



Canberra Health
Services

Health Professional Classification Review

Final Report

July 2021



Table of Contents

Table of Contents.....	i
Executive Summary.....	1
Classification Structure Recommendations	2
Background.....	13
Scope.....	16
Project Deliverables	16
Project Outcomes.....	16
Scope Inclusions & Exclusions	16
Methodology	17
Process	18
Issues Identified	19
Solutions Considered but not a Final Recommendation	21
Out of Scope Recommendations	22
Conclusion.....	24
Appendices	24

Executive Summary

The purpose of this report is to review the current Health Professional Classification structure and make recommendations on a modernised future focused classification structure. The recommendations align with industry standards within Australia and meet the needs of a diverse and evolving workforce within the ACT. This report looks at health professionals within the ACT at a macro level to put forward a recommendation of a classification structure that is flexible to meet the needs of the various professions. It is recommended that the micro issues experienced by particular professions or groups of professions are addressed through workforce planning strategies tailored to their needs.

Health Professionals make up the second largest Health related workforce in the ACT. The Health Professional workforce within the ACT is complex and diverse and, in contrast to other jurisdictions within Australia, the classification covers both traditional Allied Health professions and Analytical Science professions. To create a classification structure that is flexible in its application to varied professions yet specific and relevant to each profession is challenging.

The Health Professional Classification structure historically has been derived from the ACT Administration Classification structure. The Health professional workforce has evolved over the past 10 – 20 years, both domestically and internationally, and for ACT to remain competitive with other jurisdictions from an employment framework perspective it is important for the Health Professional workforce to delineate from the comparator of the Administration classification structure.

The proposed Health Professional Classification structure included in this report focusses on future proofing the Health Professional workforce as a collective to ensure quality health care services can continue to be provided to the public whether it is through direct consumer clinical interactions or through indirect scientific based professions. The classification structure aims to enable allied health departments to create their own departmental structures and career progression, with recognition of increasing levels of responsibility and complexity across clinical and management streams.

This report proposes an extended classification structure with the addition of levels 7 and 8 to the classification. The purpose of the extended classification structure is in recognition of the increasing demand on health services and the need to review our Health Workforce as a whole. It is inevitable that the public health sector will have to review operating models and models of care to respond to the forecasted population growth of the ACT and surrounding catchments (1.6%p.a). The population is also ageing which brings the associated increase in utilisation of services, complexity in care needs and therefore added pressure on our health system. The proposed extended structure with establishment of Advanced and Extended scope roles, ensures that the Health Professionals as a classification have the foundations to appropriately classify current and emerging health professional roles in line with the evolving health service provisions and commissioning of new sites, services and models of care.

In addition to responding to the growing and changing landscape of health service provision, there is a particularly competitive labour market for Health Professionals both in the public and private sector, this significantly contributes to the urgent need for retention of qualified and experienced professionals in the public health sector. This is experienced in hotspots across various professions due to a variety of drivers, for instance, in Psychology there is a critical issue with the recruitment of psychologists into the public health sector due to the competition of the private sector, as well as the inter-agency competition of the Education Directorate being seen to have better employee value proposition. Another example is with the recruitment challenges of Occupational Therapists due to the market competition of federal programs such as the NDIS and the employee value propositions offered by the

private sector. Retention issues are experienced within medical imaging with Magnetic Resonance Imaging (MRI) technicians (among other professions). Canberra Health Services (CHS) has a reputation of providing quality training to radiographers through upskilling in MRI where training that can take over 1 year. However, frequently CHS loses these trained employees to the private sector due to reduced working hours and better remuneration.

Medical Imaging submitted a proposal for a separate classification structure for Medical Imaging just before the end of the final consultation period for the final report, unfortunately this was not adequate time for the JWP to consider the proposal and therefore was agreed to be considered in the Enterprise Bargaining process.¹

It is acknowledged that the issues raised in this review are multifaceted across classification structural issues, enterprise bargaining issues and workforce planning and operational issues. The scope of the classification review is to look at the classification structure to ensure health professionals employed within the Health Professional Classification have the right foundation and employment framework to attract health professionals of high quality, enable and recognise development and be able to retain them.

Further programs of work required are outlined in the out-of-scope recommendations.

Classification Structure Recommendations

The overall objective is to create a Classification Structure that enables a future focused, diversified Health Professional workforce to support multidisciplinary sustainable models of care. The new classifications proposed are position dependant and therefore there must be an organisation need for the role.

It should also be noted that due to the diversity within the HP classification, the below recommendations refer to clinical and non-clinical environments, examples, and scenarios. For the purpose of this report the references to clinical and non-clinical are defined as:

Clinical: any HP classification that has direct interactions with a patient or consumer in a health setting.

Non-clinical: any HP that does not directly interact with a patient either in a direct or indirect health setting.

Below is a table of the current classification structure and the proposed extended classification structure. Remuneration is not within the scope of the review and therefore the below pay points are historical and have been included as a guide only. As remuneration recommendations fall outside the scope of the review and should be treated as a matter for Enterprise Bargaining.

1 Addendum - Medical Imaging Response to HP Classification and Bargaining Claims

Table 1 – Current Classification Structure

HP level	Health Professional Pay-point	Health Professional Pay-rates	Medical Imaging Pay-point MI	Perfusionist Pay-point PE	Psychology Pay-point (ARIN / Allowance equivalent)	Pathology allowance *allowance applied	Pharmacy Pay-point	
HP1	1.1	\$63,671	\$63,671			\$63,671		
	1.2	\$67,892	\$67,892			\$67,892		
	1.3	\$72,260	\$72,260			\$72,260	\$72,260	
	1.4	\$77,137	\$77,137	PE1.1 –		\$77,137	\$77,137	
	1.5	\$81,122	\$81,122	94,083		\$81,122	\$81,122	
	1.6	\$83,418		PE1.2 –		\$83,418	\$83,418	
				97,117				
HP2	2.1	\$67,892	\$67,892		\$67,892	\$67,892		
	2.2	\$72,260	\$72,260		\$72,260	\$72,260		
	2.3	\$77,137	\$77,137	-	\$77,137	\$77,137	\$80,531	
	2.4	\$81,122	\$81,122		\$81,122	\$81,122	\$84,695	
	2.5	\$83,418	\$83,418		\$83,418	\$85,440	\$87,095	
	2.6	\$85,817	\$85,817		\$85,817	\$89,624	\$89,603	
	2.7	\$88,065	\$88,065		\$88,065	\$93,812	\$91,957	
	2.8	\$90,475	\$90,475		\$90,475	\$97,990	\$94,473	
	2.9	\$93,203	\$93,203		\$97,243	\$97,991	\$97,325	
HP3					2.9+-			
	3.1	\$95,883	\$105,473	PE3.1–	\$101,286			
	3.2	\$98,176	\$107,993	\$104,472	\$105,871	\$105,108	\$104,891	
	3.3	\$101,033	\$111,136	PE3.2–	\$108,406	\$106,757	\$107,343	
				\$107,343	\$115,083	\$108,403	\$110,536	
				PE3.3–				
				\$110967				
	3.5	\$106,044	\$116,647		\$115,423	\$109,698	113,425	Hard barrier between 3.3 and 3.5 through the HP3 upgrade application process.

HP4	4.1	\$110,397	\$118,221	PE4.1-		\$123,270	\$116,946
	4.2	\$118,832	*\$127,255	\$134,822 PE4.2- \$138,211	\$119,883	\$131,705	\$125,898
HP5	5.1	\$130,018	\$136,537	PE5.2-	\$130,018	\$130,018	\$130,018
	5.2	\$136,739	\$143,576	\$148,075	\$136,739	\$136,739	\$136,739
	5.3	\$146,368	\$153,685	PE5.3- \$151,771	\$146,368	\$146,368	\$146,368
HP6	6.1	\$151,002	\$158,553	PE6.1- \$155,858	\$151,002	\$151,002	\$162,204

*Medical Imaging - Level 4, pay point 4.2, is only accessible by employees working in Medical Imaging who are employed in positions designated in clause 20.1 of the EBA

* Pay Rates effective as of 10.12.20 and are intended as a **guide only**

Table 2 – Proposed Classification Structure

HP level	Health Professional Pay-point	Health Professional Pay-rates	Medical Imaging Pay-point MI	Perfusionist Pay-point PE	Psychology Pay-point (ARIN / Allowance equivalent)	Pathology allowance *allowance applied	Advanced and Extended scope roles
HP1	1.1	\$67,892	\$67,892			\$67,892	
	1.2	\$72,260	\$72,260			\$72,260	
	1.3	\$77,137	\$77,137	PE1.1 –		\$77,137	
	1.4	\$81,122	\$81,122	94,083		\$81,122	
	1.5	\$83,418		PE1.2 –		\$83,418	
				97,117			
HP2	2.1	\$77,137	\$77,137	-	\$77,137	\$77,137	Advanced skills allowance *existing level 3.5
	2.2	\$81,153	\$81,153		\$82,163	\$82,350	
	2.3	\$85,169	\$85,169		\$87,189	\$87,563	
	2.4	\$89,185	\$89,185		\$92,215	\$92,776	
	2.5	\$93,203	\$93,203		\$97,241	\$97,989	
HP3	3.1	\$95,883	\$105,473	PE3.1–	2.9+– \$101,286	\$105,108	
	3.2	\$98,176	\$107,993	\$104,472 PE3.2–	\$105,871 \$108,406	\$106,757	
	3.3	\$101,033	\$111,136	\$107,343 PE3.3–	\$115,083	\$108,403	
				\$110,967			

	3.4 3.5 *Grandfather arrangement	\$104,116.55	\$113,001.73	Sum tbc	Sum tbc	Sum tbc	
HP4	4.1 4.2 4.3 4.4	\$110,397 ? \$118,832* ?	\$118,221 ? *\$127,255 ?	PE4.1- \$134,822 PE4.2- \$138,211	\$119,883	\$123,270 ? \$131,705 ?	4.1A 4.2A
HP5	5.1 5.2 5.3	\$130,018 \$136,739 \$146,368	\$136,537 \$143,576 \$153,685	PE5.2- \$148,075 PE5.3- \$151,771	\$130,018 \$136,739 \$146,368	\$130,018 \$136,739 \$146,368	\$130,018
HP6	6.1	\$151,002	\$158,553	PE6.1- \$155,858	\$151,002	\$151,002	
HP7	7.1	7.1	7.1	7.1	7.1	7.1	
HP8	8.1	8.1	8.1	8.1	8.1	8.1	

*HPs that have achieved the classification on 3.5 through the existing HP3 upgrade process will be grandfathered and not be financially worse off than the new level 3.4+advanced skills allowance. The grandfathered rate of level 3.5 will not be less than the total sum of 3.4 + advanced skills allowance.

*Pay points are historical pay points from 10.12.20 and are intended to be a guide only. Remuneration was not in scope for the classification structure review and will be addressed through enterprise bargaining.

1. Implement an **extended structure** with the development of new classifications to future proof health professional's classification in recognition of the forecasted population growth and anticipated additional pressure on Health Services.
2. **Remove the current 1.1 pay-point** - The minimum qualification period is 3 years for all health professions. Diploma level qualifications are no longer recognized as minimum qualifications and therefore HP level 1.1 two-year qualification period is redundant. The entry point for the minimum 3-year qualification is currently 1.2, therefore it is recommended that level 1.2 translates to the new 1.1 while maintaining the 3-year Degree entry level qualification requirement and 1.2 as the 4-year degree entry level.
3. **Remove level 2.1 and 2.2 pay-point** as they are obsolete due to the overlap in pay points from 1.2 to 2.1 and 1.3 to 2.2. There is a requirement to have demonstrated 12 months' experience either at the HP1 level or relevant equivalent experience to be eligible for a HP2 level role, thus making the current 2.1 and 2.2 pay points redundant. It is recommended that the current 2.3 translates to 2.1 in the new classification structure.
4. **Compress the HP2 level down from 9 pay points to 5.** Compression of level 2 roles is recommended as a recruitment and retention strategy for HP2 level roles which experience the second highest percentage turnover of health professionals compared to any other level. Compression of the level 2 brings the classification in line with other jurisdictions and provides faster progression through the 5 pay points.

5. **Additional pay point added to level 3** – Across all ACT Directorates within the Health Professional classification, level 3 HPs experience the highest percentage of turnover compared to any other level in the HP classification. To be eligible to be classified at this level you will have needed to have gained a number of years' experience to be eligible as a HP3 which makes the people classified at this level attractive to competitors. The additional accessible pay point proposed for level 3 roles is a retention strategy and, based on the feedback received through the review, this point is a critical level where people move into the private sector across various health professions. Adding an additional pay point at level 3 also brings this level in line with other jurisdictions. The additional pay point is intended to lift the ceiling of the current HP3.3 level to include pay point 3.4. The 3.4 level is proposed to replace level 3.4 that was removed prior to the 2019 Enterprise Agreement. Level 3.1 – 3.4 will be eligible for the advanced skills allowance (see point 11 for description of the advanced skills allowance) and automatically available to all HP3s without an application process.

It is proposed that employees that have been successful in the previous HP3 upgrade process should be grandfathered to recognise the 3.5 pay point and will not be eligible for the advanced skills allowance on top of the grand-fathered pay point. The grandfathered rate of level 3.5 will not be less than the total sum of 3.4 + advanced skills allowance.

6. **Remove the current HP3 upgrade process** – The HP3 upgrade process that is currently in place is cumbersome, time consuming and not equally accessible to all HPs compounded by the criteria being more relevant to some professions than others. The feedback received through various methods of consultation was unanimous that the current HP3 upgrade process is not fit for purpose. The proposal to implement the advanced skills allowance is in replacement of the HP3 upgrade process and can be applied across both HP2 and HP3 roles to provide recognition and flexibility to both classifications.
7. **Additional two pay points added to level 4** – The introduction of two additional pay points is in recognition of the evolving role of a manager with increasing skills and responsibilities being placed on the role. Roles classified as a level 4 are senior practitioners, educators, researchers, managers or a mix of each in their field with the required skills, expertise, knowledge, and experience outlined in the new work level standards to be developed. The differentiation between the general level 4 role and a level 4A role is the breadth and scope of the role. An advanced scope role is targeted to a specific area of expertise within a profession that requires additional training and does not include managerial responsibilities. Whereas roles classified at the current level classification are senior clinicians in their profession who often undertake managerial/supervisory responsibilities. Advanced scope roles are based on organisational needs and should not be confused with a personal regrade.
8. **Advanced scope classification of 4.1A and 4.2A** – The proposal of advanced scope classification roles is to create career opportunities for health professionals wanting to develop specialised or advanced skillsets within their professions without the requirement of taking on managerial responsibilities. The intent for the advanced scope health professional has advanced skills within a particular field of the full scope of their profession. However, it should be noted that during the consultation process of the review it was identified that due to the size of the ACT there are some professions (such as microbiology) that have a far more complex scope of role than there may be in other jurisdictions. In this scenario the scope and complexity will need to be considered in the classification of roles in some professions.

The advanced scope roles are position specific which means that the organisation would need to identify the need for an advanced scope role and resource accordingly. To confirm the Advanced scope roles are not

intended to be individually applied. The individual may identify their advanced skillset and put a business case forward for consideration, however the classification is position dependent, i.e. there is a genuine business need.

The current classification structure requires (in most cases) level 4 and above roles to take on managerial responsibilities. The advanced scope role is to recognise advanced scope qualification and expertise, as defined by each profession or professional group, which specifically relates to advanced practice in a clinical or non-clinical environment and not managerial responsibilities. The employee has highly advanced skills in managing difficult clinical or relevant non-clinical situations within their advanced professional skillset and is able to manage complex professional matters independently.

The advanced scope role is applicable to both clinical and non-clinical roles, however the examples provided will be different. Some clinical professions already have a profession led definition for advanced scope roles, such as physiotherapy where the parameters of the advanced scope role will be set by the profession.

A clinical example of an advanced scope role, outside those prescribed by the profession, could be advanced modalities or multimodality roles in Medical Imaging for example: breast sonography and MRI technicians.

A non-clinical example of an advanced scope role, could be a subject matter expert in the profession of forensic chemistry with the expertise in Clandestine laboratory investigation, providing operational support, training and advice to other ACT Agencies such as AFP and Fire and Rescue.

The descriptions for the new classification will be defined in the work level standards which are to be developed after the review. (Pending the endorsements of the recommendations).

9. **Extended scope classification of 5E** – This extended scope of practice role describes a discrete knowledge and skill base, additional to the recognised scope of a profession and/or regulatory context of a particular jurisdiction.

Just as the level 4A classification states, the examples and language provided to describe this classification will need to be different for clinical and non-clinical roles.

An employee at this level will be an expert in their profession and will act as a mentor within their area of expertise and provide leadership in the development of models of care/ models of practice, profession guidelines and pathways in their area of expertise. The employee may be required to sit on national technical advisory bodies, be involved in the development of Australian Standards or provide technical expertise to national accreditation providers.

The employee at this level is expected to be a 'master of their trade', i.e. to have the ability to make sound evidence-based judgements in the absence of full information and manage varying levels of risk where there is complex, competing, or ambiguous information or uncertainty.

The employee will practice in compliance with their respective profession code of professional practice, being responsible and accountable for their decisions, and actions with the ability to work autonomously in their field.

For clinical roles, it will often involve undertaking responsibilities usually undertaken by other professions e.g. doctors. It refers to breadth and / or depth of practice or where high level complementary occupational

knowledge exists. In the non-clinical setting, they include management of sections requiring nationally accredited quality systems and provision of subject matter expertise sufficient to inform national technical advisory boards.

Extending scope should be applied to enable more efficient management and care of the patient and decrease the number of visits or transactions in the patient journey or where a skill set increases the efficiency and effectiveness of territory operations.

Examples of extended scope of practice roles and tasks in a clinical setting include prescribing, requesting and independently reviewing investigations, producing final reports on an investigation and skill sharing/role substitution with other health professions such as medicine.² An example of this is with the physiotherapist in the Emergency Department ordering examinations such as Xray's, reviewing and diagnosing and autonomously managing patients.

In a non-clinical setting, an example could be the employee being responsible for designing, implementing and maintaining accredited quality systems. As a SME the employee will provide leadership in development of strategic solutions to gaps in knowledge or capability to ensure the ACT is at the cutting edge of best practice.

The descriptions for the new classification will be defined in the work level standards which are to be developed after the review (Pending the endorsements of the recommendations). The individual may identify their advanced skillset and put a business case forward for consideration, however the classification is position dependent, i.e there is a genuine business need.

10. The **development of the level 7 and level 8 roles**, leveraged from the Queensland Health classification structure, clinically the role is in recognition of the need for developing health professional clinical consultant level roles, non-clinically it is intended to recognise the changing and/or increasing breadth of scientific specialist skills required to protect the public from infectious diseases, chemical and radiation hazards and other public health threats. This is needed to provide the mechanism for Health Professionals to significantly contribute to, and be part of, evolving and sustainable models of health care.³ Below are indicative classification descriptors only. Further work is required to refine the classification level descriptors through the WLS development project.

- a. **Level 7** – Roles at this level have significant engagement with executive leaders to influence and manage significant profession specific and organisational change. They are a respected expert in their field and across multiple disciplines, and are a catalyst through professional expertise, research leadership and management for whole-of-organisation complex service delivery. Work undertaken utilises strategic-level, professional management skills across large, diverse and/or complex professional teams or disciplines, which may have Territory-wide operations, of significant importance and the ability to supply strategic direction to a large professional team across multiple sites and services.⁴ This level role could be considered across any of the research, managerial, educational or clinical spheres, however must drive innovation, change and quality improvement across the territory within their given area.

² [QLD Health, Allied Health Advance Clinical Practice Framework 2013](#)

³ [A review of the prescribing capability of speech pathologists, dietitians and psychologists](#)

⁴ Health Practitioners and Dental Officers (Queensland Health) Award – State 2015

Management: Roles at this level require expert managerial knowledge and skills and high level of political and negotiation skills, emotional intelligence, and lateral thinking to support strategic initiatives for the organisation or all of the ACT.

Clinical – (Case focused example)

Consultant health practitioner roles, operating at a similar level to mid-level medical practitioners, for example have admitting rights, undertake procedures under anesthetic, independently managing complex clients (Including medication management, ordering and reviewing complex diagnostic tests etc). Based on an operational need.

It is recommended that to develop and appoint to this role it be assessed through a panel evaluation process with final sign off from the ACT Health Minister before being appointed.

- b. **Level 8** – The intent of this level is to demonstrate expert level of expertise in a particular area and provide leadership and supervision to a group of health consultants or subject matter experts. The role contributes actively to overall corporate strategy. They work with Executive to inform strategic initiatives, challenges existing protocols and initiatives, including leading policy changes. The role is a key driver of facilitating high-quality Territory wide standards of performance, safety, patient care and interservice coordination in its given discipline or multidisciplinary workforce area.

The role provides strategic leadership to a multidisciplinary workforce that provides Territory wide health services. The role includes representation on executive management team or Territory wide leadership team and provides authoritative advice in the future Territory wide and national development of the discipline/s, developing formal, long-term plans to ensure ongoing, high-quality standards of performance, safety, patient care (for clinical roles only) and interservice coordination.⁵

It is recommended that to develop and appoint to this role that it be assessed through a panel evaluation process with final sign off from the ACT Health Minister before being appointed.

- 11. **Advanced Skills Allowance** – The advanced skills allowance is an individual based allowance and is proposed to be a mechanism to recognise and promote the development of advanced skills or profession expertise within the various health professions. The advanced skills allowance is proposed to be applicable to HP 2 and HP3 roles. It is understood that there are significant differences across the various professions, impacting on how this allowance would be applied in practice. The advanced skills allowance is to acknowledge specialty in research, education, technical and clinical areas of practice and must be relevant to the work the employee is required to undertake as part of their role and is above and beyond the base scope of the level. If the advanced skill/s are not relevant to or used by the work area, the allowance should not be applied.

The advanced skills allowance is only payable where the qualification/certification/advanced skills is accepted by the employer to be directly relevant to the competency and skills used by the Health Professional in the duties of the position. The allowance is proposed to be 5% of the Health Professionals total base rate of pay, the allowance is a one-off allowance and is not intended to be an allowance per advanced skillset. For example, the allowance cannot be 'stacked' for someone with more than one recognized additional advanced skills. The advanced skills allowance is **not** to be confused for a typical higher qualification allowance. For example, the advanced skills allowance could be applied to the below professions for their sub-specialty skills. To be explicit, the advanced skills allowance is applicable to **all** HPs, the below is an example only:

Social Work – The Australian Association of Social Work provides for accreditation through a recognized AASW credentialling process. The AASW recognizes specialty in the areas of child protection, clinical, disability, family violence and mental health. It is proposed that the advanced skills allowance would apply to anyone that holds accreditation in one of the specialty areas.

Physiotherapy – Is an accredited hand therapist with Hand Therapy Australia Accreditation.

Psychology – endorsed clinical psychology, neuropsychology, forensic psychology, educational or developmental psychology.

Analytical Science – competence in providing evidence in court, or capability to work safely and effectively in clandestine laboratory environments.

Pathology – where there is a highly complex technical skill beyond the general professional skills required at that level.

The separate guidelines that sit under the WLS for each profession being proposed will address the relevant application of the advanced skills allowance and how it could be applied to each profession. It is recommended that through the WLS committee a criterion for the application of the advanced skills allowance is established.

It is recommended that there is a consistent approval process applied across all professions. The approval process recommended to be a streamlined process with a 2-step approval relative to the business area. Directorates to define the operational delegate for final approval.

- Endorsement from the HPs manager.
- Where there is a profession lead, approval from the profession lead. Where there is not a profession lead for the profession, approval from relevant senior management is required.
- Where the profession lead is the applicant's manager, support of a relevant senior manager is required.

12. **Existing Attraction and Incentive (ARINs) and allowances to be embedded in separate salary spines for the applicable professions** within the Health Professional Classification structure. The basis of incorporating relevant ARINs and allowances is to assist with attraction and recruitment to those professions, with more transparent pay scales being advertised for relevant professions' new roles.

13. A critical element to this review is the requirement to **revise and create new Work Level Standards** to support the proposed classification structure. The review provides a guide for the new classifications with the intent of the classifications; however, a work level standard review committee should be established, comprising of representation of the various types of health professions to ensure consistency of application of the work level standards.

14. **Recruitment to new classifications cannot occur until the Work Level Standards have been finalised**, suggested wording for the Enterprise Agreement could include:

- *The HP Joint Working Party agree to develop Work Level Standards for the new Health Professional classification structure within twelve (12) months of the variation to this Agreement commencing.*
- *Employees will not be appointed to positions classified as level 4A, 5E, 7 or 8 until Work Level Standards are agreed between the head of service the head of relevant Unions being the HSU, CPSU and Professionals Australia.*

The Joint Working Party agree in principle to the new classification levels, but rates of pay will be agreed through the enterprise bargaining process.

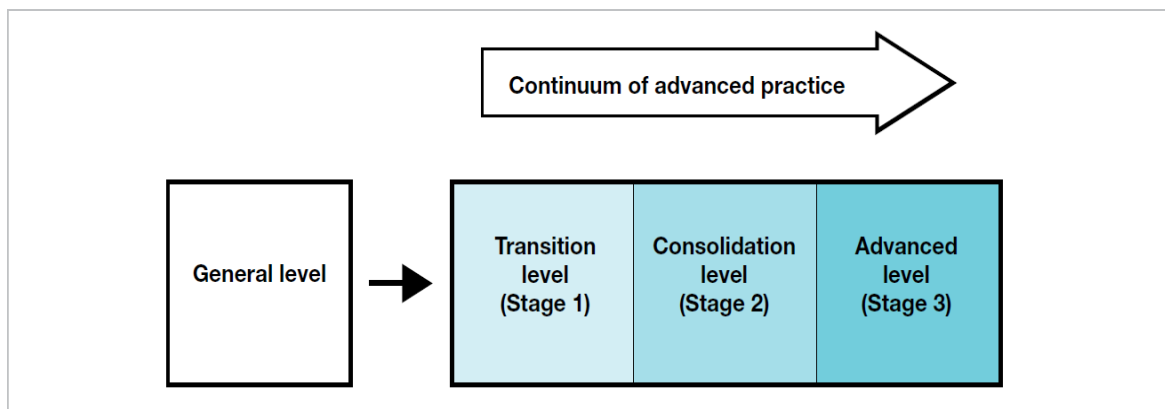
15. **Separate Classification Structure to be implemented for Pharmacy** – Through the Review engagement process Pharmacy proposed the below classification structure to maintain and expand upon the current classification structure for Pharmacists. The proposal is aligned to the National Competency Standards Framework for Pharmacists in Australia and maintains soft barriers to support career pathways for Pharmacists. The competency-based progression points are determined by the national competency standards and applied appropriately to the workplace.

Table 3 – Proposed Pharmacy Classification Structure⁶

<i>Pharmacy Classification Structure</i>	<i>Pay points</i>
Intern Pharmacist	PH - Intern
General Level Pharmacist	1.1
Incorporates Resident Pharmacist	1.2
	1.3
Competency Point	
Transition Level Pharmacist	2.1
	2.2
	2.3
	2.4
	2.5
	2.6
Competency Point	
Consolidation Level Pharmacist	3.1
	3.2
	3.3
	3.4
	3.5
Competency Point	
Stage II Advancing Practice	4.1A
Competency Point	
Advanced Practice Pharmacist	4.2A
Lead Pharmacist	4.3
	4.4
DDOP / DOP Tertiary Referral	5.1
DOP - Acute A; Deputy Chief Pharmacist	5.2
	5.3
DOP – Tertiary Referral; ACT Chief Pharmacist; ACT Chief Pharmacy Information Officer	6

NB: solid line =
hard barrier

Figure 3: The practice continuum (adapted from the APPF)



10 | National Competency Standards Framework for Pharmacists in Australia 2016

Out of Scope Recommendations

1. Job Evaluation process to be developed and implemented. The current role sizing and evaluation process is not adequate for a modern and diverse workforce which causes significant issues of role relativities and inequity as well as classification creep across the various health professions and even within the same professions. This in turn can have significant flow on effects from an operational and workforce budgetary perspective. It should be noted that this issue is not unique to the Health Professional workforce and is an issue that needs to be addressed across all ACTPS.
2. Provision for translation arrangements through the Health Professionals Enterprise Agreement is included in the next round of enterprise bargaining. The translation arrangements are recommended to be for a capped period after the finalisation of the new work level standards are endorsed. (Project to be established and completed as per in scope recommendation).
3. Review of the HP1 to HP2 process to be undertaken to develop consistent principles in the approach to HP1 to HP 2 progression across all HP roles within ACT.
4. Maintain the ability to apply ARINs where relevant to respond to significant market pressures with transparent and appropriate guidelines for ARIN implementation and review.
5. Provision for recognition for standalone/lone workers as is done in other jurisdictions, such as NSW. NSW applies an allowance of \$7037, effective as of 1/7/2019 for Sole Practitioner allowance (health Prof.)⁷
6. All of ACT Government commitment to prevent interagency labour market competition by ensuring pay relativities across ACTPS Agencies. This issue has been experienced by 2 professional groups in particular including Psychology and Microbiology. Psychologist are employed within the Education Department under the Teaching Staff Enterprise Agreement 2018-2022 as School Psychologists and therefore negotiate pay and conditions through the EBA process. Microbiologists are employed within Canberra Health Services in Pathology as well as ACT Health Directorate (who are all employed under the HPEA). Although the PBI tax

⁷ [Increased Rates of Pay and Allowances for Staff in the NSW Health Service - HSU and ASMOF Awards](#)

implications are out of scope of the review, the attraction, recruitment and retention of skilled Microbiologists to the ACT Health Directorate is an issue.

7. Maintain salary competition with NSW Health and the Commonwealth Public Service.⁵
8. Medical Imaging Operational Review - Various channels throughout the engagement processes of the HP review identified specific issues within medical imaging. As previously stated in this report medical imaging advised that they experience retention issues across the various disciplines within medical imaging. Particularly with MRI technician. Other issues highlighted include issues with rostering, budget issues due to significant overtime and in some cases fatigue level of staff due to staff shortages and the requirement of overtime as well as the operational structure. A meeting was held with medical imaging to discuss the proposal put forward for consideration by the JWP as part of the consultation process. It was through this meeting and various other forum's that it was identified that the issues raised would not be solved through the scope of the classification review. As the issues are multifaceted and may not be applicable medical imaging as a professional group across all of ACT, it would be more suitable solution to conduct an operational review of medical imaging within CHS to conduct a deep dive analysis into the workforce unit issues.

Background

As part of the Health Professional Enterprise Bargaining in 2018 it was agreed that a review of the Health Professional (HP) Classification Structure would be undertaken to address the relevance of the Health Professional Classification structure as applied to ACT Health Practitioners employed under the Health Professional Enterprise Agreement (HPEA). As per the excerpt from Annex E (Attachment 1), the review scope states: 'A classification review of the Health Professional classification structure will be undertaken by a Joint Working Party (JWP) during the life of this Agreement. The purpose of the review is to address the relevance of the Health Professional Classification as applied to Allied Health Professionals'.

The last time a review of the Health Professional Classification Structure was undertaken was in 2004 under the 'Review of Health Professional and Related Classifications' and then again as part of the Black Circle Public Service Review in 2012 which reviewed all of ACT Public Service Classification Structures. The Health Professional workforce has continued to grow and diversify over the past 10 - 20 years both nationally and internationally which called for a review of the classification structure.

The Health Professional Workforce within the ACT is very diverse covering 34 different professional groups within the one Enterprise Agreement. The ACT is unique in that it has a wide variety of Health Professional groups, yet not a large number of people within some professions that all sit within the scope of the ACT Health Professional Classification structure.

Each Australian jurisdiction has a slightly varied employment framework to employ Health Professionals based on the State or territory needs. For example: there are separate classifications for each profession in NSW employed under State Awards and 2 separate Enterprise Agreements covering Health Professions in Victoria; The Allied Health Professionals Agreement and the Medical Scientist, Pharmacists and Psychologist Agreement (see Attachment 3 - Jurisdictional comparison report for more detail)⁸.

Due to the diversity of the Health Professionals covered under the ACT Health Professionals Agreement the challenge for the classification review was to acknowledge and recognise the differences across the various health

⁸ HP Comparative analysis report 2020

professions whilst trying to identify similarities across the professions and provide recommendations for a classification structure that meets the needs of all of the Health Professions. The current size of the ACT public health sector workforce means that it is not viable, realistic or necessary to create separate Agreements for individual professions, or groups of professions, at this point in time. There would be challenges in operationalising fragmented Agreements for the service areas, as well as additional negative perceptions where staff work in multidisciplinary teams. To ensure the ACT provides future focused health professional service, the proposed new classification structure is recommending a number of new classifications to address issues relating to career progression and opportunities available for specialisation, identified as an issue from Health Professionals through the engagement processes.

ANNEX E – CLASSIFICATION REVIEW

1. A classification review of the Health Professional classification structure will be undertaken by a Joint Working Party (JWP) during the life of this Agreement. The purpose of the review is to address the relevance of the Health Professional Classification as applied to Allied Health Practitioners
 - 1.1 The Medical Imaging, Pharmacy and Perfusionist occupational groups will be included in this review.
2. The JWP will meet within six weeks of the approval of this Agreement by the FWC. At the first meeting, Terms of Reference and a schedule of meetings will be determined.
3. The JWP will comprise:
 - 3.1 one representative nominated by the CPSU;
 - 3.2 one representative nominated by the HSU;
 - 3.3 one representative nominated by the Professionals Australia;
 - 3.4 two representatives nominated by the Directorate, one of whom will chair the JWP; and
 - 3.5 one representative nominated by Calvary Health Care ACT Ltd.
4. In undertaking the review, the JWP will:
 - 4.1 Prioritise the order of review for occupational groups, including the applicable timetables, based on the following criteria:
 - a. Where ARIns/allowances (including applications for ARIns) exist. ss;
 - b. Where there is evidence of abnormally high turnover and recruitment and retention considerations; and
 - c. any other relevant matter.
 - 4.2 Consider all relevant information including data in other jurisdictions relevant to the occupations under review; and
 - 4.3 Make recommendations to the head of service, which may include interim arrangements where appropriate.

Note: While the adopted recommendations may be implemented using interim arrangements, it is intended that recommended new classifications that are adopted will be incorporated into the Agreement in accordance with Part 2-4 of the FW Act.
5. The Directorate will provide a secretariat for a review of the Health Professionals Classification Structure (the review).
6. The JWP will instruct the secretariat on research, the preparation of draft report(s), and other work as directed. The secretariat will report back to the JWP at each meeting, or as requested.
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8. The JWP will finalise the report and recommendations for consideration by the Director-General within a further two months.
9. The Director-General will provide a decision within three months of receiving the report and recommendations.
10. Subject to subclause 1.1, above, occupational groups dealt with by this review will not be subject to further review while this Agreement is in operation; other occupational groups will be subject to the ACTPS wide review.

Scope

Project Deliverables

As a result of this project:

- Employers of Health Professionals and other interested parties will have a clear understanding of the relevance and application of the current Health Professional Classification structure as applied to Health Professionals employed under the HPEA.
- Consultation and engagement of all health professions covered under the current Health Professional Classification structure will provide insights to the current challenges experienced and collaboratively define and design a future-focused Health Professional classification structure.
- A review of the application and applicability of ARINs to various Health Professions will assess whether they are applied effectively in line with their purpose or if a revised classification structure can address the need for application in some circumstances.
- Employers of Health Practitioners and other interested parties will have a clear understanding of the relevant research and evidence used to inform the recommendations, such as data from other jurisdictions and relevant private organisations.
- A final report, agreed by the JWP, including recommendations, will be produced for Chief Executive Officer support.
- The JWP will make recommendations to the ACTPS Head of Service, which may include interim arrangements where appropriate.
- There will be a Health Professional classification structure that is relevant to all Health Professionals and applicable to the needs of all agencies employing health professionals under the HPEA.

Project Outcomes

The objectives for the project are to:

1. Develop a Health Professional classification structure relevant to all Health Professions that is dynamic and applicable to the needs of agencies employing health professionals under the HPEA;
2. Ensure that the Health Professionals classification structure is flexible to accommodate the ACT Health Professionals workforce of the future;
3. Identify and appropriately allocate out of scope items to relevant forums to be addressed. This may include a sub-project to develop WLS's in accordance with the new classification structure developed.

Scope Inclusions & Exclusions

Included in scope
Health Professionals employed in the HP classification in the ACT in CHS, ACTHD, CPHB, Education Directorate, Community Services Directorate and Justice and Community Safety Directorate.
Excluded from scope
PBI tax benefits
Matters that have been or should be addressed through the enterprise bargaining process
Classification review of individual positions (there is current provision for this in the HPEA)
Professional Development – there is a separate project being undertaken to capture this
HPEA classifications of Dentist, Medical Physics and Radiation Therapists
Health Professionals employed under classifications that are covered through other EAs

Methodology

The initial project methodology used a high level PRINCE2 project methodology with a phased approach to the project, developing relevant project artifacts such as the Project Management Plan, Communications plan, Project methodology framework and Terms of Reference for the Project Joint Working Party.

A Senior Human Resources Practitioner was employed as the project coordinator and coordinator of the Joint working Party. The Joint Working Party role and scope is outlined in Attachment 1: Annex E – Health Professional Enterprise Agreement 2018 – 2021.

Due to resourcing issues of the project officer coordinating the project as well as the significant impacts of the global pandemic (COVID-19), the project was required to pivot to work in an agile environment to ensure adequate engagement of relevant stakeholder to ensure relevant information and feedback was obtained to inform the final recommendations of the review.

Over the course of the Review, the project produced a number of progress reports covering different elements of the project scope as set out in Annex E. The progress reports should be read in conjunction with the Final report to provide a thorough background to the process in establishing the Final Recommendations included in this report.

Progress reports as part of the HP Classification Review process include:

1. **Milestone Reports 1 & 2** - briefly outline the issues with the current Health Professional (HP) classification as the driver for the current review consistent with the criteria determined in Annex E. To ensure that all parties have a shared understanding of the remit of this review the first part of this report will define some key terms. The combined reports aim to expand on three of the five criteria:

Criterion 3: turnover, recruitment and retention;

Criterion 4: all relevant data including data in other relevant jurisdictions; and

Criterion 5: any other relevant matter.

Criterion 1: Attraction and Retention Incentives (ARINs).

Criterion 2: Allowances - is partially addressed in Criterion 4.

2. **Jurisdictional Comparison** – should be read as an addendum to report 2 providing a comparative analysis into the employment conditions and frameworks across other states and territories within Australia. The analysis will provide a high-level overview of the employment frameworks applicable to Health Professionals to each state or territory (NT, NSW, QLD, SA, TAS, VIC, WA) (with the exception of dentists, medical physics and radiation therapists which are out of scope of the ACT HP Classification Review). The findings of the jurisdictional comparison showed that each State and Territory used Awards, Enterprise Agreements or a mixture of both as the employment framework. The Health Professional workforce was divided in different ways in each jurisdiction and therefore made direct comparison difficult. The Jurisdictional comparison provides further detail. (Attachment 3.)
3. **Engagement Summary Report** - provides a summary of the feedback received through the engagement channels with the Health Professional Workforce. This report provides an overview of the priority areas for the Health Professional workforce. Through the engagement with the Health Professional Reference groups, it was established that there are several areas that need to be addressed for the greater workforce. The areas of concern can be broken down into 3 categories: Classification structure, Enterprise Bargaining and Workforce Planning.
4. **Final Report** – provide recommendations on the HP classification structure to future-proof the HP workforce and support future growth, specialisation and development of the workforce.

Process

As part of the review, various engagement methods have been used to ensure a full and well-rounded synopsis of the current state of the workforce. Issues raised by the workforce were then grouped into issues relating to classification structure, enterprise bargaining and workforce planning/operational recommendations.

A Joint Working Party was established as per the scope of the review consisting of a representative from each of the relevant unions and ACT Directorates. The JWP met monthly to discuss key topics and provide direction and decision making to the Project Coordinator to continue to coordinate the Review process.

The main channels for feedback were through the HP Reference groups and the staff survey as well as the Project Officer attending various team meetings and presenting at relevant health professional management forums and health profession lead forums to inform leaders on the project progress and seek input. As the review progressed it became evident that a smaller working group was required to work through the details of some of the proposed recommendations to address the issues raised.

The Review undertook the following theoretical research and analysis and engagement processes to gather the issues experienced by the health professional workforce as well as establish relevant recommendations to address the issues identified.

Desktop Jurisdictional Comparison & Research

A desktop review of the relevant Enterprise Agreements (EA), Awards and publicly available work level standards applicable to each state and territory has been conducted as part of the Jurisdictional comparison (attachment 3). The desktop comparison undertaken was a high-level review only and it must be noted that due to the differences in each state/territory application of their employment frameworks, it is difficult to draw a complete comparison to ACT that is relevant to all professions.

Reference groups

As part of the review project, four Health Professional reference groups were set up with attendees from ACT Health Directorate, Canberra Health Services, Education, Justice & Community Safety and Calvary Public Hospital. The objective of the reference groups within the scope of the HP classification review was to use the reference groups as a 'voice of the Health Professionals' to raise ideas, put forward suggestions and identify key challenges and possible solutions for the current and future Health Professional Classification. The professions were divided into 4 groups of similar professions to understand the issues faced by the various professional groups.

Reference group - meeting 1

The initial meeting with the reference groups was positioned to discuss the **advantages & disadvantages of the current classification** structure. All items raised outside the scope of the project were recorded and put into the categories of either Enterprise bargaining issue or workforce planning issues. (See Attachment 5 for meeting agenda.)

Reference group – meeting 2

The purpose of this meeting was to look at the **opportunities for improvement** in the classification structure. (See Attachment 6 for meeting agenda.)

Reference Group - meeting 3

This meeting was set up to **provide the feedback** from all of ACT Health Professional staff survey to the reference groups for information and comment. (See Attachment 7 for HP Classification structure options.)

Health Professional Staff Survey

A HP staff survey was sent to all HP's covered by the HP classification included in the scope of the project. 1753 invitations to complete the survey were sent with a response rate of 51%. (Attachment 8- summary of staff survey results.)

Working Group

Throughout the engagement process as part of the review it was identified that a small group of health professionals was required to be established to assist the project coordinator to work through the detail of the proposed recommendations to form the final report. The working group was established from people in the reference groups who volunteered to be involved. The working group met twice with members of the JWP to provide insights and discuss the details of the proposed recommendations.

Issues Identified

The issues identified through the HP Review process are detailed in Report 3 – Health Professional Engagement Summary Report (Attachment 4). This report should be read in conjunction with the engagement report to understand the issues experienced by the HP workforce in relation to the classification structure to inform the recommendations.

A summary of the issues included in the report include:

1. The current **HP3 upgrade process** is cumbersome, onerous and time consuming in the application process. There is an extensive amount of work required in the application and it is not applicable or accessible to all professions due to the subjective nature of the process and how it is perceived to be relevant to each profession. It can also be misleading in advertisement of the HP3 banding as people outside the organisation will perceive that they would be able to access the top of the level.
2. **Consistency and application of the HP1 role.** The HP1 role is an investment into new graduate health professionals entering the workforce. The HP1 is put on a temporary contract of 12 months with the idea that they complete 12 months of practical experience as a new graduate before being eligible to progress to a HP2. "For example, an employee at HP1.3 upon successful achievement of the discipline specific requirements (including 12 months service) will progress to HP2.4;"⁹ Psychology registrar programs (clinical, forensic, neuropsychology) are offered over two years at a HP1 level finishing the two years of training on level 1.6. In some cases, there is not the budget or availability of a HP2 position for the employee to move into. Staff retention at entry level is hampered due to lack of available positions at the HP2 level and the lack of job security provided due to the 12month contracts. The current HP1 level description describes, there is 12 months practical experience required at the level. Based on the feedback received there is an argument for and against requiring a new graduate to stay at level 1 for 12 months. A recommendation must respond to and ensure equity and transparency in application of the revised Work Level Standard, which will be undertaken following the classification review. Perfusionist are exempt from the above and recommend there is no change to the progression of the HP1 clause in the current agreement.

3. **Lack of career progression / career pathways (outside of roles that require managerial responsibilities).** There is limited opportunity for senior clinicians/specialists wishing to continue to advance their area of specialty. Most opportunities for HP4 and HP5 career advancement are managerial roles. There is a need to create specialist or advanced practice-based roles, such as research, education, or clinical specialist, to differentiate them from managerial focused roles. Development of such roles will not only enhance the Health Professional workforce capability but will also enable modernisations of health service models of care.
4. **Diversity/ scope and complexity of roles particularly where there are management responsibilities in smaller professions.** Knowledge and skills may need to be broader in some cases as the roles can be more complex than in other jurisdictions.
5. **Career progression issues due to the compression of classification structure and pay points.** There is lack of pay-point progression within the HP3 and HP4 level roles. HP3 currently has 3 pay-points with a hard barrier to HP3.5 through application process of the HP3 personal upgrade process. HP4 level has 2 pay-points.
6. **Varied scope and complexity of roles and adequate classification against Work Level Standards.** The work level standards (WLS) were identified as general by way of definition and therefore difficult to apply to all professions. The WLS will need to be reviewed in applying a new classification structure. The HP4 level role was particularly identified as having disparity in application of the level. It was noted that failure to adequately assess someone against the WLS can cause interpersonal, interprofessional and retention issues.
7. **Availability of senior roles and career progression (particularly) in smaller professions.** There was a strong collective voice from representatives from smaller professions that while there may not be the same headcount in their professional areas there is still the same demand on the role to provide managerial support, attend relevant professional forums and meetings as well as carry a clinical load or routine operational load.
8. **Retention issues due to band ceilings and limited pay point increases (outside of HP2)** Lack of progression within the HP3 grade. Some professions have retention issues at level 3. This is believed due to some staff moving into private practice or senior opportunities outside of the organisation. The cause is deemed to be due to the lack of opportunities at level 4 and above and perception that the pay ceiling has been reached at level 3.
9. **Application of Attraction Recruitment Incentives (ARIns) or allowances to some professions can cause issues such as:** Multidisciplinary roles, where role description prescribes the duties of the role and can be filled by health professionals from different professions such as an occupational therapist, a social worker, or a psychologist. If a psychologist is in the role, they are paid more due to the psychologist allowance/ARIn.
10. **Lack of recognition for Territory, National or International Subject Matter Expertise.** Recognition should not be interpreted as remuneration only; from an operational perspective it is recognised that the organisation/s could be doing more to utilise and recognise expertise.
11. **Retention of highly competent staff in temporary roles.** This will need to be reviewed through agency workforce planning processes. Cause and effect will vary from agency to agency and therefore solutions are workplace dependent.
12. **Inter-agency competition created within ACT Public Service.** This is evident with two professions in particular, Psychology and Microbiology. In Psychology, where there is inter-

agency competition with the Education Directorate, where the classification of school psychologists is seen to have better employee value proposition by offering more attractive hours of work, higher pay and less complex case management than those psychologists working in Canberra Health Services for example. The private sector is also a significant competitor for the recruitment of psychologists.

Microbiologists employed within ACTHD are highly skilled analytical scientists working across a diverse range of specialty functions. It is difficult to benchmark ACT analytical scientists against other jurisdictions due to the breadth of their role. In other jurisdictions you will see microbiologists specialising in a particular area, however in the ACT they are required to obtain the full breadth of knowledge across various subject areas which requires significant investment into training new employees. Interagency competition for microbiologist is experienced between ACT ACTHD – ACT Health Protection Services and Pathology within CHS. The cause of the competition is two-fold. The PBI tax benefits provided to hospital workers only which is not accessible to employees in the ACT Health Directorate and the current Allowance in place for CHS Pathology staff from HP2.5 to HP4.2 classifications. While PBI tax benefits are distinctly outside the scope of this review, it must be noted that the compounding of PBI tax benefits and the allowance in place for pathology is and will continue to have a significant impact on the attraction and recruitment of analytical scientists within ACTHD if not considered.

Solutions Considered but not a Final Recommendation

1. Streaming vs extended structure or a hybrid model

Extensive consideration was given to taking a streamed approach to the division of professions through the grouping of like professions based on type of work performed. The ACT has the most diverse group of Health Professionals in the one agreement compared to any other jurisdiction. However, being such a small jurisdiction does not have the critical mass in most professions to justify the development of separate classifications entirely and therefore the review gave significant consideration of streams within the classification structure. The Streams were proposed to be based on scientific and therapeutic professions.

- a. Scientific defined as - Perform a range of core functions that include diagnostic & assessing treatment intervention testing tasks and provide professional advice within or outside a laboratory setting on relevant scientific or clinical matters.
- b. Therapeutic defined as - Provide therapeutic intervention with an emphasis on health lifestyle and independence of the consumer whether that be through providing, physical, psychological, cognitive, or social interventions directly to the consumer.

Through consultation with the working party, it was concluded that the working party felt that it was more important for health professionals to be a collective to maintain a 'united voice' and deter from creating factions within the health professional's classification by creating streams. The group concluded that generic work level standards be created with relevant professions or groups of like professions to create guidelines on how to apply and interpret the work level standards. This conclusion was then supported through a reference group survey.

It should however be noted that there was concern predominately from scientific based professions that a streamed approach may be more relevant for scientific professions as generic WLS tend to be too generic and not easily applied to analytical or non-patient facing science-based professions.

The consensus across all engagement forums was that an extended structure would be beneficial to future proof health professional's classification as the population of ACT grows and health service demands increase.

2. Higher Qualification allowance

There was an argument put forward for and against the proposal for a higher qualification allowance. Both the medical and nursing agreements have provisions for a higher qualification allowance, as do other jurisdictions' Health Professional Enterprise Agreements such as Victoria, Queensland and NSW. Higher qualification allowances generally recognize graduate certificate qualifications and above, qualifications in line with the Australian Qualification Framework (AQF). The argument is that the qualification allowance recognises that in some professions such as respiratory and sleep science, post graduate qualifications and profession certification are required to be proficient in the role. Specialisation or advanced practice is not recognised through the AQF but rather through the Professional Board of Registered Polysomnographic Technologists. This Professional Board is recognised internationally as the highest standard in sleep credentialling, certification and education. Also, in respiratory science there is certification by the national body that is now becoming mandatory in the field.

The recommendation of the advanced skills allowance applied to roles at the HP2 and HP3 level is to enable recognition of industry based advanced skills recognised by Industry boards or regulated authorities where employees have obtained advanced skillsets as new and intermediate grade health professionals. The introduction of the Advanced and Extended Classification roles at level 4 and 5 are intended to recognize the advanced skillsets at those levels.

Should it be considered to review the qualification allowance in future or through the Enterprise Bargaining process, consideration will need to be given on how it interacts with the advanced skills allowance.

Consideration should also be given to the economic sustainability of the Higher Qualifications allowance and if the qualification is relevant to the role.

3. Managerial Allowance

The option of a managerial allowance was considered through the review process in response to the issue of requiring roles to participate in managerial duties as well as their normal health professional duties. A managerial allowance is utilised in the South Australian Health Professionals Agreements and is applied based on the number of staff being managed and risk profile of the role. It is also included in the ACT medical workforce Enterprise Agreement. The proposed extended classification structure with the additional higher pay point at level 4.4 is proposed to be only accessible to full scope roles which can include managerial responsibilities. The additional pay point is proposed to be an incentive to full scope roles.

Out of Scope Recommendations

- 1. Job Evaluation process to be developed and implemented.** Modern workplaces need consistent methodologies and tools to assess jobs and job architecture to enable effective attraction, development and retention of critical talent. Effective and consistent job evaluation and analysis ensures internal equity and external market competitiveness. It also provides transparency in expectations and role clarity for employees. Whilst the absence of a thorough job analysis and job evaluation process is evident across all ACTPS recruitment processes it has been identified as an issue for the Health Professional workforce in the context of equity across professions in role sizing. This issue can then manifest into workplace cultural issues with the perception of inequity, performance issues as well as flow on budgetary issues with the incorrect sizing of roles in the absence of a thorough process. This recommendation is relevant to all of ACT, however, could be looked at from a Directorate or organizational level for implementation.

2. Retention of new graduates through a **consistent approach to the HP 1 – 2 process**. Currently there is inconsistent application of the progression from a HP1 to HP2 level role due to budgetary constraints on having a fixed number of HP2 roles. It is recommended that this is shifted to support the retention of newly graduated health professionals through the development of a dynamic Health Professionals Graduate Program to support new graduates to enter the workforce as a health professional. Anecdotal feedback received highlighted that there are limited entry level roles for new health professionals entering the workforce which results in relocation of talent to larger capital cities to find work. Consideration to the timing of the HP1 recruitment should be given and supported by flexibility in budget management as opposed to FTE management.
3. **Pay rates to remain competitive with NSW¹⁰ and Commonwealth Public Service**. Given the proximity of surrounding NSW public health facilities and commonwealth public services that employ HPs, such as through the NDIS program or in neighboring suburbs such as Queanbeyan, it is important for ACT government to remain competitive to other public health employers. Refer to reference for comparable pay rates to NSW or the jurisdictional comparison.
4. Maintain the ability to respond to market rate pressures through the **application of ARIns**. Due to the unique supply and demand issues compacted by the acute competition from the private sector within ACT and surrounding regions there is the need to maintain the ability to apply ARIns where there are market pressure drivers.
5. A **translation arrangement** clause in the Enterprise Agreement is recommended to support the requests of role reclassifications for Health Professionals against the new work level standards when complete which includes the new classification definitions of 4.1A, 4.2A, 5.1E and levels 7 and 8. The new work level standards will include work performed, eligibility, level of responsibility, skill, and experience of the classification. The objective of this clause is to ensure roles are classified accurately. If a role is classified at a higher level and the incumbent has been performing at the level required a direct appointment is recommended. For the purposes of clarity, there is no intent for health professionals to be disadvantaged by this clause. If in the case a role is to be evaluated below the substantive classification of the role, a grandfathering arrangement will be implemented.
6. **Recognition for standalone / lone worker Health Professional roles-** Recognition for stand-alone roles possibly through the use of a 'sole worker' allowance or additional support through professional development.
7. Through the engagement processes it was highlighted that there are specific workplace matters that are unique to the ACT Government Analytical Laboratory (ACTGAL) worksite that sit outside the scope of the current Enterprise Agreement Provisions. **It is recommended that further analysis through the Enterprise Bargaining process is undertaken to understand the unique issues specific to ACTGAL** to assess if ACTGAL specific provisions are required in the Health Professionals Agreement.
8. **Consistency in application of the Professional Development Support** and Professional Development (PD) Leave. In the early stages of the review, it was identified that there were inconsistencies in the application of PD support and leave. The issue of accessibility of PD support was not necessarily a provisional issue under the Enterprise Agreement but rather the operationalisation of the support provisions which in turn is Agency specific.

¹⁰ [Increased Rates of Pay and Allowances for Staff in the NSW Health Service - HSU and ASMOF Awards](#)

9. **Loss of talent due to temporary roles.** It is acknowledged that the insecure work taskforce is reviewing and managing the issue experienced across all of ACTPS as a result of limited permanent roles available and the use of temporary and casual contracts. However, it was raised as a particular issue within the Health Professional workforce in the context of limited position numbers, various reasons for medium to long term leave or secondments of permanent staff without the ability to adequately backfill. It was reported that there is a retention issue of health professional talent due to the inability to provide job security of a permanent role across various professions. It should be noted that this point is separate to temporary roles that are considered training roles such as the HP 1 level roles.

Conclusion

The health professional workforce within ACT is particularly unique in the scope and breadth of the professions that are covered within the classification. This compounded with the population growth and ageing population, creates a competitive environment for skilled health professionals across the public and private sector within the ACT and surrounding regions. When undertaking the jurisdictional comparison, it was evident that ACT was competitive to other public health sectors from a pay scale perspective. However, due to lack of meaningful available data it is difficult to draw the comparison to local private sector competitors.

On a micro level, the intent behind the proposed classification structure is to provide career opportunities for health professionals that want to advance their career in a particular area. On a macro level the classification structure provides greater scope for health professionals to lead multidisciplinary teams with the additional classifications and will enable models of care that are efficient and consumer focused.

Appendices

Appendix 1: Annex E – Health Professional Enterprise Agreement 2018 - 2021

Appendix 2: Milestone Report 1 & 2

Appendix 3: Jurisdictional Comparison Report

Appendix 4: Engagement Summary Report

Appendix 5: Reference Group Meeting 1 guidance

Appendix 6: Reference Group Meeting 2 group questions

Appendix 7: HP Classification Structure Options

Appendix 8: Summary of Staff Survey Results

Appendix 9: Pharmacy out of session meeting minutes

Appendix 10: Medical Imaging out of session meeting minutes

Addendum

Medical Imaging Response to HP Classification and Bargaining Claims

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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Milestone Report 2

Health professionals' classification structure and pay and conditions comparison.

Index

INTRODUCTION

Purpose	3
Background	3
Staff submissions	3

SECTION ONE

Employment frameworks	4
ACT Public sector	
Australian Public Health Sector	
Private Sector Employment Framework	
Advantages and Disadvantages of the current HP classification structure	5
Current HP classification	
Work level Standards	
Recruitment and retention	7
Future proofing	7
Emerging professions	

SECTION TWO

Introduction	9
Summary of Section Two	9
Comparative analysis – Conditions of employment and rates of pay	10
Conditions of employment (non-remuneration)	
Rates of pay	
Professional Development Support	
Further Qualifications Allowance	
Hours of Work	
Paid Birth Leave	
Superannuation	
Professional Development Leave	
Arrangements outside of enterprise agreements	

ANCILLARY INFORMATION

Ancillary (out of scope) matters	16
Acronyms	17
References	18

APPENDICES

<u>Appendix 1:</u>	Staff and profession-specific summary submissions	20
<u>Appendix 2:</u>	Health Professionals employed in the ACT public sector	27
<u>Appendix 3:</u>	Australian public health sector enterprise agreements	28
<u>Appendix 4:</u>	Review of Health Professional sand Related Classifications	29
<u>Appendix 5:</u>	Health Professionals (extract from Black Circle report)	31
<u>Appendix 6:</u>	Classification Structure Characteristics	34

ATTACHMENTS

Attachment A:	ACTPS Enterprise Award – classifications and rates of pay	36
Attachment B:	<i>Health Professionals and Support Services Award 2010 –</i> Classifications and rates of pay	37
Attachment C:	Broad Health Professionals Classification Structure	41
Attachment D:	Psychologists public sector rates of pay	43

INTRODUCTION

Purpose

1. This report is the second milestone report required under the Project Management Plan and follows the first milestone report *Health Professional Classification Structure* (Report 1) first presented to the JWP on 28 May 2020.
2. Section One looks at the various employment frameworks applying to health professionals in Australia, the advantages and disadvantages of the current Health Professional's classification structure, recruitment and retention issues and 'future proofing' future classification structures.
3. Section Two compares the full suite of pay and conditions on offer to HPs across Australian jurisdictions, with the primary focus on public institutions.

Background

4. Report 1 aimed to "briefly outline the issues with the current Health Professional (HP) classification as the driver for the current review consistent with the criteria determined in Annex E."
5. This report expands on three of the five criteria adopted in Report 1:
 - Criterion 3: turnover, recruitment and retention;
 - Criterion 4: all relevant data including data in other relevant jurisdiction; and
 - Criterion 5: any other relevant matter.
6. Criterion 1, Attraction and Retention Incentives (ARIs), is not addressed at all, as these are subject to a separate process under the *ACT Public Sector Health Professional Enterprise Agreement 2017-2021* (HPEA) (Annex B) and will be addressed in a later report where they relate to specific professions.
7. Criterion 2, Allowances, is partially addressed in Criterion 4, but their relevance to the HP classification will be addressed in a later report.

Note: The number assigned to each criterion reflects the order it appears in Annex E of the HPEA and while they inform this report, they do not reflect the structure of this report.

Staff and profession-specific submissions

8. A number of submissions from staff have been received in the healthEBA@act.gov.au mailbox. These submissions resulted from the bargaining process or were provided to the project prior to the compilation of this report. The submissions will not be considered in this report but will inform the project as it progresses. Further detail is at [Appendix 1](#).

SECTION ONE

Employment Frameworks

Introduction

9. This Report refers to health professionals as being those professions/disciplines that are often also considered as allied health professionals. For the purposes of this report the term health professional is used to be synonymous with allied health professionals.
10. Health professionals (HPs) are employed in both the public and private health sectors. The employment Industrial instruments vary between each state and territory within Australia and therefore make it challenging to compare the Health Professional classification across each jurisdiction.
11. The type of employment can be full time, part-time or casual on a fixed term, ongoing or irregular basis. The private sector can also have commission or fee-sharing arrangements, provided these do not provide less than the totality of the pay and conditions prescribed under the relevant Modern Award.

ACT Public Sector

Health Professional Employment Framework

12. In the ACT Government, the minimum rates of pay and conditions for health professionals are set out in the *Australian Capital Territory Public Sector Enterprise Award 2016* (PS Award). In the PS Award, HPs fall within the Professional and Related Classifications stream. The PS Award is the foundation on which ACT enterprise agreements rest and is the basis for the Better Off Overall Test, which ACT enterprise agreements are measured against.¹ The PS Award rates of pay are at **Attachment A**.
13. Most HPs employed by the ACT Government are subject to the HPEA. The exceptions are school psychologists in the Education Directorate (EDU) who are subject to the *Education Directorate Teaching Staff Enterprise Agreement 2018-2022* (EDTSEA), and Child and Youth Protection Professionals (CYPP) in the Community Services Directorate (CSD) who are subject to the *ACT Public Sector Technical & Other Professional Enterprise Agreement 2018-2021* (TOPEA).
14. There are other health workers that may be aligned with Allied Health such as Allied health assistants and Aboriginal Liaison Officers and also work in the public health and hospital setting. These staff are subject to the Support Services Enterprise Agreement and the Administrative and Related Classification Enterprise Agreement respectively.
15. The rates of pay a directorate provides to people employed under an ACT enterprise agreement are peculiar to that directorate and are a matter for that directorate. For example, when EDU created a separate classification for School Psychologists, or CSD created the CYPP classification, it was a matter for that directorate and there was no requirement for other directorates to be consulted about that decision. There is no obligation for a directorate to match rates paid under other ACT enterprise agreements.

¹ The better off overall test considers the terms that are more beneficial and less beneficial to employees in an agreement, compared to the terms in the relevant modern award (Fair Work Act 2009 s.193).

Health professional employment opportunities

16. The majority of public sector health professionals that are subject to the HPEA in ACT Government, are employed by Canberra Health Services (CHS). ACT Public Sector (ACTPS) employment can also be found in:
- ACT Health Directorate
 - Justice and Community Safety Directorate (JACS)
 - Community Service Directorate
 - Education Directorate
 - Calvary Public Hospital Bruce (CPHB)

HP workforce profiling within the ACTPS will be added as an addendum to this report. Australian Public Health Sector

17. The ACT's approach has been to group the main professions with a health focus (that are not employed as Registered Medical Practitioners or as Nurses or Midwives) into a standalone enterprise agreement (HPEA), consisting of a generic salary spine and a number of profession-specific salary spines. This practical approach was taken, in part, because the ACT is a small jurisdiction when compared to other states and territories.
18. The public health sector in other jurisdictions across Australia utilises health professionals on a similar basis to the ACT but differs markedly in the use of industrial instruments and classification structures to regulate HP pay and conditions.
19. Each state and territory has its own classification structure, based on its own needs. At the time of this review, Differences in the pay and conditions provided are examined further in Section 2 of this Report.
20. [Appendix 3](#) lists the enterprise agreements applying to health professionals in the Australian public health sector.

Private Sector Employment Framework

21. The minimum rates of pay and conditions for HPs in the private sector are set out in the *Health Professionals and Support Services Award 2010*. In this Modern Award, HPs are grouped in with support services employees. The classification structure and salary table from the Award is at **Attachment B**. Rates of pay are discussed in Section Two.
22. The extent to which private sector market rates can be taken into consideration is mitigated by the reality that the private sector may be in a position to offer higher rates of pay than the public sector if it decides to target an 'in demand' profession.

Advantages and disadvantages of the current HP classification

Current HP classification

23. The HPEA HP (single salary spine) classification structure was created in 2004, following the *Joint Review of Health Professional and Related Classifications* (January 2004) (Appendix 4). Originally established to replace Professional Officer Level 1 for health professionals in the ACTPS, Health Professional Level 2 incorporated the work of health-related Technical Officer Level 2 and Level 3 positions with mandatory entry requirements.² For additional information, see also the extract from the Black Circle report at [Appendix 5](#).

² ACT Public Service Classification Review, Element 3, *Shared Salary Spine*, Black Circle, 9 March 2012, p.134 (Black Circle)

24. The Review Team reported that:

Feedback from managers, staff and unions indicated that moving away from the existing professional wide single classification structure to a discipline based model would be seen to be divisive and driven by “labour markets” rather than “work value.”³

25. The final report’s main recommendations were:

- The creation of a new six level classification structure based on work value encompassing Professional Officers and suitably qualified and experienced Technical Officers from 28 disciplines.
- ACT Health would retain the ability to apply a market allowance to address labour market issues, however, should review and consider ACTPS sector rates across other Agencies in applying.
- Professional Officer Grade 1 was split into two grades – Health Professional Level 1 (for the employment of new and recent graduates in their professional development year) and Health Professional Level 2. The salary scales for these grades were designed to overlap to facilitate employment of staff at the higher level once they had met their professional entry requirements.
- Competency-based personal salary advancement for staff who had already attained the maximum salary of Health Professional Level 2.
- Competency-based personal salary advancement for staff who had already attained the maximum salary of Health Professional Level 3.
- Rates of pay competitive with rates paid for the same work in the NSW public health sector.⁴

26. The current health professional classification has stood the test of time. Its advantages are that it is:

- flexible and adaptable. Black Circle cited 28 professions, now up to 36, and growing;
- equitable, standardised rates of pay across professions;
- recognises competency acquisition (Recognition of Excellence scheme);
- allows for graduate entry based on the level of qualification attained;
- systemically stronger than most other classification structures in Australian public health jurisdictions; and
- administratively more efficient for a small jurisdiction.

27. Disadvantages of the current structure include:

- adaptability to market conditions requiring the use of ARIns, which later serve to create differing rates of pay for the same classification level, resulting in break-away salary spines;
- applicants potentially have difficulty seeing where they fit in the structure;⁵
- limitations on opportunities for career advancement, e.g. merit selection vs. competency-based advancement; and

³ Black Circle, Element 2, *Market Basis*, Black Circle, 28 February 2012, p.73

⁴ Joint Review of Health Professional and Related Classifications, 2004, cited in Black Circle, Element 2, Op. Cit., p.73

⁵ This can be addressed with a supporting Factsheet

- that issues relating to turnover, recruitment and retention for a particular profession or group of professions may be difficult to adequately address in the absence of that profession or group of professions being separately identified.

Work Level Standards

28. The current Work Level Standards (WLS) are the *ACT Health – Health Professional Interim Work Level Standards - March 2005*.⁶ The WLS were reviewed and updated in August 2017, but, currently, are not in force, pending approval. The WLS will be revisited subject to the outcomes of this project and, in particular, will need to consider, inter alia, qualifications and credentialing; supervision; and entry level Post Graduate requirements.

Recruitment and Retention

What structural issues affect recruitment and retention?

29. The classification structure plays a small but important part in a person's decision to join and/or remain in the ACT public health system. Although often grouped together, recruitment and retention are actually two separate issues requiring different approaches.
30. For recruitment purposes, the enterprise agreement and classification structure is the applicant's portal into the pay and conditions available in the ACT and allows the applicant to compare the total suite of benefits on offer with other public health sector jurisdictions. Given the diversity of industrial instruments used throughout Australia, a well-structured, transparent and accessible enterprise agreement and classification structure enhances the ACT's ability to attract quality candidates.
31. Retention issues include career progression and professional development opportunities. It is important that a classification structure is designed in such a way as to enhance the employee's career prospects, while still allowing the employer to manage its operational requirements, which include workforce planning and budget control.
32. The question for the review, and implicitly for the Profession Reference Groups, is "what structural issues affect the recruitment and retention of health professionals?"

Future proofing

33. The current Health Professional classification was introduced into the HPEA in 2004. The ACT subsequently commissioned Black Circle Pty Ltd to undertake a review of the ACTPS classification structures to:
- achieve greater consistency across the [ACTPS] in classifying positions and to improve work equity between positions having equivalent work level standards and work value requirements;
 - facilitate recruitment to the ACTPS by making the competencies, qualifications and remuneration levels for ACTPS vacancies more accessible, and intelligible, to potential applicants;

⁶ <https://healthhub.act.gov.au/sites/default/files/2020-05/WLS%20Health%20Professional%20WLS%20for%20review%20March%202006.pdf> or <https://www.health.act.gov.au/sites/default/files/2020-05/HP%20Classification%20Review%20-%20Current%20Approved%20Professional%20Work%20Level%20Standards%202005.pdf>

- c. improve mobility within the ACTPS by removing structural barriers;
 - d. accommodate the changing needs of a modern public sector workforce, including the consideration of the most effective way of moving to a single salary spine; and
 - e. rationalise and simplify the classification structure for the ACTPS, which currently includes 236 classifications, in order to improve administrative efficiency.⁷
34. The resulting *ACT Public Service Classification Review (2010-2012)* (the Black Circle report) concluded that “our proposals in relation to translation of Health Professionals and Dentists into the SSS [single salary spine] establish a reasonable internal relativity when typical work requirements and external market factors are compared”.⁸ The report also noted that “the essential unity of the health professional occupations was confirmed in 2004 under the *Health Professional Review* that gave rise to the current Health Professional career structure”.⁹
35. For a classification structure to be “future proof” it must be flexible and adaptable to changes with the professions it covers. That the 2004 HP structure has been in place with little change for 16+ years is testament to its resilience. The inherent flexibility and adaptability gained from the use of the generic HP structure has been the key to its resilience. Any outcome from this review must ensure that the HPEA classification structure remains so.
36. Any future classification structure must remain true to the objectives of a classification structure, which are to provide consistency, transparency, flexibility and mobility for the employers and employees (Report 1, p.3, para 15). See also [Appendix 6](#).

Opportunities for Innovation

37. This review provides the opportunity to look nationally and internationally to seek opportunities for innovation. It should look to answer the question; “how could a future HP classification support the development of the HP role?” Examples of development include:
- emerging professions;¹⁰
 - extended or advanced scope of practice;
 - multi-classified positions;
 - dual-trained health professionals; and
 - other, as yet unidentified, opportunities.

Qualifications

38. The current qualification-based entry level for health professionals is an outcome from the Black Circle review, which found:
- structures linked to entry qualifications are hard-pressed to remain relevant in the light of current workforce profiles and patterns;
 - ongoing changes in professional practice are not easily recognised; and
 - new models of service delivery are difficult to trial and implement when classification structures presuppose historical relativities and relationships.¹¹

⁷ Black Circle, Element 1, p.9

⁸ Black Circle, Element 5, *Closing Report*, p.79

⁹ Ibid., p.111

¹⁰ In this report, the term ‘emerging professions’ means new or emerging health-focussed professions and occupations not currently employed in CHS/ACTHD or are going through change.

¹¹ Black Circle, Element 5, op. cit., p.131

39. This review provides an opportunity to determine the continued effectiveness of the current qualifications-based entry level arrangements, and if not considered effective, what the alternative options to support entry and advancement through the HP classification structure would be.

SECTION TWO

Introduction

40. This section compares the full suite of pay and conditions on offer to HPs across Australian jurisdictions, with the primary focus on public institutions.
41. The HP classification is primarily about the classification of professions, the employee's level within it, and the application of pay for the level. The employee value proposition is varied across each jurisdiction and therefore should be considered as a whole package when a jurisdiction comparative analysis is completed. The full suite of pay and conditions provided in the HPEA comprises:
- Remuneration (pay, allowances and penalty payments)
 - Professional development- allowances and leave
 - Recognition of further qualifications
 - Recognition of competency-based skill acquisition
 - Paid Parental Leave
 - Superannuation

Summary of Section Two

Rates of pay

42. The ACT appears to offer competitive rates of pay in comparison to other public health jurisdictions (paras 57-59).
43. The rates of pay on offer in the private health sector across a variety of disciplines may not be substantially different to those offered in the public health sector (paras 60-64).

Professional development support

44. PD support and/or PD allowances are not an entitlement in all jurisdictions. Victoria, WA and NSW do not have PD arrangements in their enterprise agreements (paras 65-71).

Recognition of further qualifications

45. Further qualifications allowances are not a prevalent feature of public health sector jurisdictions in Australia, with only Victoria and Queensland providing monetary allowances (paras 72-74).

Recognition of excellent contribution competency-based skill acquisition

46. The ACT Recognition of Excellence Scheme (HP3 Upgrade) is equal to or better than any similar scheme provided in other public health jurisdictions. Vic, Qld, WA and SA do not have competency recognition schemes (paras 75-80).

48. The Health Professional Level 3 (HP3) Personal Upgrade Scheme for the Recognition of Excellence, recognises and rewards eligible ACT Public Sector (ACTPS) and Calvary Public Hospital Bruce (CPHB) HP3.3 employees who perform ‘over and above’ the standard expected of their role. The scheme is not a competency-based upgrade process but rather a recognition of excellence within the profession or service. [Paid Birth Leave](#)

47. The ACT provision of 18 weeks paid leave (36 weeks at half pay) is superior to all other public health jurisdictions, except South Australia (para 82).

[Superannuation](#)

48. The ACT superannuation entitlements are superior to those provided in other public jurisdictions and private sector organisations (paras 83-86).

49. The ACT is the only jurisdiction to date that provides superannuation while on unpaid birth leave (para 87).

[Professional development leave](#)

50. The ACTPS entitlement is competitive when compared to other ACT and Australian public health sector enterprise agreements (paras 88-91).

[Comparative analysis – Conditions of employment and rates of pay](#)

[Conditions of employment \(non-remuneration\)](#)

51. Conditions of employment can be relevant when considering the overall value of the benefits available in a particular company, organisation or jurisdiction. This review will consider all benefits available to employees as a package, or suite, to reflect the overall package of entitlement.
52. The Black Circle report found that “wages in enterprise agreements are total rates and should reflect fair market rates”. It went on to say, in addition to work-value relativities, “total rates will also be influenced by... general economic conditions (e.g. cost of living), capacity to pay, measures to improve workplace productivity, the overall value of the benefits package, and the enterprise’s desire to be competitive in relevant labour markets.”¹²
53. All the above factors identified by the Black Circle report are relevant when considering the totality of the benefits available to employees under the HPEA. This section compares a number of benefits available in public health sector enterprise agreements to provide comparison against the benefits available in the ACT.
54. The tables in **Attachment C** demonstrate the variety of terms and conditions available across jurisdictions.

[Rates of Pay](#)

55. While every attempt has been made to ensure the information contained herein is up to date insofar as possible, it is noted that a number of awards and agreements researched had passed their nominal expiry dates and new versions, if any, were not publicly available.

¹² Black Circle, Element 2, Op Cit., p.19

Australian public health sector – rates of pay

Health Professional generic classification rates of pay

56. Rates of pay for health professionals in the generic classifications vary across jurisdictions.¹³ No jurisdiction uses precisely the same classification structure, which makes comparison a challenge. For example Victoria has seven levels, Queensland and NSW have eight levels, while WA has nine levels, compared to six in the ACT, Tas and the NT. Detailed rates of pay data can be found at **Attachment C**.

Professions with a separate classification structure

57. Professions with a separate classification structure/salary spine differ across jurisdictions. In a number of cases health professionals are not always grouped in the same enterprise agreement or Award. The approach across jurisdictions is inconsistent, based on the needs of each jurisdiction, rather than a national standard (Appendix 3).

Private Sector rates of pay

58. Information on private sector rates of pay has been gleaned from
- job advertisements surveyed during March 2020;
 - the *Healthscope - NSW - Health Professionals & Support Services Agreement - 2017-2021*; and
 - the *National Capital Private Hospital - HSU Non-Clinical and Allied Health Employees - Enterprise Agreement 2016-2020*.
59. In summary, as shown in Table 2, below, the rates of pay generally on offer in the private sector across a variety of disciplines do not appear to be substantially different to those offered in the public health sector.

Table 2: Summary of Private sector salaries (job advertisements) 19 March 2020

Profession	Salary range
Audiologist	\$70,000 - 90,000 p/a
Biomedical Engineer	\$65,000 - 85,000 p/a
Occupational Therapist	\$40.00 p/hr
Occupational Therapist	\$60,000 - 90,000 p/a
Pharmacist	\$80,000 - 100,000 p/a
Physiotherapist	\$55,000 - 100,000
Podiatrist	\$80,000 - 100,000 p/a
Psychologist	\$70,000 - 100,000 p/a
Speech and language Therapist / Speech pathologist	\$70,000 - 90,000 p/a/

60. Private sector enterprise agreements are many and varied. Two agreements (NSW, ACT) were chosen for comparative purposes. The rates of pay are comparable or marginally higher than the rates of pay in the HPEA. Note that these comparisons are not specific to identified professions.
61. The *Healthscope – NSW – Health Professionals & Support Services Agreement – 2017-2021* provides hourly rates from \$34.14 per hour at entry level (HP1.1) to \$63.70 at HP5.2. These rates do not come into effect until 1 October 2020. Level 4 is a senior clinician with supervisory responsibilities and Level 5 is a managerial position.
62. The ACT *National Capital Private Hospital - HSU Non Clinical and Allied Health Employees - Enterprise Agreement 2016-2020* provides weekly wage rates for health professionals with

¹³ The HPEA Health Professional classification is a generic classification

entry level (HP1.1) at \$958.27 per week to a maximum of \$2,108.06 per week for a Senior Allied Health Manager at HP4.1.

Professional Development Support

Australian public health sector

63. Professional Development (PD support) and/or PD allowances are not an entitlement in all jurisdictions. Victoria, WA and NSW do not have PD arrangements in their enterprise agreements. While this may be provided through policy, it does not have the same legal force as an enterprise agreement. Table 3, below, shows those jurisdictions that have professional development arrangements in their enterprise agreements.

Table 3: Professional Development Support – Public health sector enterprise agreements

Tas	ACT	Qld	NT	SA
\$1248 over 2 years (not updated from 2017)	Funding support up to 1% from 1/7/19; 1.5% from 1/7/20; 2% from 1/7/21; Funding support is NOT an allowance.	Cat A \$2208; Cat B \$2760; Others \$1655. Pro-rata p/t >15.2 hpfn. F/t employees eligible >12/12 service	12/12 to 5 yrs service = up to \$572 pa; >5 yrs continuous service = up to \$1259 per annum; Adjusted with CPI; Paid by reimbursement; Pro-rata for part timers.	Reimbursement of reasonable expenses, can include prof. assoc. m/ships

ACT

64. The ACT does not pay HPs a monetary allowance for professional development but provides funding support on a gradually increasing scale over the life of the HPEA (clause N3).
65. The HPEA also provides Professional Development Leave for CHS, ACTHD and CPHB HPs. This is a separate entitlement and is explained in the Professional Development Leave section, below.

Other ACT Agreements

66. Staff employed in CSD under the TOPEA in CYPP classifications have the same entitlement to Professional Development Support as Health Professionals employed under the HPEA.
67. Health professionals employed in the EDU under the EDTSEA do not have a PD provision in their agreement.
68. The *Legislative Assembly Member Staff Enterprise Agreement 2018-2021* provides that professional development may be available, with the agreement of the employing Member.

Further Qualifications Allowance

Australian public health sector

69. Further qualifications allowances are not a prevalent feature of Australian public health sector jurisdictions, with only Victoria and Queensland providing monetary allowances.
70. Victoria provides the most generous provisions, but these are not consistent across all Victorian health professions.

ACT Agreements

71. There is no allowance paid for the attainment of further qualifications paid to HPs in the Health Professional classification.¹⁴

Recognition of Excellence scheme (HP3 personal upgrade)

72. The Health Professional Level 3 (HP 3) Personal Upgrade Scheme for the Recognition of Excellence is a recognition scheme that recognises and rewards eligible ACTPS and CPHB employees at the HP 3.3 level who perform 'over and above' the standard expected of their role.¹⁵
73. A personal upgrade entitles the successful employee with advancement to a higher increment level within the (HP 3.5) salary range on an ongoing basis.
74. Concerns about the complexities in the application and approval processes for the HP3 upgrade are not a matter for this Review and can be dealt with separately.
75. The issues for this project concern the pay point ceiling for highly experienced and skilled professionals, , the wage flattening effect of ARIns in some professions, and structurally, whether the additional remuneration for achieving an upgrade should be by way of the current additional pay point or by some other means, such as an allowance. Consideration of profession-specific arrangements can also be included.
76. Very few jurisdictions have a recognition of excellence scheme, with only Tasmania having an identical scheme to the ACT. Victoria, Queensland, Western Australia and South Australia do not have recognition schemes in their awards or agreements.

The HP3 Personal Upgrade Scheme for Recognition of Excellence guidelines can be found in Attachment D *Table 4: Recognition schemes*

Tas	NSW	ACT	NT
HP level 3 Personal Upgrade Scheme (modelled on the ACT scheme)	S13. Personal Regrading: HP 2 can apply for HP 3 upgrade. HP3 can apply for HP4 upgrade. Criteria based.	HP3 Personal Upgrade Appointment to HP3.5 through Recognition of Excellence Scheme	Professional Excellence Status Scheme 2 year fixed term duration. Determination issued by Commissioner

Hours of work

77. Most private sector and public health sectors provide for a 38 hour ordinary time working week. In the ACT, the HPEA provides for a 36.75 or 38 hour ordinary time working week. The determination of required hours of work is an operational decision made by the Manager of the service and varies across directorates on implementation.

Paid Birth Leave

78. Paid Birth Leave (PBL) entitlements are provided in Awards and Agreements in addition to the entitlements under the *Paid Parental leave Act 2010*. With the exception of South Australia, the ACT PBL is superior to all other jurisdictions.

¹⁴ Medical Physics receive a Higher Qualifications allowance. However, this group is not in the Health Professional salary spine.

¹⁵ HP3 Personal Upgrade Scheme for the Recognition of Excellence - Guidelines for applicants, supervisors, referees and assessors, March 2020, p.6.

Table 5: Birth Leave entitlements

Tas	VIC	NSW	ACT	Qld	NT	WA	SA	CTH
12/52	10/52	14/52	18/52	14/52	1-5 yrs = 14/52 >5yrs = 18/52	14/52	>1 yr = 16/52 >5 yrs = 20/52	12/52 (Maternity Leave Act)

Superannuation

79. Many private sector employers, and some public sector employers, include superannuation in the total remuneration package when advertising vacancies. The minimum superannuation payable for all employees in Australia is currently 9.5% of Ordinary Time Earnings (OTE), increasing to 10% from 1 July 2021. This rate is most common in the private health sector, but also includes most public health sector jurisdictions.
80. In the ACTPS, the minimum superannuation from 1 July 2020 is a minimum of 11.5% of OTE plus an ability to achieve an additional 1% with an employee co-contribution of 3%. Clause D7 of the HPEA provides:
- 9.5% superannuation guarantee amount, plus
 - an additional 1.5% (increasing to 2% from 1 July 2020), plus
 - an additional 1% if the employee contributes 3%.
81. In comparison, employer superannuation contributions in other public health sector jurisdictions are primarily the minimum required under the *Superannuation Guarantee (Administration) Act 1992* (SGAA) with the exception of the Commonwealth (15.4% of base salary) and QLD, which requires a mandatory minimum employee co-contribution of 2%.
- Cth: 15.4% (Base salary / rate of pay, not OTE)¹⁶
- ACT 12.5% (from July 2020, with 3% co-contribution = 15.5%)**
- NSW 9.5%
- Vic 9.5%
- QLD 10.75% (with 2% minimum co-contribution = 12.75%)
- NT 9.5%
- Tas 9.5%
- SA 9.5%
- WA 9.5%
82. The ACT government does not apply the Australian Tax Office's superannuation guarantee threshold (\$57,090 per quarter for the 2020/2021 financial year). This cap would apply in those jurisdictions paying superannuation under the SGAA unless an exemption has been granted by the employer.

Notes

- *defined benefits funds an employee may be in have not been researched, as these are not based on a percentage of salary earned and are mostly closed to new members.*
- *the 15.4% Commonwealth contribution is based on the employee's base salary applying on the employee's birth date, not OTE.*

¹⁶ Base salary, or base rate of pay, for HPs is the rate of pay applying to the employee's classification level and pay point in Annex A of the HPEA. OTE is calculated on the base rate of pay plus any applicable allowances and other additional payments as determined by *Superannuation Guarantee Ruling 2009/02 2009/02*.

Super on unpaid Parental Leave

83. The ACT Government has extended superannuation contributions to the unpaid portion of the first 12 months of parental leave. This includes birth leave (aka maternity leave) and unpaid parental and grandparental leave. Other public sector jurisdictions may be heading down this path, but the ACT is in the lead on providing this benefit.

Professional Development leave

84. Professional Development Leave (PD leave) under the HPEA clause Q10 is only available to HPs in CHS, ACTHD and CPHB. It is not available as an entitlement to HPs in other ACT directorates.
85. PD leave is not common across other ACT agreements outside of the public health sector. Where it does appear, it is as an oblique reference to the need for professional development, rather than a specific entitlement, as provided in the HPEA. For example, the *ACT Legislative Assembly Members' Staff Enterprise Agreement 2018 – 2021* provides that:

“Professional development may be available, with the agreement of the employing Member, and may include attendance at work-related professional development courses, seminars, workshops or conferences within Australia.” (A12.14)

86. PD leave is not available in all public health jurisdictions, noticeably NSW, Tasmania and the Northern Territory. On balance, the ACT is not out of step with those public health jurisdictions that provide PD leave in their agreements.

Table 6: Professional Development Leave

VIC	ACT	Qld	WA	SA
5 days pa, cumulative over 2 yrs, plus 2 days conference/seminar leave	3 days p.a. accrue up to 6/7	3 days pa accrue up to 6/7 in 2 yr Pro-rata p/t >15.2 hpfn F/t employees eligible >12/12 service	16 hours pa Not cumulative Plus 38 hrs within 12 months for Training and Short Courses	5days over 2 yrs

Arrangements outside of enterprise agreements

87. Anecdotally, it is known that some employers provide benefits in addition to the enterprise agreements that are not publicly available, just as the ACT does with its ARIn arrangements. Accordingly it is not possible in this report to provide any assessment of any additional benefits or payments provided by other public health sector employers that are not publicly available.

Ancillary (out-of-scope) issues

88. The purpose of the review is to “address the relevance of the Health Professional Classification as applied to Allied Health Practitioners” (HPEA, Appendix E, clause 1). While this purpose is quite specific, it is understood that there will be ancillary matters raised during the review that will require addressing through other means. Ancillary issues will be appended to the final report.
89. Ancillary (out-of-scope) issues are:
- a. Matters that are or were addressed in the 2018 bargaining process, unless provided for in the relevant Agreement:
 - these matters may be addressed during the next enterprise bargaining round in 2021.
 - b. Matters related to tax benefits, or compensation for loss of tax benefits, are outside the scope of the review:
 - application of tax benefits is a matter for the Australian Government. This review will not be addressing any matters arising from the application of taxation arrangements.
 - c. Reclassification of an individual or group of individuals:
 - will not be considered if they are of a type subject to clause D3 Classification/Work Value Review, of the HPEA.
 - d. Professional development arrangements:
 - this is a separate project under the administration of each employing directorate.
 - e. Health professionals not employed under the HPEA:
 - e.g., school psychologists employed under the EDTSEA, and youth/social workers (CYPP) employed under the TOPEA.
 - f. Rates of pay:
 - if a decision is made to create a separate classification structure, the rates of pay will remain commensurate with the rates applicable under the HPEA. Any changes to rates of pay will be negotiated by the industrial parties (the employer and employee representatives) in bargaining for the next HPEA.
 - g. Work level standards:
 - beyond identifying work required to update or amend existing standards or the need to create new standards.
 - h. Professional standards and credentialing principles:
 - this is the responsibility of the Chief Allied Health Officer, ACTHD. Credentialing processes are a matter for the employing directorate or agency.
 - The Recognition of Excellence (HP3.5 Personal Upgrade) Scheme:
 - the personal upgrade provision in the HPEA was changed in the last bargaining round. While the interaction with the HP classification is in scope, the requirements for achieving a personal upgrade are out of scope, as these do not relate to the relevance of the HP classification.
 - i. The application of ARIns to a profession or professions that do not currently have an ARIn:

- the requirements for attaining and ARIn detailed in Annex B of the HPEA.
- j. Professions that already have a separate classification structure prior to the commencement of the HPEA 2018-2021:
- Dentists;
 - Medical Physics; and
 - Radiation Therapists.

Acronyms

ACTGAL	ACT Government Analytical Laboratories
ACTHD	ACT Health Directorate
ACTPS	ACT Public Sector (ACT Public Service)
AHP	Allied Health Professional
ALO	Aboriginal Liaison Officer
ARIn	Attraction and Retention Incentive
ASO	Administrative Services Officer
CHS	Canberra Health Services
CSD	ACT Community Services Directorate
CPHB	Calvary Public Hospital Bruce
CYP	Child and Youth Protection Professional
EDU	ACT Education Directorate
EHO	Environmental Health Officer
EDTSEA	<i>ACT Public Sector Education Directorate Teaching Staff Enterprise Agreement 2018-2022</i>
HP	Health Professional
HPEA	<i>ACT Public Sector Health Professional Enterprise Agreement 2018-2021</i>
HPO	Health Professional Officer
HPS	Health Protection Service
HSU	Health Services Union
JACS	Justice and Community Safety Directorate
JWP	Joint Working Party
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
MHP	Mental Health Psychologist
MI	Medical Imaging
MRI	Medical Resonance Imaging
NGO	Non-government Organisation
NTPS	Northern Territory Public Sector/Service
OTE	Ordinary Time Earnings
PBI	Public Benevolent Institution
PBL	Paid Birth Leave
PD	Professional Development
PS Award	<i>Australian Capital Territory Public Sector Enterprise Award 2016</i>
SGAA	<i>Superannuation Guarantee (Administration) Act 1992</i>
SSS	Single Salary Spine
TOPEA	<i>ACT Public Sector Technical & Other Professional Enterprise Agreement 2018-2021</i>
TSS	Tasmanian State Service
WCC	Workplace Consultative Committee
WLS	Work Level Standards

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Profession preliminary issues raised

1. The below section provides a preliminary high level overview of the issues faced by specific professions or professional groups. The issues below have been collated through the bargaining process and submissions received by the project team during the planning phase of the project.
2. The purpose of the established professional reference groups is to unpack the issues raised by each profession or professional group and therefore a more comprehensive summary is expected in Report 3.

Perfusionists

3. A separate classification structure/salary spine for perfusionists was introduced into the HPEA to accommodate the incorporation of their group ARIn arrangement. The purpose of the ARIn was to provide rates of pay equivalent to the rates of pay in NSW.
4. Through the HP Classification review process, it is anticipated that the current perfusionist salary spine/classification structure will be reviewed and determined if it is currently fit for purpose or if a classification structure similar to NSW is more fit for purpose.
5. Work level standards to support the Perfusionist classification will need to be considered. In the interim, the HP WLS apply.

Psychologists

CHS

6. Psychologists in CHS have been advocating for separate recognition for some time and prepared a detailed business case for consideration in bargaining for the HPEA. It was agreed through the EA bargaining process that the Psychologist classification issues across all directorates would be addressed in this review.
7. Following approval of the HPEA by the Fair Work Commission, the Mental Health Psychologists (MHP) ARIn ceased as the ARIn payment was incorporated into the HPEA as an allowance. A Group ARIn equating the MHP allowance was subsequently approved for non-mental health psychologists.
8. The current salary range, including the MHP allowance is set out below. There is a concern that the salary progression is limited within the profession of Psychology.
9. *Table 8: Psychologist salaries including MHP allowance*

Health professional level 2	11/06/2020	MHP allow	Total
(HP2MP6) 2.9	\$91,962	\$3,986	\$95,948
(HP2MP7) 2.9	\$91,962	\$7,975	\$99,937
Health Professional Level 3			
(HP3MP1) 3.1	\$94,606	\$9,855	\$104,461
(HP3MP2) 3.2	\$96,868	\$10,094	\$106,962
(HP3MP3) 3.3	\$99,687	\$13,863	\$113,550
*(HP3MP3) 3.4	discontinued	\$11,026	
** (HP3MP3) 3.5	\$104,631	\$9,254	\$113,885

Health Professional Level 4				
	4.1	\$108,926	n/a	\$108,926
	(HP3MP5) 4.2	\$117,249	\$1,023	\$118,272

*HP3.4 has been discontinued, **HP3.5 is the Personal Upgrade level.

10. There is a strong supply at entry level positions for psychologists, however there is a retention issue at the higher levels of psychologist.
11. Measured against the criteria in 4.1 of Appendix E of the HPEA, Psychologists are as a priority group for consideration by the JWP, as they:
 - are in receipt of an ARIn or allowance (4.1 a.)
 - have indicated they have high turnover and attraction and retention issues (4.1 b.)
 - have submitted a detailed business case addressing other matters relevant to them, including addressing the criteria set out in 4.2 and 4.3 of Appendix E (4.1 c.).

ACTHD

12. There are five psychologists employed in the ACT Health Directorate (ACTHD). At the time the original Psychologists submission was prepared (2017), CHS and ACTHD were a single entity, so it is assumed that their issues will be similar, noting that they have an additional issue related to the loss of their PBI benefit.

Pay comparison

13. A comparison of Psychologist rates of pay under enterprise agreements applying in each state reveals the difficulty in drawing direct pay comparisons (**Attachment D**).

Respiratory and Sleep Scientists

14. Respiratory Sleep scientists have identified a number of issues relating to shift work, attraction, retention and total remuneration compared with other state jurisdictions.
15. There is a remuneration difference within the professional group compared to other states with issues of lower HP levels pay-point ceiling restrictions limiting progression.

There is no formalised recognition of qualifications as the disciplines have limited undergraduate courses available and generally need to employee individuals with degrees that are not specific to the discipline. There is post-graduate or professional credentialing that can be undertaken, but with no incentive limits staff motivation to obtain.. The qualifications are desirable and are valued in a competitive workforce market.

The table bellows [sic] shows qualification allowances that are relevant to each discipline in other state jurisdictions based on [an] analysis undertaken last year (2019).

16.

Table 9: Recognition of Higher Qualification Allowances

Jurisdiction	Qualification Required for Allowance	Recognition Applied by:
ACT	Not incorporated into EBA	Nil
Victoria Medical Scientist Agreement	Discipline specific qualification from authorised or professional bodies	4% of the base rate
	Post Graduate Certificates	
	Post Graduate Diploma	6.5% of the base rate

	<i>Master's Degree or equivalent</i>	<i>7.5% of the base rate</i>
	<i>PhD</i>	<i>10% of the base rate</i>
<i>NSW Hospital Scientist Agreement</i>	<i>Master of Science or equivalent.</i>	<i>\$65.80 per week</i> <i>(note, this does not apply to HPs under other Awards, e.g. Psychologists)</i>
<i>Qld Health Practitioners & Dental Officers Agreement</i>	<i>Post Graduate Certificate, Graduate Diploma, second degree, Master's Degree or PhD for HP1 – HP4</i>	<i>Immediate advancement of one (1) increment</i> <i>After 12 months at the highest increment are entitled:</i> <i>- 3.5% of HP 2.7 (HP1 and HP2) or HP3.7 (HP3 and HP4) for Post Graduate Certificate, Graduate Diploma or second degree</i> <i>- 5.5% of HP 2.7 (HP1 and HP2) or HP3.7 for (HP3 and HP4) Post Graduate Masters or PhD</i>

ACT Pathology

17. ACT Pathology is a division of HS, providing specialist pathology services to both public and private patients of Canberra Hospital, CPHB, National Capital Private Hospital, specialists and general practitioners, nursing homes, veterans organisations and the general community.
18. ACT Pathology employs doctors and scientists who specialise in the testing and diagnosis of diseases in many areas of specialty, including:
 - Anatomical Pathology
 - Clinical Chemistry
 - Cytogenetics
 - Haematology
 - Immunology
 - Microbiology
 - Molecular Pathology
19. Allied health professionals in ACT Pathology are called Medical Laboratory Scientists, in some jurisdictions they may be referred to as 'Laboratory Hospital Scientists'.

Medical Imaging

20. A separate classification structure for Medical Imaging (MI) was created in the HPEA as a result of bargaining, due to the incorporation into the rates of pay of the Medical Imaging and Sonography allowances in the 2013-2017 HPEA. Appendix E of the HPEA recognises Medical Imaging as a priority group for this review. Employees in receipt of a Medical Imaging or Sonography allowance translated to the MI classification from the commencement of the HPEA (5 June 2019).

Based on the outcome of the Classification Review, MI work level standards will need to be created to support the classification outcome. Other tasks include recognition Medical Resonance Imaging (MRI) as an Emerging profession. Medical Resonance Imaging Technicians

21. There is a specialised skillset required by Magnetic Resonance Imaging (MRI) technicians. Currently staff performing MRI are recognised within the Radiographer group and therefore does not recognised the specialist skillset required.

The majority of people performing MRI studies are HPRA registered radiographers, however it is possible to become qualified to perform MRI studies without being a Radiographer (in a similar fashion to sonographers). MRI 'technicians' are not required to be registered with HPRA if they solely perform MRI studies and do not identify themselves under an HPRA regulated protected title (e.g. Radiographer). Similarly, a radiation licence is not required to perform MRI.

MRI is becoming an increasingly specialised field and is an area where it is particularly difficult to train, recruit and retain staff. This is particularly relevant in Public Hospital settings where the mix of scans, diverse patient base (including inpatients, paediatrics, ICU, pacemakers etc.) require specialised skills and additional training. Under the current HPEA, remuneration and other benefits cannot simply be extended to staff trained in performing MRI.

There are recruitment issues experienced with MRI technicians due to the competitive employee value propositions from private industry.

22. Further analysis of the MRI technicians is required with a review of the below factors to be considered:

- turnover of MRI technicians?
 - i. Turnover due to exit to the private sector
- Data to substantiate recruitment issues in hiring MRI technicians?
- Number of MRI Technicians within ACTPS
- Comparison to other jurisdictions

Health Protection Service

23. The ACT Health Protection Service (HPS) runs an analytic laboratory, providing Toxicology and Forensic Chemistry, Environmental Chemistry and Microbiology testing to the ACT community. The laboratory is a unique multidisciplinary lab that cannot as a whole service be compared to any other service in Australia. Due to the population size of the ACT, there are roles within ACTGAL that may be performed by a specialist role in other areas that are performed by one role in the ACT. Such as a microbiologist – specialising in water or food. However, in the ACT it's performed by the one role requiring development of specialist skills in 2 areas.
24. Many of the roles with ACTGAL require post-graduate qualifications with 11 of the 30 HP staff holding PhD's Microbiology or Chemistry.
25. Due to the extensive site training to work in the required labs and the specialised nature of the work, there are several risks to be considered in the various service provisions:
 - Attraction, retention and succession planning of specialist roles;
 - Time and investment costs to training new staff to meet strict criteria for appointment as Analysts or Reporting Officers under various legislative instruments
 - Discrepancies in pay inequity amongst HPs across the ACTHD & CHS created by the loss of access to EPHA. E.g the gap between Microbiologists working for Pathology and those at HPS is an example.
26. All sections of ACTGAL have extensive internal training programs which allow staff to meet strict criteria for appointment as Analysts or Reporting Officers under various legislative instruments. Several staff in Forensic Chemistry are trained as Clandestine Laboratory Investigators, internal training which takes many years to acquire appropriate competence in.
27. There are a number of issues that have been raised by ACTGAL that may be addressed through the course of the review, however, may not be. In the instance that not all issues are addressed, they will need to be reallocated to the relevant forum to address. Issues include:
 - i. Revisit of recommended ACT Health Credentialing for 'nonclinical' scientist roles
 - ii. The pay gap between the microbiologists in pathology vs HPS
28. Further consultation is required to fully understand these issues and their relevance to the review.

Environmental Health Officers

29. Environmental Health Officers (EHOs) in the ACT are employed in the ACTGAL, which is part of the ACTHD and is a sub-group within the submission provided by the HPS, above. EHOs outside the ACT are primarily employed in the local government sector, which is the appropriate comparator when considering pay and conditions comparisons.
30. In NSW, EHO pay and conditions are subject to the *Local Government (State) Award 2017*, which covers all local government jurisdictions in NSW. The Award does not list professions or occupations by name. In this Award, EHOs come within the Professional/Specialist Band 3. The salary range is \$1147.20 to \$1938.30 per week (\$59,654 - \$100,792). These rates compare with the HP1.1 to HP3.5 range (\$61,160 - \$101,862).

Social Workers and Psychologists in CSD

31. Social Workers employed in CSD transferred to the TOPEA from the HPEA during the 2018 bargaining round in response to a number of specific and complex issues being experienced in CSD at the time. These primarily revolved around the difficulties in attracting and retaining staff willing to work in a challenging environment.
32. Staff holding psychology or social work bachelor's degree (or better) qualifications were classified as Health Professionals under the HPEA. However, other social welfare or social science qualifications can qualify a person for employment in a statutory child protection and youth justice worker role, including teaching qualifications, and such roles are not designated as Social Worker or Psychologist positions.
33. The CYPP structure under the terms of the TOPEA was "because the CYPP classifications are not social worker classifications, or psychologist classifications, or any single qualification classification structure, and indeed it will be possible for a non-tertiary qualified person to be employed as a CYPP in limited circumstances."

School Psychologists in EDU

34. EDU has incorporated School Psychologists into the Education agreement on the same conditions as teachers, but on a different salary scale than teachers. EDU provided the following historical information relating to School Psychologists:
 - Under five previous enterprise agreements, School Psychologists have variously been classified as Teachers, School Counsellors and most recently School Psychologists with their annual salary generally aligned with teacher salary rates up until 2014.
 - Under the *Teaching Staff Enterprise Agreement 2011-2014*, School Counsellors were aligned to classroom salary rates and under a group Special Employment Agreement (SEA) (ARIn equivalent for teachers) received [an additional payment].
 - The [additional payment] was in recognition of professional requirements i.e. registrations in response to the Directorates ongoing attraction and retention issues/strategy.
 - The current agreement provides a salary structure specific to School Psychologists which incorporated the [additional] SEA payment into the annual salary.
 - There are currently no ARIns in place for School Psychologists.

Table 1: Psychologists salary comparison between the HPEA and the ETDEA

HEALTH PROFESSIONAL CLASSIFICATION REVIEW MILESTONE REPORT 2 (FINAL)

HPEA CLASSIFICATION	12/12/2019	ETDEA CLASSIFICATION	11/07/2019
Health Professional Level 2	\$66,096	New school Psychologist	
	\$70,347		
	\$75,096		
	\$78,975		
	\$81,211		\$81,210
	\$83,546		\$84,997
	\$85,735		\$88,782
	\$88,081		
	\$90,737		
Health Professional Level 3	\$93,346	Experienced School Psychologist 1	\$92,567
	\$95,578		\$96,353
	\$98,359		\$100,141
	discontinued		
Competency point Personal Upgrade	\$103,237	(no personal upgrade available)	\$103,925
Health Professional Level 4	\$107,475	Experienced School Psychologist 2	\$110,236
	\$115,687		\$116,546
Health Professional Level 5	\$126,577	Senior Psychologist	
	\$133,121		\$132,952
	\$142,494		
Health Professional Level 6	\$147,006	Manager Psychologist	\$153,143

Note: the above comparison does not include the Mental Health Psychologist's allowance or the CHS Psychologist's group ARIn, which would effectively negate any perceived pay disadvantage experienced by CHS psychologists.

Appendix 2

Australian public health sector enterprise agreements

ACT	ACT Public Sector Health Professional Enterprise Agreement 2018-2021
Victoria	Allied Health Professionals (Victorian Public Sector) Single Interest Enterprise Agreement 2016-2020 Victorian Public Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021 Victorian Stand Alone Community Health Centres Allied Health Professionals Enterprise Agreement 2017-2021. Victorian Public Sector (Biomedical Engineers) Enterprise Agreement 2018 - 2022.
NSW	Health and Community Employees Psychologists (State) Award 2019 Health Employees' Conditions of Employment (State) Award Health Employees Dental Officers (State) Award 2019 Health Employees Dental Prosthetists and Dental Technicians (State) Award 2019 Health Employees Medical Radiation Scientists (State) Award 2019 Health Employees Oral Health Therapists (State) Award 2019 Health Employees Technical (State) Award 2019 Health Employees Pharmacists (State) Award 2019 Health Industry Status of Employment (State) Award 2019 Hospital Scientists (State) Award 2019 NSW Health Service Aboriginal Health Workers' (State) Award (2019 NSW Health Service Health Professionals (State) Award 2019 Public Hospitals Medical Physicists (State) Award 2019 Public Hospitals Professional Engineers (Biomedical Engineers) (State) Award 2019 Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2019
QLD	Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 Queensland Public Sector Certified Agreement (No. 9) 2016
SA	South Australian Modern Public Sector Enterprise Agreement: Salaried 2017
Tas	Allied Health Professionals Public Sector Unions Wages Agreement 2019 Dental Officers Industrial Agreement 2019 Public Sector Wages Agreement 2019 Radiation Therapists Agreement 2018
WA	Dental Health Services Dental Technicians CSA Industrial Agreement 2018 Dental Officers CSA Industrial-Agreement-2019 WA Health System - HSUWA - PACTS Industrial Agreement 2018
NT	Northern Territory Public Sector Dental Officers' 2018 – 2022 Enterprise Agreement NTPS Aboriginal Health Practitioner 2018-2022 Enterprise Agreement Northern Territory Public Sector 2017 - 2021 Enterprise Agreement Northern Territory Public Sector Enterprise Award 2016

Review of Health Professional and Related Classifications 2004

SUMMARY OF RECOMMENDATIONS

Scope: Inclusions and Exclusions

1. In order to bring consistency across the Department with regards to work value and classification, it is recommended that Radiation Therapists be included in the same classification structure as other Health Professionals.
2. It is recommended that Technical Officer positions, specifically health related, requiring a mandatory qualification at the Associate Diploma level be moved into any new Health Professional classification structure.
3. It is recommended that TO1 and TO2 health support positions be reviewed in the future in order to identify the Organisations support role needs.
4. Due to the extensive qualification requirements for registration as a Medical Physicist, it is recommended that further investigation be carried out on the merits of a specific classification for this group. In the interim, it is recommended that they are included in any new Health Professional classification structure.
5. As feedback from Clinical Coder staff and Health Information Managers has been positive about their new classification structure, it is recommended that Clinical Coders remain in their current structure.

Classification and Remuneration

6. It is recommended that ACT Health adopt a six level classification structure, for Health Professionals, with professional career options and competency based personal up-grades as proposed within the report.
7. It is recommended that the Health Professional classification structure be underpinned by remuneration arrangements that are competitive with NSW Health.
8. It is recommended that all PO1/HP2 Health Professional staff working as sole practitioners, as defined by relevant work level standards, be classified at PO2/HP3.
9. There needs to be recognition of the difference between training and profession specific professional development. It is recommended that Professional Development needs to be specifically funded and supported throughout ACT Health. The application of such funding requires further debate.
10. It is recommended that ACT Health retain the ability to apply a market allowance to address labour market issues.
11. It is recommended that access to overtime and flex leave arrangements be available to all levels of Health Professionals carrying a full or part-time professional load.

12. As a sub-committee of the ACT Government Joint Council, an ACTPS wide joint union/management consultative committee, are currently reviewing on-call/re-call arrangements on a service wide basis, the Review Team has chosen not to make any recommendation on these issues, other than to say that any arrangement must be applied consistently and to all levels of Health Professionals carrying a clinical/practitioner specific load.

Out of Scope Recommendations

13. It is recommended that an operational focus on workforce planning be established, close to both recruitment and operational areas, to develop and implement recruitment and retention strategies for all health related disciplines.
14. It is recommended that a database be established to gather discipline specific workforce data to assist in understanding the workforce makeup and emerging workforce issues.
15. It is recommended that stronger relationships be built with other jurisdictions to allow for better information sharing and planning.
16. It is recommended that ACT Health support, encourage and monitor the participation of its Health Professional workforce in undergraduate and post-graduate clinical/professional education programs.
17. It is recommended that ACT Health make further use of flexible working arrangements as a recruitment and retention strategy.

ACT Public Service Classification Review: Element 2 Interim Report

FINAL 28 February 2012

12.1 HEALTH PROFESSIONALS

12.1.1 Introduction

We use the term health professional in this Section to refer to the widest scope of occupations that are involved in the diagnosis and treatment of disease and limited to those that are within scope for this project (that is, excluding medical staff, nursing staff and ambulance officers/paramedics).

A significant proportion of the health professionals comes within the 2004 Health Professional classification structure, including:

- Therapy and health science disciplines
- Psychologists
- Social workers and counsellors
- Pharmacists
- Environmental health officers
- Medical laboratory scientists and technicians
- Medical imaging professionals, including nuclear medicine technologists

This classification structure arose from a key commitment of the parties to ACT Health's 2003-2004 Clerical Technical Professional and General Staff Agreement to conduct a review of classification structures and pay rates for allied health professional staff.

The objective of the Review was:

“To review existing classification and remuneration structures for allied health and related occupations in light of the industry in which they work.”

The Review was undertaken in a co-operative manner, with substantial input from unions, affected staff, health professional managers and contributors in a wide number of professional disciplines around Australia.

The Review Team reported that:

“Feedback from managers, staff and unions indicated that moving away from the existing professional wide single classification structure to a discipline based model would be seen to be divisive and driven by “labour markets” rather than “work value.”

The final report of the joint Review of Health Professional and Related Classifications was published in January 2004. Its main recommendations (relevant to the present Review) were:

- The creation of a new six level classification structure based on work value encompassing Professional Officers and suitably qualified and experienced Technical Officers from 28 disciplines.
- ACT Health would retain the ability to apply a market allowance to address labour market issues.
- Professional Officer Grade 1 was split into two grades – Health Professional Level 1 (for the employment of new and recent graduates in their professional development year) and Health Professional Level 2. The salary scales for these grades were designed to

overlap to facilitate employment of staff at the higher level once they had met their professional entry requirements.

- Competency-based personal salary advancement for staff who had already attained the maximum salary of Health Professional Level 2.
- Competency-based personal salary advancement for staff who had already attained the maximum salary of Health Professional Level 3.
- Rates of pay competitive with rates paid for the same work in the NSW Public health sector.

The proposal to introduce competency-based personal salary upgrades for staff who had already attained the maximum salary of Health Professional Level 2 was not adopted. Every other part of the report was accepted.

Of particular significance to the current review is the decision made by the joint union-management steering committee that certain Technical Officers positions would be candidates for translation to the new Health Professional classification structure. This approach was based on a view that there were many staff employed by ACT Health in Technical Officer positions:

- whose original professional qualification was a two-year diploma in a health-related discipline, and
- who were considered to be performing the same work and exercising the same professional responsibilities as degree-qualified staff occupying jobs classified in the Professional Officer structure.

On that basis, it was decided that:

- where an employee occupied a Technical Officer position which had a mandatory entry qualification of Associate Diploma, and
- the employee performed the same work and exercised the same professional responsibilities as degree-qualified staff, the employee's position would be translated into the new Health Professional structure.

This decision was relevant to staff employed in a number of ACT Health work units, including the Biomedical Engineering Department at TCH, and ACT Pathology.

Separate classifications were continued in place for the following professions

- Radiation therapists & Medical physicists
- Dentists

A similar joint technical/professional structure was subsequently introduced into Queensland in 2007.

In relation to other jurisdictions:

- The NTPS classifies almost all health professionals (except dentists) in its general Professional Officer structure (similar to the ACT prior to 2004),
- NSW has one structure for therapy grades, a different structure for health scientists, an adapted health scientist structure for medical radiation professionals, and several single discipline structures for other occupations (e.g. psychologist, medical physicists),
- Victoria is in many ways similar to NSW, although an examination of the salary scales for various health professional disciplines shows that the same salary points and classification band structures are reused across several disciplines, with important differences being limited to radiation therapists and medical physicists

- Tasmania uses a single allied health professional structure, distinct from the professional officer structure used in the TSS, with a modified structure for radiation therapists
- South Australia has distinct medical scientist, allied health, and general public service professional officer structures, and professional occupations are distributed between the three. A large number of common pay points are employed, but salary scales and career maxima differ.

ACT Public Service Classification Review: Element 2 Interim Report

FINAL 28 February 2012

10.5 CLASSIFICATION STRUCTURE CHARACTERISTICS

The following essential characteristics are appropriate for the classification structure of every vocational stream.

- Training grades that support people to acquire the knowledge and skills required for initial entry to the vocational stream – for example, apprenticeships, traineeships and cadetships.
- Entry grades for the employment of fully-qualified recruits in the earliest stages of their careers. An example is professional development year (PDY) entry to the Health Professional structure.
- Promotional grades for the employment of persons who have reached fully proficient and expert levels of performance in their vocation, and who have previous experience in the industry.
- Grades embodying key organisational requirements such as coordination and direction of work, supervision and training of staff, etc.
- Managerial grades, responsible for strategic planning and leadership for the work unit.

Within a vocational stream, a classification structure should offer a sufficient number of levels to adequately incorporate all of these features. At levels above training and entry grades, it should also permit a variety of levels of performance of these functions.

The ACT Public Service is sufficiently large and diverse to justify a degree of caution being applied to proposals to reduce the number of classification levels in a stream. There are a number of conflicting tendencies:

- If work levels are too numerous and too close in the way they are described, it is relatively easy for classification creep to take place. Labour costs rise, with no guarantee that quality or productivity will increase in similar proportion.
- If work levels are too broad, expectations of the work to be performed between one work unit and another will be inconsistent. Employees' salaries will tend over time to cluster at the top of the salary range, leading to a degree of inequity in salaries relative to work requirements. The lowest work requirement will come to be associated with the highest salary.

We are required to develop proposals that would reduce the number of classifications in the ACTPS. There are three broad approaches that could be applied here with good effect:

- Reduce the number of vocational streams
- Reduce the number of classification levels within each vocational stream
- Remove redundant classifications

Some options for rationalisation of redundant classifications will be addressed in detail Element 4 of the Review.

Finally, we note the lack of a senior executive specialist role in the present-day ACTPS, and observe that it appears to contribute to difficulty in providing adequate recognition for non-executive work performed at the highest levels.¹⁷

¹⁷ ACT Public Service Classification Review: Element 1 Revised Report (19 June 2012)

Australian Capital Territory Public Sector Enterprise Award 2016

A.1.3 Table 1(c) Professional and related classifications

20 June 2019

Classification	Ordinary hours (hrs per wk)	Ordinary rate (\$ per hr)	Minimum rate (\$ pa)
Cadet Professional Officer Full-time Study	-	12.54	-
Professional Officer class 1	36.75	26.20	50,229
Health Professional Officer level 3	36.75	34.23	65,623
Health Professional Officer level 4	36.75	35.49	68,039
Health Professional Officer level 5	36.75	38.48	73,771
Health Professional Officer level 6	36.75	44.24	84,814
Assistant Parliamentary Counsel 1	36.75	26.20	50,229
Assistant Parliamentary Counsel 2	36.75	43.57	83,529
Assistant Parliamentary Counsel 3	36.75	48.63	93,230
Government Solicitor 1	36.75	29.95	57,418
Government Solicitor 2	36.75	47.00	90,105
Government Solicitor 3	36.75	59.00	113,110
Government Solicitor 4	36.75	70.28	134,736
Graduate Legal Officer	36.75	28.26	54,178
Legal 1	36.75	26.20	50,229
Legal 2	36.75	43.57	83,529
Prosecutor grade 1	36.75	30.68	58,817
Prosecutor grade 2	36.75	39.42	75,573
Prosecutor grade 3	36.75	50.06	95,971
Prosecutor grade 4	36.75	57.63	110,484
Prosecutor grade 5	36.75	67.60	129,598
Dentist 1	36.75	29.42	56,402
Dentist 2	36.75	43.90	84,162
Dentist 3	36.75	47.26	90,603
Dentist 4	36.75	50.47	96,757
Veterinary Officer level 1	36.75	26.69	51,168
Veterinary Officer level 2	36.75	32.60	62,498
Veterinary Officer level 3	36.75	41.09	78,775
Veterinary Officer level 4	36.75	43.63	83,644
Veterinary Officer level 5	36.75	46.43	89,012

Health Professionals and Support Services Award 2010

Current award through Fair Work Australia

MA000027 59

B.2 Health Professional employees—definitions

A list of common health professionals which are covered by the definitions is contained in Schedule C—List of Common Health Professionals – listed below.

B.2.1 Health Professional—level 1

Positions at level 1 are regarded as entry level health professionals and for initial years of experience.

This level is the entry level for new graduates who meet the requirement to practise as a health professional (where appropriate in accordance with their professional association's rules and be eligible for membership of their professional association) or such qualification as deemed acceptable by the employer. It is also the level for the early stages of the career of a health professional.

B.2.2 Health Professional—level 2

A health professional at this level works independently and is required to exercise independent judgment on routine matters. They may require professional supervision from more senior members of the profession or health team when performing novel, complex, or critical tasks. They have demonstrated a commitment to continuing professional development and may have contributed to workplace education through provision of seminars, lectures or in-services. At this level the health professional may be actively involved in quality improvement activities or research. At this level the health professional contributes to the evaluation and analysis of guidelines, policies and procedures applicable to their clinical/professional work and may be required to contribute to the supervision of discipline specific students.

B.2.3 Health Professional—level 3

A health professional at this level would be experienced and be able to independently apply professional knowledge and judgment when performing novel, complex, or critical tasks specific to their discipline. At this level health professionals will have additional responsibilities.

An employee at this level:

- works in an area that requires high levels of specialist knowledge and skill as recognised by the employer;
- is actively contributing to the development of professional knowledge and skills in their field of work as demonstrated by positive impacts on service delivery, positive referral patterns to area of expertise and quantifiable/measurable improvements in health outcomes;
- may be a sole discipline specific health professional in a metropolitan, regional or rural setting who practices in professional isolation from health professionals from the same discipline;
- is performing across a number of recognised specialties within a discipline;
- may be accountable for allocation and/or expenditure of resources and ensuring targets are met and is responsible for ensuring optimal budget outcomes for their customers and communities;
- may be responsible for providing regular feedback and appraisals for senior staff to improve health outcomes for customers and for maintaining a performance management system; and
- is responsible for providing support for the efficient, cost effective and timely delivery of services.

B.2.4 Health Professional—level 4

A health professional at this level applies a high level of professional judgment and knowledge when performing a wide range of novel, complex, and critical tasks, specific to their discipline.

An employee at this level:

- has a proven record of achievement at a senior level;
- has the capacity to allocate resources, set priorities and ensure budgets are met within a large and complex organisation;
- may be responsible to the executive for providing effective services and ensuring budget/strategic targets are met;
- supervises staff where required; and
- is expected to develop/implement and deliver strategic business plans which increase the level of care to customers within a budget framework.

Schedule C—List of Common Health Professionals

1. Acupuncturist
2. Aromatherapist
3. Art Therapist
4. Audiologist
5. Biomedical Engineer
6. Biomedical Technologist
7. [Cardiac Technologist Health Information Manager deleted by PR994550 from 01Jan10]
8. [Cardiac Technologist inserted by PR994550 from 01Jan10]
9. Cardiac Technologist
10. Child Psychotherapist
11. Chiropractor
12. Client Advisor/Rehabilitation Consultant
13. Clinical Perfusionist
14. Community Development Worker
15. Counsellor
16. Dental Therapist
17. Dietician
18. Diversional Therapist
19. Exercise Physiologist
20. Genetics Counsellor
21. [Health Information Manager inserted by PR994550 from 01Jan10]
22. Health Information Manager
23. Homeopathist
24. Masseur, Remedial
25. Medical Imaging Technologist (MIT)
26. (Including: Medical Radiographer; Ultrasonographer; Magnetic Resonance Imaging Technologist; Nuclear Medicine Technologist; and Radiation Therapist)
27. Medical Laboratory Technician
28. Medical Librarian
29. Medical Photographer/Illustrator
30. Medical Record Administrator
31. Medical Technician/Renal Dialysis Technician
32. Musculoskeletal Therapist
33. Music Therapist
34. Myotherapist
35. Naturopathist
36. Nuclear Medicine Technologist (NMT)
37. Occupational Therapist
38. Orthoptist
39. Osteopath
40. Pastoral Carer
41. Pharmacist

- 42. Physiotherapist
- 43. Play Therapist
- 44. Podiatrist
- 45. Prosthetist/Orthotist
- 46. Psychologist
- 47. Radiation Therapy Technologist (RTT)
- 48. Recreation Therapist
- 49. Reflexologist
- 50. Research Technologist
- 51. Medical Scientist
- 52. Social Worker
- 53. Sonographer
- 54. Speech Pathologist
- 55. Welfare Worker
- 56. Youth Worker

Minimum weekly wages for Health Professional employees

15.1 Progression through pay points

(a) Progression through level 1

Employees will enter at the relevant pay point and then progress annually or, in the case of a part-time or casual employee, 1824 hours until they reach pay point 6.

(b) Progression through levels 2–4

Progression for all classifications for which there is more than one pay point will be by annual movement to the next pay point having regard to the acquisition and use of skills, or in the case of a part-time or casual employee, 1824 hours of similar experience.

15.2 Health Professional employee—level 1

	Per week (\$)
Pay point 1 (UG 2 qualification)	904.80
Pay point 2 (three year degree entry)	939.80
Pay point 3 (four year degree entry)	981.20
Pay point 4 (master's degree entry)	1015.10
Pay point 5 (PhD entry)	1105.80
Pay point 6	1145.20

15.3 Health Professional employee—level 2

	Per week (\$)
Pay point 1	1151.40
Pay point 2	1193.20
Pay point 3	1238.70
Pay point 4	1288.00

15.4 Health Professional employee—level 3

	Per week (\$)
Pay point 1	1343.90
Pay point 2	1736.50
Pay point 3	1888.40
Pay point 4	2084.60
Pay point 5	1528.40

15.5 Health Professional employee—level 4

	Per week (\$)
Pay point 1	1627.10
Pay point 2	1736.50
Pay point 3	1888.40
Pay point 4	2084.60

Broad Health Professionals Classification Structure

(included professions vary from state to state – these are detailed in a separate document)

Tas 01/12/2019		Vic HP1 professions* Nov-19		NSW 01/07/2019		ACT 12/12/2019		QLD Oct-19		NT 22/08/2019		WA 01/07/2019		SA 01/10/2019	
HP1 levels 1 to 5	57,484 to 72,510	Grade 1: 1 to 7	59,836 to 81,286	HP1 levels 1 to 4	64,270 to 75,663	Level 1.1 to 1.6 [1]	61,986 to 81,211	HP1 level 1 to 7	50,871 to 60,175	P1 levels 1 to 8	63,321 to 81,659	P1.1 to 1.6 [2]	72,703 to 101,257	HP-1 level 1 to 5	64,519 to 78,761
Soft barrier [3] HP2 levels 1 to 6	76,395 to 93,207	Grade 2: 1 to 4	81,328 to 93,491	HP2 levels 1 to 4	80,885 to 93,114	Level 2.1 to 2.9	66,096 to 90,737	HP2 level 1 to 8	61,952 to 86,071	P2 levels 1 to 6	84,101 to 100,856	P 2.1 to 2.3	103,824 to 110,443	HP-2 Level 1 to 6	83,152 to 96,329
HP3 level 2 to 5 & add 3-5 Qual	91,935 to 100,070	Grade 3: 1 to 4	93,860 to 107,234	HP3 level 1 to 2	100,151 to 103,503	Level 3.1 to 3.3	93,346 to 98,359	HP3 level 0 to 8	65,894 to 99,875	P3 levels 1 to 4	103,969 to 116,440	P 3.1 to 3.2	115,368 to 119,402	HP-3 level 1 to 4	98,157 to 105,285
	Add for Qual = 102,337	Grade 3A (advanced practice): 1 to 4	93,636 to 98,987			PU 3.5 (3.4 ceased)	103,237								
HP4 level 2 to 4 & add 4-4 Qual	106,181 to 110,124 Add for Qual = 113,100	Grade 4: 1 to 4	113,641 to 125,211	HP4 level 1 to 2	108,678 to 111,394	HP 4.1 to 4.2	107,475 to 115,687	HP4 level 1 to 4	106,833 to 114,960	SP1 level 1 to 3	120,545 to 134,667	P 4.1 to 4.2	125,938 to 130,198	HP-4 level 1 to 4	107,705 to 117,254
HP 5 level 1 to 8[4]	123,465 to 137,912	Grade 5	141,284	HP5 level 1 to 2	116,965 to 119,890	HP 5.1 to 5.3	126,577 to 142,494	HP5 level 1 to 2	120,856 to 126,105	SP2 level 1 to 3	139,066 to 151,573	P 5.1 to 5.2	134,870 to 142,623	HP-5 level 1 to 4	119,983 to 131,228

Tas 01/12/2019		Vic HP1 professions* Nov-19		NSW 01/07/2019		ACT 12/12/2019		QLD Oct-19		NT 22/08/2019		WA 01/07/2019		SA 01/10/2019	
HP 6 level 1 to 2	146,774 to 148,322	Grade 6	153,410	HP6 level 1 to 2	125,832 to 129,030	HP 6.1	147,006	HP6 level 1 to 2	134,649 to 139,382			P 6.1 to 6.2	148,626 to 154,736	HP-6 (1 level)	144,091
		Grade 7	171,548	HP7 level 1 to 3	135,481 to 149,367			HP7 level 1 to 2	153,384 to 164,376			P7	163,664	Managerial allowance [4]	2,307
				HP8 level 1 to 4	142,256 to 164,679			HP8 level 1 to 5	170,337 to 208,333			P8	169,344		
												P9	175,819		

[1] 1.1 2 year qual, 1.2 3 year qual, 1.3 4 year qual, 1.4 5 year qual, 1.5 6 year qual, 1.6 is DSR greater than 12 months

[2] 3 year qual for first increment, 4 year qual 2nd increment, Master's degree or PhD 3rd increment (if gained after employed they are not entitled to advanced progress through range)

[3] Via application to their manager next to competencies outlined in the agreement

[4] HP3, 4 and 5 who expressly have "managerial responsibilities" as defined in the work level definitions

Psychologist's Public Sector Comparative Wage Rates – March 2020

ACT 12/12/19 Health Professionals	NT 22/08/19 Professional Officers	QLD 17/10/18* Health Professionals	NSW 01/07/19 Psychologists	VIC 25/01/20 Psychologist	TAS 19/8/19 Allied Health Professional	SA 01/10/19 Allied Health Professional	WA 01/07/19
HP 1	P1	HP 1	Psych	PJ1-8	AHP1	AHP-1	P-1
61,986	63,321	50,871	67,889	**57,772	56,443	64,519	72,703
66,096	65,663	52,372	71,561	60,616	59,818	67,248	76,909
70,347	68,093	53,903	75,229	64,090	63,568	69,976	81,651
75,096	70,612	55,487	79,816	69,004	67,385	74,068	86,174
78,975	73,226	57,044	84,404	72,597	71,197	78,761	93,083
81,211	75,937	58,599	88,981	75,940			101,257
	78,746	60,175	93,578	79,976	AHP2	75,011	
HP 2			97,250			78,824	P-2
66,096	81,659		100,914	PK1-4	82,635	85,879	103,824
70,347		HP 2		87,287	86,458	88,951	107,074
75,096	P2	61,952	65,894	89,882	90,269	92,020	110,443
78,975		69,014	106,421	91,598	91,518	95,429	
81,211		72,189	111,011	98,285		96,329	P-3
83,456		76,530	115,596				115,368
85,735		81,524		PL1-4	AHP3	90,269	119,402
88,081		83,541	97,252	100,037	94,087	98,157	
90,737		86,071	102,750	103,948	96,974	100,887	P-4
	P3		108,257	107,676	98,257	104,296	125,938
HP3		HP 3	113,764	113,963	100,483	105,285	130,198
93,346		65,894	119,265	117,150			P-5
95,578		72,189		122,569	AHP4	104,257	134,870
98,359		76,530		127,608	106,796	110,433	142,623
		81,524	Snr Clinical	136,344	108,129	113,505	P-6
103,237	SP1	84,686	124,772		111,051	117,254	148,626
		88,477	128,440	TT16	154,159	119,983	154,736
HP4		92,265	132,111			122,722	P-7
107,475		96,849			AHP5	126,924	163,664
115,687		99,875	P/Clinical			131,228	P-8
	SP2					137,745	169,344
HP5		HP 4				130,128	P-9
126,577		106,833				131,577	175,819
133,121		109,061				133,945	
142,494		111,910				135,413	
		114,960					
HP6					AHP6	144,114	
147,006		HP 5				145,634	
		120,856					
		126,105					
		HP 6					
		134,649					
		139,382					
		HP7					
		153,384					
		164,376					
		HP 8					
		170,377					
		177,491					
		185,560					
		199,954					
		208,888					



ACT
Government

**Canberra Health
Services**

Health Professionals Jurisdictional Comparative Analysis



Health Professional Classification Review

September 2020

Contents

Executive Summary.....	1
Introduction	1
Process	1
State / Territory review.....	1
Australian Capital Territory	1
New South Wales	3
Victoria	5
Queensland	8
South Australia	12
Western Australia.....	15
Tasmania	16
Northern Territory.....	19
Jurisdiction Employment Conditions and Entitlements overview	20
Appendix 1 - Employment Frameworks Reviewed.....	21
Appendix 2 - State and Territory Work Level Standard (or equivalent) comparison.....	22

Health Professional Jurisdictional Analysis

Executive Summary

Introduction

This report is an addendum to Milestone Report 2 of the ACT Health Professional (HP) classification structure review. The report has been drafted to provide a comparative analysis into the employment conditions and frameworks across other states and territories within Australia. The analysis will provide a high-level overview of the employment frameworks applicable to Health Professionals to each state or territory (NT, NSW, QLD, SA, TAS, VIC, WA) (with the exception of dentist, medical physics and radiation therapist which are out of scope of the ACT HP Classification Review).

Process

A desktop review of the relevant Enterprise Agreements (EA), Awards and publicly available work level standards applicable to each state and territory has been conducted. The desktop comparison undertaken is a high-level review only. It must be noted that due to the differences in each state/territory application of their employment frameworks, it is difficult to draw a complete comparison to ACT that is relevant to all professions.

Considerations

The evolution of classification structures across Australia and even internationally are usually defined or influenced by factors such as supply and demand of the varied health profession disciplines, service provision based on community demand, delivery models and specialisation, geography and demographic profiles for example.

Each state or territory has a varied approach to their employment framework to suit the needs of the public health service provisions and workforce profile. Therefore, the comparison of the various classification structures and conditions of employment across each state and territory is difficult to draw a clear comparison. When reviewing each state/territories health professional's workforce, it is important to consider the wages rates and employment conditions as a total remuneration package that considers the above-mentioned factors.

The below summary of each state/territory has noted specific Award/Enterprise Agreement features relevant to the feedback received from the HP workforce representatives.

State / Territory review

Classification structure features

Australian Capital Territory

1. The ACT has a population of around 420, 000 people and around 230,000 in surrounding neighboring NSW suburbs. CHS has a workforce of around 7,900 employees. ¹
2. The closest Health district comparison to ACT is most closely aligned to the NSW Illawarra Shoalhaven Local Health District in terms of population size with a population of over 400,000 and workforce of over 7,300 people. ²
3. Due to the population and geographical size of ACT, ACT does not have local government and therefore the ACT government acts as what would be the local and state government in other states or territories. This is relevant because it can impact on the job sizing of some health professions, particularly the health science-based roles where this function would normally sit with local government or single specialized state services.
4. ACT have a general single HP classification structure that covers **36 health professions** across the ACT. The Structure ranges from level 1 which is classified as the new graduate through to level 6 with **24 pay points** within the levels. The majority of the progression pay points are at level 2 where with 9 pay points
5. There is a **separate salary spine** for medical Imaging, pharmacy, perfusionist and radiation therapists. Psychologist employed within the Health Professional Enterprise Agreement are paid a higher rate than the general Health Professional bands. This is either applied through an allowance or an ARIn. The amount is the same for all psychologists, however the application through either an ARIn or allowance was determined through the 2 separate Enterprise Bargaining processes and agreed to with the relevant union representative. Mental Health Psychologist receive an allowance and non-mental health psychologists receive an ARIn.
6. Radiation Therapist, Medical Physicists and Dentist have always been separate to the main Health professional classification structure. As a result of market pressure in the 2018 Enterprise Bargaining process it was agreed to covert the ARIN in place for Medical Imaging and Pharmacy into separate classification structures.
7. ACT employs around 1800 Health Professionals across the Canberra Health Services, ACT Health Directorate, Education, Calvary Public Hospital, Community Services and Justice and Community Services.
8. Health Professional employees working in ACT Pathology, who are employed at or above the fifth pay point of the Health Professional 2 classification through to and including the second pay point of the Health Professional 4 classification will be eligible to be paid a Pathology Allowance.
9. Mental Health Officers are paid an allowance of \$105.98 per fortnight (as of 10/12/2020).

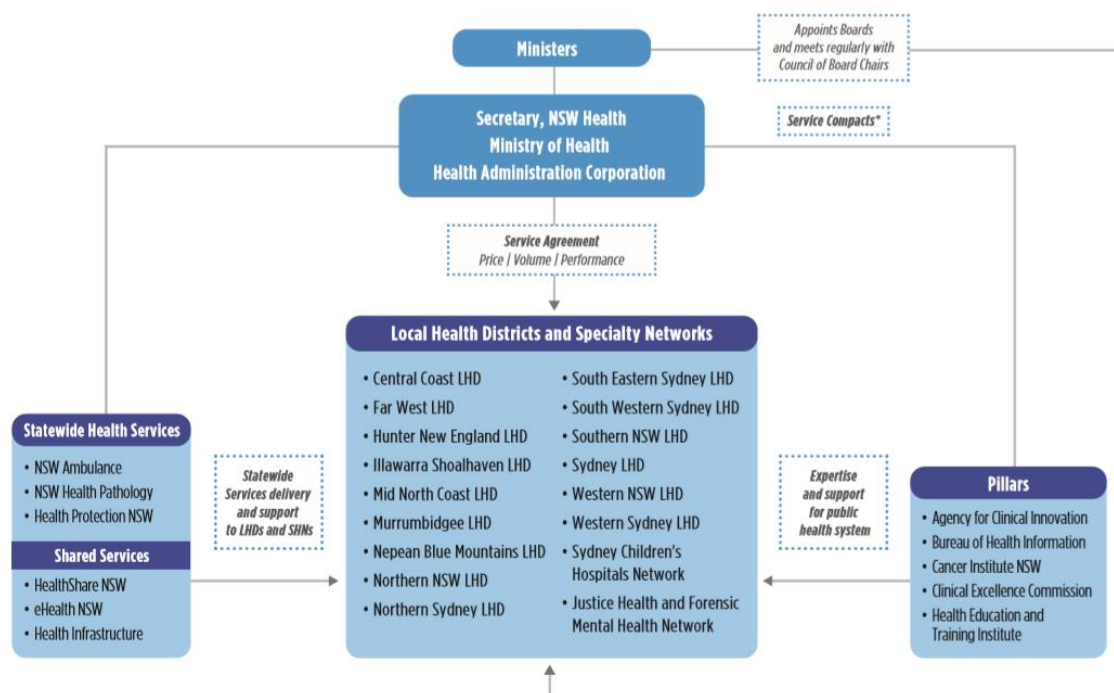
1 Canberra Health Services Strategic Plan - <https://www.health.act.gov.au/sites/default/files/2020-11/CHS%20Strategic%20Plan%202020%2003.pdf>

2 NSW Health web site - <https://www.health.nsw.gov.au/lhd/pages/islhd.aspx>

10. ACT have a personal upgrade scheme within HP level 3 Recognition of competency process. The process is a rigorous process that requires panel approval against a specific set criterion.
11. With such a broad structure applying to the various health professions there can be challenges in ensuring there is consistency in the application of the classification structure in appropriately classifying roles.

New South Wales

1. There are 15 area health district that are responsible for providing health services in a wide range of settings, from primary care posts in the remote outback to metropolitan tertiary health centres. Eight local health districts cover the greater Sydney metropolitan regions, and seven cover rural and regional NSW. There are also 3 specialty health networks – The Sydney Children's hospitals Network, Justice Health and Forensic Mental Health Network and St Vincent's Health Network. 3
2. NSW Health structure 4



St Vincent's Health Network is an affiliated health organisation.

*Service Compact – Instrument of engagement detailing service responsibilities and accountabilities.

3. NSW Health operates within the industrial framework of Awards as opposed to Enterprise Agreements. The NSW Health Professionals (state) Award 2018 covers: Audiologist, Art Therapist,

3 NSW Health web site - <https://www.health.nsw.gov.au/lhd/pages/default.aspx>

4 NSW Health web site - <https://www.health.nsw.gov.au/about/nswhealth/pages/chart.aspx>

Counsellor, Dietitian, Diversional Therapist, Exercise Physiologist, Genetic Counsellor, Music Therapist, Occupational Therapist, Orthoptist, Orthotist/Prosthetist, Physiotherapist, Play Therapist, Podiatrist, Sexual Assault Worker, Social Worker, Speech Pathologist, Welfare Officer

4. Under the separate State Awards for Pharmacy, Perfusionist, Psychology, Dental Prosthetists and Dental Technicians, Medical Radiation Scientists and Hospital scientist have separate salary spines.
5. The following professions have been identified as small but critical workforces as part of the NSW Health Professionals Workforce Plan
 - a. Diagnostic Imaging Medical Physics
 - b. Medical Radiation Sciences
 - c. Radiopharmaceutical Sciences
 - d. Genetic counselling
 - e. Orthotics and prosthetics
6. Personal Regrade - Health professionals at Level 2 may make application to the employer for personal progression to a Senior Clinician Level 3. A Senior Clinician Level 3 may make such an application to progress to Level 4. Such applications must be provided to the direct line manager of the health professional. Applications must be commented upon, including whether it is supported or not and the reasons why, by the direct line manager and another relevant senior professional in the discipline e.g. Area Advisor. The application will then be forwarded to Human Resources, who deals with the application on the basis of the information and professional input provided as part of the application, or by Human Resources seeking additional professional input on the application, if this is seen as necessary.
7. The general allied health profession State Award 2018 has **8 grade/levels** with **23 pay points**.

NSW HP Grade	Level
Grade 1	1.1 1.2 1.3 1.4
Grade 2	2.1 2.2 2.3 2.4
Grade 3	3.1 3.2
Grade 4	4.1 4.2
Grade 5	5.1 5.2
Grade 6	6.1 6.2
Grade 7	7.1 7.2 7.3

Grade 8	8.1 8.2 8.3 8.4
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8. There is a sole practitioner allowance for Health professional – as of 1/7/2019 it was \$7, 037 pa.
9. NSW Health do not use ARIn or equivalent above salary payments (confirmed with NSW Health Industrial Relations team).

Victoria

1. Victoria Hospital and Health Services is divided into 4 community health districts – North, East, South & West and 2 hospital and health service districts - Metropolitan Melbourne hospitals and health services and Rural hospitals and health services. 5
2. Allied Health encompasses more than 42,500 professionals across more than 27 professions in health and community services⁶.
3. Victoria employs health professionals across 2 Enterprise Agreements (EA) - Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020 and the Victorian Public Health Sector (Medical Scientists, Pharmacists¹ and Psychologists) Single Interest Enterprise Agreement 2017-2021.
4. The general allied health profession EA has **7 levels** with **26 pay points**. The majority of roles sit at level 2. Each profession within the EA has their own relevant classification definition for a level 2 role. (professions include: Biomedical technologist, child psychotherapist, client adviser/ rehabilitation consultant, community development worker, dental prosthetist, dental technician, medical laboratory technician, renal dialysis technician, technical officer, welfare worker, youth worker, mechanical officer, radiation engineer and research technologist (research scientist).
5. Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020 classification structure is separated into 2 classification definitions AHP1 and AHP2. AHP1 classification means the following professions:

AHP1 Classification professions	AHP2 Classification professions
Art Therapist	Biomedical Technologist
Cardiac Technologist	Child Psychotherapist
Exercise Physiologist	Client Advisor/ Rehabilitation Consultant

5 Health.Vic website - <https://www2.health.vic.gov.au/hospitals-and-health-services/public-hospitals-victoria>

6 Health.Vic website (Allied Health) - <https://www2.health.vic.gov.au/health-workforce/allied-health-workforce>

Health Information Manager (medical records administrator)	Community Development Worker
Medical Imaging Technologist (Radiographer)	Dental Prosthetist
Medical Librarian	Dental Technician
Music Therapist	Medical Laboratory Technician
Nuclear Medical Therapist	Medical Technician
Occupational Therapist	Renal Dialysis Technician
Orthoptist	Technical Officer
Orthotist/Prosthetist	Welfare Worker
Photographer or Illustrator (Medical Photographer or Illustrator)	Youth Worker
Physiotherapist	At the Peter MacCallum Cancer Institute only:
Play Therapist	Mechanical Officer
Podiatrist	Radiation Engineer
Radiation Therapy Technologist	Research Technologist (Research Scientist)
Recreation Therapist	
Social Worker	
Sonographer	
Speech Pathologist	

6. Provision of Allied Health Manager roles. When classifying an Employee as an Allied Health Manager or Assistant Allied Health Manager, the number of Full Time Employees or other staff the Employee is in charge of may affect their starting increment.
7. A Grade 2 Employee whose role requires them to perform Advanced Practice work will be reclassified as a full-time or part-time Grade 3A Advanced Practitioner on an ongoing basis.⁷ Relevant professions include: Art Therapist, Cardiac Technologist, Exercise Physiologist, Health Information Manager, Medical Imaging Technologist, Medical Librarian, Music Therapist, Nuclear Medicine Technologist, Occupational Therapist, Orthoptist, Orthotist/Prosthetist,

⁷ Allied Health Professionals (Victorian Public Health Sector) single interest Enterprise Agreement 2016-2020, Schedule 4: Advanced Practice Roles Grade 3 and 4

Photographer/Illustrator, Physiotherapist, Play Therapist, Podiatrist, Recreation Therapist, Social Worker and Speech Pathologist.

- Such an Employee must: (a) have completed credentialing; (b) be paid a weekly rate of pay that reflects: (i) 15.2 hours at the relevant Grade 3 rate (pro-rata for part-time Employees); and (ii) 22.8 hours at the Grade 2 Year 4 rate (pro-rata for part-time Employees) work a minimum of 0.4EFT; (d) perform no more than 15.2 hours (pro-rata for part-time Employees) of Advanced Practice work in any one week.
8. If an employee is regularly working more than the 15.2hours advanced practice per week they can apply for reclassification. There is work being undertaken on the pathways to advanced practice and the proportions of Advanced Practitioners in training to grade 3 and 4 Advanced Practitioners and monitor the impact and development of Advanced Practice. 8
9. Victoria Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement has **7 levels** with **26 pay points**.

VIC HP Grade	Level
Grade 1	1.1
	1.2
	1.3
	1.4
	1.5
	1.6
	1.7
Grade 2	2.1
	2.2
	2.3
	2.4
Grade 3A	3.1
	3.2
	3.3
	3.4
Grade 3	3.1
	3.2
	3.3
	3.4
Grade 4	4.1
	4.2
	4.3
	4.4
Grade 5	
Grade 6	
Grade 7	

8 Allied Health Professionals (Victorian Public Health Sector) single interest Enterprise Agreement 2016-2020, Schedule 4: Advanced Practice Roles Grade 3 and 4

10. Level 3 has 2 streams, 3 and 3A. #A is provided for grade 2 roles with advanced scope of practice. The general definition for a level 3 employee is someone with a minimum of 7 years' experience and Role function An Employee in a Grade 3 position performs duties within or across the following areas of expertise: (a) Clinical; (b) Managerial; (c) Education; and/or (d) Research. The classification level descriptions for Clinical; Managerial; Education; and/or Research have detailed explanations. 9
11. There is a separate salary structure for each profession under the Medical Scientists, Pharmacy and Psychology EA - professions identified - audiologist, dietitian, genetic counsellor, medical physicist, pharmacist, psychologist, perfusionist.
12. High quals allowance (of base rate - 4 % – grad cert, 6.5% - Grad dip, 7.5% Masters, Doctorate – 10%) – Specified for each profession in Medical Science EA – paid weekly.
13. Victorian standalone community health (general dentists') enterprise agreement 2018-2022 – level 1 – 5. Level 4 & 5 (clinical, managerial, hybrid).
14. At a level 4 and above, most roles will include multicampus responsibilities.
10. Victoria Health do not use ARIn or equivalent above salary payments. (confirmed with VIC Health Senior Allied Health Manager)

Queensland

1. Queensland Health, Hospital and Health Services is divided into 16 Health districts based on geography. Each Hospital and Health Service operates as a single entity reporting into Queensland Health as the governing body. Queensland's population as of 2016 was 4,848,877 and was projected to grow 18% by 2026. Due to the size, scope and community health needs of each Queensland Health district there is no close comparison to draw to ACT Health. 10
2. Queensland Health use both the Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2019 and Health Practitioners and Dental Officers (Queensland Health) Certified Award – State 2015 to determine the employment conditions.
3. The Queensland classification structure is a **8 level** structure with **39 pay points**. There is an overlap in a level salary at HP2.4 and HP3.1, HP2.5 HP3.2 and HP2.6 and HP3.3. There is a separate salary structure for dental officers (6 levels & 22 pay points) and clinical assistants (8 levels & 32 pay points).
4. Queensland Health use both the Health Practitioners and Dental Officers Classification structure - **8 level** structure with **39 pay points**

QLD HP Grade	Pay point
Grade 1	1.1
	1.2
	1.3
	1.4

9 Allied Health Professionals (Victorian Public Health Sector) single interest Enterprise Agreement 2016-2020, Schedule 4: Advanced Practice Roles Grade 3 and 4

10 Queensland Health Website - <https://www.health.qld.gov.au/system-governance/health-system/hhs/about>

	1.5 1.6 1.7
Grade 2	2.1 2.2 2.3 2.4 2.5 2.6 2.7 2.8 (TO3 officers only)
Grade 3	3.1 3.2 3.3 3.4 3.5 3.6 3.7 3.8 (TO3 officers only)
Grade 4	4.1 4.2 4.3 4.4
Grade 5	5.1 5.2
Grade 6	6.1 6.2
Grade 7	7.1 7.2
Grade 8	8.1 8.2 8.3 8.4

5. Classification at HP1 level is reserved exclusively for employees in the process of completing prerequisite educational or training requirements for roles housed under HP2 or HP3 classification levels. Roles at HP2 level require employees to hold at least an Associate Diploma (or equivalent) (generally prior to 2000), Diploma and Advanced Diploma (or equivalent) qualification (post 2000). Roles at Health Practitioner 2 are technical roles demonstrating competent technical knowledge and skill in their given domain.
6. The commencing pay point for an employee appointed to a position requiring a minimum three-year tertiary qualification of a degree or equivalent for employees holding provisional registration with the Australian Health Practitioner Regulation Authority (AHPRA) in accordance commence at Pay point HP3.1.

7. Clinical, education and research positions range from levels HP3 to HP7, while managerial positions range from HP4 to HP8. Advancement within each level occurs by one increment each year, provided annual performance appraisal is satisfactory. To progress to a higher level, you must apply directly for jobs when they are advertised.

Many allied health professionals in Queensland Health are employed at a level of HP3 or HP4. Jobs at a level of HP5 and above are either specialised clinical jobs, or jobs with a high level of formal managerial responsibility.

Radiation Professionals Leave - Entitled to 1 extra week (5weeks) Rec leave (no loading) - Radiographers; Radiation Therapists; Medical Imaging Technologists; Nuclear Medicine Technologists; Breast Imaging Radiographers (including Breast Screen Queensland); Radiographers/Sonographers; Physicists, including Radiation Oncology Medical Physicists, Nuclear Medical Physicists.¹¹

8. Employment entitlement are often covered in HR policies and not just in the enterprise agreement. This allows further definition and guidelines of application of relevant allowances. For example - Professional Development allowance is provided on the basis of geography. Each Hospital and health service is classified as a Category a, b or other based on rural remote locations. Cat A \$2320, Cat B \$2378, other \$1738. ¹²
9. Radiation Therapy Development Allowance for HP3 Radiation Oncology Medical Physicists - \$6316 p/a.¹³
10. The Enterprise Agreement makes a number of allowances or provisions for rural and remote allowance, special entitlements and support for career pathways for critical rural professions such as the Allied Health Rural Generalist Pathway for Medical Imaging (Radiography and/or Sonography); Nutrition and Dietetics; Occupational Therapy; Pharmacy; Physiotherapy; Podiatry; Psychology; Social Work and Speech Pathology.
11. As part of the 2019 EA it was agreed that there would be a Workforce Planning and Analysis Framework for Health Practitioners developed within 12 months of the agreement which will.
 - a. acknowledge that time for clinical care, professional practice accountabilities including but not limited to professional supervision, teaching, training and quality improvement and research is a requirement when allocating health practitioner resources for services;
 - b. include in the calculation of annual operating budgets and allocation of health practitioner resources for services:
 - i. consideration of the service profile and skill mix of health practitioner hours required to provide safe patient care;

11 Queensland Health Website - <https://www.health.qld.gov.au/employment/work-for-us/clinical/allied-health/career-structure>

12 Health Professionals and Dental Officers (Queensland Health) Certified Agreement 2019, Part 6 – Registration, training and development section 64.1.

13 Queensland Health Website, Allied Health Salary - <https://www.health.qld.gov.au/employment/work-for-us/clinical/allied-health/salary>

- ii. calculate health practitioner hours based on time allocated to professional practice accountability and direct clinical time for clinical roles;
 - iii. include in the calculation of health practitioner hours Award entitlements; and
 - iv. provide that health practitioners HP5 and above in clinical positions will have at least 20% of rostered hours allocated away from direct clinical duties to support them to work to their full scope of practice including participation in research and education activities. 14
- 12. In level descriptors there is technical / clinical streams for levels 1 – 3. Level HP4 and above managerial stream is added except for the roles that are classified as clinical experts. Every level includes the breakdown of Knowledge, skills and expertise – clinical, educator, researcher, management, technical. This is aligned to their role evaluation methodology terminology.
- 13. Higher Education Incentive for Health Practitioners acknowledges and recognises health practitioners from HP1 to HP4 who obtain higher education qualification(s), thus providing a highly skilled workforce and improved service delivery. The higher education qualification is to be relevant to the health practitioner’s discipline or their current position and is to be additional to the minimum required qualification for registration purposes or entry level equivalent.
 - a. A level 1 qualification is:
 - (i) a post graduate certificate or postgraduate diploma; or
 - (ii) a second bachelor degree; or
 - (iii) equivalent credential.
 - b. A level 2 qualification is a post graduate masters degree or PhD.
 - c. Accelerated pay point advancement:
 - i. A health practitioner who is not at the maximum pay point of their classification and who obtains a level 1 or level 2 qualification, will be advanced by one pay point from the date the qualification is accepted by the employer but will retain their existing increment date.
 - ii. Higher education incentive allowance:
 - (i) A health practitioner who has been at the maximum pay point of their classification for 12 months and who has obtained a level 1 or level 2 qualification, will be entitled to receive the higher education incentive allowance.

14 Health Professionals and Dental Officers (Queensland Health) Certified Agreement 2019, Part 8, section 83 - Workforce Planning and Analysis Framework for Health Practitioners

- (ii) The level 1 qualification allowance is calculated on the basis of 3.5% of HP2.7 (for HP1 and HP2 employees) or HP3.7 (for HP3 and HP4 employees).
- (iii) The level 2 qualification allowance is calculated on the basis of 5.5% of HP2.7 (for HP1 and HP2 employees) or HP3.7 (for HP3 and HP4 employees). 15

South Australia

1. South Australia Health comprises of 10 local Health Networks and Department of Health and Wellbeing. 16. The estimated South Australian population for March 2020 from the Bureau of statistics is 1,767,247. 17
2. South Australia employ around 4500 Health professionals under the South Australian Modern Public Sector Enterprise Agreement: Salaried 2017.
3. A management allowance (payable fortnightly) will be paid for all purposes to employees classified at AHP3, AHP4 and AHP5 who expressly have 'managerial responsibilities' as defined in the work level definitions. Management allowance - \$2307 (1/10/19). 18
4. There is a separate classification structures for Dental, Medical Scientist and Medical Physicists.
5. South Australia have a 6 grade/level classification structure and 24 pay points. The work level definitions are broken into; clinical, management, education/research. Employees may demonstrate elements of more than one or all of the pathways.
6. South Australia structure - **6 grades/levels and 24 pay points**

SA HP Grade	Pay point
Grade 1 (Entry level)	3yr degree
	4yr degree
	1.3
	1.4
Grade 2 (Professional)	1.5
	2.1
	2.2
	2.3

15 Health Professionals and Dental Officers (Queensland Health) Certified Agreement 2019, Part 2 – Wage and salary related matters, section 26 Higher Education Incentive for Health Practitioners

16 South Australia Health website -

<https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/about+us/about+sa+health/about+sa+health>

17 Australian Bureau of Statistics, National, state and territory population -

<https://www.abs.gov.au/statistics/people/population/national-state-and-territory-population/mar-2020>

18 South Australian modern public sector enterprise agreement salaried 2017, Schedule 1.2 Allied Health Professional Stream

	2.4 2.5 2.6
Grade 3 (Senior)	3.1 3.2 3.3 3.4
Grade 4 (advanced clinician)	4.1 4.2 4.3 4.4
Grade 5	5.1 5.2 5.3 5.4
Grade 6	6.1

7. Grant funded scientist & Medical scientist structure

SA grant funded scientist Grade	Pay point
Grade 1	3yr degree 4yr degree 1.3 1.4 1.5
Grade 2	2.1 2.2 2.3 2.4 2.5
Medical Scientist only	Scientific excellence
Grade 3	3.1 3.2 3.3
Grade 4	4.1 4.2 4.3 4.4
Medical Scientist only	Scientific excellence
Grade 5	5.1 5.2 5.3 5.4
Medical Scientist only	Scientific excellence
Grade 6	6A 6B

8. The grant funded scientist work level definitions are very prescriptive. A grant funded scientist and the applicable agency may agree remuneration arrangements having regard to the salary basis of a relevant grant applicable to that scientist, provided that the applicable salary is no less than would apply under this Enterprise Agreement.
9. A management allowance as specified below (payable fortnightly) will be paid for all purposes to employees classified at GFSc3, GFSc4 and GFSc5 who expressly have “managerial responsibilities” as defined in the work level definitions. Allowance as of 1/10/19 - \$2307. 19
10. In recognition of advanced skills and experience relevant to their profession, permanently (or ongoing) appointed AHPs who have been at the top increment of AHP 1 for 12 months or greater can apply to a Peer Assessment Panel for assessment to progress to AHP 2. Temporary appointed AHPs who have been employed by an agency/ies for a period of not less than 5 years in one of the professions listed in Appendix 1 of these Work Level Definitions (not included in this document), can apply to a Peer Assessment Panel for assessment to progress to AHP 2.
11. HP 2 Psychologist - A psychologist who: (a) provides formal confirmation to an agency that he/she is formally accredited and endorsed by the Psychology Board of Australia (PBA) as an “approved supervisor” in respect of other psychologists; and (b) is required by the agency in which they are employed to perform “accredited supervision” of other public sector agency psychologists, will progress from AHP 2 to the first step of AHP3 from the first full pay period after establishing to the satisfaction of the agency that he/she has met both of those two criteria.
12. The professional lead role sits at a level 5 with the description below: 20
 - a) Will have formal responsibilities for a major Agency program and/or accountability for SA Health Local Health Network or SA Health Statewide Service programs.
 - b) Must seek professional/clinical supervision or mentoring relevant to clinical caseload.
 - c) Has evidence of higher qualifications, and discipline recognition at regional, SA Health Local Health Network/SA Health Statewide Service state, national and/or international levels.
 - d) Has made a significant contribution to the development of professional understanding on a state, national or international level

A Consultant Clinician/Practitioner / Discipline Lead will demonstrate all of the following:

- e) a) Provide expert specialist consultancy skills with crucial impacts to the industry, the State and possibly the Nation.
- f) b) Be a leading professional specialist.
- g) c) For a Consultant Clinician/Practitioner, the lack of precedent is a major feature of the majority of duties and actions undertaken.

19 South Australian modern public sector enterprise agreement salaried 2017, Schedule 1.6 Grant funded scientists

20 South Australian modern public sector enterprise agreement salaried 2017, Appendix 6A: Allied Health Professionals Work Level Definitions, Allied Health Professional level 5.

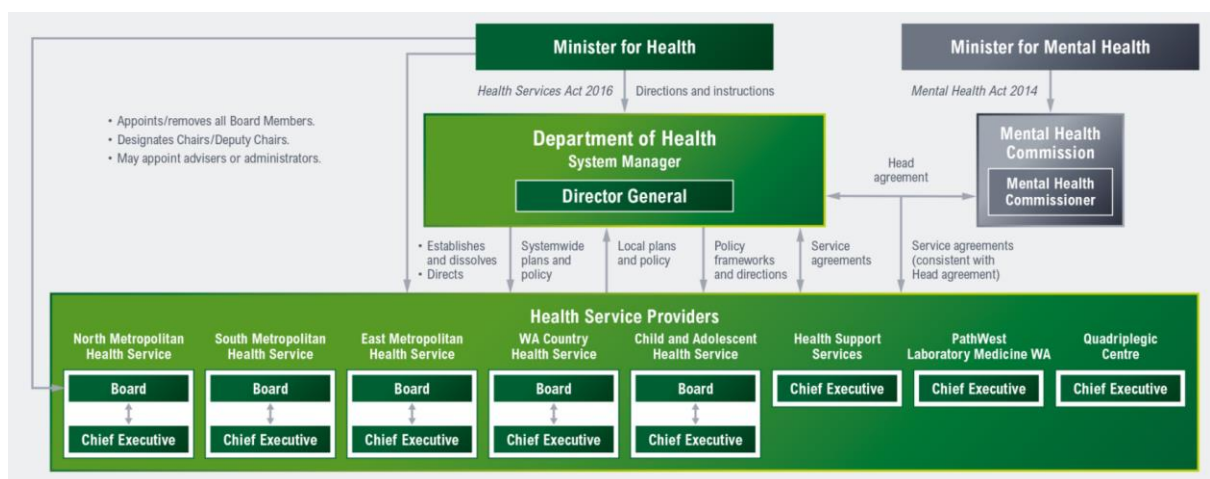
- h) d) Operate in a highly complex or specialised field to establish and/or modify standards, guidelines, concepts, theories, techniques or principles by both critical analysis of new techniques, equipment or programs.

13. Professional development and maintenance of professional Registration/accreditation:

- i) 21.1 An employee classified as an AHP; DSO; GFSc; LE; LEC; LSC; MeS; MPH; PO, or other employee for whom an appropriate professional qualification is specified by the employing public sector agency as a minimum essential qualification for the performance by the employee of the duties for which he or she is employed, will be entitled to reimbursement of the reasonable cost of professional development expenses incurred during their employment, provided that:
- j) 21.1.1 The professional development is a compulsory requirement of a recognised professional registration or accreditation body applicable to the employee's professional capacity in order for the employee to maintain or acquire his or her registration or accreditation in the professional occupation or capacity in which he or she is employed; and
- k) 21.1.2 The agency explicitly requires such registration or accreditation to be maintained or acquired for the performance by the employee of the duties for which he or she is employed. 21

Western Australia

1. Western Australia is a State spanning over 2.5 million square kilometers and is the largest area in the world covered by a single health authority. WA employ around 44,000 health employees in metropolitan, regional and remote areas of the State to attend to the health needs of our growing population.²²



²¹ South Australian modern public sector enterprise agreement salaried 2017, section 20: Training and Development

²² Western Australia Health website - <https://ww2.health.wa.gov.au/About-us>

2. The WA classification structure is classified as the professional division and other specified callings classification and increment structure. The structure is a **9-grade** structure with **20 pay points**.

WA professional division & other specified callings	Pay point
Grade 1	1.1 1.2 1.3 1.4 1.5 1.6
Grade 2	2.1 2.2 2.3
Grade 3	3.1 3.2
Grade 4	4.1 4.2
Grade 5	5.1 5.2
Grade 6	6.1 6.2
Grade 7	
Grade 8	
Grade 9	

3. Due to the size, geography and remoteness of Western Australia, it is the highest paying jurisdiction.

Tasmania

1. Tasmania has an estimated population of 523,000. Tasmania has the 2nd smallest population in Australia after Northern Territory. Tasmania is broken into 3 service areas under Tasmanian Health Service – North-West, North & South. 23
2. There are 3 different classification and salary structures provided for in the Allied Health Professionals Enterprise Agreement based on the Services providers and profession specific:
 - a. Department of Health & Human Services
 - b. Department of Education, Department of Police, Fire and Emergency Management, Department of Justice

23 Department of Health and Human Services website, Tasmanian Health Service - <https://www.health.tas.gov.au/th>

Department of Health & Human Services	Department of Education Department of Police Fire and Emergency Management Department of Justice	Forensic Scientists
• Aboriginal Health Worker • ACAT Assessor • Alcohol and Other Drug Worker • Audiologist • Cardiology/Health Professional • Case Manager • Children and Families/Youth Justice Professional • Counsellor • Dental Therapist • Dietician • Environmental/Public Health Officer • Dental Prosthetics • Epidemiologist • Health/Medical Librarian • Health/Medical Physicist • Health Professional Project/Management Roles • Hospital/Medical Scientist • Mammographers • Microbiologist • Music Therapist • Nuclear Medicine Health Professional • Occupational Therapist • Optometrist • Orthotists • Orthotists/Prosthetics • Exercise Physiologist • Perfusionist • Pharmacist • Physiotherapist • Podiatrist • Psychologist • Radiographer • Sonographer/Ultrasonographer • Respiratory Scientists • Social Worker • Speech Pathologist • Scientific/Research Officer	Speech and language pathologist Social Worker Psychologist Forensic Scientist Prison Service Psychologist	Forensic scientists

3. Department of Health & Human Services classification structure is a **6 grade/level** structure with **30 pay-points**.

TAS HP Grade	Pay point
Grade 1 – 2 Broad-banded	1.1
	1.2
	1.3
	1.4
	1.5
	2.1
	2.2
	2.3
	2.4
	2.5
	2.6
Grade 3	3.1
	3.2
	3.3
	3.5

	3.5 Qual
Grade 4 (advanced clinician)	4.2 4.3 4.4 4.4 Qual
Grade 5	5.1.1 5.1.2 5.2.1 5.2.2 5.3.1 5.3.2 5.4.1 5.4.2
Grade 6	6.1 6.2

4. Tasmania has a similar HP3 personal upgrade process to ACT. 24
5. Grade 5 provides for senior specialist. There are provisions for a peer review process to upgrade for a Level 5 Senior Professional Specialist role. The Peer review panel will determine the appropriate grade 5 (1-2, 3-4) within the level. 25
6. Qualification allowance
 - a. Employees at level 3 who obtain a relevant grad dip or equivalent are entitled to a one-off advancement of 2 increment levels up to level 3.5
 - b. Employees at level 4 who obtain a relevant Masters will be entitled to a one off two level increment increase up to 4.4. 26
7. A professional development fund is to be created within each Agency for each HP every 2-year period. The EA provides a professional development allowance of \$1248 over 2 years, funds are accessed through a reimbursement process. 27
8. Competency progression level 1 – 2: An allied health professional may, after reaching the classification of level 1 year 6, apply to their manager for personal progression to level 2, year 1. Provided that, an allied health professional who was an employee as at the date of registration of the agreement will be able to apply for accelerated progression to level 2, year 1 after reaching the classification of level 1 year 4. The application must comply with clause 8.3 Competency criteria of the Enterprise Agreement. 28

24 Allied Health Professionals Public Sector Union Wages Agreement 2019, Schedule 8 – AHP 3 Personal Upgrade

25 Allied Health Professionals Public Sector Union Wages Agreement 2019, Schedule 9, AHP level 5 Senior Professional Specialist progression

26 Allied Health Professionals Public Sector Union Wages Agreement 2019, Section 10

27 Allied Health Professionals Public Sector Union Wages Agreement 2019, Section 17

28 Allied Health Professionals Public Sector Union Wages Agreement 2019, Section 8

Northern Territory

1. The NT covers over 1300,000 square kilometers and a population of 228 822 people. Nearly 50% of the NT population reside in remote/very remote areas. NT employ around 500 allied health professionals. 29
2. Health professionals are included in the general Northern Territory Public Sector 2017 – 2021 Enterprise Agreement under a separate schedule – Department of Health Employees and classified as Professional officers.
3. Professional classification structure

NT Professional Grade	Pay point
Grade 1	1.1 1.2 1.3 1.4 1.5 1.6 1.7 1.8
Grade 2	2.1 2.2 2.3 2.4 2.5 2.6
Grade 3	3.1 3.2 3.3 3.4
Senior Professional 1	SP1.1 SP1.2 SP1.3
Senior Professional 2	SP2.1 SP2.2 SP2.3

4. There is not detailed classification descriptors available.

29 Department of Health website - <https://health.nt.gov.au/professionals/allied-health>

Jurisdiction Employment Conditions and Entitlements overview

Entitlement	ACT	NSW	VIC	QLD	SA	WA	TAS	NT
Qualification allowance	✗	✗	✓	✓	✗	✗	✓	✗
Additional Superannuation Contribution	✓	✗	✗	✓	✓	✓	✗	✗
Personal upgrade / Professional Excellence	✓	✗	✗	✗	✗	✗	✓	✗
Personal regrade/reclassification upgrade	✓	✓	✓	✓[1]	✓	✗	✗[2]	✗
Professional Development leave	✓	✓	✓	✓	✓	✓	✓	✓
Professional develop support / allowance	✓	✓	✗	✓	✓	✗	✓	✓
Study assistance	✗	✓	✓	✓	✗	✓	✗	✗
Personal Carers leave	3.6wks	10days	12days 1 st yr of service, 14days 2 nd year, 21days5+ yrs	10days	10days	15.2days	10days	3wks
Birthing leave	18wks	14wks	10wks	14wks	16wks /20wks (5yr service)	12wks	15wks / 18wks +5yrs service)	14wks

[1] QLD – Job evaluation process; consideration of the relationship between the role within the organisational structure, the role description and the proposed role description detailing additional duties and responsibilities and the benefits of the position to the organisation.

[2]TAS – highly specialist skills, scarcity of skills or high paying market rate for work value is addressed through market allowances Up to 10% of the maximum salary level specified in each grade of the classification.

Appendix 1 - Employment Frameworks Reviewed

Primary State Enterprise Agreement / Award reviewed

Victoria

Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

New South Wales

Health employees' Dental Prosthetists and Dental Technicians (state) award 2019

Health employee's Medical Radiation Scientists (state) award 2019

Health employees' Pharmacists (state) award 2019

Health and Community employees' Psychologists (state) award 2019

Hospital Scientists (State) Award 2018

NSW Health Service Health Professionals (State) Award 2018

Queensland

Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016

South Australia

SA-public-sector-salaried-employees-interim-award

South Australian Modern Public Sector Enterprise Agreement: Salaried 2017

Northern Territory

Northern Territory Public Sector Dental Officers' 2018 – 2022 Enterprise Agreement

Northern Territory Public Sector 2017 - 2021 Enterprise Agreement

Tasmania

Allied Health Professionals Public Sector Unions Wages Agreement 2019

Western Australia

WA Health System - HSUWA - PACTS Industrial Agreement 2018

Appendix 2 – State and Territory Work Level Standard (or equivalent) comparison

HP WLS State comparison

HP 1
ACT Classification at Health Practitioner One (HP1) level is reserved for employees in the process of completing prerequisite education or training, or fulfilling supervised practice requirements prior to being unconditionally registered for roles otherwise commencing at HP2 or HP3 classification levels. Roles at HP1 level are those with a primary focus on building toward the attainment of a recognised, acceptable level of knowledge and skill in their given domain. Requiring only a narrow set of knowledge and skills in their given discipline, these roles involve the performance of duties under the close clinical or technical practice supervision of more experienced Health Practitioners within the given domain, with the quality of work output generated by the role closely monitored and assessed. HP1 roles may be referred to as cadetship, traineeship, scholarship, pre-registration, internship, or Professional Development Year (PDY) roles.
NSW Health professionals employed at Level 1 are newly qualified employees. Health professionals at this level are beginning practitioners who are developing their skills and competencies. Level 1 staff are responsible and accountable for providing a professional level of service to the health facility. Level 1 staff work under discipline specific professional supervision. Level 1 staff exercise professional judgement commensurate with their years of experience, as experience is gained, the level of professional judgement increases and direct professional supervision decreases. Level 1 staff participate in quality activities and workplace education. After working as a health professional for 12 months, Level 1 staff may be required to provide supervision to undergraduate student on observational placements and to work experience students. Commencing rates for Level 1 staff are prescribed in clause 5 Salaries.
VIC VIC - Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020 VIC AHP1 (Art Therapist; (b) Cardiac Technologist; (c) Exercise Physiologist; (d) Health Information Manager (Medical Records Administrator); (e) Medical Imaging Technologist (Radiographer); (f) Medical Librarian; (g) Music Therapist; (h) Nuclear Medicine Technologist; (i) Occupational Therapist;

(j) Orthoptist; (k) Orthotist/Prosthetist; (l) Photographer or Illustrator (Medical Photographer or Illustrator); (m) Physiotherapist; (n) Play Therapist (Child Life Therapist); (o) Podiatrist; (p) Radiation Therapy Technologist; (q) Recreation Therapist; (r) Social Worker; (s) Sonographer; and (t) Speech Pathologist.)

The AHP1 Classification Descriptors – General apply to all AHP1 Classifications except: 1.1 Radiation Therapy Technologist (see Section C of this Appendix 4); 1.2 Sonographer with respect to Grades 1, 2 and 3 only. The AHP1 Classification Descriptors – General for Grades 4, 5, 6 and 7 will apply to Sonographers (see Section D of this Appendix 4 for the Sonographer Grades 1, 2 and 3, and an additional Grade 4 descriptor for Sonographers)

Grade 1 – General Definition 3.1 A Grade 1 Employee is an Employee who: (a) has a relevant qualification for their profession and/or meets the entry requirements described at Schedule 1 of this Appendix 4; (b) works on routine tasks within the scope of practice for their profession, consulting with a more experienced Employee when problems arise or when dealing with matters they are unfamiliar with; and (c) is able to work with students. 3.2 This will generally be the entry level for new graduates.

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

Biomedical Technologist 1.1 Biomedical Technologist An Employee with a Diploma Qualification or equivalent who is principally involved in duties including construction, maintenance, tests, inspections, acceptance tests and quality tests on Biomedical Equipment (which may include Biomedical Radiation equipment) and who is required to provide other hospital staff with advice concerning suitability, reliability and correct use of Biomedical equipment (which may include Biomedical Radiation equipment).

1.2 Biomedical Technologist Grade 1 An Employee who, with close guidance, and as a Technologist practitioner, performs straightforward relevant tasks.

Child Psychotherapist An Employee with a relevant tertiary qualification who is eligible for membership of the Victorian Child Psychotherapists Association Inc and who performs child psychotherapy work.

2.2 Level 1 - Child Psychotherapist An Employee who: (a) holds a basic bachelor degree in Occupational Therapy, Psychology, Psychiatry, Psychiatric Nursing, Speech Pathology or Social work and has at least two years post graduate clinical experience in a child mental health setting as a pre-requisite for acceptance into Psychotherapy training; (b) is undertaking a recognised post-graduate study as a Psychotherapist; and (c) provides a clinical service under supervision. Provided further that an Employee classified at level 1 will have their years of service recognised one, two or three years in advance if the Employee holds an Honours, Masters or Doctorate respectively.

Client Adviser/Rehabilitation Consultant 3.1 Grade 1 Client Adviser/Rehabilitation Consultant An Employee who possesses an appropriate degree in the health welfare or vocational fields who performs Client Adviser/Rehabilitation Consultant work.

Community Development Worker ** Ref to VIC HPEA for definition

Community Development Worker Class I (1) (a) An Employee performing Community Development Work under the direct supervision of more experienced Community Development Workers who must be based in the same workplace as the persons being supervised. (b) An unqualified Community Development Worker (as defined), with less than twelve months' experience who is being supervised by a qualified Community Development Worker (as defined), will commence at the class I, year 1 rate. (c) An unqualified Community Development Worker with less than twelve month's experience who is being supervised by an unqualified Community Development Worker will commence at the class I, year 3 rate. (d) A qualified Community Development Worker with less than twelve months' experience who is being supervised by a more experienced qualified Community Development Worker will commence at the class I, year 2 rate, unless the supervised Employee is a qualified Social Worker or holds a postgraduate qualification in Community Development Work (as defined) in which case the Employee will commence at the class I, year 4 rate. (e) A Community Development Worker under direct supervision who has administrative responsibilities will commence at not less than the class I, year 3 rate, notwithstanding any of the above commencement rates, except where the above commencement rates are higher. 4

Dental Prosthetist An Employee who is eligible for general registration under the National Registration and Accreditation Scheme with the Dental Board of Australia who performs Dental Prosthetist work. 6. **Dental Technician 6.1 Apprentice Dental Technician** An Employee who is in the process of completing a diploma, certificate or other qualification in Dental Technology or equivalent. 6.2 **Dental Technician Level I** An Employee who has successfully completed a diploma, certificate or other qualification in Dental Technology or equivalent.

Medical Laboratory Technician 7.1 Medical Laboratory Technician Trainee An Employee engaged in studies leading to the below qualification. 7.2 **Qualified Medical Laboratory Technician (Grade 1)** An Employee who holds a Certificate or Associate Diploma of Applied Science (Medical Laboratory) a Certificate, Diploma or Advanced Diploma in Laboratory Technology or Laboratory Operations, or equivalent who performs medical laboratory technician work

Renal Dialysis Technician 8.1 Renal Dialysis Technician (Grade 1) An Employee who is engaged in a renal dialysis unit and performs renal dialysis technician work.

Technical Officer 9.1 Technical Officer All work levels are performed in a Biomedical engineering or Medical Physics environment and are concerned with the management or repair/ calibration and clinical use of hospital based technology. 9.2 **Technical Officer Grade 1** An Employee who, with close technical guidance, and as a Technical practitioner, performs straightforward relevant tasks.

Welfare Worker Class I (1) (a) A qualified Welfare Worker, who is required to perform their duties under supervision. (b) A sole Welfare Worker with less than twelve months' experience will be paid

during the first twelve months at the Welfare Worker class I, year 4 rate, after which they will be classified as a Welfare Worker Class II.

Youth Worker Class I (1) (a) A qualified Youth Worker, who is required to perform their duties under supervision. (b) A sole Youth Worker with less than twelve months' experience will be paid during the first twelve months at the Youth Worker class I, year 4 rate, after which they will be classified as a Youth Worker Class II

Mechanical Officer 12.1 Mechanical Officer Grade 1 (a) An Employee who possesses Plant Engineering certificates and experience, or equivalent experience that is deemed to be transferrable to the Mechanical Radiation setting. (b) A Mechanical Officer Grade 1 works with close technical guidance to perform tasks, use plant engineering equipment such as lathes, milling machines, benders, drills and spray painting. A Mechanical Officer at Grade 1 does not work independently and no supervisory responsibilities are required. (c) The training required to be undertaken by a Mechanical Officer Grade 1 is: (i) Practical based training for Mechanical Officers. (ii) Radiation safety training. (iii) CAD software training. The cost of the above training will be borne by the Employer.

Radiation Engineers 13.1 Radiation Engineer Grade 1 (a) An Employee who has obtained an Associate Diploma of Engineering, Degree, or any other qualification relevant to radiation engineering. (b) A Radiation Engineer Grade 1 works with close technical guidance to perform tasks, use tools, schematics, instruments and other equipment needed for general maintenance of Radiation Therapy equipment. They may also maintain stores. A Radiation Engineer at Grade 1 does not work independently and no supervisory responsibilities are required. (c) The training required to be undertaken by a Radiation Engineer Grade 1 is: (i) Basic OEM Linac training; (ii) Physics Radiation Safety Training; (iii) Radiation Equipment Operator Licence (Issued from the Department of Health). The cost of the above training will be borne by the Employer.

Research Technologists (Research Scientists) 14.1 Trainee (Research Scientist) An Employee who performs research science work and who is engaged in studies leading to a Bachelor of Science Degree, other science degree, or another appropriate or equivalent qualification that would enable them to be employed as a Research Technologist (Research Scientist) Level A. An Employee holding or eligible to hold a Bachelor of Science Degree, other science degree, or another appropriate or equivalent qualification cannot be employed as a Trainee (Research Scientist) and must be employed at the appropriate Research Technologist (Research Scientist) level.

QLD

Classification at Health Practitioner One (HP1) level is reserved for employees in the process of completing prerequisite education or training, or fulfilling supervised practice requirements prior to being unconditionally registered for roles otherwise commencing at HP2 or HP3 classification levels. Roles at HP1 level are those with a primary focus on building toward the attainment of a recognised, acceptable level of knowledge and skill in their given domain.

Requiring only a narrow set of knowledge and skills in their given discipline, these roles involve the performance of duties under the close clinical or technical practice supervision of more experienced Health Practitioners within the given domain, with the quality of work output generated by the role

closely monitored and assessed. HP1 roles may be referred to as cadetship, traineeship, scholarship, pre-registration, internship, or Professional Development Year (PDY) roles.

SA

*Graduates

Salary upon appointment for entry level AHPs

Entry level AHPs:

a) Employees appointed to positions requiring an appropriate discipline-based minimum three year under

graduate degree qualification or equivalent will commence at AHP 1, first increment salary level.

b) Employees appointed to positions requiring an appropriate discipline-based minimum four year under

graduate degree qualification or equivalent will commence at the AHP 1, second increment salary level.

c) Employees who hold a 2 year Masters with a non-allied health undergraduate degree will be appointed at

AHP 1, third increment salary level.

d) An employee who is a Psychologist or Genetic Counsellor and holds a 2 year Masters within the same

profession as their allied health undergraduate degree will be appointed at the AHP 2, first increment salary level. The remaining Allied Health Professionals holding a 2 year Masters within the same profession as

their allied health undergraduate degree are eligible to be appointed at the AHP 2 first increment salary

level.

*After working as a Graduate for 12 months, employees may be required to provide professional/clinical

supervision to undergraduate students on observational placements and to work experience students.

ALLIED HEALTH PROFESSIONAL LEVEL 1

☐ AHP 1 comprises both newly qualified AHPs and developing AHPs.

☐ Employees at this level demonstrate a competent level of professional knowledge and skill. As experience is

gained, AHPs are able to independently undertake routine professional tasks using discipline specific reasoning whilst working within their scope of practice.

- Employees participate in professional and/or multi-disciplinary teams, operating at the level of basic

professional tasks to routine professional tasks commensurate with level of experience.

☐ Duties undertaken independently at this level are generally of a routine and repetitive nature, with more

complex professional decisions and problem solving made under the professional/clinical supervision or

professional guidance of a more experienced practitioner.

☐ As the AHP 1 gains experience the AHP 1 will exercise greater levels of independent professional judgement.

Peer Assessment Process

In recognition of advanced skills and experience relevant to their profession, permanently (or ongoing) appointed

AHPs who have been at the top increment of AHP 1 for 12 months or greater can apply to a Peer Assessment

Panel for assessment to progress to AHP 2.

For the purpose of the peer assessment process “advanced skills and experience” means beyond routine

professional tasks.

A supervisor or manager of an eligible AHP 1 may initiate an application for assessment by the Peer Assessment

Panel for an ongoing/permanent AHP as per the above criteria without the need for that AHP to complete 12

months at the top increment of AHP 1.

Temporary appointed AHPs who have been employed by an agency/ies for a period of not less than 5 years in one

of the professions listed in Appendix 1 of these Work Level Definitions, can apply to a Peer Assessment Panel for

assessment to progress to AHP 2.

(a) "Temporary appointed" means either a temporary contract for a specified period of time or successive

temporary contracts that have been consecutive, provided that a break between two temporary contracts

for the period of a weekend and/or a public holiday will be disregarded.

A supervisor or manager of an eligible AHP 1 may initiate an application for assessment by the Peer Assessment

Panel for a temporary appointed AHP without the need for the 5 years to be in successive temporary contracts OR

for a non-metropolitan temporary appointed AHP, a period of not less than 3 years.

For example: An AHP 1 was on a temporary contract from 1 July 2005 to 30 June 2010. That employee

has a subsequent contract from 1 January 2011 and has for all time been in one of the professions listed in

Appendix 1 and was/is currently employed by an agency/ies. The supervisor or manager may initiate an

application for assessment by the Peer Assessment Panel.

A supervisor or manager initiated application is subject to assessment by the Peer Assessment Panel.

In determining if an AHP will progress to AHP 2, the Peer Assessment Panel will consider the following:

1. the work level definition of AHP 2 as defined has been met; and

2. the AHP's professional:

a) performance;

b) aptitude;

c) experience;

d) responsibilities; and

Initiatives

and that the AHP has complied with all requirements of their current management-approved Performance

Review and Development plan.

The Peer Assessment Panel will include a discipline specific allied health representative (at a minimum level of an

AHP 3) and an allied health management representative. An Agency may elect to include on the Peer Assessment

Panel:

a) a human resources representative; and/or

b) an allied health representative from the same discipline in another agency.

Where the Peer Assessment Panel determines that an AHP is eligible for progression the date of operation for the

new salary will be either from the date of receipt of application for assessment or the employee's incremental

service date, whichever is the later.

Following assessment should an AHP not progress to AHP 2 the relevant supervisor or manager will be

responsible for implementing a Performance Review and Development Plan in consultation with the AHP to

address any issues arising from the assessment.

Should an AHP be assessed as not meeting the criteria for progression the AHP will not be eligible to apply for

progression until such time as the relevant supervisor or manager is satisfied that the issues have been

satisfactorily addressed through the Performance Review and Development Plan process.

The Peer Assessment Process does not remove or diminish the opportunity for an AHP to apply for a reclassification (if eligible). A reclassification application will be considered and determined in accordance with

existing Agency policies and procedures

WA

Level G-1/2 Classifications

(a) The classifications of all positions classified at level G-1/2 and level G-2 may be reviewed when they fall vacant or when there is a material change to the

duties of the position. The Employer will not change the classification of a position classified at level G-2 to G-1/2 without prior consultation with the HSUWA.

(b) An employee appointed to level G-2 from G-1/2 will receive no less than their rate of pay at the former classification. Unless the employee receives an increment increase, their anniversary date for the purpose of increment increases will not change as a result of appointment to Level G-2

TAS

An Allied Health Professional may, after reaching the classification Level 1 Year 5, apply to their Manager for personal progression to Level 2, Year 1. This application must address the criteria as stipulated in Clause 9(iii). A panel consisting of their Manager and a relevant senior Allied Health Professional will assess the application. If the Allied Health Professional demonstrates they meet the requirements as stipulated in Clause 9(iii), they will be progressed to Grade 2 Year 1 on their next anniversary.

Accelerated Competency Progression

A Health Professional may, after reaching Level 1, Year 4, apply to their Manager for accelerated progression to the classification of Level 2, Year 1. This application must address the criteria as stipulated in Clause 9(iii) and must be supported in writing by a relevant senior Health Professional. A panel consisting of their Manager and a relevant senior Health Professional will assess the application. This panel will make a recommendation to the delegated Manager who may approve this accelerated progression.

Competency Criteria

The Health Professional concerned must demonstrate detailed knowledge of standard professional tasks and professional expertise in one or more areas of the profession as shown by (for example):

- modifications to standard procedures and practices and contributions to the development of new techniques and methodologies;

HP2

ACT

Technical

Roles at HP2 level require employees to hold a Diploma or Advanced Diploma or agreed equivalent qualification.

Roles at Health Practitioner 2 are technical roles demonstrating competent technical knowledge and skill in their given domain. Employees are expected to undertake a range of tasks within the context of the role's duties, with levels of supervision and guidance from more experienced practitioners decreasing

NSW

Progression to Level 2 from Level 1 is automatic following completion of 12 months satisfactory service at the Level 1 Year 4 salary step.

Level 2 health professionals are expected to have obtained respective new practitioner competencies and to perform duties in addition to those at Level 1.

Health professionals at this level are competent independent practitioners who have at least 3 years clinical experience in their profession and work under minimal direct professional supervision.

Positions at this level are required to exercise independent professional judgement on routine matters. They may require direct professional supervision from more senior staff members when performing novel, complex or critical tasks.

Level 2 staff may be required to supervise Level 1 health professionals and technical and support staff as required.

Level 2 health professionals may be required to teach and supervise undergraduate students, including those on clinical placements.

Positions at this level assist in the development of policies, procedures, standards and practices, participate in quality improvement activities and may participate in clinical research activities as required.

Sole Practitioner Allowance

The sole practitioner allowance is only payable in the circumstances prescribed in clause 6 Sole Practitioner Allowance.

VIC

VIC - Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020

4.1 Grade 2 – General Definition (does not apply to MIT) A Grade 2 Employee is an Employee required to undertake additional duties/responsibilities to a Grade 1 Employee, for example: (a) supervising and training students; (b) supervising staff including clinical supervision of Grade 1 Employees; (c) performing work which requires special knowledge or depth of experience. In the case of Cardiac Technologists, Medical Librarians, Orthotists/Prosthetists, Physiotherapists,

Podiatrists and Social Workers examples of areas in which such work may be performed are listed in Schedule 2 of this Appendix 4; (d) being required to take charge of a section of a department; (e) holding an equivalent position at a smaller establishment such as a day hospital/centre, nursing home or community health centre; (f) in the case of Health Information Manager being responsible for clinical trial/data management at recognised trials including national and international trials; and/or (g) in the case of Play Therapist, research/case studies, and/or client and group program supervision and/or evaluation.

4.2 Grade 2 – Medical Imaging Technologist (Radiographer) A Grade 2 Medical Imaging Technologist is an Employee who is required to undertake additional responsibilities and/or who has additional experience who demonstrates a degree of competence and ability to work independently and without supervision which reflects a level of continuing education and/or practical expertise. Parameters for this position would include one or more of the following: (a) a Medical Imaging Technologist who is required to supervise other medical imaging staff including clinical supervision of Grade 1 Employees, and train medical imaging students; (b) a Medical Imaging Technologist who is required to supervise a section of a department; (c) holds an equivalent position at a smaller establishment such as a day hospital/centre, nursing home or community health centre; or (d) a Medical Imaging Technologist who can demonstrate extensive or special knowledge, experience and competence in any of the specialist modalities or areas of additional responsibilities such as computed tomography (CT), digital subtraction angiography (DSA), cardiac angiography, mammography, magnetic resonance imaging (MRI), picture archiving and communication systems (PACS), radiology information system (RIS) or quality assurance activities.

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

Biomedical Technologist Grade 2 An Employee who, with guidance, and as a Technologist practitioner, performs straightforward relevant tasks or activities.

Level 2 - Qualified Child Psychotherapist An Employee who: (a) has completed a post-graduate course of study in Psychotherapy; and (b) provides a clinical service. 2

Grade 2 Client Adviser/Rehabilitation Consultant A qualified Client Adviser/Rehabilitation Consultant who is required to undertake additional responsibilities, for example: (a) is required to perform work which requires special knowledge or depth of experience in the rehabilitation area; or (b) is required to supervise Qualified and other Rehabilitation Consultant staff and teach Rehabilitation Consultant students.

Community Development Worker Class II (2) (a) An Employee who is performing Community Development Work and who is not working under the direct supervision of a more experienced Community Development Worker and includes a sole Community Development Worker employed in a workplace or one who has unsupervised administrative responsibilities. (b) A qualified Community Development Worker cannot be supervised by a less experienced unqualified or qualified Community Development Worker and must be paid as a class II Community Development Worker at the appropriate qualification level (as defined). (c) An unqualified Community Development Worker working without direct supervision will commence at the class II(a), year 1 rate. (d) A qualified Welfare Worker (as defined in subclause 10.2 of Section 3 of this Appendix 4) performing community development work without direct supervision will commence at not less than the class II(a), year 3 rate. (e) An Indigenous Community Development Worker working without direct supervision will commence at not less than the class II(a), year 3 rate. If an Indigenous Community Development Worker does possess a qualification (as defined in subclause 4.3 of Section E of this Appendix 4) they

will commence at a level not less than that defined for the qualification possessed. (f) A qualified Youth Worker (as defined in subclause 11.2 of Section E of this Appendix 4) performing community development work without direct supervision will commence at not less than the class II(a), year 5 rate. (g) A sole Community Development Worker employed in a workplace or a Community Development Worker performing outreach community development work will commence at not less than the class II(a), year 5 rate. (h) The commencing rate for a financial counsellor performing Community Development Work will be not less than class II(a), year 5. (i) The commencing rate for a tenant worker performing Community Development Work will be not less than class II(a), year 5. (j) A Community Development Worker who is performing social research will commence at not less than the class II(a), year 7 rate unless the Employee possesses a social work qualification or a post-graduate qualification in community development work or a qualification in social or behavioural sciences, in which case the Employee will commence at no less than the level defined for these qualifications. (k) A Community Development Worker working without direct supervision who possesses a qualification in community development work other than a postgraduate qualification will commence at not less than the class II(a), year 7 rate. (l) A Community Development Worker with a tertiary qualification in the social and behavioural sciences will commence at not less than the class II(a), year 7 rate. (m) A qualified Social Worker or Community Development Worker holding a postgraduate qualification in community development work performing community development work will be employed at the classification class II(b). (n) A Community Development Worker engaged in policy development or policy advice will commence at not less than the class II(b), year 1 rate. (o) A Community Development Worker engaged in community education or community training programs will commence at not less than the class II(b), year 1 rate. (p) A qualified Social Worker will commence at not less than the class II(b), year 1 rate. (q) A qualified Community Development Worker with a post-graduate qualification will commence at not less than the class II(b), year 2 rate.

Dental Technician Level II A Dental Technician who is the Technician in Charge and is either; (a) responsible for the production and quality of work of a specialist unit of the Dental Laboratory Service of Dental Health Services Victoria; or (b) responsible for the administration and efficient functioning of Dental Technician Services in an Employer other than Dental Health Services Victoria.

Medical Laboratory Technician Grade 2 A Medical Laboratory Technician who is required to undertake additional responsibilities, for example: (a) employed on work which requires special knowledge or depth of experience; or (b) has a teaching role.

Renal Dialysis Technician (Grade 2) (a) An Employee with a minimum of two years experience as a Renal Dialysis Technician and is in receipt of BONENT Haemodialysis Technician certification and/or a Clinical Physiologist-Renal qualification and/or equivalent dialysis tertiary qualification. (b) Such an Employee will be committed to meeting the requirements for maintaining the above certification or qualification together with the ability to undertake ongoing leadership in quality projects, research and education.

Technical Officer Grade 2 An Employee who, with technical guidance, and as a Technical practitioner, performs straightforward relevant tasks or activities.

Welfare Worker Class II (2) A qualified Welfare Worker, who is required to undertake some administrative responsibility, including: (a) a Welfare Worker who is required to take charge of an agency or department, with a staff of up to 3 Employees covered by the Agreement, or with a staff of at least one Employee covered by the Agreement and other employees, totalling at least 6 in number, who are employed by the Employer on a regular monthly contract of employment of at

least the normal full-time ordinary hours or EFT of such agency or department; (b) a sole Welfare Worker who has a minimum of twelve months' experience (although this condition may be waived by mutual agreement between the Employer and Employee and an Employee with less than twelve month's experience will instead be employed at class II); (c) a Welfare Worker who is required to be responsible for a major activity or group of activities within an Agency or department; or (d) a Welfare Worker who acts as a Deputy to a Welfare Worker Class III.

Youth Worker Class II (2) A qualified Youth Worker, who is required to undertake some administrative responsibility, including: (a) a Youth Worker who is required to take charge of an agency or department, with a staff of up to 3 Employees covered by the Agreement, or with a staff of at least one Employee covered by the Agreement and other employees, totalling at least 6 in number, who are employed by the Employer on a regular monthly contract of employment of at least the normal full-time ordinary hours or EFT of such agency or department; a sole Youth Worker who will have a minimum of twelve months' experience (although this condition may be waived by mutual agreement between the Employer and Employee and an Employee with less than twelve month's experience will instead be employed at class II); (c) a Youth Worker who is required to be responsible for a major activity or group of activities within an Agency or department; or (d) a Youth Worker who acts as a Deputy to a Youth Worker Class III.

Mechanical Officer Grade 2 (a) A Mechanical Officer who will normally have at least 5 years of Mechanical Engineering experience in radiation, or an equivalent/transferable industry. They will have the ability to work with limited guidance and as a Mechanical Officer, perform straightforward relevant tasks, activities or functions of a moderately complex nature. (b) A Mechanical Officer Grade 2's duties will include some of the following: (i) Mentoring and tutoring of junior Mechanical Officers; (ii) Specialist/Expert within one or more modalities; (iii) Design and build new equipment to support radiation equipment; (iv) Liaise between different professional groups; (v) Possess sufficient technical knowledge and expertise to creatively seek and implement solutions to new problems; (vi) Work independently to maintain equipment across all sites. (c) The training required to be undertaken by a Mechanical Officer Grade 2 is: (i) Advanced/Higher training on new equipment for Mechanical Officers. (ii) Radiation safety training. (iii) Advanced/Higher CAD software training. The cost of the above training will be borne by the Employer. 12.3 Deputy Chief Mechanical Officer A Mechanical Officer who assists and deputises for the Chief Mechanical Officer. 12.4 Chief Mechanical Officer A Mechanical Officer immediately responsible for the organisation of the mechanical engineering department and supervision of staff.

Radiation Engineer Grade 2 (a) A Radiation Engineer with additional responsibilities to a Grade 1, who works predominantly independently, but with occasional assistance. (b) A Radiation Engineer Grade 2's duties will include some of the following: (i) with technical guidance perform diagnostics, limited trouble shooting, fault finding, scheduled maintenance and repairs; (ii) report and address problems/faults; (iii) Identify and correct system behaviour by using defined calibration procedures; (iv) limited supervisory requirements. (c) Once a Radiation Engineer Grade 2 is certified and trained within the scope of Clinac they will: (i) undertake daily activities at satellite centres within defined parameters; (ii) participate in an on-call roster. (d) The training required to be undertaken by a Radiation Engineer Grade 2 is: (i) successfully complete Higher/Advanced OEM Linac training; and (ii) various other radiotherapy equipment training such as, but not limited to, Varian TM-2, Varian Multi-leaf collimator (MLC), Varian Clinac portal vision (PV) and on board imaging (OBI). The cost of the above training will be borne by the Employer.

Level B Research Technologist (Research Scientist) A Research Scientist who, under the general direction of scientific research staff, is required to perform experimental work involving more complex or more specialised activities and requiring the exercise of initiative and judgement. This scientist works within the general framework of a research program and has the appropriate level of laboratory experience.

QLD

Technical

Roles at HP2 level require employees to hold a Diploma or Advanced Diploma or agreed equivalent qualification.

Roles at Health Practitioner 2 are technical roles demonstrating competent technical knowledge and skill in their given domain. Employees are expected to undertake a range of tasks within the context of the role's duties, with levels of supervision and guidance from more experienced practitioners decreasing commensurate with increasing experience. Roles at this level require employees to perform mostly routine technical duties and undertake more complex technical tasks under the supervision of more experienced practitioners. They would be expected to be an active participant within their multidisciplinary work unit or technical team.

As experience builds, employees make decisions and solve problems by exercising technical judgement with increasing independence. Employees are expected to manage their own workload, as directed, and are expected to understand and comply with standards, policies and processes applicable to the role or work area.

Commensurate with level of experience, employees provide technical education and mentoring to students and provide peer support to less experienced technical colleagues or direction to assistant and support staff.

WA

LEVEL 7 (P-2) Health Professional Progression or 1st Promotional Point

Level 7 (P-2) is a senior health professional position. The senior health professional will deliver professional services independently, seeking guidance as required.

Decision Making Standards

The position will make independent decisions that impact on practice at this level. The senior health professional will seek guidance from higher level health professionals as required for decisions related to professional services and duties, including staff and student supervision.

Communication Standards

The position will require effective communication in clinical/professional, administrative and education aspects of the role and will require use of a high standard of negotiation, organisational and liaison skills with all staff and patients.

Knowledge and Skill Proficiency Standards

The position will require thorough professional knowledge of methods, principles and practice and skills across client groups and work areas, and may require other qualifications or training relevant to the particular practice setting. The position will require professional development in practice areas as well as development in leadership and/or supervision and administration processes

Professional Role Standards and Characteristics for a Level 7 (P-2) Senior Health Professional Position

Emphasis on each criterion will reflect the focus of the individual position.

☐ Provision of advanced services for patients with acute conditions or complex needs in a field recognised and required by the industry, requiring advanced practice skills.

☐ Coordination and evaluation of a recognised area of advanced professional practice for a region/area or teaching hospital.

☐ Provision of an advisory service in relation to advanced clinical/professional practice for a region/area or teaching hospital.

☐ Liaison with external agencies in the implementation and evaluation of advanced services.

☐ Undertakes research in areas of advanced professional practice.

☐ Provision of education/training for health professionals, staff and/or students.

SA

ALLIED HEALTH PROFESSIONAL LEVEL 2

Employees at AHP 2 will:

- a) Demonstrate increased professional expertise, competence and experience to perform any standard professional task within the discipline.
- b) Have attained greater specialised knowledge within the discipline.
- c) Provide professional services to client groups in circumstances requiring increasingly complex practice skills.
- d) Exercise greater specialised/generalist knowledge within the discipline and achieve higher level of outcomes under reduced professional/clinical supervision within the discipline.
- e) Apply professional judgement to select and apply new and existing methods and techniques.
- f) Demonstrate expertise obtained through appropriate professional development and operational experience or tertiary qualification(s), post graduate education or other formal qualification(s).

The above requirements constitute the work level definitions for the Peer Assessment Process as described.

Work undertaken at this level may involve a combination of:

- a) Providing professional/clinical supervision, support and oversight of AHP 1 and/or technical and support staff.
- b) Assisting in planning, implementing and reporting on services.
- c) Utilising knowledge and skills in contributing to research and/or service development activities of the relevant discipline or service area.
- d) Identifying opportunities for improvement in professional tasks including developing and leading ongoing quality improvement activities with other staff.
- e) Contributing to professional research and participate in the provision of professional in-service education programs to staff and students.
- f) Project co-ordination which will require organisation and implementation of specific tasks or projects.

A psychologist who:

- (a) provides formal confirmation to an agency that he/she is formally accredited and endorsed by the Psychology Board of Australia (PBA) as an “approved supervisor” in respect of other psychologists; and
- (b) is required by the agency in which they are employed to perform “accredited supervision” of other public sector agency psychologists, will progress from AHP 2 to the first step of AHP3 from the

first full pay period after establishing to the satisfaction of the agency that he/she has met both of those two criteria.

AHP 2s may have a clinical, co-ordination, education or research focus or may involve elements of all pathways such as:

Clinical - Professional Clinician/Practitioner / Rural generalist

Co-ordinator - Team Coordinator, Project Coordinator

Education/Research - Clinical Educator, Clinical Researcher

Professional Clinician/Practitioner / Rural Generalist includes the following:

- a) An AHP who possesses and works within a recognised professional specialty within their discipline requiring professional expertise and knowledge; and/or an AHP with generalist skills who would usually work in a regional or rural area and would possess professional skills enabling them to work across a range of professional areas within their discipline.
- b) An experienced and competent clinician/practitioner who delivers quality and contemporary services and provides profession-specific professional leadership.
- c) Provides professional/clinical supervision, mentorship and oversight to some staff, and may be responsible for other AHPs within their work unit having access to professional/clinical supervision.
- d) May provide professional leadership in the relevant professional network, including facilitating access to relevant training for professional staff; leading improvements in the safety and quality of professional services.
- e) Contributes to improvements in the client/patient journey driven distribution of services, which may include assisting the identification of new service models in response to Agency directions.
- f) Apply sound level evidence and judgement by informing on service quality and service improvement activities, shaping service delivery and making a contribution to the wider development of technical competence.

(2) Team Co-ordinator / Project Co-ordinator

- a) An AHP 2 Team Co-ordinator will normally have an operational/supervisory role in a small to medium sized team. This would be under the direction of a Director/Department Head.
- b) May deputise for professional head of a small work unit.
- c) An AHP 2 Project Co-ordinator will be responsible for discrete projects or for areas of policy that are considered to be complex requiring discipline knowledge and experience which are undertaken under limited direction.

(3) Clinical Educator / Clinical Researcher

- a) Professional/clinical supervision, research and an appropriate evaluation of professional tasks.
- b) Supervision of students, multidisciplinary student teams or continuing professional development for AHPs

TAS

An Allied Health Professional may, after reaching the classification Level 1 Year 5, apply to their Manager for personal progression to Level 2, Year 1. This application must address the criteria as stipulated in Clause 9(iii). A panel consisting of their Manager and a relevant senior Allied Health Professional will assess the application. If the Allied Health Professional demonstrates they meet the requirements as stipulated in Clause 9(iii), they will be progressed to Grade 2 Year 1 on their next anniversary.

Accelerated Competency Progression

A Health Professional may, after reaching Level 1, Year 4, apply to their Manager for accelerated progression to the classification of Level 2, Year 1. This application must address the criteria as stipulated in Clause 9(iii) and must be supported in writing by a relevant senior Health Professional. A panel consisting of their Manager and a relevant senior Health Professional will assess the application. This panel will make a recommendation to the delegated Manager who may approve this accelerated progression.

Competency Criteria

The Health Professional concerned must demonstrate detailed knowledge of standard professional tasks and professional expertise in one or more areas of the profession as shown by (for example):

- modifications to standard procedures and practices and contributions to the development of new techniques and methodologies;
- professional contribution relevant to the Profession at a local level;
- evidence of recognition by peers, industry or other client groups for knowledge and skill in a specific clinical area, which may be demonstrated by:
 - original in-service presentations; or
 - active involvement in conferences or seminars; or
 - recognition as a resource person.

HP3

ACT

A Health Professional at this level may perform novel, complex or critical professional work under professional supervision or may perform normal professional work as a sole practitioner under general professional guidance.

HP3 – Recognition of Competency

Health Professionals at this level will be able to exercise independent judgement based on extensive specialist knowledge or broad generalist knowledge. Application to this level may only take place after a minimum of 3 years, or equivalent, experience at the HP3 level

NSW

Levels 3 and 4

Positions at Levels 3 and 4 may have a clinical, education or management focus or may have elements of all three features.

Health professionals working in positions at Levels 3 and 4 are experienced clinicians who possess extensive specialist knowledge or a high level of broad generalist knowledge within their discipline. Level 3 and 4 staff demonstrate advanced reasoning skills and operate autonomously with minimum direct clinical supervision. Level 3 and 4 staff provide clinical services to client groups and circumstances of a complex nature requiring advanced practice skills. They are able to apply professional knowledge and judgement when performing novel, complex or critical tasks specific to their discipline.

Staff at this level are expected to exercise independent professional judgement when required in solving problems and managing cases where principles, procedures, techniques and methods require expansion, adaptation or modification.

Level 3 and 4 staff have the capacity to provide clinical supervision and support to Level 1 and 2 health professionals, technical and support staff. Level 3 and 4 staff are involved in planning, implementing, evaluating and reporting on services. Level 3 and 4 staff identify opportunities for improvement in clinical practice, develop and lead ongoing quality improvement activities with other staff.

The expertise, skills and knowledge of a Level 3 or 4 health professional is such that they may have the responsibility of a consultative role within their area(s) of expertise. Level 3 and 4 staff may also conduct clinical research and participate in the provision of clinical in-service education programs to staff and students.

Level 3 and 4 staff may be required to manage specific tasks or projects.

Roles that may be undertaken at Levels 3 and 4 include, but are not limited to, the following:

Senior Clinician

The employer will establish Senior Clinician positions at Level 3 or Level 4 as it deems appropriate based on the needs of the service.

Health professionals at Level 2 may also make application to the employer for personal progression to a Senior Clinician Level 3. A Senior Clinician Level 3 may make such an application to progress to Level 4. Such personal progression will be via the process prescribed in Clause 13, Personal Regrading.

Level 3 Senior Clinicians include the following:

A health professional who has a recognised clinical specialty within their discipline and works in an area that requires high levels of clinical expertise and knowledge in that specialty.

A health professional with generalist skills who would usually work in a regional or rural area and would possess high level clinical skills enabling them to work across a range of clinical areas within their discipline.

A Level 3 Senior Clinician may have an operational/supervisory role in a small facility. This would be under the direction of a Department Head with responsibilities across a zone, region or cluster.

VIC

Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020

Grade 3

5.1 Grade 3 – General Definition A Grade 3 Employee is an Employee who: (a) in addition to undertaking or having the ability to undertake the Grade 2 duties/responsibilities will: (i) normally have at least 7 years' experience in the relevant profession; and (ii) possesses specific knowledge in and works in an area of their profession (clinical, educational, research and/or managerial) recognised as requiring high levels of specialist knowledge; or (b) is an Allied Health Manager or Assistant Allied Health Manager as defined in subclause 1.4 or 1.5 of Section A of this Appendix 4 who meets the requirements of subclause 5.4(b)(i), (ii), (iii) or (iv) of Section B of this Appendix 4. In the case of a Health Information Manager, examples of specialised knowledge are at Schedule 3.

5.2 Role function An Employee in a Grade 3 position performs duties within or across the following areas of expertise: (a) Clinical; (b) Managerial; (c) Education; and/or (d) Research.

5.3 Clinical (a) Indicative duties/responsibilities include: (i) working in a clinical area of their profession that requires high levels of specialist knowledge; (ii) clinical supervision of Grade 1 and Grade 2 Employees; (iii) management of quality improvement; (iv) acting on expert advisory committees; (v) providing specialist advice to other Employees or staff in their profession/discipline or other disciplines including secondary consultation; and/or (vi) having an Advanced Practice role (as defined in clause 1 of Schedule 4 of this Appendix 4) within the level of responsibility appropriate for a Grade 3 Employee as described at Schedule 4 of this Appendix 4.

(b) A Grade 3 Employee whose duties are mostly within the Clinical area of expertise may be described as a Senior Clinician.

5.4 Managerial (a) Indicative duties/responsibilities include: (i) administrative functions; (ii) mentoring and/or managerial supervision of Employees; (iii) advocating to more senior management on behalf of their team; (iv) budget and/or human resource management; and/or (v) being a

manager of a team (discipline specific or multi-disciplinary) including in a community health setting or similar. (b) A Grade 3 Employee whose duties are mostly within the Managerial area of expertise may be an: (i) other than for Orthotists/Prosthetists, Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 3 in charge of 1 to 14 Full-Time Employees and/or other staff not covered by this Agreement totalling 6 to 25 in number, save that: A. an Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 3 in charge of 6 to 14 Full-Time Employees and/or other staff not covered by this Agreement totalling 15 to 25 in number will commence at the Grade 3 Year 4 rate of pay; (ii) for Orthotists/Prosthetists, Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 3 in charge of 1 to 8 Full-Time Employees, save that: A. an Orthotist/Prosthetist Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 3 in charge of 4 to 8 Full-Time Employees will commence at the Grade 3 Year 4 rate of pay; (iii) other than for Medical Imaging Technologists, Assistant Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 3 required to assist and to deputise for an Allied Health Manager who is in charge of at least 6 Full-Time Employees and/or other staff not covered by this Agreement totalling at least 15 in number; (iv) for Medical Imaging Technologists, Assistant Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) required to assist and deputise for an Allied Health Manager who is in charge of 6 to 24 Full-Time Employees and/or other staff not covered by this Agreement totalling 15 to 27 in number, save that: A. a Medical Imaging Technologist Assistant Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) required to assist and deputise for an Allied Health Manager who is in charge of 15 to 24 Full-Time Employees and/or other staff not covered by this Agreement totalling 26 to 27 in number will commence at the Grade 3 Year 4 rate of pay; or (v) other Grade 3 managerial role.

5.5 Education (a) Indicative duties/responsibilities include: (i) teaching under-graduate students, post graduate students and/or interns, primarily in a clinical setting; (ii) lecturing in their clinical speciality; (iii) providing education to staff from other professions; (iv) coordination of student placements; (v) assisting a Grade 4 Clinical Educator (if applicable); (vi) in the case of a Cardiac Technologist, Health Information Manager, Medical Imaging Technologist and Nuclear Medicine Technologist, having a proven record in teaching; and/or (vii) in the case of Medical Imaging Technologist, being a clinical educator in a department of less than 25. (b) A Grade 3 Employee whose duties are mostly within the Education area of expertise may be described as a Clinical Educator.

5.6 Research (a) Indicative duties/responsibilities include: (i) research; (ii) service development including new practice/s in the profession; (iii) complex project planning and management; (iv) contributing to the research program and mentoring staff; (v) assisting a Grade 4 Researcher (if applicable); and/or (vi) in the case of a Cardiac Technologist, Health Information Manager, Medical Imaging Technologist and Nuclear Medicine Technologist, having a proven record in research. (b) A Grade 3 Employee whose duties are mostly within the Research area of expertise may be described as an Allied Health Researcher.

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

Biomedical Technologist Grade 3 An Employee who, with limited guidance, and as a Technologist practitioner, performs straightforward relevant tasks, activities or functions of a moderately complex nature.

Level 3 - Senior Child Psychotherapist An Employee who is required to: (a) provide a specialist clinical service; (b) teach and supervise Employees on a recognised Psychotherapy training program; (c) provide a Psychotherapy component to the Child and Family Psychiatry Department's Continuing Education Program; (d) accept responsibility for a clinical consultation service to professional staff within and external to the Employer.

Grade 3 Senior Clinician or Senior Client Advisor/Rehabilitation Consultant A Grade 3 Client Advisor/Rehabilitation Consultant is either: (a) a Senior Clinician who is a qualified Client Advisor/Rehabilitation Consultant with at least 7 years' experience, possessing specific knowledge in a branch of the profession and working in an area that requires high levels of specialist knowledge as recognised by the Employer. Parameters of this position would include some of the following: consultative role, lecturing in their clinical specialty, teaching under-graduates and/or post-graduate students and providing education to staff from other disciplines; or (b) a Senior Client Advisor/Rehabilitation Consultant who is a qualified Client Advisor/Rehabilitation Consultant who has at least 7 years' experience and/or experience in the rehabilitation process as recognised by the Employer and who is required to undertake additional responsibility in regards to administration and supervision of staff and/or management. 3

Community Development Worker Class III (3) (a) An Employee performing Community Development Work who is required to provide direct supervision of other community development workers, administrative or support staff; or (b) A Community Development Worker employed in a position which requires special skill and experience and where the responsibilities are mutually agreed by the Employer and Employee to be equal to those of a Community Development Worker Class III may be employed as such. 4

Dental Technician Level III (Foreperson) A Dental Technician who is either; (a) responsible to the Dental Laboratory Manager for the production and quality of work of a major section of the Dental Laboratory Service at Dental Health Services Victoria; or (b) is responsible for the administration and efficient functioning of Dental Technician Services at an Employer other than at Dental Health Services Victoria.

Technical Officer Grade 3 An Employee who, with limited guidance, and as a Technical practitioner, performs straightforward relevant tasks, activities or functions of a moderately complex nature. 9

Welfare Worker Class III (3) A qualified Welfare Worker who is required to: (a) take charge of an Agency or Department with a staff of more than 3 and up to 7 Employees covered by the Agreement, or with a staff of at least two Employees covered by the Agreement, plus other employees totalling 12 in number, who are employed by the Employer on a regular monthly contract of employment of at least the normal full-time ordinary hours or EFT of such Agency or Department; (b) a Welfare Worker who acts as a Deputy to a Welfare Worker Class IV; (c) a Welfare Worker in a position which requires special skill and experience and where the responsibilities are mutually agreed by the Employer and Employee to be equal to those of a Welfare Worker employed under subclause 10.6(a) of Section E of this Appendix 4.

Youth Worker Class III (3) A qualified Youth Worker who is required to: (a) take charge of an Agency or Department with a staff of more than 3 and up to 7 Employees covered by the Agreement, or with a staff of at least two Employees covered by the Agreement, plus other Employees totalling 12 in number, who are employed by the Employer on a regular monthly contract of employment of at

least the normal full-time ordinary hours or EFT of such Agency or Department; (b) a Youth Worker who acts as a Deputy to a Youth Worker Class IV; (c) a Youth Worker in a position which requires special skill and experience and where the responsibilities are mutually agreed by the Employer and Employee to be equal to those of a Youth Worker employed under subclause 11.5(a) of Section E of this Appendix 4.

Deputy Chief Mechanical Officer A Mechanical Officer who assists and deputises for the Chief Mechanical Officer.

Radiation Engineers Grade 3 (a) A Radiation Engineer who will normally have at least 5 years of experience, trained in all Linac Modalities who possesses specific knowledge in radiation therapy treatment systems and working in an area that requires high levels of specialist knowledge. (b) A Radiation Engineer Grade 3's duties will include some of the following: (i) work undertaken with limited guidance or within broad guidelines such as carrying out diagnostics, trouble shooting, fault finding, repairs and other related maintenance tasks at all sites; (ii) providing education, advice and/or support to staff from other disciplines; (iii) development of technical procedures; (iv) generation of operational solutions and technical supports for radiation therapy equipment and services. (c) The training required to be undertaken by a Radiation Engineer Grade 3 is: (i) successfully complete higher/advanced level OEM Linac training and commence other specialised radiotherapy equipment training as required. (ii) consolidation of radiation training across the various modalities. The cost of the above training will be borne by the Employer.

Level C Research Technologist (Research Scientist) A Research Scientist who, in consultation with senior scientific research staff, is required to take charge of experimental work or provide expertise in a key technology which forms a significant component of one or more major scientific projects.

QLD

Clinical

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

HP3 covers newly qualified professionals, developing clinicians, and proficient clinicians.

Employees at this level utilise an acquired level of professional knowledge and skills to deliver professional clinical services in accordance with professional standards, guidelines and work unit procedures. Employees usually participate as a member of a professional or multi-disciplinary team.

Roles have a clinical or education or research focus, or may involve elements of all three.

Employees perform a range of duties, mostly of a routine nature. Duties are performed under regular supervision and/or guidance from more experienced practitioners, however with levels of clinical practice supervision decreasing, commensurate with experience in the role or similar roles.

Employees may be expected to manage their own workloads, undertaking routine duties largely independently and by exercising sound levels of professional clinical judgement in decision-making. More complex clinical decision making is undertaken with support or guidance.

Employees are required to participate in research, quality or service improvement activities, under the supervision of a more experienced practitioner. Employees may be required to provide direction and guidance or education to students, assistant and support staff, or to less experienced HP3 level practitioners, also under the supervision of more senior staff.

A primary educator employee at this level will assist and support more senior clinical educators in the development, delivery and evaluation of education and training programs within a discipline or service area.

A primary research employee at this level actively contributes to, or manages part of, a clinical research project/s, with research outcomes typically being applied to clinical practice within a service.

Technical

Roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

HP3 covers senior technician roles that demand the application of high levels of technical knowledge and skills.

Technical employees at this level demonstrate high levels of knowledge and skills in the application of conventional methods and techniques associated with a particular discipline. Technical employees at HP3 utilise proven technical expertise and proficiency in order to undertake duties that frequently involve the performance of complex technical tasks.

Technical employees at this level must exercise independent judgement in providing technical services of a complex nature where principles, procedures, techniques or methods require expansion, adaptation or modification.

Management (Technical)

Technical roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

Technical management employees at this level provide technical leadership within a work area and supervise/manage a small technical team or work unit that may operate across multiple sites/facilities.

Management responsibilities at this level typically include coordinating workflow for a team or work unit, monitoring and assessing the quality and standard of work produced by subordinate staff, and staff performance appraisal.

WA

LEVEL 8 (P-3) Health Professional 2nd Promotional Point

In a Level 8 (P-3) position the health professional will deliver specialised professional services and/or coordinate service delivery.

Decision Making Standards

The position will make independent decisions related to specialised practice and/or oversee and supervise the practice of other health professionals, staff and students. The position will develop services and implement changes to ensure optimal client outcomes.

Communication Standards

The position will require facilitative communication skills to effect supervision and coordination in clinical/professional, administrative and education aspects of the professional service and will require an advanced standard of negotiation, organisational, and liaison skills to work with all staff, relevant teams, other senior professionals and patients in the planning and overseeing of service delivery.

Knowledge and Skill Proficiency Standards

The position will require specialised professional knowledge of methods, principles and practice and skills across client groups and work areas and an in-depth understanding of the relationships between various professions in service planning. The position will require continuing clinical/professional, and leadership skill development that can be applied in the specialised work setting and in the maintenance of professional education and development of any staff being supervised and managed.

Professional Role Standards and Characteristics for a Level 8 (P-3) Health Professional Position

Emphasis on each criterion will reflect the focus of the individual position.

- ☐ Coordination of a professional service team within a defined health service.
- ☐ Provision of specialised services and influence on the practice of the profession within the Area Health Service.
- ☐ Provision of specialised resource services (professional, educative, policy or research) regarding particular clinical services for professionals within the particular calling and/or other professional staff within WA Health.
- ☐ Coordination of service development and planning.
- ☐ Conducts research activities in line with department/organisation research program.

SA

ALLIED HEALTH PROFESSIONAL LEVEL 3

An AHP at this level will be exercising skills, experience, and knowledge that exceed AHP 2.

Employees at AHP 3 will have a clinical, management, education or research focus.

Employees may demonstrate elements of more than one or all pathways such as:

Clinical - Senior Clinician/ Practitioner

Management - Manager, Project Manager

Education/Research - Senior Clinical Educator. Senior Researcher

Senior Clinician/Practitioner / Senior Rural Generalist

A Senior Clinician/Practitioner or Senior Rural Generalist (AHP 3) will demonstrate all of the following:

- a) Be specialising within a discipline (including increased depth and breadth of knowledge and skill as a Rural Generalist).
- b) Provide a consultancy service in their area of expertise across a work unit, or region or SA Health Local Health Network, or SA Health Statewide Service or professional network.
- c) Provide advice to management on professional service delivery development, practice and redesign in response to demand and client needs.
- d) Provide professional/clinical supervision to other health professionals or other technical, operational and support staff as well as maintaining a professional/clinical caseload.
- e) Contribute to education activities related to their area of expertise.

(2) Manager / Project Manager

This is the first level where an AHP may have managerial responsibilities.

In addition to possessing the ability to apply professional skills as described in (1) above, a Manager / Project Manager (AHP 3) will be responsible for components of the following:

- a) The leadership, guidance and/or line management of a multi-disciplinary team or specialist team that may work across a work unit, or region or SA Health Local Health Network, or SA Health Statewide Service or professional network.
- b) Attainment of work unit operational goals and objectives and the facilitation and application of human resource principles including performance management and development.
- c) Line supervision of other health professionals or other technical, operational and support staff.
- d) May deputise for a Director/Department Head.
- e) Provision of clinical supervision within own team and or discipline.

- f) Managing projects which may involve personnel from either one or a variety of professional disciplines.
 - g) Initiating and managing programs and investigations.
 - h) Maintaining a clinical caseload commensurate with management responsibilities.
- (3) Senior Clinical Educator / Senior Researcher
- In addition to possessing the professional skills as described an Advanced Clinician/Practitioner, a Senior Clinical Educator / Senior Researcher (AHP 3), will be responsible for:
- a) Co-ordination of educational activities for several students on professional placements within one or more facilities or across disciplines within the one facility.
 - b) Liaison with education providers regarding educational outcomes of the professional placements.
 - c) Undertaking research into adult education principles, models of best practice in training and education and training program development as required, in order to support and improve the delivery of training to students.
 - d) Contributing to discipline specific research or professional placement improvement initiatives.
 - e) Conducting quality evaluation within a work unit, or region or SA Health Local Health Network, or SA Health Statewide Service or professional network.
 - f) Maintaining a clinical caseload commensurate with education and research responsibilities.

TAS

Level 3

Under broad policy control and direction is a senior Professional Practitioner who performs novel, complex or critical professional work, or performs a limited range of the duties of Professional Manager or Professional Specialist with general professional guidance.

The work includes the formulation of professional or policy advice for senior management and may involve provision of such advice to senior executives in other Departments, the private sector and the wider community.

Normally there is limited corporate impact at this level as technical advice is often reviewed by higher authority.

The work includes the role of team/project leader requiring the co-ordination of the work of a number of professionals and/or other staff. The staff co-ordinated need not necessarily be in the same discipline as the leader. Persons at this Level may oversee the operations of a section comprising professional and/or technical staff engaged in field, laboratory, clinical, production or operational work and which may be organised on a geographical or functional basis.

Persons at this Level are expected to have wide experience in their professional field. They perform a variety of tasks of a novel, complex or critical nature, either individually or as a leader or member of a team. Direction is provided in terms of a clear statement of overall objectives with limited direction as to work priorities.

Where a professional at this Level works as a member of a team he/she should have skills and the experience necessary to perform all the tasks undertaken by the team or to have knowledge and professional judgment to seek and utilise specialist advice when it is required.

Specialists require substantial or higher knowledge in a particular professional discipline or field and the exercise of independent professional judgment to resolve complex problems or issues.

HP4

ACT

Senior/Specialist Practitioner Stream: Health Professionals at this level will be able to perform novel, complex or critical work with a high level of expertise and assume responsibility of performing a consultative role within their professional field of specialty.

- Tutor/Educator/Preceptor Stream: Health Professionals at this classification will have responsibility for the provision of clinical training and professional development for students and Health Professional staff.

- Manager: Will have professional responsibility for a specific team or clinical unit within a department and undertakes a workload in that department

NSW

A Level 4 Senior Clinician's expertise in their area of specialty is such that they provide a consultancy service in their speciality area across an Area, geographic region or clinical network.

A Level 4 Senior Clinician's breadth of knowledge and expertise in general practice is such that they provide a consultancy service on a range of clinical areas within their discipline across an Area, geographic region or clinical network. A generalist Level 4 Senior Clinician would usually work in a rural or regional area.

Level 4 Senior Clinicians provide advice to service managers on clinical service delivery development, practice and redesign. A Level 4 Senior Clinician will have the ability to assist and provide guidance to service managers in the development of clinical services in response to demand and client needs.

Level 4 Senior Clinicians make a contribution to education activities related to their area of expertise.

Deputy Department Head

Deputy to a Department Head at Level 5 as well as maintaining a clinical load - Level 3.

Deputy to a Department Head at Level 6, as well as maintaining a clinical load - Level 4.

Whilst the criteria for a Deputy Department Head will generally rely upon the Level of the Department Head, this does not preclude the employer from taking into account other aspects or demands of the role required including a significant variance between the actual number of staff supervised to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

Unit Head or Team Leader

A unit head or team leader is responsible for the leadership, guidance and line management of a multidisciplinary clinical unit or specialist team that may work across a geographic region, zone or clinical network. The work involves supervision of other health professionals or other technical and support staff as well as a clinical load.

Up to 5 other full-time equivalent health professionals or other technical or support staff providing clinical input - Level 3

More than 5 - 10 other full-time equivalent health professionals or other technical or support staff providing clinical input - Level 4

The criteria for a unit head or team leader will generally rely upon the number of full-time equivalent (FTE) health professionals or other technical or support staff supervised, although this does not preclude the employer from taking into account other aspects or demands of the role

required including a significant variance between the actual number of staff supervised to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

Department Head (Level 4)

Where the department contains up to 5 full-time equivalent health professionals or other technical or support staff providing clinical input Department Heads at Level 4 are also required to maintain a clinical load

The criteria for a Department Head will generally rely upon the number of full-time equivalent (FTE) health professionals or other technical and support staff within a department. This does not preclude the employer from taking into account other aspects or demands of the role required including a significant variance between the actual number of staff managed to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

Student Educator (Level 4)

A student educator is responsible for the discipline specific clinical supervision, teaching and coordination of educational activities for students on clinical placements within one or more health facilities. This involves liaison with education providers regarding educational outcomes of the clinical placement and student education and placement quality evaluation within an area, region, network or zone. The work may include contributing to discipline workforce research or clinical placement improvement initiatives.

A student educator may also be required to undertake research into adult education principles, models of best practice in training and education and training program development as required, in order to support and improve the delivery of training to students.

The student educator may also have a clinical load.

VIC

Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020

Grade 4 – General Definition A Grade 4 Employee is an Employee who: (a) in addition to undertaking or having the ability to undertake the Grade 3 responsibilities, has extensive specialised knowledge in their profession or an area of their profession, and/or is at a supervisory level in one or more of the specific areas of their profession which require extensive specialised knowledge and: (i) would normally have at least 10 years' experience in the relevant profession; and (ii) holds significant educational, administrative, managerial, research and/or clinical responsibilities; or (b) is an Allied Health Manager or Assistant Allied Health Manager as defined in subclause 1.4 or 1.5 of Section A of this Appendix 4 and meets the requirements of subclause 6.4(b)(i), (ii) or (iii) of Section B of this Appendix 4.

6.2 Role function An Employee in a Grade 4 position performs duties within or across the following areas of expertise: (a) Clinical; (b) Managerial; (c) Education; and/or (d) Research.

6.3 Clinical (a) Indicative duties/responsibilities include: (i) being at a supervisory level in one or more clinical areas of their profession; (ii) being a specialist in a clinical area of their profession which requires extensive specialised knowledge and performance; (iii) mentoring and/or professional supervision of other Employees; (iv) having higher academic achievements, such as a

post-graduate qualification; (v) performing an Advanced Practice role (as defined in clause 1 of Schedule 4 of this Appendix 4) within the level of responsibility appropriate for a Grade 4 Employee as described at Schedule 4 of this Appendix 4; (vi) clinical leadership for a team or stream of care; and/or in the case of a Medical Imaging Technologist only, is in a large or multi-campus department and is either at a senior level in one or more of the specific branches of their profession which require extensive specialised knowledge and performance or over multiple diagnostic units in the same modality. (b) A Grade 4 Employee whose duties are mostly within the Clinical area of expertise may be described as a Lead or Advanced Clinician.

6.4 Managerial (a) Indicative duties/responsibilities include: (i) management of a program/s, such as the quality assurance program; (ii) management/supervision of staff within a program; (iii) in the case of Medical Imaging Technologist and Nuclear Medicine Technologist, management of imaging specific computer systems; and/or (iv) budget and/or human resource management in a department or area that may have a larger number of staff than a department or area managed by a Grade 3 Manager. (b) A Grade 4 Employee whose duties are mostly within the Managerial area of specialisation may be an: (i) other than for Orthotists/Prosthetists, Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 4 in charge of 15 to 39 Full-Time Employees and/or other staff not covered by this Agreement totalling 26 to 45 in number, save that A. an Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 4 in charge of 25 to 39 Full-Time Employees and/or other staff not covered by this Agreement totalling 28 to 45 in number will commence at the Grade 4 Year 4 rate of pay; (ii) for Orthotists/Prosthetists, Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) Grade 4 in charge of at least 9 to 39 Full-Time Employees; (iii) for Medical Imaging Technologists, Assistant Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) who is required to assist and to deputise for an Allied Health Manager who is in charge of at least 25 Full-Time Employees and/or other staff not covered by this Agreement totalling at least 28 in number, save that: A. a Medical Imaging Technologist Assistant Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) who is required to assist and to deputise for an Allied Health Manager who is in charge of at least 40 Full-Time Employees and/or other staff not covered by this Agreement totalling at least 46 in number will commence at the Grade 4 Year 4 rate of pay; or (iv) other Grade 4 managerial role.

6.5 7.5 Education (a) Indicative duties/responsibilities include: (i) managing the clinical teaching program of a department or a profession at the Employer; (ii) provision of specialist education programs; (iii) directing, coordinating and providing academic supervision of undergraduate and/or post graduate students; (iv) being a clinical educator in a department of 25 or more; (v) administering and managing relationships with universities and other education providers; and/or (vi) managing the Allied Health clinical teaching and/or training program. (b) A Grade 4 Employee whose duties are mostly within the Education area of expertise may be described as a Lead Clinical Educator.

6.6 Research (a) Indicative duties/responsibilities include: (i) managing the department's research program; (ii) directing and coordinating research and clinical trials; (iii) being the primary initiator of funding applications; (iv) publishing in their clinical speciality; and/or (v) leading and driving the research agenda and capability in the department or service. (b) A Grade 4 Employee whose duties

are mostly within the Research area of expertise may be described as a Lead Allied Health Researcher.

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

Biomedical Technologist Grade 4 An Employee who, with limited guidance or within broad guidelines performs activities or functions either as a Technologist practitioner, Technologist specialist or a Technologist manager at moderately to very complex levels with limited management responsibility and corporate impact.

Level 4 - Principal Child Psychotherapist An Employee who holds a basic bachelor degree in an appropriate field, has at least 5 to 6 years' clinical experience since completing a post-graduate course in Psychotherapy who: (a) is expected to ensure and maintain the provision of a high professional standard of specialised psychotherapy service delivery. (b) is responsible and accountable for the administration of a psychotherapy unit within an organisation. (c) is responsible for formulating and implementing policies for the psychotherapy discipline in consultation with the Professor/Director of the Department of Child and Family Psychiatry. (d) is responsible for the clinical supervision of qualified psychotherapy staff. (e) holds major training responsibilities in one or more of the Psychotherapy Training Schools. (f) is responsible for initiating and conducting relevant research.

Grade 4 Principal Client Adviser/Rehabilitation Consultant A Principal Client Adviser/Rehabilitation Consultant has responsibility for the overall rehabilitation process and/or service delivery.

Dental Laboratory Manager A Dental Technician who is the Dental Laboratory Manager, responsible to the Director of Dental Services for the administration and efficient functioning of Dental Technician Services at Dental Health Services Victoria.

Technical Officer Grade 4 An Employee who, with limited guidance or within broad guidelines performs activities or functions either as a Technical practitioner, Technical specialist or a Technical manager at moderately to very complex levels with limited management responsibility and corporate impact.

Welfare Worker Class IV (4) (a) A qualified Welfare Worker who is required to undertake senior administrative responsibilities including: (i) a Welfare Worker in charge of an Agency or Department with a staff of 8 or more Employees covered by the Agreement, or with a staff of at least 6 Employees covered by the Agreement, plus other employees totalling at least 13 in number who are employed by the Employer on a regular monthly contract of employment of at least the normal full-time ordinary hours or EFT of such Agency or Department; (ii) any Welfare Worker employed in a position the responsibilities of which are mutually agreed by the Employer and the Employee to be equal to those of a Welfare Worker employed under subclause 10.7(a)(i) of Section E of this Appendix 4. (b) Provided that where an Employee is appointed or reclassified from class I to class II or class II to class III, the following will apply: (i) a Welfare Worker (qualified) at class I, year 7 and thereafter appointed or reclassified to class II will be paid at the class II, year 4 and thereafter rate; (ii) a Welfare Worker (qualified) at class I, year 6 appointed or reclassified to class II will be paid at the class III, year 3 rate; (iii) a Welfare Worker (qualified) at class I, year 5 appointed or reclassified to class II will be paid at the class II, year 2 rate; (iv) a Welfare Worker (qualified) at class II, year 4 and thereafter appointed or reclassified to class III will be paid at the class III, year 2 rate; (v) a Welfare

Worker (qualified) at class II, year 5 and thereafter appointed or reclassified to class III will be paid at the class III, year 2 rate.

Youth Worker Class IV (4) (a) A qualified Youth Worker who is required to undertake senior administrative responsibilities including: (i) a Youth Worker in charge of an Agency or Department with a staff of 8 or more Employees covered by the Agreement, or with a staff of at least 6 Employees covered by the Agreement, plus other employees totalling at least 13 in number who are employed by the Employer on a regular monthly contract of employment of at least the normal full-time ordinary hours or EFT of such Agency or Department; (ii) any Youth Worker employed in a position the responsibilities of which are mutually agreed by the Employer and the Employee to be equal to those of a Youth Worker employed under subclause 11.6(a)(i) of Section E of this Appendix 4. (b) Provided that where an Employee is appointed or reclassified from class I to class II or class II to class III, the following will apply: (i) a Youth Worker (qualified) at class I, year 7 and thereafter appointed or reclassified to class II will be paid at the class II, year 4 and thereafter rate; (ii) a Youth Worker (qualified) at class I, year 6 appointed or reclassified to class II will be paid at the class III, year 3 rate; a Youth Worker (qualified) at class I, year 5 appointed or reclassified to class II will be paid at the class II, year 2 rate; (iv) a Youth Worker (qualified) at class II, year 4 and thereafter appointed or reclassified to class III will be paid at the class III, year 2 rate; (v) a Youth Worker (qualified) at class II, year 5 and thereafter appointed or reclassified to class III will be paid at the class III, year 2 rate.

Chief Mechanical Officer A Mechanical Officer immediately responsible for the organisation of the mechanical engineering department and supervision of staff.

Radiation Engineer Grade 4 (a) A Radiation Engineer who will normally have 10 years Radiation Engineering industry experience. A Radiation Engineer at Grade 4 would possess a comprehensive knowledge covering the majority (ratio 4:5) of the modalities serviced by the Radiation Engineering department. (b) A Radiation Engineer Grade 4's duties will include some of the following: (i) mentoring and tutoring of junior Radiation Engineers; (ii) specialist/expert within one or more modalities; (iii) co-ordination and/or management of a specialist portfolio or administrative function e.g. QMS, Policies and procedures, technical reports; possessing sufficient technical knowledge and expertise to creatively seek and implement solutions to new problems; (v) represent the department in multi-disciplinary meetings and external forums. (c) The training required to be undertaken by a Radiation Engineer Grade 4 is: (i) be experienced across the majority (ratio 4:5) modalities. (ii) maintain knowledge and expertise on new and existing equipment across the various modalities. (iii) be fully trained/competent in OEM and in-house training. The cost of the above training will be borne by the Employer.

Level D Research Technologist (Research Scientist) A Research Scientist who is expected to have extensive research experience and make major original contributions to the research division or in the area they work in and to play a significant role within their profession or discipline. Research Scientists at this level may be appointed in recognition of marked distinction in their area of research or scholarship.

QLD

Clinical

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Employees at Health Practitioner 4 demonstrate the application of high levels of clinical expertise, and provide clinical leadership within a team. Roles may have a clinical, education or research focus, or may involve elements of all three.

Employees provide clinical services of a complex and varied nature where principles, procedures, techniques or methods frequently require adaptation or modification, with clinical decisions based on valid and reliable evidence. Employees perform a majority of tasks independently, with a requirement for only minimum levels of clinical practice supervision. Employees may be recognised as a reference point within a team.

Employees are expected to research and apply professional clinical evidence to identify opportunities for quality and service improvement activities. Employees ensure that service initiatives are integrated into professional clinical practice, guidelines and policies at a service level, with minimal support/direction from a more senior practitioner.

Employees are expected to provide general clinical advice to supervisors/managers and relevant stakeholders in relation to the delivery of professional clinical services. Employees are responsible for ensuring the maintenance of clinical outcomes and professional standards within the work area. Primary educator employees will be responsible for the development, delivery and evaluation of clinical education and training programs within a discipline or service area.

Primary researcher employees will have a designated role as a researcher within a team/project, undertaking research of a complex and critical nature, or may manage a small clinical research project/s, with research outcomes being applied to clinical practice within a service or more broadly.

Management (Clinical)

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical management roles at HP4 require base level managerial knowledge and skills, coupled with highly developed clinical expertise and a sound understanding of the health care continuum.

Management responsibilities at this level will include operational management/supervision of a small professional team or work unit. The focus may be facility or service based.

Employees provide advice and direction to a small team and undertake clinical governance activities within the service, operating with a high degree of independence.

Employees are responsible for providing clinical leadership within a service; that includes the provision of clinical practice supervision and education/training to HP3 level clinicians. Employees will be responsible for monitoring and reporting of professional standards, quality and service delivery outcomes.

Employees may provide input into strategic planning for a service and will be responsible for ensuring alignment of team or work unit activities to the strategic direction of the service. Clinical management employees at this level may be responsible for the appropriate management of allocated financial resources, and/or maintenance of equipment and assets, in defined areas.

Technical

Roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

HP4 covers advanced technician roles that demand the application of advanced levels of specialised technical knowledge and skills. Employees provide the point of reference for technical advice at a service level.

Employees provide specialised or generalist technical services of a highly complex nature requiring exercise of fully independent technical judgement and advanced level command of conventional methods and specialised techniques.

Technical employees contribute to the development of technical competence within a service, providing education/training to HP3 level technicians, leading quality and service improvement initiatives, and leading technical governance activities for a technical discipline within a service.

Management (Technical)

Roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

Technical management employees at this level demonstrate well developed managerial knowledge and skills, and an advanced level of technical knowledge, skills and expertise and leadership across two or more speciality areas.

Technical management employees at this level have operational, staff and resource management responsibilities for a medium size technical work unit/s across one or more sites, or a large technical work unit based at a single facility.

Employees ensure that service initiatives are integrated into technical practice, work unit guidelines and service protocols. Employees provide high level advice to supervisors/managers to contribute to the strategic direction and planning for a service.

WA

LEVEL 9 (P-4) Health Professional 3rd Promotional Point

In a Level 9 (P-4) position the health professional will deliver and/or manage and direct the delivery of services in a complex professional or clinical setting.

Decision Making Standards

The position will make independent decisions related to expert practice and/or the delivery of the service. The position will direct the practice and advancement of other health professionals, staff and students and will manage development of services and implementation of change to ensure optimal client outcomes.

Communication Standards

The position will require facilitative communication skills to direct and coordinate the clinical/professional, administrative and education aspects of the professional service and will require an expert standard of negotiation, organisational, and liaison skills to plan and manage the delivery of services.

Knowledge and Skill Proficiency Standards

The position will require expert professional knowledge of methods, principles and practice and professional skills to maintain and advance skill levels for specialist areas.

The position will require continuing professional education that includes leadership and managerial skill development.

Professional Role Standards and Characteristics for a Level 9 (P-4) Health Professional Position

Emphasis on each criterion will reflect the focus of the individual position.

☑ Provision of recognised expert knowledge and services in a specialised area to WA Health.

☑ Overseeing the planning and provision of profession specific specialist services, with responsibility for strategic service planning and development processes.

- ☐ Coordination of service planning and development including the design and implementation of service delivery changes and the development of clinical governance policies and processes in practice.
- ☐ Provision of supervision and direction for staff using a high standard of postgraduate clinical/professional, leadership and managerial skills.
- ☐ Direction for the use of reflective practice and clinical/professional reasoning in service provision according to evidence based practice.
- ☐ Overseeing research activities in line with the organisation's research program

SA

ALLIED HEALTH PROFESSIONAL LEVEL 4

Employees at AHP 4 will have a clinical, management, education or research focus.

Employees may demonstrate elements of more than one or all of the pathways.

Clinical - Advanced Clinician/Practitioner

Management - Senior Manager, Senior Project Manager

Education/Research - Advanced Clinical Educator, Advanced Researcher

Advanced Clinician/Practitioner

An Advanced Clinician/Practitioner will demonstrate all of the following:

- a) Maintain a clinical caseload.
- b) Exercise significant professional judgement based on a detailed knowledge of work unit, Agency, and/or SA Health Local Health Network, SA Health Statewide Service, industry and/or State-wide initiatives.
- c) Develop and/or apply discipline principles and new technology and/or knowledge of crucial work which can encompass a single discipline or a variety of disciplines.
- d) Make a significant contribution towards the development and achievement of the strategic directions of the Agency and the region and/or SA Health Local Health Network, SA Health Statewide Service. These contributions may extend to the State or the Nation.
- e) Make independent decisions related to a wide area of expert practice in their field across a zone and/or region and/or SA Health Local Health Network, and/or SA Health Statewide Service and will be responsible for outcomes for clients and the organisation from the practice of other health professionals and staff.
- f) Require expert specialist knowledge of contemporary methods, principles and practice and skills across client groups and work areas.
- g) Provide professional/clinical supervision to other health professionals, students and/or other technical, operational and support staff

(2) Senior Manager / Senior Project Manager

A Senior Manager / Senior Project Manager will:

- a) Lead and provide operational advice on major functions or work areas within a work unit, or zone, or region, or SA Health Local Health Network, or SA Health Statewide Service or professional network.
- b) Attain a work unit's operational goals and objectives and the facilitation and application of human

resource principles including performance management and development.

c) Provide peer support to relevant colleagues and oversight of unit staff where appropriate.

d) Manage overall workforce and professional service strategies, priorities, work standards and the allocation of a work unit's resources.

e) Participate in strategic management and service development decisions which will involve participation

in committees and/or working parties which have an influence on the strategic direction of the region,

or Agency or SA Health Local Health Network, or SA Health Statewide Service or State.

f) Have a combination of operational and strategic roles such as:

1. has a significant contribution to corporate goals such as strategic workforce and service development and professional practice across a zone, or region, or professional network;

2. the provision of discipline specific professional co-ordination and leadership across a zone, region or SA Health Local Health Network, or SA Health Statewide Service or professional network to director/department heads;

3. acting as the central point of contact for strategic consultation and liaison with senior management;

4. provide an expert specialist consultancy role in their area of expertise;

5. involvement in the provision of relevant professional or leadership training, management development and/or mentoring to staff within a zone, or region or SA Health Local Health Network, or SA Health Statewide Service or professional network.

g) Initiate and formulate programs within the framework of a work unit's objectives and priorities.

h) May be required to initiate, formulate and manage research programs involving a number of professional disciplines.

i) Manage complex projects which may involve personnel from either one or a variety of professional disciplines.

j) Initiate and manage high level programs and major investigations.

k) Maintain a clinical caseload commensurate with management responsibilities.

(3) Advanced Clinical Educator / Advanced Researcher

An Advanced Clinical Educator / Advanced Researcher will:

South Australian Modern Public Sector Enterprise Agreement: Salaried 2017 Page 117 / 185

a) Co-ordinate, promote and participate in research projects relevant to discipline or AHP evidence based

practice and/or service improvement, and

b) Co-ordinate discipline specific and/or Interprofessional Learning clinical placements, and

c) Co-ordinate continuing professional development for AHPs

d) Provide oversight and co-ordination of relevant AHPs.

e) Maintain a clinical caseload commensurate with education and research responsibilities.

TAS

Level 4

Under broad policy control and direction is

- a Senior Professional Practitioner ; or
- a Professional Specialist; or
- a Deputy Head of Department

The work contributes to the formulation of Agency policies for the work area. It requires an understanding of the wider policy and strategic context. Technical or professional advice generally has consequences beyond the immediate work area and is normally only reviewed for policy and general approach. The work has moderate corporate impact.

The work is performed under broad direction in terms of objectives, policies and priorities. Programs, projects, assignments or other work are generally decided by higher level management, but at this Level authority is given to decide on how to achieve end results within limits of available resources. Decisions at this Level have direct consequences on the achievement of results for the function or group of activities for which the person is responsible.

Persons at this Level are expected to have extensive experience in their professional field and to perform a range of tasks in the absence of general professional guidance.

A Senior Professional Practitioner at this Level operates in the absence of general professional guidance and is expected to apply significant professional knowledge and professional judgment in one or more professional disciplines or fields in relation to more novel, complex and critical work. The Senior Professional Practitioner need not necessarily be supported by other professionals.

A Deputy Head of Department occupies a position which is specifically designated as such and provides support and assistance to the Professional Manager including a Head of Department and is responsible for the management of an organisational element in the absence of the Professional Manager including a Head of Department. Such positions would generally be established only in large more complex organisational elements.

Professional Specialists at this level exercise a high degree of independent professional judgment in the resolution of more novel, complex and critical problems or issues. They are required to provide authoritative technical or policy advice which draws on in-depth knowledge in a professional or technical field or discipline. Analysis,

design and interpretation of results of research or investigations represent authoritative and final professional conclusions. An original continuing contribution to the knowledge in the relevant discipline(s) or field(s) and the application of that advance in knowledge to the organisation's work would be expected.

HP5

ACT

This position under broad policy control undertakes the roles of senior Health Professional Practitioner and/or senior Professional Manager.

NSW

Positions at Levels 5 and 6 may have a clinical, education or management focus or may have elements of all three features.

Positions at Levels 5 and 6 deliver and/or manage and direct the delivery of services in a complex clinical setting.

Staff at this level perform novel, complex and critical discipline specific clinical work with a high level of professional knowledge and by the exercise of substantial professional judgement.

Health professionals at this level would undertake work with significant scope and/or complexity and/or undertake professional duties of an innovative, novel and/or critical nature without direction.

Work is usually performed without direct supervision with a discretion permitted within the boundaries of broad guidelines to achieve organisational goals.

Roles that may be undertaken at Levels 5 and 6 include, but are not limited to, the following:

Department Head

Department Heads at these levels may also be required to maintain a clinical load

Where the department contains more than 5 - 15 other full-time equivalent health professionals or other technical and support staff providing clinical input - Level 5

Where the department contains more than 15 - 25 other full-time equivalent health professionals or other technical and support staff providing clinical input - Level

The criteria for a Department Head will generally rely upon the number of full-time equivalent (FTE) health professionals or other technical and support staff within a department. This does not preclude the employer from taking into account other aspects or demands of the role required including a significant variance between the actual number of staff managed to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

Deputy Department Head

Deputy to a Department Head at Level 7, Grade 1, as well as maintaining a clinical load - Level 5

Deputy to a Department Head at Level 7, Grade 2, as well as maintaining a clinical load - Level 6.

The criteria for a Deputy Department Head will generally rely upon the Level of the Department Head. This does not preclude the employer from taking into account other aspects or demands of the role required including a significant variance between the actual number of staff managed to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

Unit Head or Team Leader

A unit head or team leader is responsible for the leadership, guidance and line management of a multidisciplinary clinical unit or specialist team that may work across a geographic region, zone or clinical network. The work involves supervision of other health professionals or technical or support staff as well as a clinical load.

More than 10 - 20 other full-time equivalent health professionals or other technical or support staff providing clinical input - Level 5

More than 20 - 30 other full-time equivalent health professionals or other technical or support staff providing clinical input - Level 6

The criteria for a unit head or team leader will generally rely upon the number of full-time equivalent health professionals or other technical or support staff supervised, although this does not preclude the employer from taking into account other aspects or demands of the role required including a significant variance between the actual number of staff managed to the FTE figure, organisational complexity, range and scope of duties and other responsibilities to be undertaken.

VIC

Allied Health Professionals (Victorian Public Health Sector) Single Interest Enterprise Agreement 2016-2020

A Grade 5 Employee is an Employee who is an Allied Health Manager (as defined in subclause 1.4 of Section A of this Appendix 4) in charge of 40 to 85 Full-Time Employees and/or other staff not covered by this Agreement totalling 46 to 90 in number.

Victorian Public Health Sector (Medical Scientists, Pharmacists' and Psychologists) Single Interest Enterprise Agreement 2017-2021

Deputy Chief Radiation Engineer (a) Radiation Engineer who assists and deputises for the Chief Radiation Engineer and performs all the functions of Grade 4. (b) The training required to be undertaken by a Deputy Chief Radiation Engineer is: (i) be experienced across the majority (ratio 4:5) modalities. (ii) maintain knowledge and expertise on new and existing equipment across the various modalities. (iii) be fully trained/competent in OEM and in-house training. The cost of the above training will be borne by the Employer

Level E Research Technologist (Research Scientist) A Research Scientist who has achieved international recognition through original, innovative and distinguished contribution to their field of research, which is demonstrated by sustained and distinguished performance. Research Scientists at this level will provide leadership in their field of research, within their institution, discipline and/or profession and within the scholarly and research training.

QLD

Clinical

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical employees at Health Practitioner 5 demonstrate application of advanced levels of clinical expertise that are recognised at a service level, and provide significant clinical leadership within a service. Professional clinical roles at HP 5 may have a clinical, education or research focus, or may involve elements of all three.

Clinical employees at HP5 level provide specialised or generalist clinical services of a significantly complex and critical nature, with significant scope. Duties are performed through the fully independent application of clinical expertise and use of advanced or novel techniques.

Employees are expected to utilise evidence and research to lead the identification, development, implementation and evaluation of quality and service improvement initiatives and the development of better practice. Employees provide high level clinical advice to supervisors/managers and relevant stakeholders in relation to the development of clinical services.

Clinical employees provide high level clinical leadership within the professional and/or multidisciplinary team/s, and are recognised as the reference point for other clinicians at a service level. Employees contribute to clinical governance and professional competence at a service level, providing clinical practice supervision, and providing advanced training and guidance to HP4 level clinicians seeking to build capability.

A primary educator role develops, delivers and participates in evaluation of specialised education and training programs within services. A primary educator employee contributes to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a service.

A primary researcher leads and manages clinical research programs or a component of a major clinical research program with research outcomes influencing clinical processes and standards of clinical practice and requires relevant postgraduate research qualification and a recent history of peer reviewed publishing on complex clinical practice and / or broad professional topics (not associated with obtaining academic qualifications).

Management (Clinical)

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical management employees at HP5 require well developed managerial knowledge and skills and strategic leadership ability, coupled with an advanced level of clinical expertise and comprehensive understanding of the health care continuum.

Employees operationally manage and supply strategic direction to a medium size professional or multidisciplinary team/work unit operating across one or more sites or clinical service areas, ensuring adherence to clinical service standards and achievement of quality and service delivery objectives.

Employees undertake strategic planning for a service, and provide advocacy for the service in advising senior management and relevant stakeholders. The strategic focus will be service based. Employees are responsible for managing clinical governance processes within a service and/or leading professional governance activities for a particular discipline across a service/s.

Clinical management employees at this level are responsible for the management of human, financial and physical resources, including management of one or more cost centre budgets.

Technical

Roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

Technical employees at Health Practitioner 5 demonstrate an expert level of technical knowledge and skills, performing in an expert capacity with command of highly specialised techniques within their given technical domain.

Employees provide authoritative technical advice and leadership within a service, and provide a reference point for stakeholders within and outside the discipline/service, at a state-wide or national level.

Employees would be expected to contribute to the development of technical competence in the discipline/service at a state or national level and to advocate for and influence the discipline / service's strategic direction of technical practice.

Management (Technical)

Roles at this level require employees to hold at least a relevant diploma (or equivalent) qualification in an eligible Health Practitioner technical discipline.

Technical employees at Health Practitioner 5 demonstrate highly developed managerial and strategic leadership knowledge and skills, and expert level of technical expertise.

Employees operationally manage large and diverse multi-disciplinary technical team/s, operating across multiple jurisdictions. The strategic focus will be service based across multiple disciplines/settings.

Employees direct the provision of services in the given technical function, ensuring integration of service delivery with professional healthcare stakeholder groups across multiple jurisdictions.

WA

LEVEL 10 (P-5) Health Professional 4th Promotional Point

In a Level 10 (P-5) position, the health professional will manage and direct professional service delivery, education and research programs in a complex clinical/professional setting, ensuring that staff and services under their control meet required standards.

Decision Making Standards

The position will make wholly independent decisions related to expert practice, and supervise and direct the practice of other health professionals, staff and students to ensure optimal outcomes for clients and the organisation. The position will manage and direct services including strategic development and implementation of change.

Communication Standards

The position will require facilitative communication skills to effect supervision and coordination in clinical, administrative and education aspects of the health profession service and will require an expert standard of negotiation, organisational, and leadership skills to work with all staff and patients in the planning and direction of service delivery.

Knowledge and Skill Proficiency Standards

The position will require expert professional knowledge of methods, principles and practice and skills across client groups and work areas. The position may require postgraduate education and recognised qualifications¹ in required clinical/professional specialties or in senior strategic management and leadership processes that are applied in the management of the departmental resources.

Professional Role Standards and Characteristics for a Level 10 (P-5) Health Profession Position

Emphasis on each criterion will reflect the focus of the individual position.

- ☐ Directing the planning and provision of profession specific specialist services.
- ☐ Coordination of strategic service planning and development including the development of clinical governance and processes in practice.
- ☐ Leadership and management of staff in service provision using evidence based practice and a very high standard of management skills.
- ☐ Overall responsibility for department management duties and processes, ensuring that the department Quality Improvement program meets the organisation's standards and accreditation of services.
- ☐ Overseeing research according to the organisation's research program and ensuring that staff postgraduate continuing education is maintained.
- ☐ Direct accountability for the administration, direction, control, financial management and performance of the department

SA

ALLIED HEALTH PROFESSIONAL LEVEL 5

Employees at AHP 5:

- a) Will have formal responsibilities for a major Agency program and/or accountability for SA Health Local Health Network or SA Health Statewide Service programs..
- b) Must seek professional/clinical supervision or mentoring relevant to clinical caseload.
- c) Has evidence of higher qualifications, and discipline recognition at regional, SA Health Local Health Network/SA Health Statewide Service state, national and/or international levels.
- d) Has made a significant contribution to the development of professional understanding on a state, national or international level.

Employees at AHP 5 will have a clinical, management, education or research focus.

Employees may demonstrate elements of more than one or a combination of all pathways.

Clinical - Consultant Clinician/Practitioner, Discipline lead

Management - Major Program and Operations - Professional manager/Advisor

Education/Research - Consultant Educator, Consultant researcher

Consultant Clinician/Practitioner / Discipline Lead

A Consultant Clinician/Practitioner / Discipline Lead will demonstrate all of the following:

- a) Provide expert specialist consultancy skills with crucial impacts to the industry, the State and possibly the Nation.
- b) Be a leading professional specialist.
- c) For a Consultant Clinician/Practitioner, the lack of precedent is a major feature of the majority of duties and actions undertaken.
- d) Operate in a highly complex or specialised field to establish and/or modify standards, guidelines, concepts, theories, techniques or principles by both critical analysis of new techniques, equipment or programs.

(2) Major Program and Operations - Professional Manager/Adviser

- a) The professional manager at this level will have high level managerial responsibilities which involve staff comprising a large number of, but not limited to, AHPs and the co-ordination and direction of major program objectives to achieve the end result in a timely and effective manner.
- b) Such programs will be of crucial importance to the State to satisfy the Government's objectives or the Agency's and/or the SA Health Local Health Network's or SA Health Statewide Service's corporate goals.

The Major Program and Operations - Professional Manager/Adviser will:

- a) Operate under general policy direction and with professional independence in the determination of overall strategies, priorities, work standards and allocation of resources.
- b) Develop and direct the implementation of new and high level programs and major investigations, with a strategic management emphasis.
- c) Maintain a clinical caseload commensurate with management responsibilities.

(3) Consultant Educator / Consultant Researcher

A Consultant Educator / Consultant Researcher will:

- Lead, co-ordinate and manage research projects at the work unit, region, and/or SA Health Local Health Network, SA Health Statewide Service, State and possibly the National levels, relevant to discipline and AHP evidence based practice and/or service improvement.
- b) Develop and provide state-wide AHP education programs and resources.
 - c) Maintain a clinical caseload commensurate with education and research responsibilities.

TAS

Level 5

Under broad policy control and direction is

- a Senior Professional Practitioner; or
- a Senior Professional Manager; or
- a Senior Professional Specialist.

The work requires the exercise of a high degree of independence in the determination of overall strategies, priorities, work standards and the allocation of resources.

Judgments made at this level form the basis of advice to senior levels within a department and are often critical to the achievement of overall objectives of a departmental program or organisational unit. Work is monitored against broad objectives and has a high corporate impact. Administrative direction is given on the Agency's policies and objectives and to ensure co-ordination with other major work units.

A Senior Professional Practitioner at this level operates in accordance with broad objectives and is expected to apply unusually significant professional knowledge and professional judgment in one or more disciplines or fields directly relevant to the work area and in relation to most novel, complex or critical work.

A Senior Professional Manager position at this level will be graded in accordance with the following managerial standards:

Grade 1

A Professional Manager including a Head of Department at this Level leads and directs an organisational element or team or professionals and other staff requiring co-ordination, and is responsible for human, physical and financial resources under the control of the position. The management role may require professional leadership over subordinate staff including supervisors. This involves setting standards for and evaluation of performance; interpreting policy relevant to the work area; and may involve resolving more complex technical or professional problems.

Guidelines

Typical features of positions classified at this level include:

- responsibility for human, physical and financial resources;

- responsibility (usually) for less than 10 staff, who are predominantly professional but may include some technical, clerical or operational staff;
- responsibility for managing a budget which is generally less than \$0.7m (This figure is at 1 October 2005, and the salary component of which is to be adjusted in accordance with any future salary increases);
- managerial complexity (as defined) is usually moderate.

Grade 2

Professional Manager including a Head of Department at this Level leads and directs a medium sized organisational element or team of professionals and other staff requiring considerable co-ordination, and is responsible for human, physical and financial resources under the control of the position. The management role may require professional leadership over subordinate staff including supervisors. This involves setting standards for and evaluating performance, interpreting policy relevant to the work area; and may involve resolving more complex technical or professional problems.

Guidelines

Typical features of positions classified at this level include:

- responsibility for human, physical and financial resources;
- responsibility (usually) for 10-19 staff, who are predominantly professional but may include some technical, clerical or operational staff;
- responsibility for managing a budget which is generally between \$0.7m and \$1.4m. (This figure is at 1 October 2005 and the salary component of which is to be adjusted in accordance with any future salary increases);
- managerial complexity (as defined) is usually considerable.

Grade 3

A Professional Manager including a Head of Department at this Level leads and directs a large sized organisational element or team of professionals and other staff requiring considerable co-ordination, and has significant responsibility for human, physical and financial resources under the control of the position. The management role may require professional leadership over subordinate staff including supervisors. This involves setting standards for and evaluating performance, interpreting policy relevant to the work area; and may involve resolving more complex technical or professional problems.

Guidelines

Typical features of positions classified at this level include:

- responsibility for human, physical and financial resources;
- responsible (usually) for 20-29 staff, who are predominantly professional but may include some technical, clerical or operational staff;
- significant budget responsibility which is generally in excess of \$1.4m (This figure is at 1 October 2005 and the salary component of which is to be adjusted in accordance with any future salary increases);
- managerial complexity (as defined) is usually significant.

Grade 4

A Senior Professional Manager including a Head of Department at this Level directs and co-ordinates a major function or work area involving a considerable variety of activities and organised on a geographical (including state-wide) or functional basis. Relative to other senior professional employee positions, Senior Professional Managers at this Level have unusually significant responsibility for the human, physical and financial resources under their control and the work may also include extensive co-ordination of projects involving unusually large numbers of professional and other staff engaged in field, laboratory, clinical, production or construction work. They direct professional and technical staff working in different fields.

Guidelines

Typical features of positions classified at this level include:

- responsibility for human, physical and financial resources;
- usually responsible for more than 30 staff, who are predominantly professional but may include some technical, clerical or operational staff;
- significant budget responsibility which is generally greater than \$2.1m (This figure is at 1 October 2005 and the salary component of which is to be adjusted in accordance with any future salary increases);
- managerial complexity (as defined) is usually extensive.

A Senior Professional Specialist at this Level is expected to have a depth of knowledge in his/her discipline or field of significance to the Department. Persons at this Level often have a national reputation. There is a requirement for a high degree of originality and analytical and conceptual skills in the resolution of particularly complex technical or policy issues. The work requires expert knowledge in a professional or technical field or in a range of fields and in most cases a comprehensive knowledge of relevant legislation and policies. In some circumstances, Senior Professional Specialists also have a management

and/or co-ordination role. The work requires constant adaptation of existing principles to new and unusual problems and involves frequent changes in policy, program or technological requirements.

Peer Review Panel

Upon receipt of an application from an employee who occupies a position classified as a Level 5 Senior Professional Specialist, a recommendation on the appropriate grade within Level 5 will be made by a Peer Review Panel. This Peer Review Panel will consist of five members: two management nominees, a nominee from the CPSU, a nominee from the HACSU and a nominee from the Tasmanian Health Professional Council.

The Peer Review Panel will forward recommendations to the Head of Agency, or delegate, for approval.

Employees who are unsuccessful in achieving placement at a higher grade through this process may reapply after 12 months.

The following criteria are to be used by the Peer Review Panel in determining the appropriate grade for professional staff classified as Level 5 Senior Professional Specialists in accordance with the Level 5 Classification standards prescribed in this clause.

The grades specified within Level 5 represent the salary range for Senior Professional Specialists classified at this Level.

SPECIALIST LEVEL 5: GRADE1-2

The Senior Professional Specialist has a requirement for developing and advancing the knowledge and professional skills of other staff within the team.

The work requires the exercise of a high degree of independence in the determination of overall priorities and strategies and has a significant corporate impact.

Judgements made form the basis of conclusive and authoritative advice to regional or state-wide management and are often critical to the achievement of regional or state-wide objectives. Persons at this level will often have a national reputation in their specialty.

The work requires constant adaptation of existing principals to new and unusual problems and involves frequent changes in policy, program or technological requirements. As such, a person at this level should:

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The work requires constant adaptation of existing principals to new and unusual problems and involves frequent changes in policy, program or technological requirements. As such, a person at this level should:

- possess appropriate analytical, conceptual and problem solving skills demonstrated by a high degree of originality in resolving particularly complex issues arising from:
- new policies, initiatives, systems and techniques; major research projects; and/or the
- performance of highly complex clinical activities;
- have completed a post graduate qualification(s) and could be expected to have at least eight years of relevant post qualification experience;
- contribute to the development and mentoring of other health professionals.

A Senior Professional Specialist appointed will be recognised at regional and on a State wide basis as an expert in the field of work or discipline. This would be recognised through consideration of some or all of the following:

- invitations to lead at recognised state wide forums and conferences;
- preparation and review of authoritative publications;
- participation in approved working parties and consultancies;
- teaching and lecturing in their specialty;
- recognised as a point of reference by peers;
- acknowledgment of expertise in legal and regulatory aspects of the specialty.

SPECIALIST LEVEL 5: GRADE 3-4

The Senior Professional Specialist has a requirement for developing and advancing the knowledge and professional skills of other staff within the team. The work requires the exercise of a high degree of independence in the determination of overall priorities and strategies and has a critical corporate impact. Judgements made at this Level may be significant to the achievement of Government objectives. Persons at this Level will often have a national reputation in their speciality.

The work requires constant adaptation of existing principals to new and unusual problems and involves frequent changes in policy, program or technological requirements. As such, a person at this Level should:

- possess outstanding analytical, conceptual and problem solving skills demonstrated by a high degree of originality in resolving

particularly complex issues arising from new policies, initiatives, systems and techniques; major research projects and/or the performance of highly complex clinical activities;

- have completed a post graduate qualification(s) and could be expected to have
- extensive relevant post qualification experience, beyond that required for Level 5 Grade 1-2;
- contribute to the development and mentoring of other health professionals.

A Senior Professional Specialist at this Level will be recognised on a national basis as an acknowledged expert based on an extensive and enduring contribution to that field of work or discipline. This would be recognised through consideration of some or all of the following:

- invitations to lead or present at national or international forums and conferences;
- preparation of authoritative national or international publications;
- participation in national or international working parties and consultancies;
- teaching and lecturing nationally or internationally in their specialty;
- recognised nationally as a point of reference by peers;
- acknowledgement of expertise in legal and regulatory aspects of the specialty.

HP6

ACT

The position may under broad policy control and direction undertake the role of senior Health Professional Manager having a high level of accountability, competency, professional judgement and responsibility.

NSW

-

VIC

The position may under broad policy control and direction undertake the role of senior Health Professional Manager having a high level of accountability, competency, professional judgement and responsibility

Chief Radiation Engineer A Radiation Engineer responsible for the organisation of the radiation engineering department and supervision of staff.

Level F The director of the research division.

QLD

Clinical

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical employees at Health Practitioner 6 demonstrate expert levels of clinical expertise that are recognised at a state-wide level, operating in a capacity as an expert clinical consultant on a state-wide or national basis, utilising expert command of highly specialised techniques.

HP6 clinical employees contribute to the development of professional competence in the given area at a state wide level, and may be expected to advocate or influence relevant stakeholders in relation to the development of strategic direction for clinical practice. HP6 clinical employees lead the development of relevant professional standards, they are recognised as an authoritative reference point for clinical expertise, at a state or national level.

Employees may lead professional governance activities, providing clinical practice supervision and education for staff and students, as well as providing expert level training and guidance to advanced level clinicians seeking to build capability.

A primary educator employee at this level will be responsible for the strategic development, delivery and evaluation of a range of professional education and training programs in collaboration with tertiary education providers. Employees manage clinical education programs that have state-wide scope for a professional discipline/s, and directly contribute to the development of professional competence associated with a discipline/s or state-wide speciality clinical health service.

A primary researcher employee at this level will lead and manage a clinical research program/s of significant scope and importance to health services, with research outcomes having wide-spread application to clinical practice for diverse population groups. Primary research roles at this level require obtainment of:

- post-graduate research qualification/s; and
- a recent history of additional clinical research, evidenced by publication in peer reviewed journals; and
- a successful record of obtaining competitive research grants and funds.

Management (Clinical)

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical management roles at HP6 require highly developed managerial knowledge and skills and strategic focus, coupled with an expert level of clinical expertise and significant understanding of the health care continuum.

Employees will be responsible for all aspects of operational and strategic management of a large discipline-specific team/service or a large multi-disciplinary team/service, or a state-wide speciality health service of critical importance to Queensland. Subordinate teams / services managed by

employees at this level typically operate within a large facility across multiple clinical service areas, or across multiple sites/facilities and clinical settings.

Employees lead strategic planning for a service/s and strategically direct the management of service delivery, ensuring alignment with health service strategic objectives.

Management employees at this level are accountable for the management of clinical governance systems within a service/s, and typically lead professional governance activities within a service, for a health practitioner discipline. The professional management focus of these roles is service-wide and involves alignment across multiple clinical specialties/settings.

Employees provide authoritative counsel to executive and other managerial or relevant stakeholders on matters falling within their jurisdiction of managerial responsibility and/or recognised expertise. Employees may additionally be required to provide managerial leadership in the development of professional or clinical practice standards on a state-wide basis.

Management employees at this level have responsibilities for the management of significant human, financial and physical resources, including management of one or more major cost centre budgets.

WA

LEVEL 11 (P-6) Health Professional 5th Promotional Point

Level 11 (P-6) is a department manager for health profession/s position. The position will undertake the overall management and responsibility of professional service delivery and outcomes.

Decision Making Standards

At Level 11 (P-6), the incumbent will make wholly independent decisions related to the areas of expert practice in their profession, and ensure optimal outcomes for clients and the organisation from the practice of other health professionals, staff and students. The incumbent will make strategic management and service development decisions.

Communication Standards

The position will require an overall expert standard of communication skills to effect and ensure that communication processes including supervision, coordination, negotiation, organisational, and liaison skills are optimal in all aspects of the health profession service and in service delivery.

Knowledge and Skill Proficiency Standards

The position will require expert professional knowledge of methods, principles and

practice and skills across client groups and work areas. The position may require postgraduate education and/or recognised qualifications in professional specialties and in

senior strategic management processes that are applied across all aspects in the management of departmental resources and services.

The position may require continuing postgraduate training for specialist and management areas to maintain personal professional education and upskilling.

Professional Role Standards and Characteristics for a Level 11 (P-6) a Health

Profession Position

Emphasis on each criterion will reflect the focus of the individual position.

A position at Level 11 (P-6) will be required to ensure that the department maintains highest standards in:

- ☐ Strategic service planning and development processes.
- ☐ Planning and provision of clinical/ professional services for clients.
- ☐ Leadership and management of staff.
- ☐ Postgraduate continuing education and department professional education.
- ☐ Use of reflective practice/clinical reasoning and evidence based practice.
- ☐ Quality Improvement programs and research.
- ☐ Management and processes including the development and maintenance of clinical governance policies and processes.
- ☐ Direct accountability for the administration, direction, control, financial management and performance of the department

SA

ALLIED HEALTH PROFESSIONAL LEVEL 6

Employees at AHP 6 will:

- a) Have evidence of higher qualifications relevant to health care.
- b) Have discipline recognition at a State-wide, national and/or international level within the relevant discipline.
- c) Create a strategic framework and direct the development of professional competence within a service area
and relevant multi-discipline State-wide services.
- d) Establish frameworks for the advancement and integration of disciplines to support the delivery of quality
State-wide health services within relevant Agency, Government or national directions.
- e) Strategically manage a discipline specific workforce which provides State-wide services or a multidisciplinary workforce across a region, SA Health Local Health Network or SA Health Statewide Service.
- f) Provide professional policy development advice to Government.

g) Provide authoritative and specialist consultancy services which has impacts beyond the State.

h) Be professionally recognised as having a statewide, national and/or international reputation as a specialist in the professional discipline which is confirmed by the publication of papers and external invitations to teach or speak to professional bodies/educational institutions on subject material which demands high level professional expertise.

i) Determine strategic directions and operational standards and objectives within the Agency and industry.

j) Actively contribute as a member on State-wide and national committees.

k) Have a management focus and be under the broad direction of an executive level position

Management

SA Health Local Health Network/ SA Health Statewide Service Allied Health Adviser

Regional Allied Health Adviser

State Discipline Lead

TAS

Level 6

Under broad policy control is an Executive Professional Manager. The work involves executive management of several major work areas in an agency involving a very wide variety of activities associated with the development, co-ordination and implementation of state-wide policies.

Only broad Government objectives govern the position within which total flexibility exists for developing policies, strategies and tactics to achieve objectives.

Direction would be an exception and limited only to issues which have impact upon other external operational policy areas. Work at this level has the higher corporate impact.

HP7

VIC

A Grade 7 Employee is an Employee who is a Director of Allied Health.

QLD

Clinical

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical roles at HP7 require expert levels of professional/clinical expertise and provide high level clinical leadership within a discipline/service that operates at a major tertiary referral hospital, or for multiple disciplines/services that would be recognised either nationally or internationally.

The employee is the reference point within and outside the discipline/service and performs duties in a strategic consultant capacity. Employees use expert level command of specialised techniques to provide normal, consultant-level clinical services. Employees are required to provide authoritative clinical advice on a national/international level.

Clinical employees at this level are integral to the development of state-wide professional competence for a health practitioner discipline/s on a state-wide basis (or nationally) and leads the review, development and implementation of clinical practice standards, policy and procedures for services of significant clinical complexity, scope and importance to Queensland.

Primary educator employees strategically direct, develop and manage a major, complex clinical education program/s for health services, typically on a state-wide basis. Employees are required to advocate for professional development learning outcomes across multiple discipline/s and significantly influence the development of professional competence on a state-wide basis by establishing critical links with a range of tertiary education providers.

Primary researcher employees strategically lead and manage significant multi-disciplinary clinical research programs of critical clinical importance to Queensland, with research outcomes having wide- spread application for diverse population groups. Research outcomes are implemented as standard clinical practice.

Primary research employees demonstrate extensive clinical research knowledge, skills and expertise in the specific area of research or across a variety of areas with international reputation in their research agenda. Employees are required to lead and manage effective partnerships with universities, professional bodies, non-government sector organisations and external research organisations.

Primary research roles require obtainment of one or more of the following mandatory qualifications:

- relevant masters/post doctoral level research qualification/s; and
- an additional significant history of publication in peer reviewed journals; and
- an extensive history of success in obtaining competitive research grants and funds.

Management (Clinical)

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Clinical management employees at HP7 require expert managerial knowledge and skills and high level strategic leadership capabilities, coupled with an expert level of clinical expertise and

significant understanding of the health care continuum and wider health service inter-dependencies.

HP7 management employees are members of, or have significant engagement with, the Executive to inform critical decision-making.

Management employees at HP7 demonstrate an ability for the leadership of major complex services. The employee manages a large team that provides a major, complex service either at a tertiary referral hospital or across multiple hospitals / facilities.

Work undertaken utilises strategic-level, professional management skills across large, diverse and/or complex professional teams or disciplines, which may have State-wide operation, of significant importance and the ability to supply strategic direction to a large professional team operating at a tertiary referral hospital; or over multiple sites and services.

Demonstrates high level strategic leadership expertise, and applied expert level clinical expertise, to lead, direct and manage a large and diverse, or large and complex, service that operates at a major tertiary referral hospital or across multiple hospitals/facilities or across a state-wide area.

The employee is required to advocate strategically on matters of high importance in a given area at a state-wide level. The employee is expected to challenge existing service protocols and leads the development of new state-level policy.

WA

LEVEL 12 (P-7/P-8/P-9) Health Professional 6th/7th/8th Promotional Point

Level 12 (P-7/P-8/P-9) is a senior department manager for health profession/s position.

The position will undertake management and responsibility for professional service delivery and outcomes on a statewide basis.

Decision Making Standards

The position will make independent decisions related to statewide expert practice in their profession, and ensure optimal outcomes for clients and the organisation from the practice of other health professionals, staff and students. The position will make strategic management and service development decisions.

Communication Standards

The position will require an overall expert standard of communication skills to effect and ensure that communication processes including supervision, coordination, negotiation, organisational, and liaison skills are optimal in statewide aspects of the health profession service and in service delivery.

Knowledge and Skill Proficiency Standards

The position will require expert professional knowledge of methods, principles and practice and skills across statewide client groups and work areas. The position may require post-graduate education and recognised qualifications in clinical/professional specialties and in senior strategic management processes that are applied across all aspects in the management of departmental resources and services.

The position may require continuing postgraduate training for specialist and management areas to maintain personal professional education and upskilling.
Professional Role Standards and Characteristics for a Level 12 (P-7/P-8/P-9)

Health Professional Position

Emphasis on each criterion will reflect the focus of the individual position.

The position will be required to ensure that the statewide service maintains highest standards in:

- ☐ Strategic service planning and development processes.
- ☐ Planning and provision of clinical/professional services for clients.
- ☐ Leadership and management of staff.
- ☐ Postgraduate continuing education and department professional education.
- ☐ Use of reflective practice/clinical reasoning and evidence based practice.
- ☐ Quality Improvement programs and research.
- ☐ Management and processes including the development and maintenance of clinical governance policies and processes
- ☐ Particular statewide role recognised as requiring higher qualifications and responsibilities.
- ☐ Direct accountability for the administration, direction, control, financial management and performance of the department

HP8

QLD

Management

Roles at this level require employees to hold at least a relevant tertiary degree (or equivalent) qualification in an eligible Health Practitioner clinical profession.

Management employees at HP8 require expert strategic leadership and managerial knowledge and skills and expert understanding of broad and complex health service systems and inter-dependencies.

Roles at HP8 are members of an executive management team, and have significant managerial influence to inform corporate decision-making.

Management positions at Health Practitioner 8 carry full accountabilities for the direction and management of large/very large and complex services, usually involving leadership across a diverse range of professions/disciplines and services/settings.

Employees strategically and operationally manage a large/very large health practitioner workforce that provides a major complex health service/s, and is recognised as having a major leading influence on the development of profession-specific or multi-disciplinary allied health clinical practice and service models on a state-wide basis.

Employees operate as key drivers within the organisation, leading and facilitating frameworks for the strategic development of high-quality, state-wide standards of performance, safety, patient care and inter-service coordination, within relevant governmental and national directions.

Employees direct the state wide development of professional competence within a discipline area and for relevant multidisciplinary services, providing strategic leadership and authoritative advice on the development of relevant state-wide professional standards to a wide variety of stakeholders.

Employees demonstrate professional leadership through harnessing knowledge to contribute to the development of the professional discipline or multidisciplinary health service, including incorporating evidence-based initiatives into clinical practice.

Employees at HP8 actively contribute to overall corporate strategy and identify health service initiatives. In doing so, roles challenge existing protocols and initiate and lead policy changes to achieve health outcomes. Employees are fully accountable for advice provided, as well as its flow-on implications.

ACKNOWLEDGMENT OF COUNTRY

ACT Health acknowledges the Traditional Custodians of the land, the Ngunnawal people. ACT Health respects their continuing culture and connections to the land and the unique contributions they make to the life of this area. ACT Health also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

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ACT HEALTH PROFESSIONAL CLASSIFICATION REVIEW PROJECT

Report 3 Health Professional Feedback Summary

November 2020

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

CONTENTS

OVERVIEW	3
Purpose	3
Process	3
Reference Groups.....	3
Health Professional Staff Survey	3
HEALTH PROFESSIONAL CLASSIFICATION STRUCTURE	3
Advantages of current classification structure	3
Disadvantages of current classification structure	4
Opportunities of current classification structure	7
HEALTH PROFESSIONAL ENTERPRISE BARGAINING ISSUES	9
HEALTH PROFESSIONAL WORKFORCE OPPORTUNITIES	11
PROFESSION AND/OR PROFESSION GROUPINGS SPECIFIC ISSUE....	13

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

Overview

Purpose

The purpose of this report is to provide a summary of the feedback received through the engagement channels with the Health Professional (HP) Workforce as part of the Health Professional Classification Review project.

This report will provide an overview of the priority areas for the Health Professional (HP) workforce. Through the engagement with the Health Professional Reference groups it was established that there are several areas that need to be addressed for the greater workforce. The areas of concern can be broken down into 3 categories:

1. Classification structure.
2. Enterprise Bargaining (issues or considerations for the enterprise agreement negotiations process); and
3. Workforce planning.

It should be noted that this report is a summary of feedback only and some of the claims have not been tested.

Process

As part of the review, various engagement methods have been used to ensure a full and well-rounded synopsis of the current state of the workforce and the priority areas in relation to the classification structure, Interdependent enterprise bargaining and workforce planning/operational. The main channels for feedback were through the HP Reference groups and the staff survey, the Project Manager also attended various team meetings and presented at relevant professional lead forums to inform leaders on the project progress and seek input.

Reference groups

As part of the review project, four Health Professional reference groups were set up with attendees from ACT Health Directorate, Canberra Health Services, Education, Justice & Community Services and Calvary Public Hospital.

The objective of the reference groups within the scope of the HP classification review is to use the reference groups as a 'voice of the Health Professionals' to raise ideas, put forward suggestions and identify key challenges and possible solutions for the current and future Health Professional Classification.

Reference group - meeting 1

The initial meeting with the reference groups was positioned to discuss the **advantages & disadvantages of the current classification** structure. All items raised outside the scope of the project were recorded and put into the categories of either Enterprise bargaining issue or workforce planning issues.

Reference group – meeting 2

The purpose of this meeting was to look at the **opportunities for improvement** in the classification structure.

Reference Group - meeting 3

This meeting was set up to **provide the feedback** from the all of ACT Health Professional staff survey to the reference groups for information and comment.

Health Professional Staff Survey

A HP staff survey was sent to all HP's covered by the HP classification included in the scope of the project. 1753 invitations to complete the survey were sent with a response rate of 51%.

Health Professional Classification structure

Advantages of current classification structure

- Provides entry level classification for new graduates
- Provides structure and clarity for supervision requirements
- Good salary progression in level 2 with 7 pay points
- Provision for some professions (including: Medical Imaging, pharmacy, perfusionist, medical imaging, medical physics, and radiation

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

- therapist) to have their own classification and salary spine
- Provides a diverse classification structure that covers many professions
- Pharmacy – the current competency-based progression works well in pharmacy and is the preferred method of progression. There is a competency-based framework that must be met and is assessed by a panel before progression is endorsed.

Disadvantages of current classification structure

The current HP3 personal upgrade process is:

- Cumbersome and onerous and time consuming in the application process. There is an extensive amount of work required in the application.
- Not applicable or accessible to all professions in application due to the subjective nature of the process and how it is perceived to be relevant to each profession.
- Misleading in advertisement of the HP3 banding as people outside the organisation will perceive that they would be able to access the top of the level.

Consistency and application of the HP1 level role for new graduates

- The HP1 role is an investment into new graduate health professionals entering the workforce. The HP1 is put on a temporary contract of 12 months with the idea that they complete 12 months of practical experience as a new graduate before being eligible to apply for a HP2 role. In some cases, there is not the budget or availability of a HP2 role for the employee to apply for.
- The level 1 role has discrepancies in its application across services. Some areas broad band the HP1 /HP2, other areas allow HP1s to apply for HP2 roles with less than 12 months experience at the HP1 level and appoint based on merit as

opposed the recognising the requirement to complete 12 months at level 1.

- The timing of recruitment to HP1 should be considered through a coordinated graduate program.
- Based on the current HP1 level description, there is 12 months practical experience required at the level. Based on the feedback received there is an argument for and against requiring a new graduate to stay at level 1 for 12 months. A recommendation must respond to and ensure equity and transparency in application of the revised Work Level Standard. Which will be undertaken following the classification review.
- Staff retention at entry level is hampered due to lack of available positions at the HP 2 level and the lack of job security provided due to the 12month contracts.
- There is a concern with the transition of a new graduate at a HP1 to a HP2. There is not a coordinated transition plan in place which can cause inconsistency of application across various professions in the retainment and progression of new graduates.
- In some areas there are budget constraints in progressing a HP1 to a HP2.
- Clarification is required on start point for new graduate who has a Masters degree in the classification structure.
- Expansion of the HP1 classification to encourage new graduates remain at this level for longer (whilst moving through pay points). Make HP2 level a more 'senior' junior level where individuals need to demonstrate increased autonomy and skills to gain a position, facilitating improved career progression. Recognise that an HP2 has more developed skills and knowledge and can develop skills towards securing an HP3 level position, in line with other states (i.e. NSW health) - may assist with reducing numbers of staff who

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

apply for HP3 roles before they have the required skills and knowledge.

Diversity/ scope and complexity of roles particularly where there are management responsibilities is smaller professions

- Workloads can be greater and/or more complex than other States and Territories due to the size of the ACT population and needing to provide greater breadth of service within small professional teams.
- Knowledge and skills may need to be broader in some cases as the roles can be more complex than in other jurisdictions – particularly at HP2/3 and in small professions.

Career progression issues due to the compression of classification structure and pay points

- There is lack of pay-point progression within the HP3 and HP4 level roles.
 - o HP3 currently has 3 pay-points with a hard barrier to HP3.5 through application process of the HP3 personal upgrade process.
 - o HP4 level has 2 pay-points.
- There is only 19 available pay-points between the entry level as a new grad to a 1.3 through to level 6. (this considers that HP1.1 and HP1.2 are not used pay-points and there is an overlap between HP2.1 – HP2.3)
- Hard barrier between ?? and level 2 and a level 3 - there are limited level 3 roles which can result in having people in a level 2 role for a number of years that are performing at the same standard as a level 3.
- In some cases, there is not enough differentiation between a level 2 and level 3 and this is inconsistently managed.

Varied scope and complexity of roles and adequate classification against Work Level Standards

- The work level standards (WLS) were identified as general by way of definition and therefore difficult to apply to all professions. The WLS will need to be reviewed in applying a new classification structure.
- The HP4 level role was particularly identified as having disparity in application of the level.
- It was noted that failure to adequately assess someone against the WLS can cause interpersonal and interprofessional and retention issues.
- There is no definition that prescribes the level at which a 'specialist, education, research, manager or hybrid (Manager and clinical) roles' should sit.

Availability of senior roles and career progression (particularly) in smaller professions

- There was a strong collective voice from representatives from smaller professions that while there may not be the same headcount in their professional areas there is still the same demand on the role to provide managerial support, attend relative professional forums and meetings as well as carry a clinical load. It was noted that in some of the larger professions there is the ability to delegate tasks, whereas in the smaller professions there is not the ability to delegate.
- There is not a HP 5 level role in all professions and therefore there any be the need to jump from a HP 4 to a HP 6.

Retention issues due to band ceilings and limited pay point increases (outside of HP2)

- Lack of progression within the HP3 grade. Some professions have retention issues at level 3. This is believed due to some staff moving into private practice or senior opportunities outside of the organization. The cause is deemed due the lack of opportunities at level 4 and

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

above and perception that the pay ceiling has been reached at level 3.

- There is a hard barrier between a HP level 2 and 3. There is interest in the excellence program or application process for senior clinicians that are in place in other jurisdictions.

Application of Attraction Recruitment Incentives (ARIns) or allowances to some professions can cause issues such as:

- Example: Multidisciplinary roles, where role description prescribes the duties of the role and can be filled by health professional such as occupational therapist, social workers, or psychologist. If a psychologist is in the role they are paid more due to the psychologist allowance/ARIn.
- It was recommended that ACT consider adopting something like the clause in the Queensland Health EBA that says:

"Health Practitioners in Multi-Disciplinary Teams

48.1. Health practitioners working in multi-disciplinary teams in a role that could be occupied by either a health

practitioner or a nurse will be paid the higher rate of pay applicable to the role.

48.2. A health practitioner working in one of these roles will remain classified as a health practitioner, retain the

title of their health practitioner discipline as appropriate and retain all other conditions applicable to health

practitioners employed by the employer.

48.3. To support the implementation of this clause a process will be developed, and all effected roles will be identified"

- The ARIn does not serve its purpose or intent for the relevant professions in attracting new employees outside the

ACT government and are not transparent or well understood in their application, particularly during recruitment processes.

Lack of career progression / Career pathways (outside of roles that require managerial responsibilities)

- There is limited opportunity for senior clinicians/specialist wishing to continue to advance their area of specialty. Most opportunities for HP4 and HP5 career advancement are managerial roles.
- There is a need to create specialist or advanced practice-based roles. Such as research, education, specialist, or managerial focused roles.
- Clarify the definition of specialisation through clear profession specific work level standards. Specify the change in skill, experience, qualifications that define a specialist.
- Review the application of the HP 4 role – include specialisation roles and expand the pay-points, Differentiation between HP4 managers and HP4 specialist clinicians

Lack of recognition for Territory, National or International Subject Matter Expertise

- There is a need for the appropriate recognition for Subject Matter experts (SMEs) – particularly in the field of research and scientist space. It should be noted that there are People that sit on Nationally recognised Associations as Nationally recognised experts and it's not recognised within the classification structure or Enterprise Agreement.

Disband ARIns and apply separate salary spines (if required) for some professions

- To support transparency in remuneration and therefore recruitment of new and future employees, it is the preferred option to have a separate salary spine for professions with an ARIn or Allowance in place.

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

Opportunities for improvement of the classification structure

Implementing an extended classification structure with more pay-points at the level 3, 4 and 5 level is the main area for opportunity for the HP Classification structure. There also needs to be provision for extended or advanced scope of practice roles. This could be achieved through an 'advanced' paypoint at relevant levels such as 3.1A, 3.2A etc. or classifying a role at a higher level which would need to be supported by relevant classification work level standard descriptions.

In the HP Staff survey the staff were asked:

'When considering the options for a proposed revised Health Professional classification structures, what do you think would be the most appropriate approach to a HP classification structure for ACT'

The response was:

50% for an extended classification structure that ranged from levels 1 – 9 with a number of pay points at each level. The structure would cover all health professionals and roles to be classified against profession level work level standards

43% for Classification streams within the structure based on groupings of health professions defined by similarities of the professions (e.g. groupings of therapy-based professions, health scientist, Diagnostic / scientific)

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

As part of the HP staff survey the below question was asked with responses listed in priority area.

The below issues have been identified through the HP reference group feedback. Based on your understanding of the HP classification structure, what issues would you like to see addressed in the review project? (Please select all most relevant answers)	
Increase the number of pay points for progression, particularly within the HP3 and HP4 level role	65.48%
Include professional excellence progression where a HP can be recognised for professional excellence within their field at any level	65.34%
Remove the HP3 upgrade scheme and expand the HP3 level through competency-based progression	62.96%
Recognition and classification definition for senior clinician roles	50.93%
Address the application of the HP1 level role to support the retention of HP1 talent into HP 2 roles	44.44%
Performance or competency-based progression provisions within each level (that is, you can progress within your level without waiting for your 12-month service anniversary to progress to the next pay point)	44.05%
Implementation of broad banding to broaden the pay ranges, particularly at the level 2 to 3 which is based on competency-based progression	41.67%
Include a trainee / grad / intern defined level with a clear definition of the application of the role level	29.37%
Remove the current time requirement of 12 or 24 months for the HP1 level role	14.29%
Psychology specific – equity across ACT government for psychologist in terms of pay and conditions	11.90%

Health Professional Enterprise Bargaining issues

Recognition for stand-alone Health Professional roles

- Recognition for stand-alone roles possibly through the use of a 'sole worker' allowance or additional support through professional development.

Recognition for additional higher qualifications on top of the base qualifications to perform a role

- A role may not require additional qualifications; however, service delivery may benefit due to a person's additional qualifications. The scope of the role may be extended due to additional skills and experience an individual can bring to the role.

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

- Both Nursing and Medical EA's have the recognition of additional qualifications built into the EA in the form of allowances, this should be the same for AH. This would also support the movement of clinical staff through advanced scope of practice (HP3 to HP4) and extended scope of practice (HP4 to HP5) – see section 39 of the ACT Nursing EBA.

Managerial allowance

- There is the option to consider a managerial allowance in response to the issue of requiring roles to participate in managerial duties as well as their normal health professional duties. A managerial allowance is utilised in South Australia and is applied based on the number of staff being managed and risk profile of the role.

More support and consistent access to Professional Development

- Currently there is inconsistency in the application of professional development across all areas of Health Professionals.
- Defining the difference between professional development and education and training is required
- The clause in the current Enterprise Agreement is not clear. There is also not clear policies and procedures in place for staff to apply and access professional development funds

Protected time for additional roles e.g. Lead Professional, Educator, WHS, Technical Expert

- There is a time commitment to participate in other roles outside the core role an employee is employed to

do. Such roles can include the profession lead, Education commitments, technical or subject matter expertise. It has been suggested that having protected time to undertake the role is required as opposed to having it as an additional duty onto of the normal workload.

Structural flexibility and adaptability of the EBA

- Backfill for frontline clinical positions – The current EA has no provision to backfill clinical positions. This results in increased workload on the remaining staff to cover gaps. A team of 13 FTE on paper needs to allow to have 1 person off every week of the year effectively reducing the team to 12 FTE in real time. Having the ability to recruit to an additional position at the rate of 1:1.25 would mean that services could cope with leave.

Clarity regarding profession lead roles

- Allowances for Profession Lead positions. All professions require equitable access and funding for profession lead positions. Some positions are currently fully funded, some are partially funded, and some are volunteer. There needs to be equity of resourcing for these positions via an allowance in the EA and clarification around tenure

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

As part of the HP staff survey the below question was asked with responses listed in priority are

The below are a list of issues raised through the Health Professional Reference group meetings that fall outside the scope of the HP classification review, however, are still important issued to be addressed. What do you see as the priority Interdependent issues for consideration for the HP Enterprise Bargaining process? Please select your top 3.

Recognition of subject matter expertise / specialisation within disciplines through defined specialist roles that don't require managerial responsibilities to progress in level (e.g., research, education, clinical specialist)	65.14%
Higher qualification allowance for additional or high qualifications than the professional standard	48.99%
Equity and clarification on the application of professional development allowance	48.80%
Managerial allowance provisions for roles that have a broad scope of responsibilities including managerial responsibilities, case load and educational responsibilities (particularly in smaller professions)	36.61%
Recognition of profession specific specialist accreditation	28.94%
Recognition for dual qualifications or diverse skill mix in one role (e.g. - Due to the size of the ACT job sizing of a number of HP roles can be broader or more dynamic than in other jurisdictions which require dual qualifications or extensive in house training)	28.13%
Recognition in work level standards for specialist in small professions	20.59%
Recognition and remuneration for stand-alone roles	17.7%
Recognition for Territory lead responsibilities (e.g. ACT representation on National boards, Associations, or other relevant professional bodies)	15.07%

Health Professional Workforce opportunities

HP1

- Consider the timing of the HP1 recruitment. It should be at a time where new graduates are completing their degree and looking for a role
- Consider a formal graduate program that's dynamic in its application to apply to all health professional graduates
- Create more opportunities for new graduates to get into their professions

Training and Education

- Formalised training schedule is needed
- Create training specific roles for HP's to access while completing studies. This is particularly relevant in the Scientist professions where a scientist may choose to complete their Fellowship they could have the opportunity to apply to access some of the training role (i.e. 0.2 of the training role and undertake their studies 1 day per week).
- Create and support specialist career pathways. There is currently a lack of learning and growth opportunities.

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

- Recognition and maintenance of discipline specific skills

Professional Supervision structure

- It was noted that in some professions they were not able to access professional supervision from someone within their profession. The implementation of a separate professional supervision structure may provide additional professional mentorship and support to new health professional and support the development of specialist career paths.

Multi-classified roles

- It was particularly identified in the staff survey that there should be equity in professions that hold a multidiscipline role.
- Retitling the multi-classified roles to 'case manager' in mental health could be considered, or advertising for the specific profession required e.g. Occupational Therapist, Case Worker Mental Health.
- It should be noted that there is a completely different scope of practice for psychologist, social worker and occupational therapist. The individual professional scope of practice should complement each other to achieve the model of service.

Consideration for the inter-related professions

- Consider how the interdependent workforces of Technical Officers and Allied Health Assistants work together to support the delivery of current and future models of care.

Advanced and extended scope

- *Movement of staff through advanced scope levels and extended scope levels.* The draft Work level Standards (2017) set out that advanced scope of practice sits within the HP3/4 bands and that extended scope sits within the HP4/5 bands. The solution would be to allow movement based on specialisation either by the passing of a defined period of time or the undertaking of further study to allow formal specialisation. This would also allow for training periods and qualification.
- *Pathway for the creation of Extended Scope positions.* Currently the process for the creation of Extended Scope positions is unclear. This process should be outlined in the EBA.
- *Clinical Specialist and Clinical Educator roles* – Currently there is no guarantee that any profession will have access to either of these critical roles. These are provided for in nursing and medicine and HP's should reasonably expect that there is equitable access to these types of positions to support clinical education, practice, research and student related activity within the disciplines.

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

As part of the HP staff survey the below question was asked with responses listed in priority area.

The below list of concerns/issues have been raised as workforce planning related issues to be address for the Health Professional workforce. Please select the concerns you see as most relevant to be addressed:	
Develop career pathways for profession specific career progression	62.92%
Support for further education and training	59.30%
Create Advanced clinical roles at HP4 level	48.59%
Succession planning for high risk roles, managerial, specialist or smaller profession roles	47.66%
Create a standardised definition to apply the term specialisation/advanced/extended practice - what is the change in skill, experience, qualifications that define a specialist	39.22%
Develop profession specific specialist / researcher /educator roles	35.74%
Formalised profession supervision structure where supervision may be provided for by someone within the same professional stream	26.77%
Availability of specialist/niche candidate skills/capabilities available within a profession to meet the role requirement	25.84%
Formalisation of career pathways for students e.g. structured feeder annual graduate program	25.57%
Scope of practice changing for various health professions which will change the definition of Advanced scope & extended scope	20.08%

Profession and/or profession groupings specific issues

The following has been noted from profession specific groups to be issues experience by their professional groups specifically outside the issues identified in the main body of the report and provided to the generic HP Classification review inbox.

Pathology and Research

- HP5's/HP6's in pathology can be oncall 24/7 because there isn't anyone else to take the call due to the structure and

the requirement to have Management and Subject matter expertise.

Psychology

- There is inconsistency *within* ACT Government of conditions. Psychology is split across at least two EBAs (ACT Public Sector Education Directorate (teaching staff) Enterprise Agreement 2018 – 2022, and the ACT Health Public Sector Health Professional Agreement 2018 – 2021). The work level standards are not significantly different and do not explain the disparities in pay and conditions.

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

- An inability to attract and retain senior psychologists and those with these specialists and high-level skills has an effect on the capacity to provide supervision, support student placements and commitments to Deeds in place with universities, and therefore a new graduate workforce. Furthermore, the skills provided by psychologists are in high demand in the marketplace with competition from the private sector, other jurisdictions and other ACT Government Directorates
- A separate schedule of pay and conditions under the Health Professionals Enterprise Agreement is both an alternative to the ARIn/mental health psychologist allowance and a method of recognising the differences for psychologists compared to other health professionals.

Pharmacy

- As a result of the last Enterprise Bargaining round (2018), Pharmacy have successfully put in place a rigorous competency-based progression process specific for pharmacy. Competency based progression, in conjunction with reviewing and adopting (where possible) the Society of Hospital Pharmacists of Australia staff ratios have successfully mitigated the pharmacy workforce turnover issues.
- Pharmacy would like to continue with the current competency-based progression process.

Sleep Scientist

- The Sleep Disorders Unit (SDU), in the Respiratory and Sleep Unit, was established at Canberra Health Services (CHS) in 2010. Research conducted for the CHS submission to the Standing Committee on Health, Aged Care and Sport for the Inquiry into Sleep Health Awareness in Australia, suggests that up to 45% of Australian adults are affected by the daytime consequences of

inadequate sleep. The report states that the impact of sleep breathing disorders on the ACT community into the future is likely to be significant as outlined in the Territory Wide Services Framework (2017) and will require increases in sleep diagnostic and therapy services.

Medical Imaging

The below is an outline of the issues raised that are of particular concern to the relevant professions.

Sonography

- Sonography has a good recruitment of graduates as a sonographer role is classified as a level 4. There is no recognition or differentiation for a sonographer with experience as there is only 2 paypoints at level 4. Sonography would like to see an expanded level 4 with more paypoints.
- It can be difficult to attract experienced sonographers due to the salary ceiling and the hours of work not being as flexible as they are in the private sector.

Radiography

- There are retention issues for the senior Radiographer roles due to the responsibility of the role and requiring managerial responsibilities, the band ceiling of a level 4 and the market demand for the profession in the private sector.
- There is a retention issues specifically for MRI - causing a continued shortage is MRI staff. This is believed to be due to the significant time investment of 12 months in house training required to perform the role and the complex nature of the role versus the role in the private sector. The anecdotal feedback is that people can be remunerated significantly better in the private sector with better hours and less complex cases.
- When a radiographer commits to the 12 months of MRI training, it can often mean that their overall NET salary is less

HEALTH PROFESSIONAL ENGAGEMENT SUMMARY REPORT

than their normal income due to loss of penalties in not working nights/weekends per their normal roster which acts as a deterrent to complete the training. At the conclusion of their training they remain the same level. Most of the MRI Radiographers are MI3 radiographers, however, can also include MI2 (and don't change after training). MI3 radiographers are paid the same whether taking X rays or working in MRI. This isn't an incentive for training in a complex modality with additional responsibilities.

- Once staff are trained in MRI, they are highly sought-after Radiographers and often leave to pursue a career elsewhere with better pay, hours and flexibility. Retention rates have been low for many years. Generally, they will also have one or two other higher modality skill sets (ie CT / Angiography / Mammography) making them particularly attractive to competitors.
- MRI Radiographers would like to see their role reclassified as MI4 Radiographers once significant competency is achieved.

Mammography

- Currently the work level standards and classification structure do not prescribe the level a mammographer should be classified.
- In some areas, a radiographer also performs mammography ultrasound. Mammography ultrasound, like sonography is an operator dependant scan.

Perfusion

- Perfusionist's have experienced ongoing issues with attraction and retention of staff at both the HP3 and HP4/5 levels due to limited opportunities and remuneration as compared to other states prior to the implementation of the ARIn
- The Perfusion service of the CHS is the only service available in the Territory
- Perfusion is an in-demand profession with positions in other States and

Territory's and the private sector regularly advertised.

- Training and support of Trainee Perfusionists is impacted greatly by the limited attraction and retention of senior staff.
- The above resulted in 24/7 On-call completed for the >6 months of 2021 for the sole qualified Perfusionist with a Trainee as support.
- The addition of a separate spine has improved recruitment and retention at the training level for Perfusion. Perfusion would like to retain a separate spine with extension of the levels at HP3 &4 and incorporation of the current ARIn and updated benefits for parity with other states.

Health Professional Classification Review

REFERENCE GROUP MEETING & DISCUSSION GUIDE

Thank you to those of you that attended the HP Classification reference group kick off meeting on Monday 27 July and for putting your hand up to take part in the reference groups.

The objective of the reference groups within the scope of the HP classification review is to use the reference groups as a 'voice of the Health Professionals' to raise ideas, put forward suggestions and identify key challenges and possible solutions for the current and future Health Professional Classification.

Please note there will be issues raised that are deemed to be outside the project scope. These issues will be noted as out of scope and be picked up through the Enterprise bargaining process or separate projects or avenues (e.g. workforce planning).

Background & reference material

The project was agreed during bargaining for the Health Professional Enterprise Agreement 2018-2021 (HPEA) and is required to be undertaken in accordance with Annex E of the HPEA. (see attachment a.)

Reference material for your review:

1. HP Project report 1 & 2 (report 2 still to be finalised)
2. Reference group participants
3. Allied Health Professionals Minimum Qualifications

Meeting frequency of reference groups & timeframe

The frequency of meeting for each reference group is determined by the nominal chair and the reference group. It is recommended that as part of the first meeting the reference groups agree to how often they would like to meet. However, It is recommended to **meet every 2 – 3 weeks**.

The project timelines have been impacted due to COVID-19 and therefore the 'draft report including classification structure' task will move to a start date of 1 November 2020. The reference groups are only required to meet and input until a draft report 3 is completed and feedback has been provided. The groups will continue to be consulted with; however ongoing time commitments are unlikely to be required after the final draft report is complete. Reference groups will disband once the final report is endorsed, which is currently scheduled to conclude on 28 January 2021.

Project Objective

To undertake a review of the Health Professional classification structure. The purpose of the review is to address the relevance of the Health Professional Classification as applied to ACT Allied Health Practitioners employed under the HPEA.

The purpose of a classification in an enterprise agreement is to establish the relative value of positions in a hierarchical structure and provides the vehicle for allocating a classification level to each position. The objectives of a classification structure are to provide consistency, transparency, flexibility and mobility for the employers and employees

Reference group purpose

The reference groups (groups 1 – 4) act as subject matter experts to provide input into HP classification structure review as applied to ACT Allied Health Practitioners in the Health Professional Enterprise Agreement 2018-2021 (HPEA).

The reference groups may review the current classification structure and provide constructive feedback and recommendations for consideration to the Joint Working Party.

The reference groups should consider what changes are required to future proof the classification structure to support the changing landscape of health professionals.

The reference groups are to remain focused on the classification structure only and provide any ancillary issues as 'other issues'. Issues outside the HP Classification review can be carried forward to be addressed through the enterprise bargaining process or other projects or avenues (e.g. workforce planning).

Project & reference group out of scope

Please refer to Report 2 – Out of Scope items.

Use of reference group to raise non classification structure related issues.

Responsibilities of the reference group deputy chair / secretary

- Jo Morris is the nominal chair of all reference groups
- Each group will choose their own deputy chair at the first meeting to lead and coordinate future group engagement
- Each group will be responsible for:
 - Organising their own meetings and meeting logistics (room bookings etc) – please add Jo Morris and Tehlia Vinton as optional attendees
 - Recording minutes and supplying to project manager to share with relevant project stakeholder via Microsoft Teams
 - Setting frequency of meetings & meeting etiquette

Questions for Working Groups

The below questions can be used as a guide to form the thinking of the reference groups to generate discussion. Please consider the 5-criterion outlined in report 1 to guide your discussion in identifying the issues and recommendations for the classification structure review.

Criterion 1: Attraction and Retention Incentives (ARIs)

Criterion 2: Allowances

Criterion 3: Turnover, recruitment and retention

Criterion 4: All relevant information including data in other relevant jurisdictions

Criterion 5: Any other relevant matter

Meeting 1

Advantages of Current Classification (What's working)

- What elements of the current Health Professional Classification do you think support the recruitment and retention of allied health generally?
- What elements of the current Health Professional Classification do you think support the recruitment and retention of your profession?
- What is working well in the current classification structure? What would you like to maintain?

Disadvantages of Current Classification (What's not working)

- What elements of the current Health Professional Classification do you think inhibit or negatively impact on the recruitment and retention of staff within allied health professions generally?
- What elements of the current Health Professional Classification do you think inhibit or negatively impact on the recruitment and retention of your profession?

Meeting 2

Opportunities for Improvement

- What elements would you like to see included in a future classification to support the development of allied health?
- What elements would you like to see included in a future classification to support the development of your profession?
- How could a future HP classification support the following innovations for allied health generally and your profession specifically?
 - o Extended scope
 - o Advanced scope
 - o Multi-classified positions
 - o Dual qualified roles
 - o Specific career pathways e.g. clinical, non-clinical, management, leadership, research, education
 - o New roles

Meeting 3

Single Classification

Currently there are approximately 35 allied health professions employed within the ACT. Within the current enterprise agreement, there is one classification for the majority of staff, that of Health Professional. Medical Imaging, Pharmacists and Perfusionists, have a separate classification within the Enterprise Agreement but are to be considered within the HP Classification review.

- What do you think are the advantages and disadvantages of having a single classification vs splitting allied health into two or more groups for allied health generally?
- What do you think are the advantages and disadvantages of having a single classification vs splitting allied health into two or more groups for your profession?

Other Issues

- HP3 Upgrade
 - o what are the advantages and disadvantages of having increments within a classification which require personal application?
 - o Should a classification support recognition of achieving extra skills pertinent to a role e.g. meeting competencies, achieving accreditation/ credentialing from professional organisation for a particular skill set etc?
- Attraction and Recruitment Incentives (ARins)
 - o what are the advantages and disadvantages of ARins for allied health generally?
 - o what are the advantages and disadvantages of ARins for your profession?

Meeting 4

Recommendations for future state classification structure

Attachments

a.

ANNEX E – CLASSIFICATION REVIEW

1. A classification review of the Health Professional classification structure will be undertaken by a Joint Working Party (JWP) during the life of this Agreement. The purpose of the review is to address the relevance of the Health Professional Classification as applied to Allied Health Practitioners

1.1 The Medical Imaging, Pharmacy and Perfusionist occupational groups will be included in this review.

2. The JWP will meet within six weeks of the approval of this Agreement by the FWC. At the first meeting, Terms of Reference and a schedule of meetings will be determined.

3. The JWP will comprise:

3.1 one representative nominated by the CPSU;

3.2 one representative nominated by the HSU;

3.3 one representative nominated by the Professionals Australia;

3.4 two representatives nominated by the Directorate, one of whom will chair the JWP; and

3.5 one representative nominated by Calvary Health Care ACT Ltd. 4. In undertaking the review, the JWP will:

4.1 Prioritise the order of review for occupational groups, including the applicable timetables, based on the following criteria:

a. Where ARIns/allowances (including applications for ARIns) exist. ss;

b. Where there is evidence of abnormally high turnover and recruitment and retention considerations; and

c. any other relevant matter.

4.2 Consider all relevant information including data in other jurisdictions relevant to the occupations under review; and

4.3 Make recommendations to the head of service, which may include interim arrangements where appropriate.

Note: While the adopted recommendations may be implemented using interim arrangements, it is intended that recommended new classifications that are adopted will be incorporated into the Agreement in accordance with Part 2-4 of the FW Act.

5. The Directorate will provide a secretariat for a review of the Health Professionals Classification Structure (the review).

6. The JWP will instruct the secretariat on research, the preparation of draft report(s), and other work as directed. The secretariat will report back to the JWP at each meeting, or as requested.
7. The draft final report of the review will be provided to the JWP for consultation with their constituents within 12 months of the commencement of the review, or such longer period as agreed by the JWP.
8. The JWP will finalise the report and recommendations for consideration by the Director-General within a further two months.
9. The Director-General will provide a decision within three months of receiving the report and recommendations.
10. Subject to subclause 1.1, above, occupational groups dealt with by this review will not be subject to further review while this Agreement is in operation; other occupational groups will be subject to the ACTPS wide review.



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HP Classification Review – Reference Group

Meeting 2

What we heard you don't like about the current classification structure

- HP3 upgrade process
 - Cumbersome and onerous
 - Not applicable to all professions / not flexible
 - misleading in advertisement of the HP3 banding
- Diversity/scope and complexity of roles particularly where there are management responsibilities is smaller professions
 - Workloads can be greater and more complex than other States and Territories
 - Knowledge needs to be broader and more complex than other levels – particularly at HP2/3
- Use and application of the way that HP1 is written - after 12 months you may transition to a HP2 and therefore team may not have the budget to upgrade to a HP2 or there may be a need for a HP2 role. Clarity in the WLS of the application of the HP1 to level 2
 - Disparity in application of HP1 before moving to a HP2 (people starting at different levels within the HP2 role depending on the work area can create disparity)
- Appropriate recognition and pay for Subject Matter experts (SMEs) – particularly in the field of research and scientist space. It should be noted that there are People that sit on Nationally recognised Associations as nationally recognised experts and its not recognised within the classification structure or EA
- Recognition of qualifications and remuneration
 - Recognition of multiple skillsets and application of skillsets to their role
 - No financial gain to spend years of training to upskill to further quals (qual allowances)
 - RPL for years of experience
 - Recognition of alternative skills (eg. scientist – reporting on toxicology in a court setting for example)

What we heard you don't like about the current classification structure

- Career progression issues due to the compression of classification structure and pay points
 - Lack of progression within the HP3 grade in particular
 - Hard barrier between a HP 2 and 3
- Retention issues due to band ceilings and limited pay point increases (outside of HP2)
 - succession planning issue with people staying in the higher grades for long periods of time
- Application of ARINs to professions causing issues in multidisciplinary roles where the RD prescribes the duties but psychologist are paid more to do the role
 - not attractive from psych to take on HP4 role as TL when they can be paid > in a HP3 role
- Psychology specific - One issue not mentioned is the inconsistency within ACT Government of conditions. Psychology is split across at least two EBAs (ACT PUBLIC SECTOR EDUCATION DIRECTORATE (TEACHING STAFF) ENTERPRISE AGREEMENT 2018 – 2022, and the ACT Health Public Sector Health Professional Agreement 2018 – 2021) The work level standards are not significantly different and do not explain the disparities in pay and conditions. Psychology should be aligned with a single EBA as other allied health professions that provide services into other ACT Directorates.
- Specialization definition – what is the change in skill, experience, qualifications that define a specialist

States / Territories Classifications

State / Territory	Structure	Characteristics of note
ACT	HP Levels 1 - 6 (1.6, 2.9, 3.3 + upgrade to 3.5 on application, 4.2, 5.3, 6.1) <u>Separate spins</u> Med Imaging - Pharmacy - Perfusionist - Radiation Therapist	
QLD	HP level 1 – 8 (HP1.7, 2.7, 3.7, 4.4, 5.2, 6.2, 7.2, 8.5)	- Majority of roles sit at a level 3 -4. TL roles are HP5 - Technical/ Clinical streams levels 1 – 3, HP4 and above managerial stream added. Knowledge, skills and expertise – clinical, educator, researcher, management, technical - Separate salary spine for Dental 1 – 4 + Senior Dental specialist 1 & 2
VIC	HP level 1 – 7 (HP1.7, 2.5, 3A.4, 3.4, 4.2, 5.2, 6.2, 7.2) Medical scientist , pharmacy and Psychology (HP1.7, 2.4, 3.4, 4.5, 5, Scientist Deputy Director, ops Manager, Business manager, Scientist director, principle scientist) Dental Therapists, Dental Hygienists and Oral Health Therapists – Grad level + level 1.3,2.5,3 & 4 by appointment only Victorian Public Health Sector (Dental Therapists, Dental Hygienists and Oral Health Therapists') Enterprise Agreement 2018-2022 a. Grad + level 1 - 4	- Majority of roles sit at level 2 - Separate salary structure for each profession under the Medical Scientists, Pharmacy and Psychology EA - High quals allowance (of base rate - 4 % – grad cert, 6.5% - Grad dip, 7.5% Masters, Doctorate – 10%) – Specific for each profession in Med science EA - VICTORIAN STANDALONE COMMUNITY HEALTH (GENERAL DENTISTS') ENTERPRISE AGREEMENT 2018-2022 – level 1 – 5. Level 4 & 5 (clinical, managerial, hybrid)
SA	HP 1 – 6 (HP1.5, 2.6, 3.4, 4.4, 5.4, 6) Med scientist – (1.6,2.4 + Scientific excellence, 3.3+ Scientific excellence, 4.4 + Scientific excellence, 5.3+ Scientific excellence, Med scientist 6A & 6B, Manager Med science 1 – 3)	- Management Allowance of \$2307 pa - Separate spin for dental officers – DO1.5, DO2.3, DO3.2, DO4, DO5, DO6
NT 4	HP level 1 – SP 2) P1.8, P2.6, P3.4, SP1.3, Sp2.3)	
WA	HP levels 1 – 9 (1.6, 2.3, 3.2, 4.2, 5.2, 6.2, 7, 8, 9) Senior Officers classes 1 – 4	



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**What would you like to see in a future
classification structure to support the
evolution of Health Professionals?** (Think about
breadth, depth, career progression)



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How could a future classification support innovations for Allied Health generally and your profession specifically?

This may include the following: extended scope, advanced scope, multi-classified positions, dual qualified roles, specific career pathways e.g. clinical, non-clinical, management, research, education, new roles



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**Is there anything that should be
considered specific to your profession?**



HP Classification Structure Options



Purpose.

To review the HP classification structure to propose a fit for the future structure that supports a diverse HP workforce and ensures national market competitiveness

3 Options considered



STREAMED APPROACH

The streamed approach will group together similar professions into professional groups.

The purpose of this is to provide a mechanism to respond to professional issues within each of the groups



EXTENDED STRUCTURE

The extended structure creates an additional 2 levels (level 7 & 8) and provides provisions for an advanced/ extended and specialist classification at level 4, 5 and 6. This approach ONLY would require significant rework of the WLS



HYBRID OF BOTH

This is the preferred option where there is a combination of the stream approach and the extended classification structure.

Stream 1 approach

HEALTH SCIENTIST

Cardiac Scientist / Cardiac Physiologist
Clinical Neurophysiology scientists
Medical Physicists
Pharmacists
Respiratory Scientist
Sleep Scientist
Analytical Scientist
Health Care Technologist
Environmental Health Scientist
Epidemiologists
Medical Laboratory Scientist
Perfusionists

SCIENTIFIC / DIAGNOSTIC

Psychologists
Radiation Therapist
Medical Imaging (Sonography, Mammography, Magnetic resonance imaging technologist, Cardiac sonographers, radiographers, Nuclear Medicine Technologists)

THERAPEUTIC

Counsellors
Creative Arts Therapists
Occupational Therapists
Physiotherapy
Social Workers
Dieticians
Exercise Physiologists
Audiologist
Podiatrist
Orthoptists
Speech Pathology
Dental prothesis, dental technical, dental therapist & Oral health therapist
Genetic Counsellors
Prosthetics and Orthotist

Stream 2 approach

SCIENTIFIC / DIAGNOSTIC

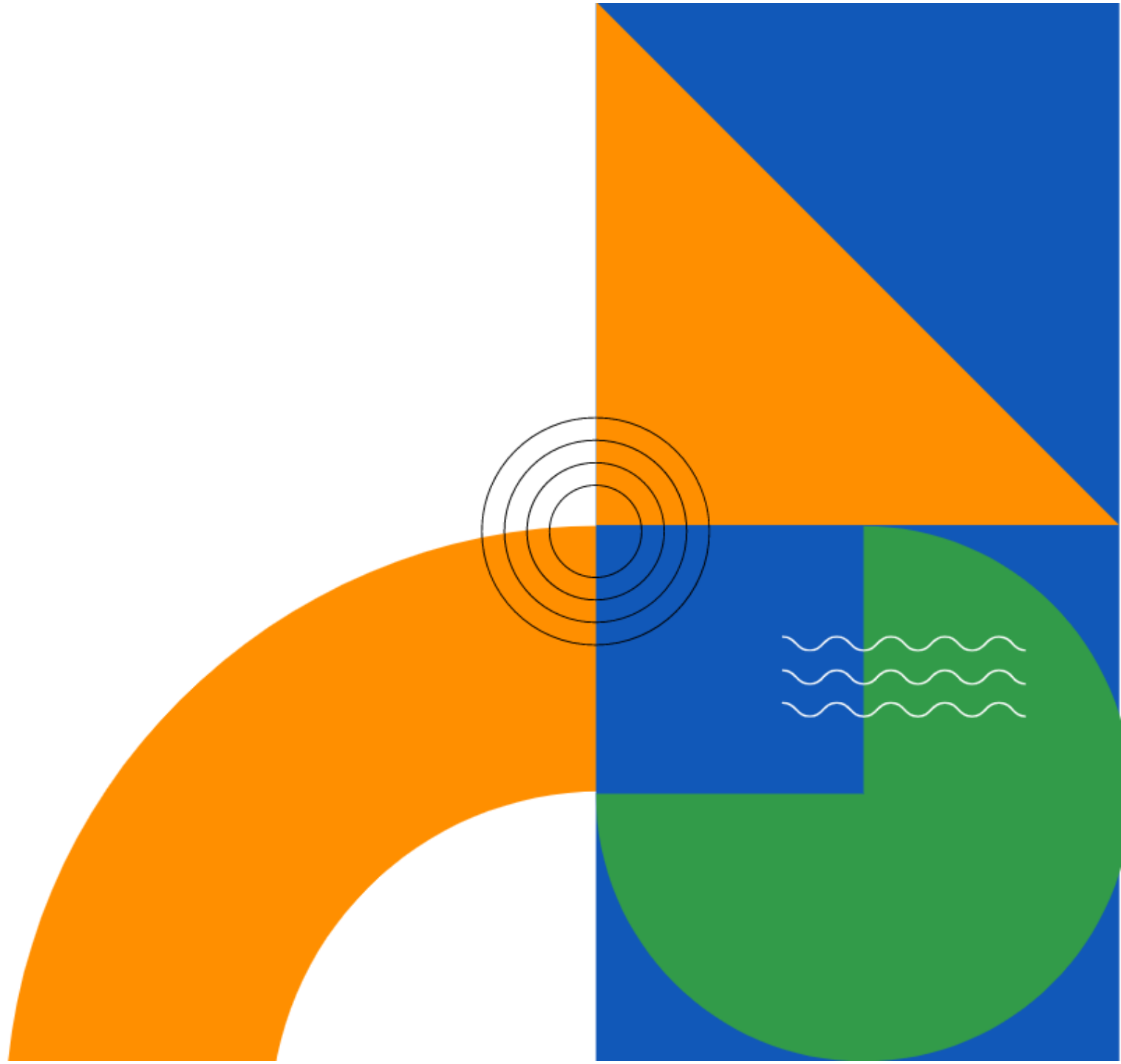
Psychologists
Radiation Therapist
Medical Imaging (Sonography, Mammography, Magnetic resonance imaging technologist, Cardiac sonographers, radiographers, Nuclear Medicine Technologists)
Cardiac Scientist / Cardiac Physiologist
Clinical Neurophysiology scientists
Genetic Counsellors
Medical Physicists
Nuclear Medicine Technologists
Pharmacists
Respiratory Scientist
Sleep Scientist
Analytical Scientist
Environmental Health Scientist
Epidemiologists
Medical Laboratory Scientist
Perfusionists
Health Care Technologist

THERAPEUTIC

Counsellors
Creative Arts Therapists
Occupational Therapists
Physiotherapy
Social Workers
Dieticians
Exercise Physiologists
Audiologist
Podiatrist
Orthoptists
Speech Pathology
Dental prosthesis, dental technical and dental therapist
& Oral health therapist
Prosthetics and Orthotist

Questions?

Thoughts on Stream approach over all?



Extended Structure	Level	Pay-point	Current Salary	Advanced/Extended/ Specialist provisions
	HP1	1.1	\$63,671	Current Overlap in PP
		1.2	\$67,892	
		1.3	\$72,260	
		1.4	\$77,137	
		1.5	\$81,122	
		1.6	\$83,418	
	HP2	2.1	\$67,892	
		2.2	\$72,260	
		2.3	\$77,137	
		2.4	\$81,122	
		2.5	\$83,418	
		2.6	\$85,817	
		2.7	\$88,065	
		2.8	\$90,475	
		2.9	\$93,203	
	HP3	3.1	\$95,883	
		3.2	\$98,176	
		3.3	\$101,033	
		-----	Competency based progression point	
		3.4		
		3.5	\$106, 044	

Extended Structure Cont.				
Level		Pay-point	Current Salary	Advanced/Extended/ Specialist provisions
HP4	4.1		\$110,397	4.1A
	4.2		??	4.2A
	4.3		\$118,832	
	4.4		??	
HP5	5.1		\$130,018	5.1E
	5.2		\$136,739	
	5.3		\$146,368	
HP6	6.1 and thereafter		\$151,002	Nationally recognised expert / Specialist
HP7	7.1 and thereafter		?	
HP8	8.1 and thereafter		?	

Headlines.

- Consensus on the need to **remove the current HP3 upgrade process**. Current thinking
 - Automatic progression through HP3
 - Snr Clinician upgrade process and where the upgrade would sit
 - Competency point of progression
- Open to Feedback on allocation of professions within professional groups. Stream purpose - to group like/similar professions to create WLS for each stream while maintaining core-conditions & high level WLS across all professions
- Proposed there is a foundational structure. The professions with separate salary spines can maintain a higher salary pay-points within the same foundational structure (eg pathology allowance absorbed into higher pay-point rate). **Excludes Med physics and Radiation Therapists – outside review scope*
- We don't foresee a need for the immediate need for a HP 7 and 8 role right now, creating these is preparation for the workforce to grow

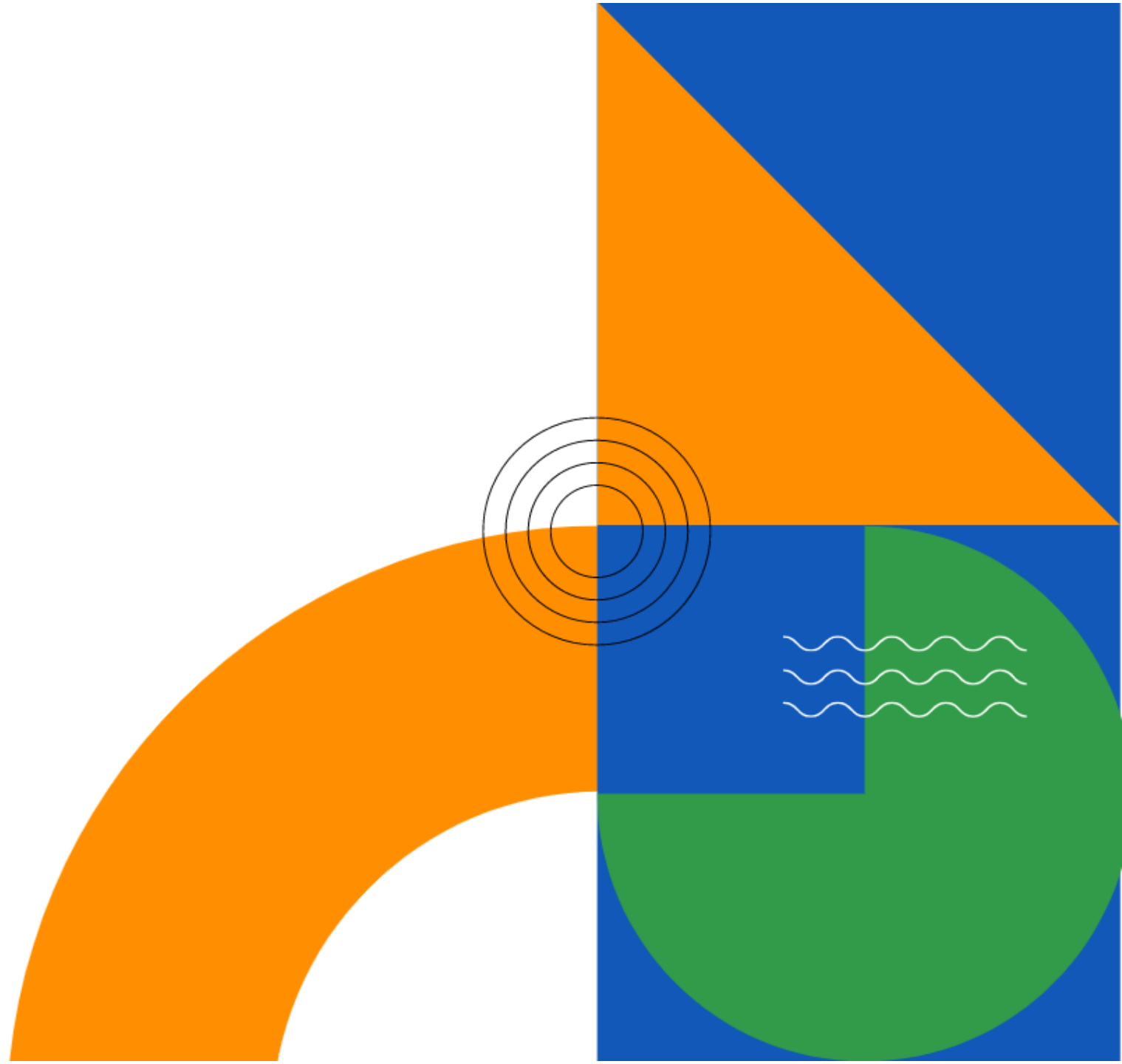
- Consideration is given to pay rates though rates are negotiated through the enterprise bargaining process, the scope of the review is to **agree to a framework**
- Advanced practice – ensure there is flexibility in the **advanced / extended practice definitions** and classification.
 - Consider defining Advanced / Extended scope of practice for various professions
 - Consideration for qualifications evolution - what is advanced now, may become standard practice in the future – must be flexible (Professional lead input required)
- **Draft work level standards (WLS)** on the agreed approach
 - Different descriptors for the streams with overall foundational WLS
 - WLS to be responsibility / accountability / Impact focused – not task driven
 - Define the market pressure vs differences in work level standards (if any)

Scope of Classification Structure review

Enterprise Bargaining issues

- **Rates** of the structure are negotiated through the bargaining process
- **Managerial allowance** – must be considered in the context of how the classification structure is applied – particularly in relation to the HP4 and HP4A
- Maintain the ability to respond to market pressures through ARIns
- **Qualification allowance**
- **Profession lead arrangements**

Questions?



Next Steps.

1. **NOW** - Volunteers from the reference groups to be involved in the working group to start working through the detail / inform the JWP

2. **END JAN / EARLY FEB** - Set up next out of session JWP to work through more detail

CMTEDD to provide work value tool being developed as part of the ACTPS Review

3. **MARCH** – First draft of Final report for Reference group comment

4. CEO endorsement

POST REVIEW Process

*Classification Structure agreed to through EB process.
Implementation plan to be developed inc operationalisation*

THANK YOU!

PLEASE CONTACT TEHLIA VINTON IF YOU HAVE ANY
QUESTIONS OR INPUT



ACT
Government

**Canberra Health
Services**

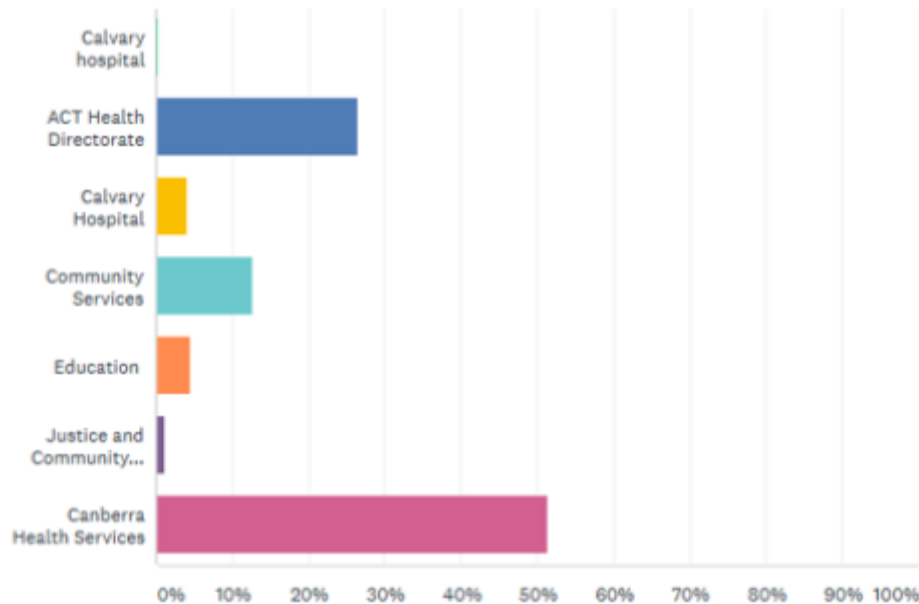
HP Staff Survey Results

October 2020

904
Responses
out of a total
1753 – **51%**

Q1 - Please Specify what Directorate or Hospital you work in?

Answered: 901 Skipped: 3



HP staff distribution across ACT directorates (headcount)

Canberra Health Services – 1185

Calvary -

Education – 53

Community services – 298 (inc CYPP)

JACS - 6

ACT Health Directorate – 92

Total – 1634 HPs

**** Some people from CHS appear to have nominate their employer as ACT Health Directorate****

ANSWER CHOICES	RESPONSES
▼ Calvary hospital	0.22% 2
▼ ACT Health Directorate	26.42% 238
▼ Calvary Hospital	4.00% 36
▼ Community Services	12.54% 113
▼ Education	4.44% 40
▼ Justice and Community Services	1.11% 10
▼ Canberra Health Services	51.28% 462
TOTAL	901

Q2 - What is your Profession?

Known Health Professions						Roles prescribed in response	
Audiologist	2	Laboratory Scientist	57	Prosthetics / orthotics	3	Allied health professional	6
Biomedical Engineer /Healthcare Technology Management	6	Medical Physics	5	Psychology / Clinical Psychologist	72	Case Manager	39
Cardiac Physiologist	4	Medical Technologist	1	Physical Therapist	1	Research	3
Cardiac Scientist	3	Microbiologist	8	Social Worker	138	Data & Analytics	1
Clinical Neurophysiology	1	Neuropsychologist	2	Radiation Therapist	12	Health Professionals	23
Respiratory Scientist	7	Nuclear Medicine	4	Radiation Safety Officer	1	Kinship Assessment & Support Officer	1
Scientist	16	Nursing	3	Radiographer	25	Liaison Officer	1
Orthoptist	3	Nutrition & Dietetics	4	Radiographer / Sonographer	2	Mortuary Manager	1
Counsellor	2	Occupational Therapy	83	Sleep Scientist	3	Clinical Measurement	1
Creative Arts Therapist	2	Oral Health Therapist	6	Sonographer	10	Community Development	1
Cytologist	4	Orthoptist	3	speech pathologist	30		
Dental	8	Perfusionist	2	Pathologist	18		
Epidemiologist	9	Pharmacist	40	Play therapist	1		
Genetic Counsellor	3	Physiotherapy	102	Podiatrist	10		
Forensic Chemist / Chemist / Environmental Chemist	17	Exercise Physiologist	11	Health Information Manager	3		
Environmental Health Officer	6						

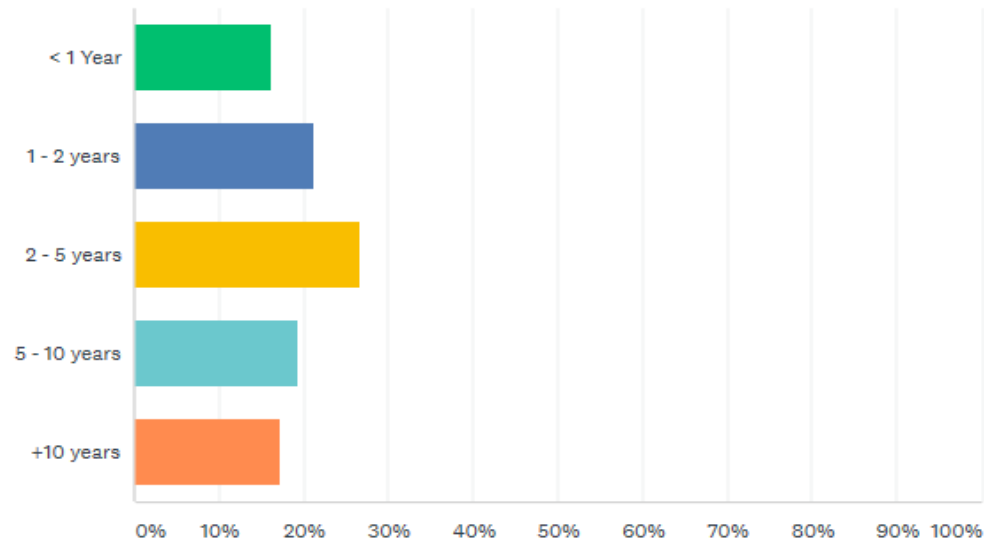
Q3 - What level Health Professional are you?

Survey Response			
Level	# of employees in ACT govt workforce	# of responses	% of responses
HP1	69	27	3%
HP2	382	267	31%
HP3	368	341.5	40%
HP4	240	172.5	20%
HP5	58	42	5%
HP6	15	13	1%
CYPP	229	16	
MI	71	7	
RT	50	5	
Med Phys	3	3	

* # of employees in ACT Govt does not include Calvary employees

Q4 - How long have you been in your current role

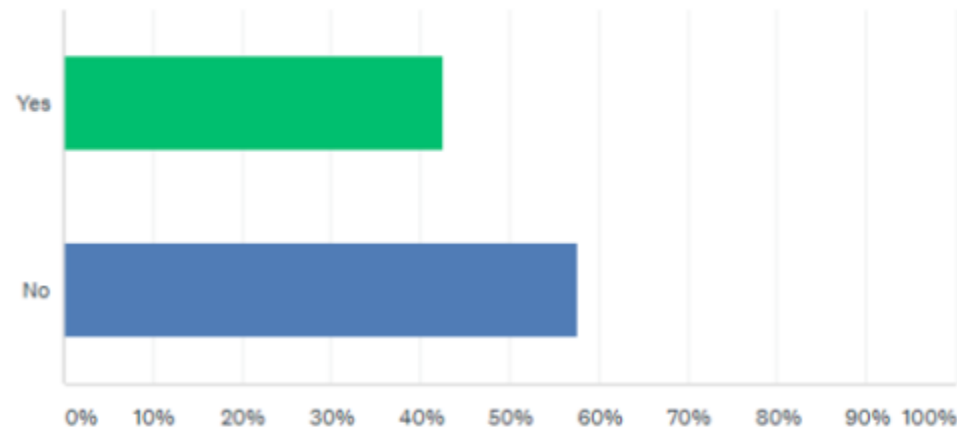
Answered: 901 Skipped: 5



ANSWER CHOICES	RESPONSES	
< 1 Year	16.09%	145
1 - 2 years	21.09%	190
2 - 5 years	26.53%	239
5 - 10 years	19.20%	173
+10 years	17.09%	154
TOTAL		901

Q5 - Have you undertaken/ or currently undertaking additional comprehensive role/work specific training (beyond your profession’s base qualification) which is required for you to perform your role

Answered: 900 Skipped: 4

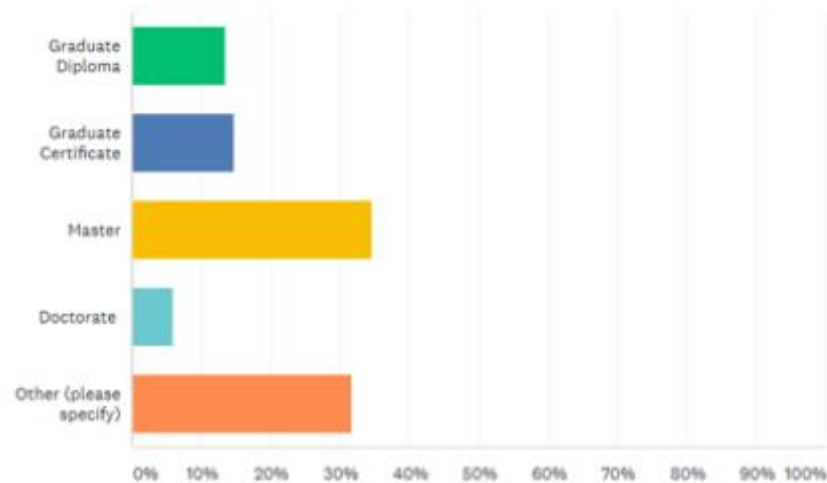


ANSWER CHOICES	RESPONSES	
Yes	42.56%	383
No	57.44%	517
TOTAL		900



Q6 - (If you answered yes to the above) What level qualification – relevant to your profession have you completed or in the process of completing?

Answered: 464 Skipped: 440



ANSWER CHOICES	RESPONSES	
▼ Graduate Diploma	13.36%	62
▼ Graduate Certificate	14.66%	68
▼ Master	34.48%	160
▼ Doctorate	5.82%	27
▼ Other (please specify)	Responses 31.68%	147
TOTAL		464

Q6 - (If you answered yes to the above) What level qualification – relevant to your profession have you completed or in the process of completing?

Comments	Number of
Bachelor	24
Cert IV	11
Clinical accreditation	5
Diploma	4
Doctorate	4
Various in house training	31
Post grad cert	4
Masters	9
Fellowship	3
Accredited course	20
Other	9

Q7 – How would you rate your familiarity with the HP Classification structure and how it relates to you and your career?

Answered: 760 Skipped: 144

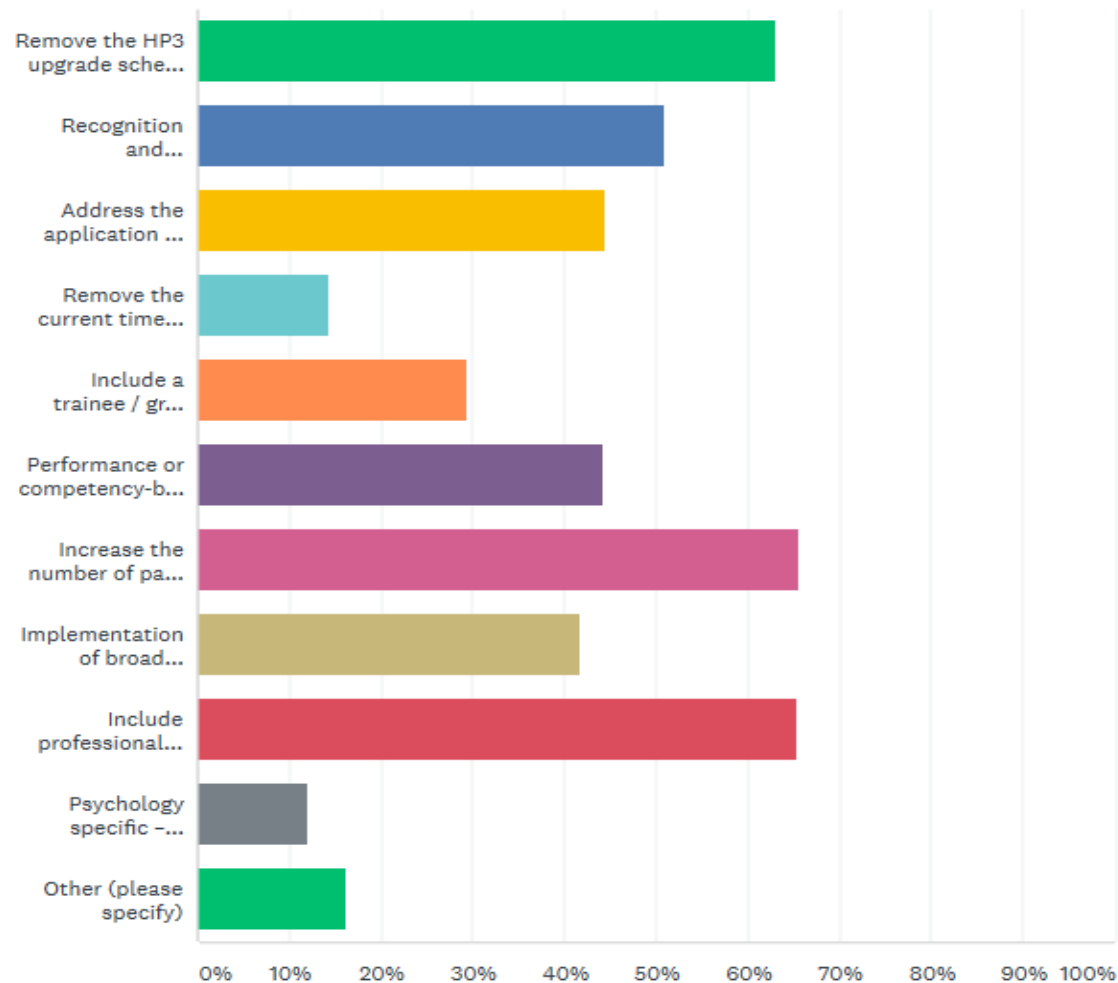
2.8★
average rating



	NOT FAMILIAR	SOMEWHAT FAMILIAR	FAMILIAR	VERY FAMILIAR	TOTAL	WEIGHTED AVERAGE
★	5.79% 44	29.34% 223	44.21% 336	20.66% 157	760	2.80

Q8 – The below issues have been identified through the HP reference group feedback. Based on your understanding of the HP classification structure, what issues would you like to see addressed in the review project? (Please select all most relevant answers)

Answered: 756 Skipped: 150



Q8 – The below issues have been identified through the HP reference group feedback. Based on your understanding of the HP classification structure, what issues would you like to see addressed in the review project? (Please select all most relevant answers)

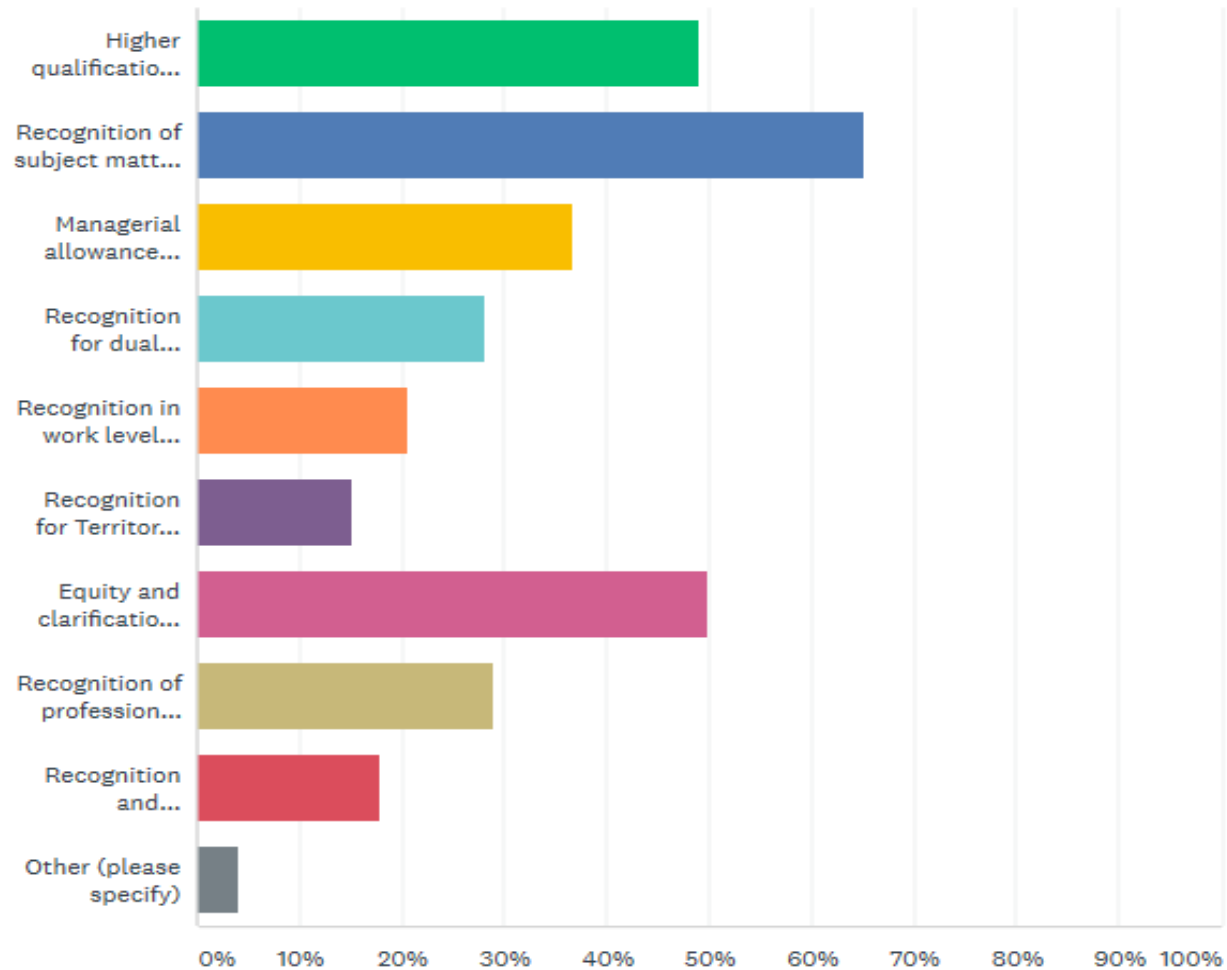
ANSWER CHOICES ▼	RESPONSES ▼
▼ Remove the HP3 upgrade scheme and expand the HP3 level through competency-based progression	62.96% 476
▼ Recognition and classification definition for senior clinician roles	50.93% 385
▼ Address the application of the HP1 level role to support the retention of HP 1 talent into HP 2 roles	44.44% 336
▼ Remove the current time requirement of 12 or 24 months for the HP1 level role	14.29% 108
▼ Include a trainee / grad / intern defined level with a clear definition of the application of the role level	29.37% 222
▼ Performance or competency-based progression provisions within each level (that is, you can progress within your level without waiting for your 12-month service anniversary to progress to the next pay point)	44.05% 333
▼ Increase the number of pay points for progression, particularly within the HP3 and HP4 level role	65.48% 495
▼ Implementation of broad banding to broaden the pay ranges, particularly at the level 2 to 3 which is based on competency-based progression	41.67% 315
▼ Include professional excellence progression where a HP can be recognised for professional excellence within their field at any level	65.34% 494
▼ Psychology specific – equity across ACT government for psychologist in terms of pay and conditions	11.90% 90
▼ Other (please specify) Responses	16.01% 121
Total Respondents: 756	

Summary of 'other comments' from Question 8

- Increase the HP structure beyond a HP6
- Look to have competency based progression or upgrade for senior practitioners such as NSW senior clinician upgrade process
- Equity in...
 - Pay (across directorates and professions)
 - **Access to PD**
 - Between Social work and psychologists
 - Between each discipline
 - In HP4 roles
- Job sizing - WLS descriptors reviewed & process of classifying roles effectively (look at complexity, head count, responsibility etc)
- Recognition of further study and qualifications
- Review the application of the HP 4 role – include specialisation roles and expand the pay-points, Differentiation between HP4 managers and HP4 specialist clinicians
- Sole practitioner allowance
- Provision for senior staff to move to other senior HP roles within ACT government without financial disadvantage
- HP 1 role
 - broadband HP1/2
 - Expand HP1 classification to have new grads stay at this level for longer (whilst moving through pay points), making HP2 level a more 'senior' junior level that individuals need to demonstrate increased autonomy and skills to gain a position within, facilitating improved career progression, recognition that an HP2 has more developed skills and knowledge and can allow for developing skills towards securing an HP3 level position, in line with other states (i.e NSW health) - may assist with reducing numbers of staff who apply for HP3 roles before they have the required skills and knowledge.
 - Remove time requirement for HP1
- Disband ARINs and apply separate salary spins (if required) for some professions

Q9 - The below are a list of issues raised through the Health Professional Reference group meetings that fall outside the scope of the HP classification review, however, are still important issued to be addressed. What do you see as the priority Interdependent issues for consideration for the HP Enterprise Bargaining process? Please select your top 3

Answered: 743 Skipped: 163



Q9 - The below are a list of issues raised through the Health Professional Reference group meetings that fall outside the scope of the HP classification review, however, are still important issued to be addressed. What do you see as the priority Interdependent issues for consideration for the HP Enterprise Bargaining process? Please select your top 3.

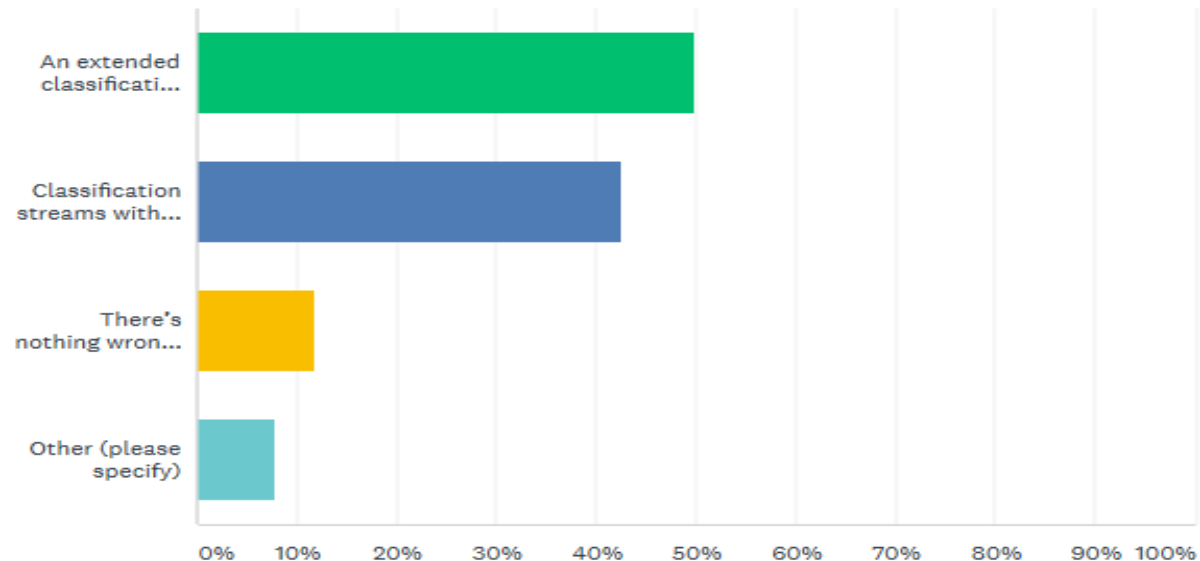
ANSWER CHOICES ▼	RESPONSES ▼	
▼ Higher qualification allowance for additional or high qualifications than the professional standard	48.99%	364
▼ Recognition of subject matter expertise / specialisation within disciplines through defined specialist roles that don't require managerial responsibilities to progress in level (eg, research, education, clinical specialist)	65.14%	484
▼ Managerial allowance provisions for roles that have a broad scope of responsibilities including managerial responsibilities, case load and educational responsibilities (particularly in smaller professions)	36.61%	272
▼ Recognition for dual qualifications or diverse skill mix in one role (eg - Due to the size of the ACT job sizing of a number of HP roles can be broader or more dynamic than in other jurisdictions which require dual qualifications or extensive in house training)	28.13%	209
▼ Recognition in work level standards for specialist in small professions	20.59%	153
▼ Recognition for Territory lead responsibilities (eg ACT representation on National boards, Associations, or other relevant professional bodies)	15.07%	112
▼ Equity and clarification on the application of professional development allowance	49.80%	370
▼ Recognition of profession specific specialist accreditation	28.94%	215
▼ Recognition and remuneration for stand-alone roles	17.77%	132
▼ Other (please specify) Responses	4.04%	30
Total Respondents: 743		

Q9 – Summary of ‘other comments’

- Rights to private practice
- Managerial Allowance based on # of staff being managed and risk to managerial role
- More support, clarity & funding for PD allowance / allowance for membership into professional membership bodies.
- Protected time for additional roles eg Lead Professional, Educator, WHS, Technical Expert, AHRN

Q10 - When considering the options for a proposed revised Health Professional classification structures, what do you think would be the most appropriate approach to a HP classification structure for ACT:

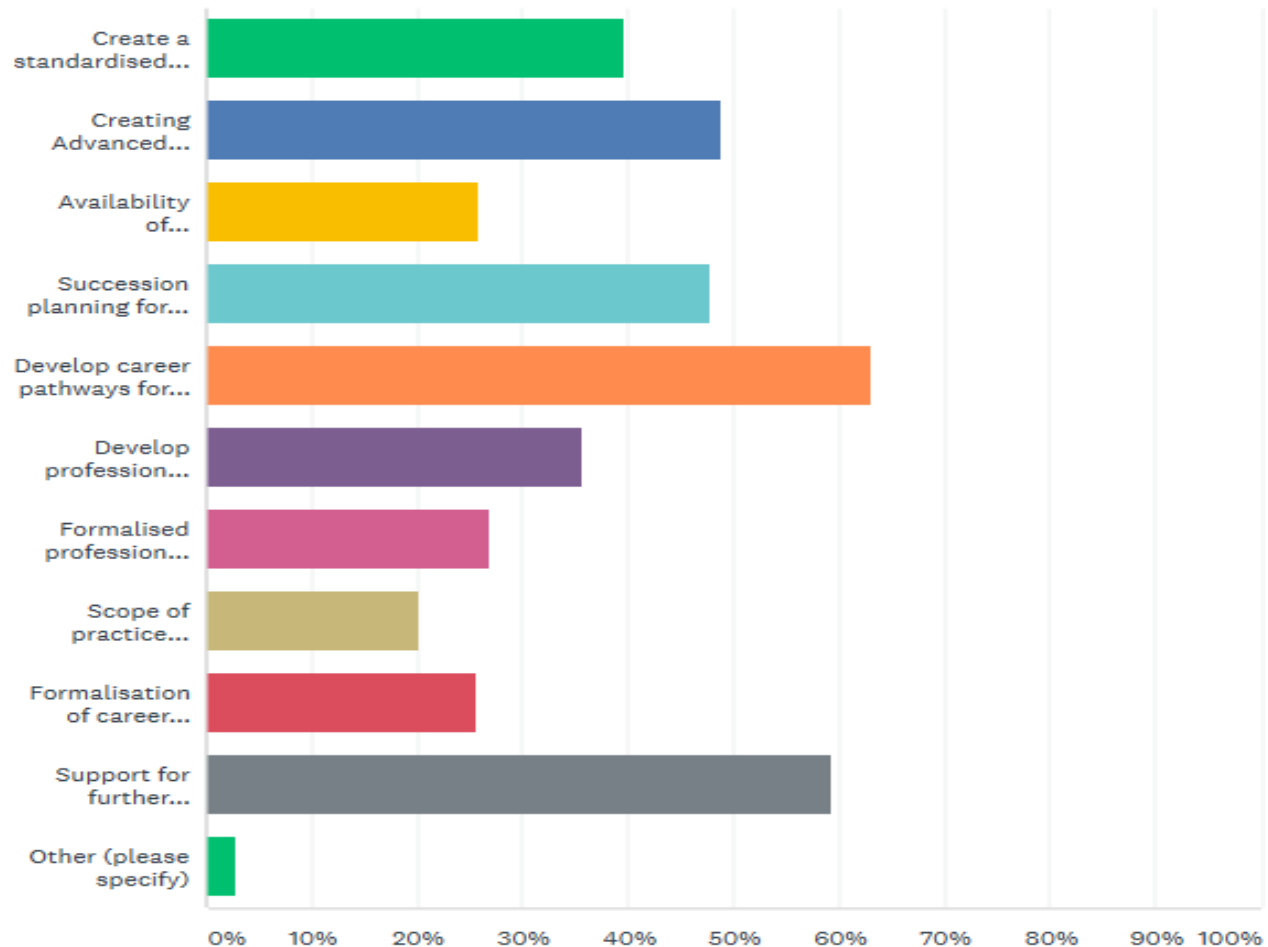
Answered: 740 Skipped: 166



ANSWER CHOICES	RESPONSES
▼ An extended classification structure that ranged from levels 1 – 9 with a number of pay points at each level. The structure would cover all health professionals and roles to be classified against profession level work level standards	49.73% 368
▼ Classification streams within the structure based on groupings of health professions defined by similarities of the professions (eg groupings of therapy-based professions, health scientist, Diagnostic / scientific)	42.57% 315
▼ There's nothing wrong with the current classification structure	11.76% 87
▼ Other (please specify)	Responses 7.84% 58
Total Respondents: 740	

Q11 - The below list of concerns/issues have been raised as workforce planning related issues to be address for the Health Professional workforce as a whole. Please select the concerns you see as most relevant to be addressed:

Answered: 750 Skipped: 156



Q11 - The below list of concerns/issues have been raised as workforce planning related issues to be address for the Health Professional workforce as a whole. Please select the concerns you see as most relevant to be addressed:

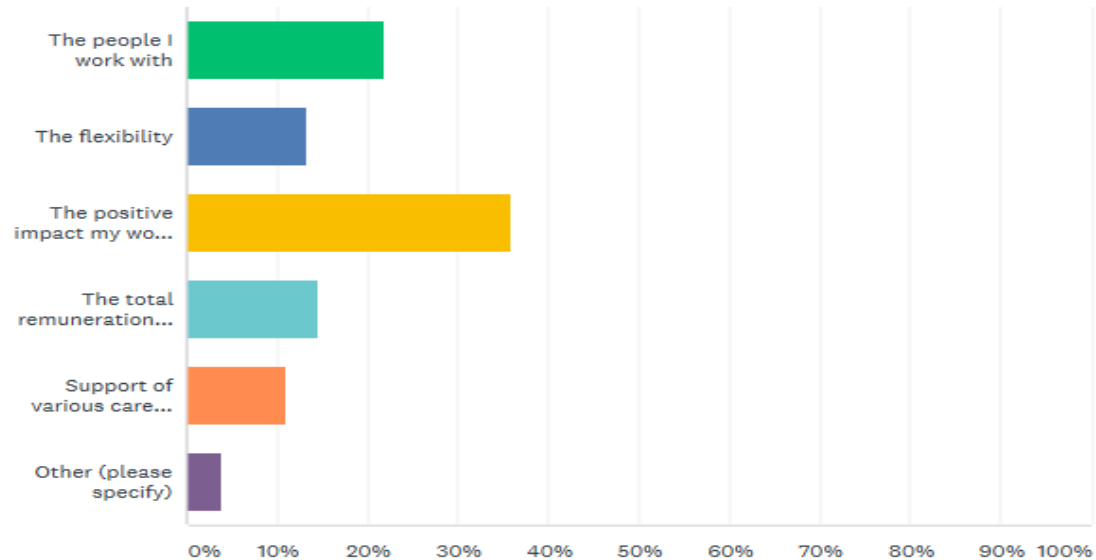
ANSWER CHOICES ▼	RESPONSES ▼
▼ Create a standardised definition to apply the term specialisation/advanced/extended practice - what is the change in skill, experience, qualifications that define a specialist	39.22% 293
▼ Creating Advanced Clinical roles at HP4 level	48.59% 363
▼ Availability of specialist/niche candidate skills/capabilities available within a profession to meet the role requirement	25.84% 193
▼ Succession planning for high risk roles, managerial, specialist or smaller profession roles	47.66% 356
▼ Develop career pathways for profession specific career progression	62.92% 470
▼ Develop profession specific clinical specialist / researcher / education roles	35.74% 267
▼ Formalised profession supervision structure where supervision may be provided for by someone within the same professional stream	26.77% 200
▼ Scope of practice changing for various health professions which will change the definition of Advanced scope & extended scope	20.08% 150
▼ Formalisation of career pathways for students e.g. structured feeder annual graduate program	25.57% 191
▼ Support for further education & training	59.30% 443
▼ Other (please specify) Responses	2.81% 21
Total Respondents: 747	

Q11 - workforce planning related issues 'other' comments

- Training schedule is needed
- AHPRA registered professions can't use the word specialist as its a regulated term so perhaps consider alternative term
- Formal whole of CHS graduate programs.
- Health professional workforce planning to incorporate consideration of interdependent Allied Health Assistant and Technical Officer workforce
- Payment/reimbursement of professional registration fees
- Positions for scientists who wish to study a fellowship (ie traineeship) which gives 1 day a week for study/training
- Create clinical career pathways
- Create more opportunities for new graduates to get into their professions

Q12 – What is the most important aspect in providing job satisfaction to you?

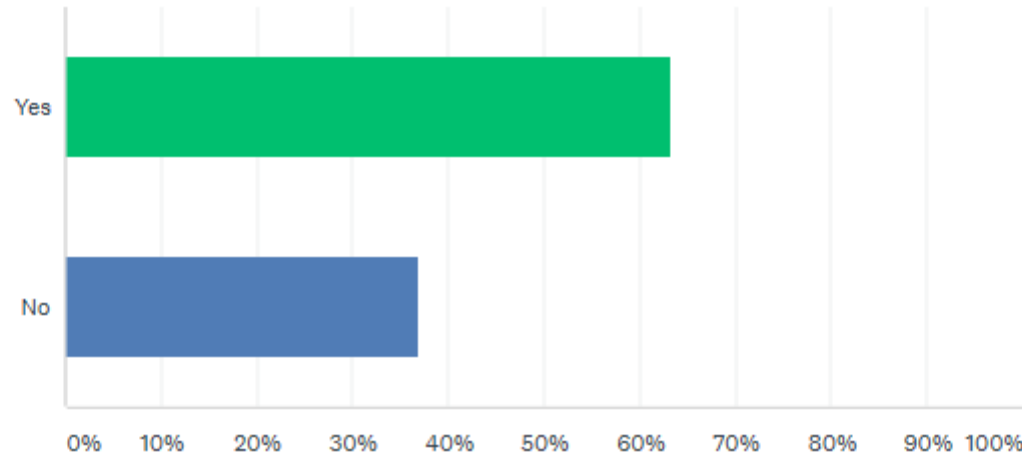
Answered: 734 Skipped: 172



ANSWER CHOICES	RESPONSES	
▼ The people I work with	21.80%	160
▼ The flexibility	13.22%	97
▼ The positive impact my work can have on consumers	35.83%	263
▼ The total remuneration package (leave, remuneration, superannuation)	14.44%	106
▼ Support of various career and learning opportunities	10.90%	80
▼ Other (please specify)	Responses 3.81%	28
TOTAL		734

Q13 – In the past 12 months have you considered looking for another role outside your current employer?

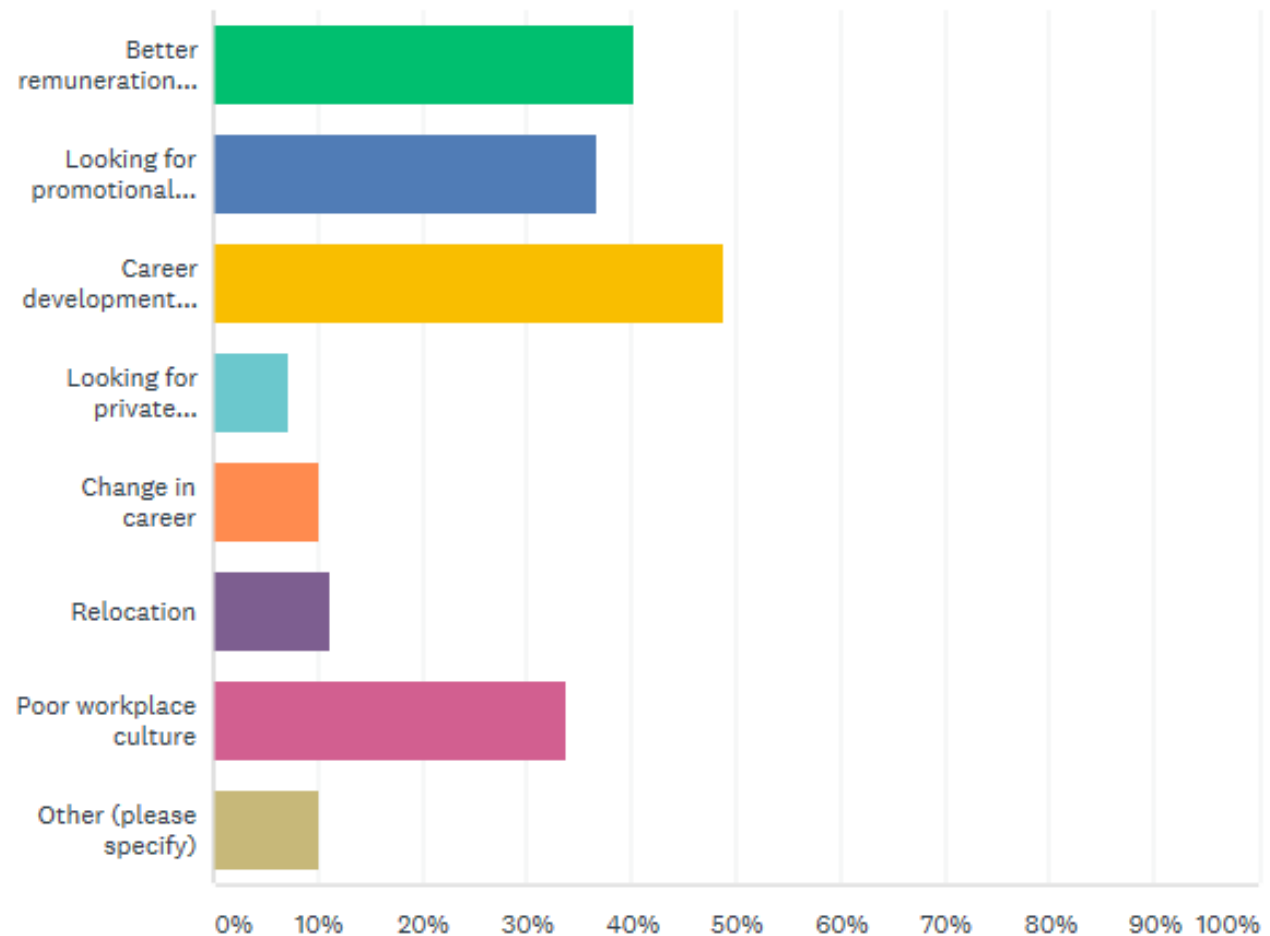
Answered: 732 Skipped: 174



ANSWER CHOICES	RESPONSES	
Yes	63.25%	463
No	36.75%	269
TOTAL		732

Q14 – Would you consider looking for a role elsewhere, if so, what would be your motivation?

Answered: 723 Skipped: 183



Q14 – Would you consider looking for a role elsewhere, if so, what would be your motivation?

ANSWER CHOICES	RESPONSES	
▼ Better remuneration and benefits	40.11%	290
▼ Looking for promotional opportunities	36.65%	265
▼ Career development through diversifying my skills	48.82%	353
▼ Looking for private practice experience	7.19%	52
▼ Change in career	9.96%	72
▼ Relocation	11.07%	80
▼ Poor workplace culture	33.75%	244
▼ Other (please specify) Responses	10.10%	73
Total Respondents: 723		

Q14 – ‘Other’ Comments summary

- Looking for a permanent position / job security
- Application of skills and knowledge to another sector
- ‘As a HP1, I have been unable to apply for HP2 positions/merit lists following the end of my HP1/grad contract’
- Better work life balance/**flexibility** / Family friendly workplace
- Lack of learning opportunities / growth opportunities
- Recognition and maintenance of discipline specific skills
- Organisational recognition and value of allied health

Q15 - What do you see as the barriers to recruitment to your profession?



Q15 - What do you see as the barriers to recruitment to your profession?

- Pay/remuneration (approx 144 of the responses)
 - Higher pay in private setting in ACT
 - Higher pay in federal government positions in ACT
 - Higher pay in other jurisdictions outside of ACT
- Career (approx 194 of the responses)
 - Lack or limited career opportunities in the ACT
 - Niche professions with limited training/scope in ACT
 - Too many graduates for positions available in ACT
- CHS/ACTHD processes and funding (approx 195 of the responses)
 - Lack of funding for HP1/HP2 positions and clinical specialisation positions
 - CHS/ACTHD recruitment processes are slow, time consuming and not merit-based
- Culture/Image/management/recognition (approx 90 of the responses)
 - Poor workplace culture and management culture
 - Poor perception of the professions and ACT Health/CHS inside and outside the organisation

Q16 - What do you see as the main retention issues within your profession?



Q16 - What do you see as the main retention issues within your profession?

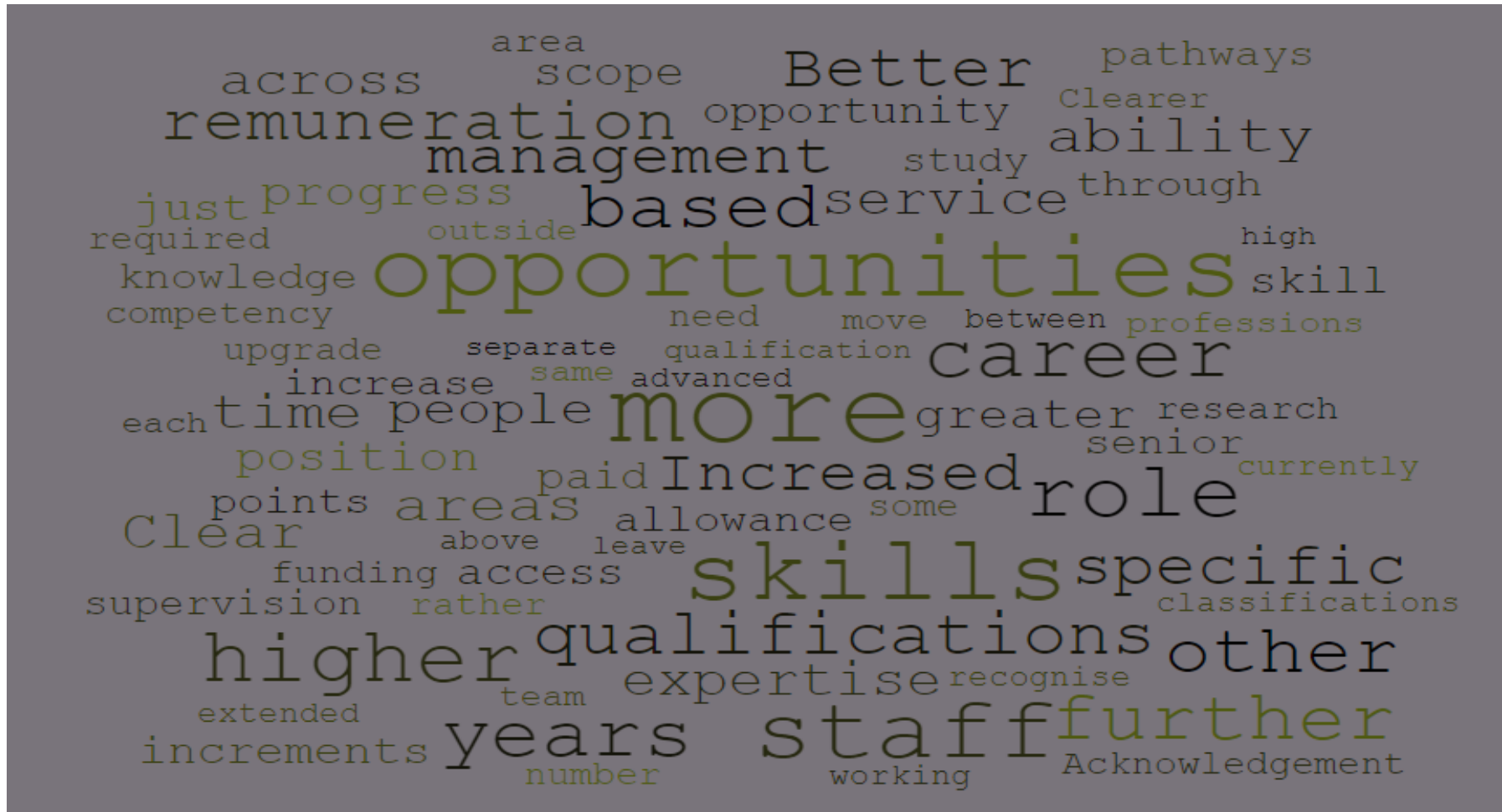
Major Themes

- Career Progression (especially from HP3 – 4 and above)
- Remuneration

Minor Themes

- Burn out / High/stressful work loads / lack of staff
- Poor culture
- Lack of permanent positions
- Lack of respect/appreciation for discipline/allied health as a whole - especially at the Exec / Management level
- Lack of PD Support/skill development

Q17 - What elements would you like to see included in a future classification to support the development of your profession?



Q17 - What elements would you like to see included in a future classification to support the development of your profession?

- Broad banding - Competency based progression
- **Career Progression**
 - Provision for specialist / ability to progress without being a manager (HP 4 clinical stream)
 - Clinical expertise clarified and specified roles
 - Career pathways
 - Recognition of Subject matter expertise / sub-specialities
- Peer review across facilities within the ACT to ascertain professional progression and development areas
- Funding, Clarity and how to access Professional Development / Better opportunities
 - PD allowance
- Graduate entry level streamlined – Transition from a HP 1 to a HP 2 / better opportunities & support of new grads
- Clearer Work level standards / Clear definition of a HP3. E.g. to stop promoting people to HP3s who are not ready. Putting these people into senior roles reflects poorly and leads to poor team culture and support for junior staff
- Extend classification structure with more pay-points

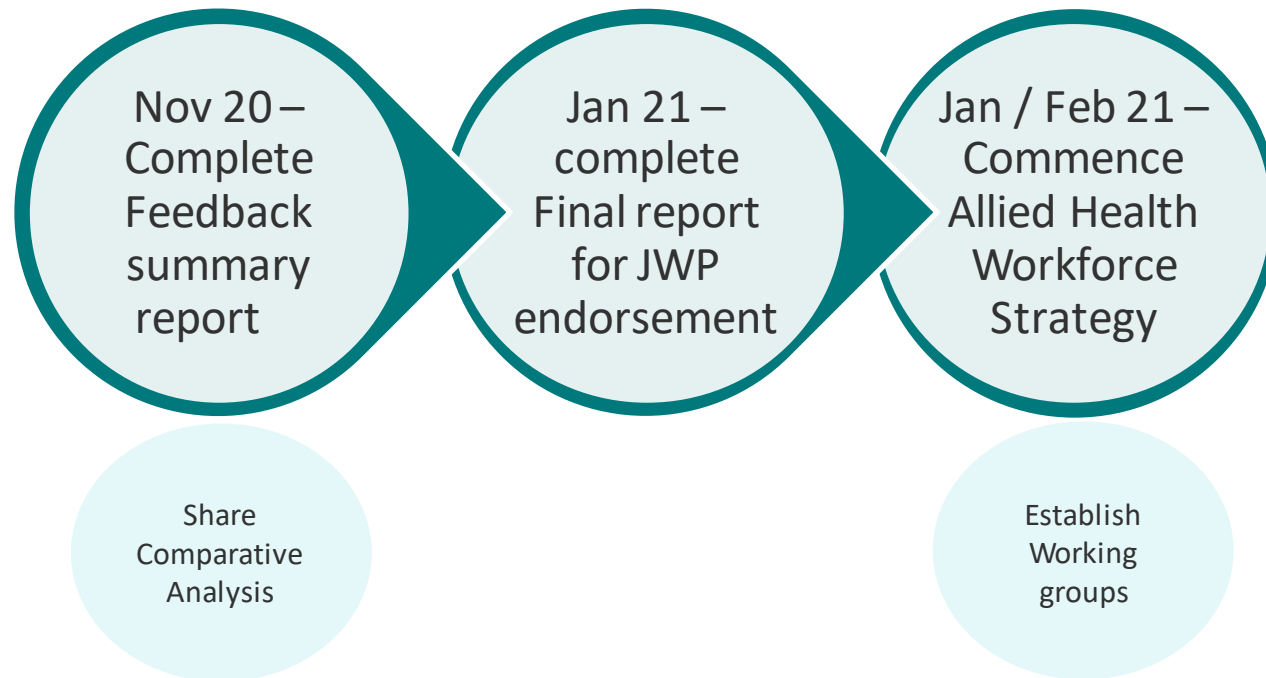
Q18 - What elements would you like to see included in a future classification to support the development of Health Professionals?



Q18 - What elements would you like to see included in a future classification to support the development of Health Professionals?

Themes	Details
Professional Development	Better education and training opportunities Profession specific Easier & clearer access
Clarity and consistency on..	Career progression and pathways WLS and consistency in application of the Work level standards
Allowances	Additional specific funding for PD support Qualification allowance – there is comments for and against this. – weighting tba (around 75/25%)
Opportunities for specialisation	Creation of streams in areas such as: Education, research, clinical specialisation, management
Clinical excellence recognition	Personal upgrade process (such as what NSW have in place for senior clinicians)
Increase depth in structure and number of pay points	Competency based progression

Next Steps



Minutes, 11 March 2021 (1.30pm – 2.30pm)

Health Professionals Classification Review Joint Working Party			
Attendance			
CHS: Tehlia Vinton (Project Officer/Secretariat), Jo Morris (Chair), Daniel Lalor (Director of Pharmacy), Susannah Brew (Clinical Pharmacist), Leigh Bush (HSU Delegate), Tim Garrett (HSU pathology delegate) ACTHD: Helen Matthews UNIONS: Ed Yap (HSU), Chris Dyer (CD), Ron Johnson (CPSU) CMTEDD – Sophia Bouzas, Ian Gratton			
1. Apologies			
Unions: Mark Jay (HSU), Jordan Pigott (CPSU), CMTEDD: Russell Noud, Andrew Hogan Calvary: Anne Marie Cassell (HR Manager), Emily Diprose (Pharmacy Director) CHS: Sean McDonnell (SM), Steve Linton (CHS Director IR)			
2. ANNEX F- Translation Arrangements for Certain Health Professionals.			
- CHS confirmed that Pharmacy, Perfusion and Medical Imaging are included in the scope of the review. The role of the JWP is to look at the proposals put forward by all professions or professional groups and consider the proposals put forward. - To date Pharmacy is the only profession that has submitted a separate proposal. - The 3 professions listed above exist as separate structures currently though do not have separate WLS for each structure. - The JWP agreed that all 3 professions listed above are in scope of the review, however, are listed within the agreement of separate classifications.			
3. Pharmacy Proposal			
- Professionals Australia noted that there is no need to have a separate standalone classification for pharmacy if there is no significant difference in the standard HP Classification. The purpose of having a separate classification is to recognise the differences relevant to the profession within its separate classification structure. - The structure being proposed for pharmacy is in line with the national pharmacy competency standards and supports pharmacist to be lifelong learners. - The Pharmacy Workplace Consultative Committee (WCC) have established and will review the advancing practice framework to align with the new proposed classification structure should it go ahead.			
4. Classification Structure Recommendations		Who	Status
1	Set up meeting with Jo, Sean, Chris Dyer and Pharmacy	TV	Complete
2	Finalise AHA Report – table at next JWP	TV	Complete
3	JWP to provide feedback on AHA report	JWP	Complete
4	Set up working group meeting	TV	Complete
6. Pharmacy Classification			

Please send any comments, errors, omissions on these minutes to: chshpclassificationreview@act.gov.au

Further information: [Internal](#), [External](#)

Actions arising – 14 April		Who	Timeframe
1	Send HP structure proposal to Chris, Daniel, Emily and Sussie	TV	Post meeting
2			

Minutes, 3 September 2021

Health Professionals Classification Review Medical Imaging Out of Session Proposal

Attendance

CHS: Jo Morris (Chair), Sean McDonnell, Tehlia Vinton (Project Officer/Secretariat); Steven Linton, ACTHD: Helen Matthews
 Unions: Chris Dyer (PA); Andrew Gallagher (HSU)
 Medical Imaging Representatives: Leigh Bush (HSU pathology delegate), Samantha Wilson, Rebecca Hamilton
 Calvary: Anne-Marie Cassell

1. Apologies

Tim Garret (HSU pathology delegate), Suzanne Smallbane
 CMTEDD: Ian Gratton
 Unions: Ron Johnson (CPSU)

2. MEDICAL IMAGING HSU MEMBERS PROPOSALS

- The Medical Imaging HSU members proposals response to health professional classification review and for enterprise bargaining was tabled prior to the meeting for attendees to consider and discuss during this meeting.
- It was established that the proposal consisted of issues to be considered through Enterprise Bargaining and issues for the review.
- It was noted that anything regarding remuneration is a matter for bargaining and not inside the scope of the review and therefore should be carried to the Enterprise Bargaining process
- Point 30 in the proposal was discussed (included below for ease of reference):

We propose that criteria for personal upgrade to the MI4 level.

MI4 ADVANCED CLINICIAN/MODALITY

Advancement to this classification is available to an employee in medical imaging who satisfies the following criteria:

- 1. Is either:*
 - a. A Breast Sonographer or MRI Technologist requiring post graduate qualifications or certification from the employer; or*
 - b. A Medical Imaging Technologist who demonstrates advanced clinical expertise;*
- 2. Has 5 years post graduate experience;*
- 3. Employer requires at least a Graduate Certificate Qualification or ASMIRT MRI Certification; and*
- 4. Is assessed as competent in complex procedures and able to work independently; and*
- 5. Demonstrates their ongoing engagement in continuing professional development activities.*

Or

- 1. 5 years post graduate experience; and*
- 2. Demonstrates advanced expertise in their area of specialty. This could include a specific modality, education, research, IT systems or a form of advanced practice; and*
- 3. The advanced/specialist expertise is relevant to their area of work.*
- 4. Further definition as per work level standard review*

MI4B Employees will be eligible for the postgraduate allowance if they hold a Postgraduate Diploma, Masters or Doctorate Degree in their area of specialty in addition to the qualification making them eligible for this classification. The rate of payment should be as described in the Postgraduate Allowance clause (3.5-5.5% of salary) or MI4.4 (for Masters and Doctorate) or MI4.3 (for Diploma), whichever is the lesser.

- MI advised that they feel that a separate classification structure much like the pharmacy classification structure or radiation therapy structure would best suit their needs. They talked through the proposal of the personal regrade between a level 2 and 3 and 3 and 4 as a vehicle to achieve competency-based progression specific to the MI needs.
- The Medical Imaging representatives spoke about the retention issues experienced between a level 2 and 3 radiographers. The report acknowledges the issues experienced at retaining MRI technicians at this level, though the group highlighted that it is not just MRI technicians.
- The proposal is intended to support the development of career pathways within MI
- Jo Morris noted that there is a concern that this is a significant proposal put forward very late in the process of the HP Review. For there to be adequate consultation on the items listed in the proposal that are relevant to the HP review will set the project closure and endorsement process back.
- When comparing the competency framework to the pharmacy framework that was put forward by Pharmacy aligned to the National Competency hospital pharmacy framework, there is a lack of detailed available for the MI proposal to be adequately considered.
- Sean McDonnell advised that a competency framework for MI is not dependant on the review or Enterprise Bargaining process. Should MI want to explore and put forward a case for competency-based progression, it can be done at any stage throughout the agreement through the correct consultation processes such as the establishment of a working committee.
 - Collaboration of all areas that employ MI - including Calvary Hospital is required put up a proposal of a competency framework
- Steve Linton advised that there is no comparison to Pharmacy for a personal regrade process through the competency framework.
 - Tehlia Vinton advised that having sat on the competency panel on Friday 27 August 2021, the process for approval is intensive and rigorous with a panel consisting of union representation, the relevant level being progressed to and calvary and CHS representatives.
 - It is advised that through the competency framework put forward for MI there is consultation with Pharmacy to seek advice on their framework, lessons learnt etc.
- MI advised that the issue they are experiencing is hard barriers between the levels.
- Helen Mathews left the meeting at 1.04pm due to meeting clash
- Tehlia Vinton made the observation that there may be more of a relevant case for an operational workforce review of MI based on the feedback received through the Review process. The competency framework may or may-not assist with some of the issues experienced by MI, however a full operational review including operational structure sounds like it would be more relevant. All parties agreed to this and Tehlia advised it could be mentioned in the Review as an observation. All parties agreed to this
- Leigh Bush Leigh bush advised that it was her personal and industrial opinion that medical imaging should remain in their current standalone medical imaging classification, and not be included in the HP review recommendations. MI would then progress their outstanding issues raised and tabled during HP review process at the next round of bargaining or via an independent review process. Medical imaging is currently facing many challenges and requires their own classification with independent WLS and mechanisms to recruit and retain medical Imaging personnel to meet the current and future MI service demands.

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3. Actions

1. Add operational review requirement for MI to the final report.