<td>53</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>56.1</td>
<td>Eligibility for election to President and Senior-Vice President restricted to Full Member and Fellow Members only</td>
</tr>
<tr>
<td>59.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>60.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>62.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>63.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>72.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>77.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
<tr>
<td>79.1</td>
<td>Review with respect to balance of HIM qualified and non-HIM qualified representation</td>
</tr>
</tbody>
</table>
17. Summary of Recommendations

The recommendations below summarise opportunities and formal proposals identified throughout the report. They are presented here as a quick reference for the HIMAA Board and as a guide for their consideration and action where appropriate. ‘Next-steps’ and suggested timeframes for some specific recommendations are outlined in section 13.

Membership categories, rights and privileges

- Introduce new membership categories of **Associate**, **Associate Fellow**, **Fellow** and **Retired Member** as outlined in section 11 of this report
- Introduce changes to existing membership categories of **Student**, **Affiliate**, **Full Member**, **Life**, **Honorary** and **Organisational Member** as outlined in section 11 of this report
- Abolish category of **Concessional Member** and make available upon application a concessional rate of membership, according to applicable criteria
- Pursue changes to member **rights and privileges** in support of changes and additions to membership categories, including the following:
  - Removal of the right to vote at all general meetings by Student and Affiliate members
  - A minimum composition of the Board of no less than 75% Fellows or Full Members
  - Retention of the eligibility for election or appointment to State/Territory Branch/Network Executives and any National Committee of the HIMAA to all member categories except Honorary and Organisation
  - Extended eligibility for Associate member and Associate Fellows to hold office as Vice-President on State/Territory Executive, and as President if a Full Member or Fellow is unwilling or unavailable to accept this position of office.
- Pursue recommendations progressively and in accordance with a transition plan and timeframes outlined in section 13
- Seek at least in-principle support from the HIMAA membership for recommended changes to membership categories, rights and privileges as outlined in this report
- Prepare action plan for further consideration and implementation of recommendations subject to outcomes of the AGM in October
- Involve State/Territory Branch Executive Committees, the Education Committee, Editorial Board and other State and National committees in early discussions and consideration of recommended changes to membership categories, rights and privileges
• Establish committee and/or special interest group to consider recommended categories of Fellowship, in particular options for formal assessment

• Engage the Education Committee in consideration of an expanded use of the HIM Entry-level Competencies to ‘align’ relevant courses and programs, to address categories of Student, Associate and Associate Fellow

• Communicate outcomes of the project to past-members who participated in the Membership Survey

• Give further consideration to comments provided through the Membership Surveys in the context of recommended changes to membership and credentialing

• Consider opportunities to attract graduates of the UAE Higher Colleges of Technology HIM Program in to membership

• Consider opportunities to support, through membership and credentialing, students who complete the HIMAA Clinical Coding courses under license in Saudi Arabia and Romania

• Encourage the appropriate use of membership category post-nominals, as outlined in this report, to further promote the individual member and the HIMAA

• Identify opportunities to improve offerings for Organisation membership, including priority sponsorship or exhibition privileges

• Consider requirements for election, appointment to Board, powers, duties and provisions for Directors in view of recommended changes to Board composition

• Engage legal counsel to facilitate necessary changes to the Articles of Association

**Credentialing**

• Consult with employer groups on opportunities to improve the Professional Credentialing Scheme and to encourage the support and participation of employees in fulfillment of CPD obligations
- Consult further with members and other stakeholders on opportunities, identified in this report, to extend certification to Clinical Coders and Health Information Specialists
• Pursue practical changes to current credentialing scheme, in particular recommendations concerning guidelines and activities for member participation in continuing professional development

• Consider future options and strategies to improve CPD reporting, recording and the auditing of member records.

Marketing and promotion

• Communicate the outcomes of this project to key stakeholders consulted during the course of this project

• Identify opportunities to improve communication with members (current and past) through the use of social media, particularly around further developments associated with this project

• Identify opportunities to market and promote current plans to extend professional development offerings for members

• Identify opportunities to market and promote to members the value of certification through continuing professional development.
### Appendix A - Table of Professional Associations Researched 2011

<table>
<thead>
<tr>
<th>Association</th>
<th>Membership</th>
<th>Credentialing</th>
<th>Assessment of Credentials</th>
<th>Post-nominals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>INTERNATIONAL</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>American Health Information Management Association (AHIMA)</td>
<td>Active Student, New Graduate, Senior, Honorary</td>
<td>4 categories, 7 credentials.</td>
<td>On application. Based on qualifications, experience and examination. Exam based on competencies from BOK. Fellowship program based on self-assessment against set criteria &amp; application fee.</td>
<td>RHIA, RHIT, CCA, CCS, CCS-P, CHDA, CHPS. FAHIMA for those awarded Fellowship Status</td>
</tr>
<tr>
<td>Canadian Health Information Management Association (CHIMA)</td>
<td>Active Affiliate, Student, Retired</td>
<td>For Active members only.</td>
<td>Based on qualifications and examination. Exam based on entry-level competencies.</td>
<td>Certified in Health Information Management (CHIM)</td>
</tr>
<tr>
<td>Institute of Health Records and Information Management (IHRIM) - UK</td>
<td>-Affiliate, -Student, -Licentiate, -Clinical Coding Affiliate, -Clinical Coding Licentiate, -Certificated, -Accredited Clinical Coder, -Associate, -Fellow, -Honorary, -Honorary Fellow, -Retired, -Overseas, -Commercial, -Corporate</td>
<td>All categories except Affiliate and Clinical Coding Affiliate.</td>
<td>Based on membership tenure, employment in relevant position, completion of certificate, intermediate certificate, diploma or National Clinical Coding Qualification (NCCQ) and recognised contribution to the profession or Institute. Certification for those who complete NCCQ – awarded status as Accredited Clinical Coder (ACC)</td>
<td>Available for all categories except Affiliate and Student.</td>
</tr>
<tr>
<td>Professional Association of Clinical Coders (PACC) - UK</td>
<td>Associate Full Membership, Fellowship, Honorary Membership</td>
<td>All categories.</td>
<td>Based on employment as Clinical Coder, completion of National Clinical Coding Qualification and contribution to industry.</td>
<td>MPACC (Full Member) and HPACC (Honorary Member), ACC for Accredited Clinical Coder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Association</th>
<th>Membership</th>
<th>Credentialing</th>
<th>Assessment of Credentials</th>
<th>Post-nominals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Management Institute of Ireland (HMI)</td>
<td>Individual</td>
<td>All categories except Student and Group</td>
<td>Individual requires 2-years of management experience within health, or 3-years in other industry, + relevant qualification or evidence of experiential learning. Fellow and Honorary bestowed by Institute</td>
<td>MHMI for Individual members &amp; FHMI for Fellow</td>
</tr>
<tr>
<td></td>
<td>Student</td>
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<td></td>
<td>Group</td>
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<td></td>
<td>Fellow</td>
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<tr>
<td></td>
<td>Honorary</td>
<td></td>
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</tr>
<tr>
<td>American Medical Informatics Association (AMIA)</td>
<td>Student</td>
<td>N/A. Affiliate and Regular self-selected based on preferred benefits</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Affiliate</td>
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<tr>
<td></td>
<td>Regular</td>
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<td></td>
<td>Retired</td>
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<tr>
<td></td>
<td>Corporate</td>
<td></td>
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</tr>
<tr>
<td>Healthcare Information and Management Systems Society (HIMSS) - USA</td>
<td>Individual</td>
<td>For Individual members only</td>
<td>Certification available to Individual members with minimum 3-years experience in information and management systems (inc. 2 in health care) and completion of exam</td>
<td>Certified Professional in Healthcare Information and Management Systems (CPHIMS)</td>
</tr>
<tr>
<td></td>
<td>Organisational</td>
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<tr>
<td></td>
<td>Corporate</td>
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<tr>
<td></td>
<td>Affiliate</td>
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<tr>
<td></td>
<td>Student Affiliate</td>
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<tr>
<td></td>
<td>Regular Affiliate</td>
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<tr>
<td></td>
<td>Retired Corporate</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>AUSTRALIA &amp; NEW ZEALAND</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Australasian Health and Research Data Managers Association (AHRDMA)</td>
<td>Member</td>
<td>N/A. Open to anyone in field, with nomination by current member</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Health Informatics Society of Australia (HISA)</td>
<td>Individual</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Corporate</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>-Innovator</td>
<td></td>
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<tr>
<td></td>
<td>-Industry Supporter</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>-Industry Associate</td>
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<tr>
<td></td>
<td>-Industry Leadership</td>
<td></td>
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</tr>
<tr>
<td>Health Informatics New Zealand (HINZ)</td>
<td>Individual</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Group</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Records and Information Management Professionals Australasia (RIMPA)</td>
<td>Professional Member</td>
<td>Professional member categories only.</td>
<td>On application. Evidence of experience, understanding of recordkeeping skills, relevant qualification (diploma to bachelor degree), duration of membership of Association and demonstrated commitment to CPD.</td>
<td>ARMA, MRMA, FRMA</td>
</tr>
<tr>
<td></td>
<td>-Associate</td>
<td></td>
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<tr>
<td></td>
<td>-Chartered Member</td>
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<td></td>
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<tr>
<td></td>
<td>-Fellow</td>
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<tr>
<td></td>
<td>Affiliate</td>
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<td></td>
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<tr>
<td></td>
<td>Student</td>
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<td></td>
<td>Retired</td>
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<tr>
<td></td>
<td>Corporate</td>
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<tr>
<td></td>
<td>Vendor</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Association</th>
<th>Membership</th>
<th>Credentialing</th>
<th>Assessment of Credentials</th>
<th>Post-nominals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australasian College of Health Service Management (ACHSM)</td>
<td>Affiliate Associate Fellow Fellow Retired Life</td>
<td>For Affiliate, Assoc.Fellow &amp; Fellow Members.</td>
<td>On membership. Affiliate - 3-years exp. Assoc. Fellow - 3-years management exp. + qualification, or relevant learning. Fellow - on application, + qualification, 3+years exp., 3-years ACHSM m‘bship, + 3-years CPD, + exam or published paper.</td>
<td>AFCHSM, FCHSM &amp; Certified Health Manager on completion of CPD</td>
</tr>
<tr>
<td>Australian Institute of Medical Scientists (AIMS)</td>
<td>Professional -Fellow -Member -Graduate Technical -Intermediate</td>
<td>All levels of membership.</td>
<td>Professional membership requires AIMS recognised degree, + minimum 2-years exp. for Member. Technical membership requires diploma or non-AIMS recognised degree, + 2-years exp.</td>
<td>MACS, MACS Snr, FACS</td>
</tr>
<tr>
<td>Australian Computer Society (ACS)</td>
<td>Associate Member Senior Member Fellow</td>
<td>For Member, Senior Member and Fellow only.</td>
<td>Members complete ACS Certification Program, leading to Certified Technologist (CT) or Certified Professional (CP). Assessment against SFIA, experience and qualifications.</td>
<td>FCHSM, FACS</td>
</tr>
<tr>
<td>Australasian College of Health Informatics (ACHI)</td>
<td>Fellow Full Member Associate Member Student Member</td>
<td>All levels of membership.</td>
<td>On application. Evidence of contribution (or capacity for) in the field, qualification and experience.</td>
<td>FACHI and MACHI (Full Members)</td>
</tr>
<tr>
<td>Australasian Association for Quality in Health Care (AAQHC)</td>
<td>Standard Individual Student Individual Organisational Associate Fellow Fellow</td>
<td>Associate Fellow and Fellow only.</td>
<td>On application. Self-assessment against 5 mandatory domain criteria, including evidence of 10 + years experience in health care, relevant qualification and involvement in professional meetings &amp; activities. Fellow requires same + oral examination.</td>
<td>AFAAQHC, FAAQHC</td>
</tr>
<tr>
<td>CPA Australia</td>
<td>Associate CPA Fellow</td>
<td>All categories.</td>
<td>Based on recognised qualifications and experience, completion of Foundation and Professional Level CPA Program, including examinations. 120 hours of CPD required annually to maintain member status and right to use post-nominal</td>
<td>ASA, CPA, FCPA</td>
</tr>
<tr>
<td>Australian Institute of Management (AIM)</td>
<td>Affiliate Member Associate Fellow Fellow</td>
<td>All categories except Affiliate.</td>
<td>On application. Based on minimum periods of proven management experience, reduced only where applicant holds relevant qualification.</td>
<td>AIMM, AFAIM, FAIM</td>
</tr>
<tr>
<td>Association</td>
<td>Membership</td>
<td>Credentialing</td>
<td>Assessment of Credentials</td>
<td>Post-nominals</td>
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<td>------------------------------------------------------</td>
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</tr>
<tr>
<td>Australian Institute of Project Management (AIPM)</td>
<td>Student Affiliate, Associate Member, Life Fellow, Fellow, Honorary Fellow</td>
<td>All categories except Student and Affiliate</td>
<td>Associate requires 2-years experience in project management, or qualifications recognised by the Institute. Member requires at least 5-years experience + recognised qualification. Certification based on evidence that applicant has attained competencies in project management developed by Institute.</td>
<td>Certified Practising Project Director (CPPD), Certified Practising Project Manager (CPPM), Certified Practising Project Practitioner (CPPP)</td>
</tr>
<tr>
<td>Australian Association of Practice Managers (AAPM)</td>
<td>Associate Member, Fellow, Associate Fellow Life, Honorary Retiree Affiliate</td>
<td>All categories except Associate, Honorary and Affiliate</td>
<td>Based on employment as Practice Manager, appropriate qualifications and commitment to CPD. Completion of Fellowship Program required for Fellow. CPD points needed to reach and maintain member status.</td>
<td>MAAPM, FAAPM, AFAAPM, FAAPM (Life)</td>
</tr>
<tr>
<td>Australian Human Resources Institute (AHRI)</td>
<td>Student Affiliate, Member Fellow, Certified Member Fellow Organisation</td>
<td>All categories except Student and Organisation</td>
<td>Based on possession of AHRI-accredited or relevant undergraduate qualification, and experience in HR industry. Member requires qualification or 4-years experience in HR. Certified Member requires qualification + minimum 5-years experience in HR. Fellow requires senior-level experience (8-years, inc. 2 in strategic management or leadership) + qualification + evidence of contribution to industry. 90-hours of CPD per triennium required to maintain MAHRI, CAHRI &amp; FAHRI status.</td>
<td>MAHRI, CAHRI, FAHRI, Organisation Member of AHRI</td>
</tr>
<tr>
<td>Association of Regulatory and Clinical Scientists (ARCS)</td>
<td>Full Associate, Overseas Associate Student, Retired Life</td>
<td>Only for Full and Life categories</td>
<td>Only Full membership requires a scientific qualification, or individual must be employed in position that provides scientific or medical services/expertise to therapeutic goods industry. Certification following completion of ARCS training courses, evidence of experience, qualifications and CPE</td>
<td>ARCS Certified Member (ACM), ARCS Certified Professional Member (ACPM), ARCS Certified Fellow (ACF)</td>
</tr>
<tr>
<td>Association</td>
<td>Membership</td>
<td>Credentialing</td>
<td>Assessment of Credentials</td>
<td>Post-nominals</td>
</tr>
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<td>--------------------------------------------</td>
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</tr>
<tr>
<td>Australian Physiotherapy Association (APA)</td>
<td>Member (Full-time, Part-time)</td>
<td>All non-student categories</td>
<td>Accredited Physiotherapy course leading to registration as a Physiotherapist. Associate status based on no entry-level qualifications, no registration and ineligibility for member status. Physiotherapy Assistant (PTA) requires completion of (or progress towards) Certificate IV Allied Health or equivalent, or minimum Certificate III Allied Health or equivalent and working as PTA, or 5-years experience working as PTA. 100 CPD points each triennium for all members.</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Retired</td>
<td></td>
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<tr>
<td></td>
<td>Full-time Postgraduate</td>
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<tr>
<td></td>
<td>New Graduate (Yr 1)</td>
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<tr>
<td></td>
<td>New Graduate (Yr 2)</td>
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<tr>
<td></td>
<td>1st Year Student</td>
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<td></td>
<td>Sub’quent Yr Student</td>
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<tr>
<td></td>
<td>Physio Assistant Associate (Australia &amp; Overseas)</td>
<td></td>
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</tr>
<tr>
<td>Occupational Therapy Australia (OTA)</td>
<td>Member (Full-time, Part-time, Not Working)</td>
<td>Qualification and registration</td>
<td>Graduate of an accredited Australian OT tertiary course, &amp; qualified to practice in relevant state or territory. Certification based on completion and maintenance of CPD.</td>
<td>Accredited Occupational Therapist</td>
</tr>
<tr>
<td></td>
<td>New Graduate</td>
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<td></td>
<td>Student</td>
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<tr>
<td></td>
<td>Affiliates (some States only)</td>
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<td>Speech Pathology Australia (SPA)</td>
<td>Practising</td>
<td>All categories</td>
<td>Approved speech pathology qualifications from an accredited Australian university program. Fellowship and Life awarded by National Council. Voluntary certification through Professional Self Regulation (PSR) Program, with 60 PSR points required each triennium.</td>
<td>Certified Practising Speech Pathologist</td>
</tr>
<tr>
<td></td>
<td>Non Practising</td>
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<tr>
<td></td>
<td>Full-time Postgraduate</td>
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<td></td>
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<td></td>
<td>Fellowship</td>
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<td>Life</td>
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<tr>
<td>Dietitians Association of Australia (DAA)</td>
<td>Full Membership (Full or Student)</td>
<td>All categories</td>
<td>Completion of DAA-accredited qualification, or examination for overseas trained dietitians, or enrolment in DAA-accredited program. Associate requires nutrition qualifications. Affiliate for dietitians living overseas and who are members of any association endorsed by International Confederation of Dietetic Associations. Certification for Full Membership only, upon completion of 30 CPD hours annually.</td>
<td>Accredited Practising Dietitian (APD)</td>
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<td>Credentialing</td>
<td>Assessment of Credentials</td>
<td>Post-nominals</td>
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<td>Australian Psychological Society (APS)</td>
<td>Non-voting-member</td>
<td>All categories</td>
<td>Qualifications recognised by Australian Psychology Association Council required for all categories. Voting-member categories based on qualifications + contribution to profession + industry tenure. CPD encouraged.</td>
<td>Voting-member categories only: Hon FAPS, FAPS, MAPS, Assoc MAPS</td>
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<td></td>
<td>Voting-member</td>
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</tr>
<tr>
<td></td>
<td>- Honorary Fellow</td>
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<tr>
<td></td>
<td>- Member</td>
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<tr>
<td></td>
<td>- Associate Member</td>
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<td>Australian College of Midwives (ACM)</td>
<td>Full Student</td>
<td>All categories except Student and Consumer</td>
<td>Authority to practice midwifery &amp; registration by approved body required for Full member. Associate members are those not practicing but have qualifications and are eligible for registration. Fellowship categories awarded based on contribution to profession and commitment to professional and personal development. Midwives may voluntarily complete Midwifery Practice Review credentialing program, involving self-assessment and panel interview.</td>
<td>FACM, FACM(Dist), FACM(Hon.)</td>
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<td></td>
<td>Student Consumer</td>
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<td></td>
<td>Associate Fellow</td>
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<td></td>
<td>Distinguished Fellow</td>
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<tr>
<td></td>
<td>Honorary Fellow</td>
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<td>Australian College of Mental Health Nurses (ACMHN)</td>
<td>Ordinary Member</td>
<td>For Ordinary and Associate member categories</td>
<td>Registered nurses employed in mental health qualify for Ordinary member. Associate category for those with interest in mental health nursing. Credential for Practice Program available to members and non-members. Recognises qualifications, experience and commitment to CPD. Credential valid for 3-years.</td>
<td>Mental Health Nurse (MHN).</td>
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<td>Retiree</td>
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<td>Maternity Leave</td>
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# Appendix B – Record of Interviews

## HIMAA MEMBERSHIP PROJECT

Interviews with Stakeholders – March – May 2011

<table>
<thead>
<tr>
<th>Date</th>
<th>Name</th>
<th>Position</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>16/3/11</td>
<td>Kerin Robinson &amp; staff</td>
<td>Head of Dept. HIM</td>
<td>La Trobe University</td>
</tr>
<tr>
<td>16/3/11</td>
<td>James Holman</td>
<td>Office of the CIO</td>
<td>DOH Victoria</td>
</tr>
<tr>
<td>16/3/11</td>
<td>Josephine Beer</td>
<td>Manager, Health Information Workforce Strategy</td>
<td>DOH Victoria</td>
</tr>
<tr>
<td>16/3/11</td>
<td>Jennie Shepheard</td>
<td>Principal Health Information and Classification Advisor</td>
<td>DOH Victoria</td>
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<tr>
<td>17/3/11</td>
<td>Louise Schaper</td>
<td>CEO</td>
<td>HISA</td>
</tr>
<tr>
<td>22/3/11</td>
<td>Lee Ridoutt</td>
<td>Director</td>
<td>Human Capital Alliance</td>
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<tr>
<td>22/3/11</td>
<td>Helen Moore</td>
<td>Senior Epidemiologist &amp; Manager Population Health</td>
<td>NSW Health</td>
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<tr>
<td>22/3/11</td>
<td>Prof Robert Steele</td>
<td>Head of Discipline – Health Informatics</td>
<td>The University of Sydney</td>
</tr>
<tr>
<td>23/3/11</td>
<td>Kerry Innes</td>
<td>Manager</td>
<td>ACCTI</td>
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<tr>
<td>23/3/11</td>
<td>Jenny McNamee</td>
<td>Director</td>
<td>NGCC</td>
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<tr>
<td>23/3/11</td>
<td>Rosann Montgomery</td>
<td>Manager ICT</td>
<td>NSW Health</td>
</tr>
<tr>
<td>23/3/11</td>
<td>Todd Hunt</td>
<td>Associate Director, Workforce Planning</td>
<td>NSW Health</td>
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<tr>
<td>24/3/11</td>
<td>Onno Van Der Wel</td>
<td>Executive Director, Corporate Services</td>
<td>Country Health SA</td>
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<td>24/3/11</td>
<td>Helen Stevens</td>
<td>A/Manager Regional Workforce Relations</td>
<td>SA Health</td>
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<tr>
<td>25/3/11</td>
<td>Kate Hawke</td>
<td>Change and Communication Senior Consultant</td>
<td>SA Health</td>
</tr>
<tr>
<td>28/3/11</td>
<td>Mathew Double</td>
<td>Manager, Human Resources</td>
<td>DHHS Tasmania</td>
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<tr>
<td>29/3/11</td>
<td>Julie Turtle</td>
<td>Clinical Coding Educator/Auditor</td>
<td>DHHS Tasmania</td>
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<tr>
<td>4/4/11</td>
<td>David Rowlands</td>
<td>Chair</td>
<td>HISA</td>
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<tr>
<td>6/4/11</td>
<td>Joan Knights</td>
<td>President</td>
<td>CCSA</td>
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<tr>
<td>7/4/11</td>
<td>Kerryn Butler-Henderson</td>
<td>Lecturer &amp; Course Coordinator HIM &amp; HI</td>
<td>Curtin University</td>
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<tr>
<td>13/4/11</td>
<td>Maryann Wood</td>
<td>Lecturer, School of Public Health</td>
<td>QUT</td>
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<td>13/4/11</td>
<td>Sue Walker</td>
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<td>NCHIRT</td>
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<td>13/4/11</td>
<td>Sandra Martyn</td>
<td>Manager, Data Services Unit</td>
<td>Queensland Health</td>
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<tr>
<td>14/4/11</td>
<td>Dr Michael Armitage</td>
<td>CEO</td>
<td>AHIA</td>
</tr>
<tr>
<td>14/4/11</td>
<td>Adam Stoneley</td>
<td>President</td>
<td>AHRDMA</td>
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<tr>
<td>15/4/11</td>
<td>Tracey Cocciolone</td>
<td>Workforce Lead, e-Health Program</td>
<td>Queensland Health</td>
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<tr>
<td>15/4/11</td>
<td>David Hansen</td>
<td>Acting CEO</td>
<td>Aust. E-Health Res. Centre</td>
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<tr>
<td>Date</td>
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<td>Position/Role</td>
<td>Organization</td>
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<td>15/4/11</td>
<td>Lucy Kennedy</td>
<td>QLD Rep – CCSA Management Committee</td>
<td>Queensland</td>
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<tr>
<td>18/4/11</td>
<td>Daryl Sadgrove</td>
<td>CEO</td>
<td>ACHSM</td>
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<td>Jenny Hargreaves</td>
<td>Senior Executive, Hospitals &amp; Performance Group</td>
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<td>19/4/11</td>
<td>Lisa McGlynn</td>
<td>Senior Executive, Health Group</td>
<td>AIHW</td>
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<td>21/4/11</td>
<td>Vicki Bennett</td>
<td>Senior Executive, Housing Unit</td>
<td>AIHW</td>
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<td>21/4/11</td>
<td>John Brewer</td>
<td>e-Health Strategy Branch</td>
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<td>Mitchell Jesson</td>
<td>Associate Director, Government Advisory Services</td>
<td>KPMG</td>
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<td>10/5/11</td>
<td>Kay Bonello</td>
<td>Chair, Editorial Board</td>
<td>HIMAA</td>
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<tr>
<td>11/5/11</td>
<td>Carina Mok</td>
<td>Data Manager</td>
<td>BreastScreen NSW</td>
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<tr>
<td>12/5/11</td>
<td>Lyn Williams</td>
<td>Training Manager, Education Services</td>
<td>HIMAA</td>
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<tr>
<td>12/5/11</td>
<td>Ross Buchanan</td>
<td>Chair, VIC Chief HIM Special Interest Group</td>
<td>HIMAA</td>
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<tr>
<td>12/5/11</td>
<td>Paul Basso</td>
<td>Director, Information Management</td>
<td>SA Health</td>
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<tr>
<td>13/5/11</td>
<td>Deborah Yagmich</td>
<td>Principal Coder Trainer/Educator</td>
<td>DOH WA</td>
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<td>16/5/11</td>
<td>Stephen Moo</td>
<td>Chief Information Officer</td>
<td>NT Health</td>
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<td>16/5/11</td>
<td>Josephine Raw</td>
<td>General Manager, Practice Innovation and Policy</td>
<td>RACGP</td>
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<td>17/5/11</td>
<td>Alex Toth</td>
<td>Chair, Education Committee</td>
<td>HIMAA</td>
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<td>19/5/11</td>
<td>Elisabeth Sallur</td>
<td>Program Manager, Information Management and Reporting</td>
<td>DOH WA</td>
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<td>19/5/11</td>
<td>Gordan Cvetkoski</td>
<td>A/Manager, Area Health Information</td>
<td>NMAHS, WA</td>
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<td>14/6/11</td>
<td>Enrico Coiera</td>
<td>Director, Centre for Health Informatics</td>
<td>Univ of NSW</td>
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<td>22/6/11</td>
<td>Leanne Holmes</td>
<td>Health Information Manager</td>
<td>Barwon Health, VIC</td>
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<td>Chair</td>
<td>IFHIMA Europe</td>
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<td>22/7/11</td>
<td>Kate Walker</td>
<td>CEO</td>
<td>RIM Professionals Australasia</td>
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<td>16/8/11</td>
<td>George Kennedy</td>
<td>Faculty</td>
<td>Oman Health Information Management Institute</td>
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<td>23/8/11</td>
<td>Patricia Visosky</td>
<td>Faculty</td>
<td>Abu Dhabi Women’s College</td>
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Appendix C – Membership Survey Questions and Response Options

Survey of HIMAA Members
March 2011

General

1. In which sector of the health system do you work?
   o Public sector
   o Private sector
   o Other _____________________ (please indicate)

2. Which specialty area or occupational group below best describes your current role:
   o Health information management
   o Health records management
   o Casemix & activity-based funding
   o Clinical coding and classification
   o Quality, accreditation or risk management
   o Privacy and medico-legal
   o Research and epidemiology
   o Database design/management
   o Information systems and IT
   o Health informatics
   o Health information policy &/or statewide services
   o Health information consulting
   o Primary health care
   o Community health
   o Education/University
   o Other (Please indicate): ______________________________

3. Please indicate your employment type:
   o Full-time
Part-time  
Casual  
Self-employed

Membership

4. Please indicate your current membership status

- Full member
- Affiliate member
- Student member
- Concessional member
- Life member

5. How long have you been a member of the HIMAA?

- Less than 1 year
- 1-3 years
- 3-5 years
- 5-10 years
- more than 10 years

6. Are you a member of any of the following professional associations?

- Clinical Coders’ Society of Australia
- Health Informatics Society of Australia
- Australasian College of Health Service Management
- Australasian Health & Research Data Managers Association
- Australasian College of Health Informatics
- Australasian Association for Quality in Health Care
- Records and Information Management Professionals Australasia
- Australian Computer Society
- American Health Information Management Association
- Other _______________________ (please indicate)
Part of the strategic objective of this Project is to expand the membership of the HIMAA to anyone aligned with the Association’s mission. This objective is intended to enable the Association to continue to represent health information management interests within the industry, to help expand services for members and to better reflect its mission to “..promote and support our members as the universally recognised specialists in information management..”.

7. Do you see any advantages of an expanded HIMAA membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

8. Do you see any disadvantages of an expanded HIMAA membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

9. Do you think the rights and privileges of member categories should change to support an expanded membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

**Professional Development**

10. How important to you is continuing professional development?
    - Very important
    - Somewhat important
11. Are you currently participating in the HIMAA’s Professional Credentialing (i.e. continuing professional development) Scheme?
   - Yes
   - No

12. Are you interested in participating in the HIMAA’s Professional Credentialing (i.e. continuing professional development) Scheme?
   - Already participating
   - Planning to participate
   - Thinking about participating
   - Do not intend or wish to participate
   - I am not aware of the Professional Credentialing Scheme

13. Are you involved in a continuing professional development scheme with another association within Australia?
   - Yes (Please indicate______________________________)
   - No

**Credentialing**

The second component of the Project is to consider the introduction of credentialing to support the unique skills and identity of qualified Health Information Managers and others aligned with the HIMAA competencies. Credentialing may be defined as a process used to formally verify and validate an individual's professional qualifications, work history/experience, skills, knowledge and other attributes. A credentialing scheme can demonstrate to an individual’s existing or prospective employer that they meet a certain level of competence, as defined by the association that represents and supports their professional interests.

14. Are you involved in a credentialing scheme with another association within Australia?
   - Yes (Please indicate______________________________)
   - No
15. Do you think it is important within an expanded membership base that members aligned with components of the HIMAA Competencies and qualified HIMs are specifically identified through credentialing?
   - Yes
   - No
   - Don't know

   Please provide a reason for your response

16. Do you see any advantages of a system of credentialing for HIMAA members?

17. Do you see any disadvantages of a system of credentialing for HIMAA members?

18. What would you find valuable and of interest to you in terms of a credentialing model?

19. Do you believe participation in a credentialing system would
   - Support you in your current or future employment
   - Have no impact on your current or future employment
   - Or
   - Don't know

20. If a credentialing scheme was developed to support your role in a given specialty area (e.g. Clinical Coder, Privacy Officer, Quality Coordinator), would you be interested in participating?
   - Yes
   - No
   - Don't know

   Please provide a reason for your response

21. Do you have any other comments you would like to add regarding the project and its objectives?
If you would like to correspond with the Project Manager about your responses, or if you would like to be contacted further, please provide your name and contact email address below:

- Name: ________________________________
- Email: ________________________________
Survey of Past Members
April 2011

General

1. In which sector are you currently employed?
   - Public health sector
   - Private health sector
   - Other _____________________ (please indicate)

2. Which specialty area or occupational group below best describes your current role:
   - Health information management
   - Health records management
   - Casemix & activity-based funding
   - Clinical coding and classification
   - Quality, accreditation or risk management
   - Privacy and medico-legal
   - Research and epidemiology
   - Database design/management
   - Information systems and IT
   - Health informatics
   - Health information policy &/or statewide services
   - Health information consulting
   - Primary health care
   - Community health
   - Education/University
   - Other (Please indicate): ______________________________

3. Please indicate your employment type:
   - Full-time
   - Part-time
   - Casual
   - Self-employed
   - Unemployed
   - Retired
Membership

4. What was your membership status prior to becoming a past member of the HIMAA?

- Full member
- Affiliate member
- Student member
- Concessional member
- Life member

5. For how long were you a member of the HIMAA?

- Less than 1 year
- 1-3 years
- 3-5 years
- 5-10 years
- more than 10 years

6. Are you a member of any of the following professional associations?

- Clinical Coders’ Society of Australia
- Health Informatics Society of Australia
- Australasian College of Health Service Management
- Australasian Heath & Research Data Managers Association
- Australasian College of Health Informatics
- Australasian Association for Quality in Health Care
- Records and Information Management Professionals Australasia
- Australian Computer Society
- American Health Information Management Association
- Other ___________________ (please indicate)

Part of the strategic objective of this Project is to expand the membership of the HIMAA to anyone aligned with the Association’s mission. This objective is intended to enable the Association to continue to represent health information management interests within the industry, to help expand services for members and to better reflect its mission to “promote and support our members as the universally recognised specialists in information management.”
7. Do you see any advantages of an expanded HIMAA membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

8. Do you see any disadvantages of an expanded HIMAA membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

9. Do you think the rights and privileges of member categories should change to support an expanded membership base?
   - Yes
   - No
   - Don’t know

   Please provide a reason for your response

10. Would you be interested in re-joining the Association should an expanded membership base be pursued?
    - Yes
    - No
    - Don’t know

   Please provide a reason for your response

**Professional Development**

11. How important to you is continuing professional development?
    - Very important
12. Were you involved or participating in the HIMAA’s Professional Credentialing (i.e. continuing professional development) Scheme prior to ceasing membership?

- Yes
- No

13. Are you involved in a continuing professional development scheme with another association within Australia?

- Yes (Please indicate____________________________)
- No

**Credentialing**

The second component of the Project is to consider the introduction of credentialing to support the unique skills and identity of qualified Health Information Managers and others aligned with the HIMAA competencies. Credentialing may be defined as a process used to formally verify and validate an individual’s professional qualifications, work history/experience, skills, knowledge and other attributes. A credentialing scheme can demonstrate to an individual’s existing or prospective employer that they meet a certain level of competence, as defined by the association that represents and supports their professional interests.

14. Are you involved in a credentialing scheme with another association within Australia?

- Yes (Please indicate____________________________)
- No

15. Do you think it is important within an expanded membership base that members aligned with components of the HIMAA Competencies and qualified HIMs are specifically identified through credentialing?

- Yes
- No
- Don’t know

Please provide a reason for your response
16. Do you see any advantages of a system of credentialing for HIMAA members?

17. Do you see any disadvantages of a system of credentialing for HIMAA members?

18. What would you find valuable and of interest to you in terms of a credentialing model?

19. Would the availability of a credentialing system encourage you to re-join the Association?
   - Yes
   - No
   - Don’t know
   Please provide a reason for your response

20. If a credentialing scheme was developed to support your role in a given specialty area (e.g. Clinical Coder, Privacy Officer, Quality Coordinator), would you be interested in participating?
   - Yes
   - No
   - Don’t know
   Please provide a reason for your response

21. Do you have any other comments you would like to add regarding the project and its objectives?

If you would like to correspond with the Project Manager about your responses, or if you would like to be contacted further, please provide your name and contact email address below:

   - Name: ________________________________
   Email: ________________________________