

Milestone Report 2

# Health professionals' classification structure and pay and conditions comparison.

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## INTRODUCTION

### Purpose

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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

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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

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8. A number of submissions from staff have been received in the [healthEBA@act.gov.au](mailto: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

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#### 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.<sup>1</sup> 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.

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<sup>1</sup> 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

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### 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.<sup>2</sup> For additional information, see also the extract from the Black Circle report at [Appendix 5](#).

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<sup>2</sup> 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.”<sup>3</sup>

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.<sup>4</sup>

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;<sup>5</sup>
- limitations on opportunities for career advancement, e.g. merit selection vs. competency-based advancement; and

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<sup>3</sup> Black Circle, Element 2, *Market Basis*, Black Circle, 28 February 2012, p.73

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

<sup>5</sup> 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*.<sup>6</sup> 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

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### 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

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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:
- a. 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;
  - b. facilitate recruitment to the ACTPS by making the competencies, qualifications and remuneration levels for ACTPS vacancies more accessible, and intelligible, to potential applicants;

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<sup>6</sup> <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.<sup>7</sup>
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”.<sup>8</sup> 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”.<sup>9</sup>
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;<sup>10</sup>
  - 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.<sup>11</sup>

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<sup>7</sup> Black Circle, Element 1, p.9

<sup>8</sup> Black Circle, Element 5, *Closing Report*, p.79

<sup>9</sup> *Ibid.*, p.111

<sup>10</sup> 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.

<sup>11</sup> 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

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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

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#### 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

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### 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.”<sup>12</sup>
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.

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<sup>12</sup> 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.<sup>13</sup> 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

<sup>13</sup> 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.<sup>14</sup>

## 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.<sup>15</sup>
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.

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

<sup>15</sup> 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)<sup>16</sup>
- 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.*

<sup>16</sup> 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

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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

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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
CYPP	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 &amp; 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
<b>Health Professional Level 3</b>			
(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 Post Graduate Certificates	4% of the base rate
	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 &amp; 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
	Competency point discontinued		
	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.



## Australian public health sector enterprise agreements

<b>ACT</b>	ACT Public Sector Health Professional Enterprise Agreement 2018-2021
<b>Victoria</b>	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.
<b>NSW</b>	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
<b>QLD</b>	Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 2) 2016 Queensland Public Sector Certified Agreement (No. 9) 2016
<b>SA</b>	South Australian Modern Public Sector Enterprise Agreement: Salaried 2017
<b>Tas</b>	Allied Health Professionals Public Sector Unions Wages Agreement 2019 Dental Officers Industrial Agreement 2019 Public Sector Wages Agreement 2019 Radiation Therapists Agreement 2018
<b>WA</b>	Dental Health Services Dental Technicians CSA Industrial Agreement 2018 Dental Officers CSA Industrial-Agreement-2019 WA Health System - HSUWA - PACTS Industrial Agreement 2018
<b>NT</b>	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.<sup>17</sup>

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<sup>17</sup> 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 Add for Qual = 102,337	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
		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

HEALTH PROFESSIONAL CLASSIFICATION REVIEW MILESTONE REPORT 2 (FINAL)

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 61,986 66,096 70,347 75,096 78,975 81,211	P1 63,321 65,663 68,093 70,612 73,226 75,937 78,746 81,659	HP 1 50,871 52,372 53,903 55,487 57,044 58,599 60,175	Psych 67,889 71,561 75,229 79,816 84,404 88,981 93,578 97,250 100,914	PJ1-8 **57,772 60,616 64,090 69,004 72,597 75,940 79,976	AHP1 56,443 59,818 63,568 67,385 71,197	AHP-1 64,519 67,248 69,976 74,068 78,761	P-1 72,703 76,909 81,651 86,174 93,083 101,257
HP 2 66,096 70,347 75,096 78,975 81,211 83,456 85,735 88,081 90,737	P2 84,101 87,215 90,442 93,788 97,256 100,856	HP 2 61,952 65,894 69,014 72,189 76,530 81,524 83,541 86,071	Senior 106,421 111,011 115,596	PK1-4 87,287 89,882 91,598 98,285	AHP2 75,011 78,824 82,635 86,458 90,269 91,518	AHP-2 83,152 85,879 88,951 92,020 95,429 96,329	P-2 103,824 107,074 110,443
HP3 93,346 95,578 98,359	P3 103,969 107,817 111,803 116,440	HP 3 65,894 72,189 76,530 81,524 84,686 88,477 92,265 96,849 99,875	Clinical 97,252 102,750 108,257 113,764 119,265	PL1-4 100,037 103,948 107,676 113,963	AHP3 90,269 94,087 96,974 98,257 100,483	AHP-3 98,157 100,887 104,296 105,285	P-3 115,368 119,402
HP4 107,475 115,687	SP1 120,545 127,189 134,667	HP 4 106,833 109,061 111,910 114,960	Snr Clinical 124,772 128,440 132,111	PM1-5 113,963 117,150 122,569 127,608 136,344	AHP4 104,257 106,796 108,129 111,051	AHP-4 107,705 110,433 113,505 117,254	P-4 125,938 130,198
HP5 126,577 133,121 142,494	SP2 139,066 145,185 151,573 157,937 164,376	HP 5 120,856 126,105	P/Clinical 150,459	TT16 154,159	AHP5 121,228 122,633 126,315 127,745 130,128 131,577 133,945 135,413	AHP-5 119,983 122,722 126,924 131,228	P-5 134,870 142,623
HP6 147,006		HP 6 134,649 139,382			AHP6 144,114 145,634	AHP-6 144,091	P-6 148,626 154,736
		HP 7 153,384 164,376					P-7 163,664
		HP 8 170,377 177,491 185,560 199,954					P-8 169,344 P-9 175,819

