NSW HEALTH EMPLOYEES' MEDICAL IMAGING AND RADIATION (STATE) AWARD 2025

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

AWARD

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SECTION A - EMPLOYMENT CONDITIONS AND CLASSIFICATIONS

PART A - PRELIMINARY MATTERS

1. Definitions

"ACPSEM" means the Australasian College of Physical Scientists and Engineers in Medicine.

"AHPRA" means the Australian Health Professional Regulation Agency.

"AMS" means Accredited Medical Sonographer.

"ASAR" means the Australian Sonographer Accreditation Registry.

"ASMIRT" means the Australian Society of Medical Imaging and Radiation Therapy.

"CPD" means continuing professional development.

"CT scan" means a computed tomography scan / X-ray.

"Direct supervision" means the employee who undertakes the supervision must be physically present at the workplace, always observing when the employee they are supervising is providing clinical care (eg assessment and / or treatment of patients).

"Employer" means the Secretary of the Ministry of Health exercising employer functions on behalf of the Government of New South Wales, which may be delegated by the Secretary, for example, to Local Health Districts and specialty Networks.

"EPA" means the NSW Environment Protection Authority.

"EPA radiation licence" includes, for the purposes of this Award, radiation licences issued by another state or territory jurisdiction under the *Protection from Harmful Radiation Act 1990* and deemed to be equivalent, and valid for use in NSW.

"FTE" means for the purposes of this Award (unless expressly stated otherwise) the full time equivalent number of staff employed in the relevant Classification Schedule for the purposes of determining a Level / Grade eg reference to FTE in a Level / Grade for a Radiography Department only refers to those employed via Schedule 3 Radiography.

"LHD" means Local Health District, and in the context of this Award, those employed within the NSW Health Service by the employer, excluding the County of Yancowinna.

"Medical Physicist" is the collective term used in this Award to refer to Registered Medical Physicists and Unregistered Medical Physicists.

"MRI" means magnetic resonance imaging.



"MRPBA" means Medical Radiation Practice Board of Australia (and part of the AHPRA architecture for health professional registration).

"NSW Health Service" means the New South Wales Health Service as defined in section 115 of the *Health Services Act 1997* (NSW) ('Act') or its successors, assignees or transmittees, excluding the County of Yancowinna; a statutory health corporation as defined in section 41 of that Act; and an Affiliated Health Organisation recognised under section 62 of that Act, as amended or varied from time to time.

"QA" means quality assurance.

"QI" means quality improvement.

"PACS" means picture archiving and communication system.

"PET" means positron emission tomography.

"Radiopharmaceutical Scientist" means for the purposes of this Award (unless expressly stated otherwise) persons employed in all classifications set out in PART H Classification structures, Schedule 6 of this Award.

"RDO" means, for the purposes of this Award and the payment of any allowance contained in Section B Table 7, a rostered day off and allocated day off.

"Registered Medical Physicists" for the purposes of this Award are those persons employed in Medical Physics classifications as set out in PART H Classification structures Schedule 5 of this Award and who are listed on the ACPSEM Register of Qualified Medical Physicists or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).

Registered Medical Physicists operate in compliance with the key capabilities and enabling components of the ACPSEM *Medical Physicist Scope of Practice* and additionally meet the prescribed continuing professional development requirements to remain on the ACPSEM Register.

"RIS" means radiology information systems.

"Senior Medical Officer" means, for the purposes of this Award, Registrars, Career Medical Officers, Staff Specialists or Visiting Medical Officers who provide services and medical oversight in the facility or medical radiation services provided.

"Specialty or Specialties" for the purposes of this Award, when used in Medical Physics classifications as set out in PART H Classification structures Schedule 5 of this Award, include but are not limited to: Radiation Oncology Medical Physics; Radiology Medical Physics; and Nuclear Medicine Physics.

"SPP" means, for the purposes of this Award, a supervised practice program and undergraduate training that requires a clinical component, as well as including overseas qualified Diagnostic Radiographers or Diagnostic Radiographers requiring practice placement after an extended break.



"Union" means the Health Services Union NSW.

"Unregistered Medical Physicists" for the purposes of this Award are those employed in Medical Physics classifications as set out in PART H Classification structures Schedule 5 of this Award and who are not listed on the ACPSEM Register of Qualified Medical Physicists or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).

"Weekly rates" will be ascertained by dividing an annual amount by 52.17857 or a weekly rate can be multiplied by 52.17857 to obtain the annual amount.

"WHS" means work, health and safety.

2. Area, Incidence and Duration

- (i) This Award, being the NSW Health Employees' Medical Imaging and Radiation (State) Award 2025, applies to all persons in classifications as defined in PART H, Classification Structures, and included in SECTION B, Monetary Rates, of this Award and employed in or in connection with the New South Wales Health Service as defined in section 115 of the Health Services Act 1997 (NSW) or its successors, assignees or transmittees, excluding the County of Yancowinna.
- (ii) This Award rescinds and replaces the *Health Employees' Medical Radiation* Scientists (State) Award 2024 and Public Hospital Medical Physicists (State) Award 2024.
- (iii) This Award will take effect from 1 July 2025 and remain in force until 30 June 2026. Remuneration increases will occur from the beginning of the first full pay period to commence on or after 1 July of each year, unless otherwise detailed, as shown in SECTION B, Monetary Rates, of this Award.



3. General Conditions of Employment

- (i) Except as otherwise provided in this Award, employees covered by this Award are entitled to the conditions of employment in the:
 - Health Employees Conditions of Employment (State) Award 2024, as varied or replaced from time to time ('Conditions Award');
 - Hospital Scientists (State) Award 2024, as varied or replaced from time to time ('Scientists Award') [in relation only to those classifications contained in PART H, Schedule 5 - Medical Physics and Schedule 6 -Radiopharmaceutical Scientists]; and
 - Health Industry Status of Employment (State) Award 2023, as varied or replaced from time to time ('Status Award').
- (ii) However, conditions of employment set out in this Award will prevail over those contained in the awards identified in subclause (i) above to the extent necessary to resolve any conflict or ambiguity.
- (iii) To satisfy requirements under the *Industrial Relations Act 1996*, employees under this Award will continue to have access to dispute resolution procedures, including requirements for consultation at the workplace and the involvement of relevant industrial organisations, via the provisions contained in the awards identified in subclause (i) above, in addition additional or complementary procedures available in this Award.
- (iv) It is the intention of the parties bound by this Award to seek to achieve the object in section 3(f) of the *Industrial Relations Act 1996* to prevent and eliminate discrimination in the workplace and to ensure equal remuneration for men and women doing work of equal or comparable value. The parties will continue to utilise the relevant provisions in relation to anti-discrimination as set out in the awards identified in subclause (i) above to achieve such outcomes.



PART B - WAGES AND SALARY RELATED MATTERS

4. Classification Schedules and Salaries

- (i) Employees covered by this Award will be classified and paid salaries and allowances in accordance with PART H, Classification structures, and SECTION B, Monetary Rates, of this Award.
- (ii) The proper allocation of an employee's classification Level / Grade and salary on commencement of this Award will be facilitated by the application of arrangements set out in Section C Transitional Arrangements in this Award.
- (iii) After the commencement of this Award the employer can, notwithstanding obligations imposed upon it via Section C Transitional Arrangements, create new positions at all Levels and Grades. This includes those positions in which the mechanism identified for progression is via a personal regrade. However, all new positions created must utilise the criteria and all requirements as set out in Part H, Classification structures, for the relevant Level and Grade of the position being established.
- (iv) Progression between any identified yearly salary increments (however so described or referred to in any classification structure contained in Part H, Classification structures and set out in SECTION B, Monetary Rates of this Award) shall occur based on the completion of a calendar year, and therefore progression to the next higher yearly salary increment (if available) will occur on the designated anniversary date of the employee every 12 months. To be clear, it is not based upon or requiring the completion by the employee of the equivalent of 12 months full time employment to progress to the next yearly salary increment available.
- (v) Individual classifications contained in Part H, Classification structures of this Award may set out positional requirements as a precondition to be eligible for a personal regrade or appointment, which may include the prior completion of a prescribed number of years of service at another classification or post registration, for example. Unless expressly stated to the contrary in any classification structure or progression framework, in such instances when a classification requires the completion of a certain number of years, this shall be defined (consistent with sub clause (iv) above) as being the completion of a calendar year or years as opposed to requiring the completion by the employee of the equivalent of 12 months full time employment for each year of service that may be required.

5. Continuing Professional Development

- (i) Continuing professional development ('CPD') is a requirement of employees covered by this Award to assist in ensuring they are up to date with the skills, knowledge, and attributes for safe, contemporary practice in their professions.
- (ii) These involve substantive activities that have intellectual and practical content that is relevant to the employee's area of practice and its completion is



- mandatory to maintain registration and / or accreditation with AHPRA and / or ASAR and / or ACPSEM.
- (iii) To assist employees in completing their minimum registration and / or accreditation requirements as set out in subclauses (i) and (ii) above, they will receive a CPD allowance as set out in subclauses (vii) to (x) inclusive below.
- (iv) The CPD allowance does not form part of the employee's hourly rate for the calculation of other entitlements, for example, shift penalties or overtime; however, it will be treated by the employer as superable salary for the purposes of superannuation.
- (v) The CPD allowance will be paid to employees during periods of paid leave.
- (vi) The provision of the CPD Allowance to employees is not designed or intended to displace or supersede other forms of support provided to employees within the workplace to attend, for example, conferences, seminars or training courses designed to improve the clinical knowledge, capacities and / or qualities available within the workplace or enable CPD requirements being met. It is complementary to such workplace support and is not to be read as being in lieu of any support that is already being provided by the employer.
- (vii) Employees who are required or elect to undertake CPD to maintain registration and / or accreditation with AHPRA and / or ASAR and / or ACPSEM will receive a CPD allowance determined in the following manner:
 - ▶ \$100 per each hour of CPD required by AHPRA and / or ASAR and / or ACPSEM to be completed each year (or the average of CPD hours required to be completed each year).

Example 1

If an employee is required to complete 20 hours of CPD per year (or say 60 hours over three years), the total annual CPD allowance payable will be calculated as follows:

 $$100 \times 20 = $2,000 \text{ per annum}.$ This will be payable as a weekly CPD allowance of \$38.33 (\$2,000 divided by 52.17857).

Example 2

If an employee is required to complete 50 hours of CPD per year (or say 150 hours over three years), the total annual CPD allowance payable will be calculated as follows:

 $$100 \times 50 = $5,000 \text{ per annum}.$ This will be payable as a weekly CPD allowance of \$95.82 (\$5,000 divided by 52.17857).

(viii) Each eligible employee will only receive a CPD allowance calculated based on one registration / accreditation requirement, although determined using the registration / accreditation process with the higher number of CPD hours required to be completed.



- (ix) The CPD Allowance will automatically be increased by any salary related increases that are applied to this Award following its commencement.
- (x) Unregistered Medical Physicists and Unregistered Radiopharmaceutical Scientists who elect and are actively engaged with ACPSEM to become listed on the relevant ACPSEM Register for their profession by the initial completion of CPD requirements will also receive the CPD allowance to assist in achieving that objective. Such employees will attest to the employer that a process and such engagement has been activated.

6. Higher Qualifications Allowance

(i) An employee under this Award who holds a post-graduate qualification of direct relevance to their current position or professional practice, which is in addition to the qualification relied upon and the basis of their registration and / or accreditation in their profession, will be paid a higher qualifications allowance as set out in SECTION B, Monetary Rates, Table 7 Allowances.

For example, a Diagnostic Radiographer who obtains registration based upon a professional entry Master's degree will not be entitled to the allowance, as the Master's degree is not additional to the qualification resulting in registration.

- (ii) The higher qualifications allowance will also not be payable to Diagnostic Radiographers in respect to a post-graduate qualification required to be held to facilitate a personal regrade to a higher Level / Grade that may be available in that classification structure.
- (iii) Each employee will only receive one higher qualification allowance. If an employee holds multiple post-graduate qualifications, the higher of the possible available allowances will be paid to the employee.
- (iv) Disputes arising as to the payment of the higher qualifications allowance will in the first instance be referred for consideration and resolution by the Grading Committee as set out in Clause 18 of this Award.
- (v) The higher qualification allowance will be paid to employees during periods of paid leave. It will also be treated by the employer as superable salary for the purposes of superannuation.

7. Professional Requirements

- (i) Employees will be reimbursed by the employer for all costs incurred and required for the performance of their duties, including but not limited to:
 - (a) Registration and / or accreditation costs applied by AHPRA and / or ASAR and / or ACPSEM;
 - (b) Radiation licences;
 - (c) Working with Children Checks; and
 - (d) Any other regulatory costs required to be met by the employee that may arise from time to time.



8. No Detriment Provision

- (i) No employee ('impacted employee') covered by this Award will suffer a reduction in their substantive Level / Grade or salary as a result of the implementation of a new facility / department / LHD / Network structure by an entity included in the definition of the NSW Health Service.
- (ii) In these instances, the impacted employee will retain their substantive Level / Grade and salary (and all future salary increases) despite being placed at a Level / Grade, resulting from a restructure, which may carry a lesser salary.
- (iii) This will remain the case whilst ever the impacted employee remains in their substantive Level / Grade.
- (iv) Nothing prevents the employer from having the impacted employee undertake duties that are consistent with the Award definition of their retained substantive Level / Grade.



PART C - HOURS OF WORK AND LEAVE

9. Hours of Work

- (i) The ordinary hours of work, exclusive of unpaid meal breaks for all full time employees covered by this Award (excepting those classifications contained in PART H, Schedule 5 Medical Physics and Schedule 6 Radiopharmaceutical Scientists), will be an average of 35 hours per week in each roster cycle.
- (ii) Full time employees working in classifications within Schedule 5 Medical Physics and Schedule 6 Radiopharmaceutical Scientists of this Award will alternatively work, exclusive of unpaid meal breaks, an average of 38 hours per week in each roster cycle.
- (iii) The above sub clauses operate in conjunction with hours of work provisions contained in the Conditions Award or Scientists Award.
- (iv) If there is a variance between this Award clause and the Conditions Award or Scientists Award, this Award clause will operate to the extent of any inconsistency.

10. Shift Work and Week-End Work

- (i) Subject to the provisions of this clause, employees may be employed on shift work provided the shift pattern is consistent with Clause 9 Hours of Work of this Award.
- (ii) Before any new, or altered existing pattern, of shift work is introduced and required of an employee or group of employees, such a proposal must be subject of consultation with the Union. This is to occur prior to any decision regarding its introduction (or an alteration) is made by the employer. Consultation will occur via the provisions contained in the Conditions Award or Scientists Award.
- (iii) If consultation is unable to resolve any disagreement regarding the proposal for shift work, either party can utilise the dispute resolution procedures available to this Award via the Conditions Award or Scientists Award.
- (iv) All employees (which includes for example permanent, permanent part time, temporary and those working reduced hours) working afternoon or night shift are to be paid the following percentages in addition to the ordinary rate for such shifts:
 - a) Afternoon shift commencing at 10.00 a.m. and before 1.00 p.m. 10%.
 - b) Afternoon shift commencing at 1.00 p.m. and before 4.00 p.m. 12.5%.
 - c) Night shift commencing at 4.00 p.m. and before 4.00 a.m. 15%.
 - d) Night shift commencing at 4.00 a.m. and before 6.00 a.m. 10%.



- (v) Notwithstanding subclause (iv) above, all time worked by employees on any shift between 9.00 pm and 6.00 am will alternatively receive 50% in addition to their ordinary rate of pay, which is in substitution for, and not cumulative upon, the shift premiums otherwise prescribed in subclause (iv).
- (vi) However, employees working in classifications within Schedule 5 Medical Physics and Schedule 6 Radiopharmaceutical Scientists of this Award will in lieu of the above subclauses continue to receive shift premiums in conformity with the Scientists Award.
- (vii) Employees whose ordinary working hours include work on a Saturday and / or Sunday are paid for ordinary working hours worked between midnight on Friday and midnight on Saturday, at the rate of time and one-half and for ordinary hours worked between midnight on Saturday and midnight on Sunday, at the rate of time and three-quarters.
- (viii) The extra rates for working on a Saturday or Sunday are in substitution for, and not cumulative upon, the shift premiums prescribed in subclause (iv) of this clause.

11. Professional Development Leave

- (i) Full time employees covered by this Award are entitled to seven (7) days of Professional Development Leave for each year of completed service for the purpose of assisting to meet their registration and / or accreditation with AHPRA and / or ASAR and / or ACPSEM.
- (ii) Those employees who are employed other than on a full-time basis will have Professional Development Leave made available on a pro rata basis.
- (iii) Professional Development Leave can be accrued to a maximum equivalent to three years entitlement (ie for full time employees 21 days).
- (iv) Professional Development Leave will be paid at the employee's ordinary rate of pay applicable when taken.
- (v) The provision of Professional Development Leave to employees is not designed or intended to displace or supersede other forms of leave available and / or provided to employees within the workplace to attend, for example, conferences, seminars or training courses designed to improve the clinical knowledge, capacities and / or qualities available within the workplace or enable CPD requirements being met. It is complementary to such workplace support and is not to be read as being in lieu of any other leave that is available and / or being provided by the employer.
- (vi) To be clear, Professional Development Leave is not to be utilised for learning activities that are required by the employer to be undertaken, for example only, in-house courses or training; mandatory training and education, in which employees are considered to be 'on duty'.



- (vii) Employees will not be able to access Professional Development Leave for the initial six (6) months of their employment when first engaged under this Award.
- (viii) Those classifications identified in Clause 5(x) of this Award who are undertaking CPD for the purpose of obtaining registration with the ACPSEM will also have Professional Development Leave made available to them as set out in this clause.



PART D - OVERTIME AND ON-CALL PROVISIONS

12. Overtime

- (i) Employees under this Award will have their overtime entitlements as per the Conditions Award or Scientists Award.
- (ii) However, it is reiterated that all work undertaken by full time employees covered by this Award beyond their rostered ordinary hours shift will be overtime.
- (iii) The payment of overtime will not be withheld due to prior approval not being forthcoming due to the following possible circumstances, including but not limited to: workloads required of the employee; clinical acuity factors; emergent safety or regulatory factors; urgent clinical / patient requirements arising; equipment failure.
- (iv) Overtime will also be paid in such circumstances to employees engaged to work less than full time hours, consistent with the provisions in the Conditions Award for all employees covered by this Award, for example, those relevant for permanent part time employees.

13.On Call

- (i) The requirements placed upon employees to be on call are contained in the Conditions Award or Scientists Award excepting for the provisions in this clause.
- (ii) Employees are not to be placed on call whilst on leave or the day before taking or returning from leave.
- (iii) In addition, no employee will be required to remain on call whilst on a rostered day off or from the completion of the employee's shift on the day preceding a rostered day off unless it is by mutual agreement.
- (iv) Employees placed on call and employed under this Award will have the following allowances payable:
 - a) An employee required by their employer to be on call must be paid either the allowance for each hour or part thereof whilst on call, or alternatively the minimum payment stipulated, whichever is the higher, as set out in Section B Monetary Rates Table 7 Allowances of this Award.
 - An employee who has agreed to be on call on rostered days off must be paid either the allowance for each hour or part thereof whilst on call, or alternatively the minimum payment stipulated, whichever is the higher, as set out in Section B Monetary Rates Table 7 Allowances of this Award.



(v) To be clear, if there is a difference between the provisions in this Award and the Conditions Award or Scientists Award, the provisions in this Award prevail to the extent of any such inconsistency or ambiguity.

14. Remote Recall and Back-Up

- (i) Employees who are rostered on duty, or alternatively on call, may need to seek clinical or professional advice or guidance to ensure they undertake safe, effective and / or efficient delivery of services.
- (ii) Employees contacted to provide such advice or guidance, which may include off duty senior clinicians or managers who are not on call, will be paid a minimum of one (1) hour of overtime for any calls / support provided remotely (ie does not involve a return to the workplace).
- (iii) If the individual contact results in remote support exceeding one hour in duration, the full period of the actual assistance will be paid as overtime.
- (iv) Further calls that occur during the minimum one hour payment period of the preceding call under subclause (ii) above, will not attract further payment until such time as it exceeds the minimum payment period for the previous call (ie one hour).
- (v) An off duty employee, who is not expressly placed on call to provide such assistance or advice, is not required to hold themselves in readiness in case of such contact or to be available.
- (vi) If, however, an on call roster is expressly instituted to manage such remote recalls, employees participating will receive the relevant on call allowance for doing so.
- (vii) Participation on any such on call roster to provide remote assistance is voluntary.
- (viii) If a remote recall results in a return to work to assist / manage the situation (ie a remote solution is not possible), the employee will be paid overtime consistent with such return to work, as per the Conditions Award for all employees covered by this Award.



PART E - SAFE STAFFING AND CLINICAL CARE

15. Staffing Arrangements

- (i) The Conditions Award will set out staffing principles to ensure that appropriate and safe staffing arrangements will apply to all employees covered by this Award.
- (ii) These principles will be applied and given effect in this Award by undertaking the consideration of the following factors:
 - (a) Clinical duties; and
 - (b) Regulatory requirements; and
 - (c) Administrative duties; and
 - (d) Managerial and operational supervisory responsibilities; and
 - (e) Issues associated with providing services at remote, rural or regional facilities or Networks; and
 - (f) Professional supervision responsibilities; and
 - (g) Meeting and committee attendance; and
 - (h) Professional Development; and
 - (i) Duties related to training, education of other clinicians, staff, interns or students; and
 - (j) Quality and research activities; and
 - (k) Award Grading Committee involvement; and
 - (I) Work, health and safety considerations; and
 - (m) Any other relevant factors in the employee position and role, either individually or collectively within the workplace / service.

16. Workload review

- (i) The Union may request a workload review be conducted in relation to an individual employee or a group of employees covered by this Award.
- (ii) The review must assess the written workload requirements and any additional work requirements or expectations which are not documented. For example, where the scope of work of the original and documented role has significantly expanded due to increased service provision.



- (iii) The review must be conducted in consultation with the Union in accordance with the Conditions Award for all employees covered by this Award, with all relevant information provided to the Union and nominated representatives.
- (iv) If a finding is made that workloads individually or collectively exceed a safe level the employer will:
 - (a) Immediately amend the workload allocation such that the employee(s) can complete all tasks within ordinary hours;
 - (b) Set out any other steps to address the workload issues;
 - (c) Set out any other process to monitor the workloads going forward; and
 - (d) Implement any staffing as required from the review.
- (v) If the workload review is unable to satisfactorily resolve the issues, or a dispute arises from its application or outcome, either party is able to utilise the dispute resolution procedures available to this Award via the Conditions Award or Scientists Award.

17. Staff Backfill

- (i) To maintain safe staffing, sustainable workload levels and appropriate clinical standards, the employer will backfill absences or, where that is not possible, prioritise the safe performance of work in accordance with the requirements below.
- (ii) Staff Backfill as used in this clause means the replacement of an absent employee, in accordance with the following process:
 - (a) Replacing the absence with an employee capable of being classified at the same level and FTE;
 - (b) Utilisation of staff via higher grade duties, subject to their ordinary duties being backfilled; and
 - (c) Utilising part-time and casual employees to perform additional shifts (by agreement).
 - (d) Utilisation of designated leave relief positions if available and adopted by the employer to manage absences due to leave arrangements.
- (iii) The employer will provide to the Union on request all information relating to backfill processes conducted under this clause.
- (iv) Absence includes any leave, whether planned or unplanned.
- (v) Unplanned absence is any absence with less than two weeks' notice.
- (vi) Planned absences



- (a) Planned absence is an absence of an employee where it is known more than two weeks in advance.
- (b) The employer will backfill a planned absence from the first day of the absence, except where this cannot be achieved despite best efforts.
- (c) If the employer cannot backfill a planned absence the employer will prioritise work in the following manner:
 - 1. The regular workloads of other employees are reduced to enable them to perform the duties of an absent employee; or
 - 2. The work of the absent employee is decided not to be undertaken, and staff are notified.
- (d) No employees will be required to work beyond contracted ordinary hours to perform the duties of the absent employee, although employee(s) may agree to work overtime to assist.

(vii) Unplanned absences

- (a) Unplanned absence is any absence with less than two weeks' notice.
- (b) Unplanned absences exceeding two weeks will be backfilled. If backfill of a suitably qualified employee cannot be achieved despite best efforts, prioritisation of work will occur in accordance with subclause (vi) *Planned absences* above.
- (c) Similarly, unplanned absences of less than two weeks will be prioritised in accordance with subclause (vi) *Planned absences* above.
- (viii) Backfill of employees will occur through offering existing part-time and casual employees additional shifts in the first instance.
 - (ix) The employer will provide to the Union on request all information relating to backfill processes under this clause.
 - (x) In the instance of absence due to resignation or termination, the employer will advertise the position immediately upon formal notice of termination or resignation.
 - (xi) In the instance of absence due to planned or unplanned leave exceeding two weeks leave, the employer will advertise the backfill position immediately upon formal notice of the leave.



PART F - PROGRESSION AND MISCLASSIFICATION

18. Grading Committee

- (i) A Grading Committee consisting of at least two employer representatives and two Union representatives will be constituted to consider and make recommendations to the employer in relation to:
 - (a) Any request or proposal by the employer to establish new positions or alter the grading of any existing positions covered by this Award; or
 - (b) The progression of any employee under PART H, Classification structures and SECTION B Salaries of this Award (personal regrade) (excepting for those in Schedule 5 Medical Physics and Schedule 6 Radiopharmaceutical Scientists, who will for personal regrades be alternatively managed via the arrangements outlined in Schedule 5 - A or Schedule 6 - A of this Award); or
 - (c) Any request regarding the correct grading of any position believed to be misclassified under this Award; or
 - (d) The assessment of any Award criteria such as speciality area, qualification, credentialing for the purpose of determining the appropriate classification for an employee or class of employees; or
 - (e) Disputes arising as to the payment of the higher qualifications allowance to an employee; or
 - (f) Disputes concerning the continuation of a personal regrade if the employee transfers and takes up a commensurate position elsewhere under the Award; or
 - (g) Disputes arising as to whether previous experience of an employee (including overseas experience) should be recognised for determining the employee's salary / date of incremental progression in a position.
- (ii) All Committee members must be from the same Classification Schedule of this Award that reflects the application / request / dispute. They must also be employed in a Level / Grade equal to but preferably higher than the subject matter being assessed.
- (iii) The Committee may be expanded beyond two from each party, subject to agreement and the total representation from each remaining equal. These additional Committee members can also be, for example, those that bring specific industrial or Award expertise to assist in the consideration and resolution of any application / request / dispute. In this latter instance only, these additional members will not need to meet the criteria in sub clause (ii) above.
- (iv) The Committee must:



- (a) Make any recommendation in a reasonable time (but in any event no later than sixty (60) calendar days from the application being made); and
- (b) Disclose any conflicts of interest and adjust processes as necessary; and
- (c) Assess the applicant based on the Award criteria and not funding parameters; and
- (d) Where an application is rejected, provide the applicant with reasons in writing and guidance regarding steps the applicant can take to improve future applications.
- (v) The employer must action a recommendation of the Committee within four weeks of receiving its report, unless there are exceptional circumstances. For the avoidance of doubt, funding, or lack thereof, is not an exceptional circumstance.

19. Personal Regrades

- (i) Employees may make an application to the employer for personal regrading as may be permitted under the relevant classification structure.
- (ii) Note those applicants seeking a personal regrade employed in classifications contained in PART H Schedule 5 Medical Physics and Schedule 6 Radiopharmaceutical Scientists will not rely upon this clause but will alternatively have such applications managed via the arrangements outlined in Schedule 5 A or Schedule 6 A of this Award.
- (iii) Applications for personal regrading must demonstrate the employee is consistently meeting the criteria as set out for a personal regrade in the relevant classification structure.
- (iv) Applications initially should be provided to the employee's direct line manager for comment. If this is not available or alternatively the direct line manager refuses to provide comment, this will not preclude the application proceeding.
- (v) The application will then be lodged with the employer who must notify the Union within two weeks of its receipt.
- (vi) A Grading Committee will be established to review and make any recommendation on the application in accordance with clause 18 of this Award.
- (vii) The employer will implement recommendations of the Grading Committee within four weeks of receiving its report, unless exceptional circumstances exist. If the latter, complete details of the exceptional circumstances must be provided to the Union in writing.
- (viii) For the avoidance of doubt, a lack of funding does not constitute an exceptional circumstance and cannot be used as a reason to deny a recommendation of the Grading Committee nor to discourage or prevent an application from being made in the first instance.



- (ix) The date of any approved personal regrade will be the first full pay period on or after the date the application was initially provided to the direct line manager, or in their absence, the relevant senior manager responsible for the work area of the applicant.
- (x) Requests for more information from the Grading Committee or employer will not change the original date the application was submitted and therefore its commencement date.
- (xi) If the application is declined, the employee must receive from the employer written advice at the time of being notified that their application was denied, the grounds and reasons for the decision and how to improve future applications.
- (xii) An employee whose application is declined may refer the matter to the Union for the establishment of a peak level (state-wide) regrade review committee. Such a peak level Committee will meet on a regular basis or as required and constitute equal representation of the Ministry of Health and the Union.
- (xiii) Personal regrades are presumed to transfer with an employee if taking up a commensurate (like) position elsewhere under the Award.
 - For example, a Diagnostic Radiographer at Level 3 Grade 1 (personal regrade) when applying for a Level 2 role elsewhere can expect this personal regrade will remain if successful in obtaining the Level 2 position ie the employer and workplace will continue to benefit from the employee meeting the additional regrade criteria.
- (xiv) The situation as described in subclause (xiii) above should be discussed and resolved during the recruitment process.
- (xv) Any dispute regarding the continuation of a personal regrade as contained in subclause (xiii) above should be referred to the Grading Committee in the first instance. During the Committee process and deliberations, the employee will remain in receipt of the salary level commensurate with the personal regrade level, regardless of whether or not they have commenced in their new role.

20. Positional Misclassification

- (i) If an employee or the Union believes a position has been previously or is now misclassified, they may request the Grading Committee to conduct a review of the position. This does not preclude the Union from alternatively lodging misclassifications or underpayments under the dispute resolution procedures.
- (ii) Misclassification reviews conducted by the Grading Committee will recommend the appropriate classification and Level / Grade for the role.
- (iii) On a Grading Committee determination that the role has been misclassified, the employee in the role will not be required to undertake any form of recruitment process; rather the reclassification will automatically apply to them and the role, including backpay, from the earlier of:



- (a) The date at which the employee's work was misclassified; or
- (b) The date the misclassification review was notified to the employer.
- (iv) If the Grading Committee recommends that the position is classified correctly, the employer will provide the Union and employee written reasons for the decision.
- (v) If the employer is aware an employee is performing work that is not expressly required of their position but does not advise the employee the work is not required, this work will be deemed to have been required by the employer.



PART G - CONSULTATION ON CHANGES TO PROFESSIONAL PRACTICE AND SUPPORT

21. Scope of Practice

- (i) The employer and Union must convene not less than twice a year at a peak (Ministry of Health) level, with equal representation from both parties, to review and discuss changes to the professions under this Award, including:
 - (a) Expanded, extended, or advanced scope of practice ('new / advanced practice') changes that may arise and how that may impact on classification structures / roles as contained and defined in Part H Classification structures of this Award.
 - (b) Discuss any workforce planning / service provision matters more generally that may arise due to possible or actual changes to scope of practice considered as part of subclause (i)(a) and subclause (iii) of this clause.
- (ii) However, such peak level meetings as described in subclause (i) above can also occur on the request of either the Union or employer to discuss emergent issues as they arise. Such a request to meet by either party will identify the bases for such a meeting, which will occur within two weeks of any such request being made.
- (iii) If these peak level meetings identify the utility and / or desirability to undertake a pilot or trial of new / advanced practice, which are beyond or outside those contemplated in the classification structures / roles as contained and defined in Part H Classification structures of this Award, they will occur within the following agreed framework:
 - The nature and extent of the new / advanced practice to be undertaken, and by which employee or cohort of employees;
 - b) The appropriate Level / Grade that involved employees will occupy during the trial / pilot;
 - c) The circumstances in which such a trial / pilot will occur within the facility / service:
 - d) The timeframe over which such a trial / pilot will occur;
 - e) Establish an agreed monitoring structure, with identified measures relating to anticipated deliverables of the trial / pilot. These will include, but not be limited to, patient outcomes, improvements to service delivery, and commensurate productivity improvements within the facility / service. It will include both qualitative and quantitative feedback mechanisms;
 - f) All compiled data and feedback will be reviewed by the peak level meeting to assess its performance and efficacy, and any potential continuation beyond its originally established duration; and



- g) Dependent on the outcomes and considerations contemplated in subclause (iii)(e) above, any determination by the peak level meeting to continue or implement new / advanced practice will also include consideration and agreement as to how this will be reflected in the classification structures / roles as contained and defined in Part H Classification structures of this Award.
- (iv) To be clear, the employer will not implement any trial / pilot of new or advanced practice as contemplated in subclause (iii) above without discussion at a peak level meeting and agreement with the Union.
- (v) The parties also agree that under the arrangements set out in this clause, the future role of, or additional requirements that may be placed upon, Unregistered Medical Physicists and Unregistered Radiopharmaceutical Scientists, along with any progress toward these professions becoming subject to AHPRA and the National Health Law, will be the subject of continued discussions.

22. Allied Health Workforce Educator Role Report

- (i) The employer and Union acknowledge and support the findings of the NSW Health Allied Health Workforce Educator Role Report ('Report').
- (ii) To facilitate and subsequently ensure the implementation of Report recommendations, including having 'Allied Heath' Educator roles comprise 2% of the total Allied Health workforce, the following implementation framework will be utilised.
- (iii) The employer and Union will establish a taskforce of equal representation from each party to undertake the necessary work and / or oversight to achieve implementation of the Report recommendations. The first meeting of this taskforce will occur within two months of this Award becoming operational.
- (iv) The role of the taskforce will also extend to a subsequent monitoring component to track implementation and progress against several variables, including but not limited to, per LHD, Network, Hospital or Service, and per a specific discipline within the defined Allied Health cohort.
- (v) The taskforce will not be unnecessarily constrained in the areas it may consider but will pay particular attention to:
 - (a) Articulation of Allied Health workforce demand and supply.
 - (b) Evaluate the current and ongoing function of Allied Health Educator roles, including how they may be best utilised in specific disciplines or across a number of disciplines or with a Department or Service.
 - (c) Identify the costs and economics of Allied Health Educators, including system wide service and productivity improvements, and its impact upon attraction and retention of employees covered by this Award.



- (d) Ensure funding for all recommendations arising out of the taskforce is made available and utilised for the intended purpose.
- (e) Establish structured and consistent career pathways for Allied Health Educators that can be applied into the future.
- (f) Consider other classification structures under this Award which, whilst not falling in the Allied Health cohort used by the Report, would also have positive benefits to them and clinical services from strengthened Educator roles.
- (g) Communicate the benefits and value of Allied Health Educators to LHDs and Networks, and the health system generally.
- (vi) The taskforce will have made available to it all relevant financial, employment and other associated information as is required or requested by either the employer or Union to genuinely ensure the taskforce is enabled to undertake its activities in the most productive and evidence based way.
- (vii) The taskforce will conduct its activities and implementation efforts in a timely fashion, with progress milestones to be established and in turn reported upon.



PART H - CLASSIFICATION STRUCTURES

SCHEDULE 1 - NUCLEAR MEDICINE

| LEVEL 1 | NUCLEAR MEDICINE |
|---------|---|
| LEVEL 1 | Employees at this Level hold student registration with AHPRA and are |
| Student | in their final year of study of a qualification that will on its completion |
| | permit general registration as a Nuclear Medicine Technologist / |
| | Scientist with AHPRA. They perform basic routine tasks only under |
| | direct supervision of a Nuclear Medicine Technologist / Scientist Level 2 or higher. |
| | 2 of Higher. |
| | Level 1 Students can only be engaged on a casual basis. |
| | Such employment and hours worked are expressly not to replace or |
| | substitute those hours required of the Level 1 Student to complete |
| | their final year of clinical placement. |
| LEVEL 1 | Employees at this Level hold either provisional or limited registration |
| SPP | with AHPRA to permit the completion of a supervised practice |
| | program or to undertake postgraduate training that requires a clinical |
| | component. The successful completion of either is to enable general |
| | registration as a Nuclear Medicine Technologist / Scientist to be |
| | obtained from AHPRA. |
| | Employees at this Level will only work under direct supervision of a Nuclear Medicine Technologist / Scientist Level 2 or higher, to ensure |
| | patient safety and professional development of the following capacities: |
| | Applies that of professional translating abilla and professional |
| | Application of professional knowledge, skills, and professional judgement; and |
| | Solve routine professional issues related to patient care, |
| | radiation safety, work health and safety, manual handling, and / or quality assurance; and |
| | Working and contributing to a multi-disciplinary team |
| 10/ | environment. |
| | It will also be a requirement to hold a provisional NSW EPA radiation licence to perform assigned duties. |
| | Progression to Level 2 is automatic for a Level 1 SPP employee upon obtaining general registration from AHPRA as a Nuclear Medicine Technologist / Scientist and retrospective to the date of completing the supervised practice or training. |



| LEVEL 2 | NUCLEAR MEDICINE |
|----------------------|---|
| LEVEL 2 Years 1-6 | Employees at Level 2 have general registration as a Nuclear Medicine Technologist / Scientist with AHPRA. It will also be a requirement to hold a full NSW EPA radiation licence to perform assigned duties. |
| | Employees with demonstrated prior service as a Nuclear Medicine Technologist / Scientist will have such service recognised for the purpose of determining their commencing year of service / increment date within Level 2. Those employed in NSW Health at Level 1, who subsequently obtain general registration, will progress to Level 2 Year 1. |
| | Employees at this Level may perform the following functions commensurate with years of experience: |
| | Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice. |
| | Perform complex clinical tasks and duties commensurate with experience. |
| | Participate in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to: |
| | Quality improvement / assurance programs; and Work health and safety issues (such as manual handling and infection control); and Radiation Safety. |
| | Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided. |
| Mol | Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education / training. |
| | Progression through Level 2 is automatic and occurs annually on: |
| | (i) the employee's date of AHPRA registration (if the employee progressed from Level 1 with the employer); or |
| | (ii) the date of employment if the employee commenced with AHPRA registration but with no prior experience as a Nuclear Medicine Technologist / Scientist; or |



| | (iii) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Nuclear Medicine Technologist / Scientist. |
|--------------------|---|
| LEVEL 3 | NUCLEAR MEDICINE |
| LEVEL 3 Grade 1 | Nuclear Medicine Technologist / Scientist (Personal Regrade) A Nuclear Medicine Technologist / Scientist (Level 2) may apply for a personal regrading to Level 3 Grade 1 after completing not less than four years post registration. |
| | Progression will occur by demonstrating consistent proficiency in Nuclear Medicine principles and practices, and they must meet a minimum of 2 of the 5 criteria below: |
| | Demonstrated high standard of practice within the profession, through the active involvement in areas such as conferences, lectures, seminars, continuing education, or professional development. |
| | Contributes to the establishment of clinical protocols and development of techniques. |
| | Involved in department quality management activities, including audits, accreditation, and QA compliance. |
| | Involved in research performed in the department that may include multicentre clinical trials, internal department-initiated trials, or external department trials. |
| | Develop a high level of competency within area/s of specialty with a minimum of 12 months experience. |
| | Areas of specialty may include but are not limited to: |
| Mod | MRI; Radionuclide therapy; QA / QI; WHS; Radiation Safety; RIS / PACs; Hot Lab; Research performed in the department that may include |
| | multicentre clinical trials, internal department trials, or external department trials; or • Modality specialised development |
| | Progression to Level 3 Grade 1 will be via Clause 18 Grading Committee. The Nuclear Medicine Technologist / Scientist will also notify their Chief (Nuclear Medicine) when making such an application. |



LEVEL 3 Grade 2

Nuclear Medicine Technologist / Scientist (Personal Regrade)
A Nuclear Medicine Technologist / Scientist (Level 3 Grade 1) may
apply for a personal regrade to Level 3 Grade 2 after not less than
one year at Level 3 Grade 1.

Progression will occur by demonstrating consistent proficiency in Nuclear Medicine principles and practices by meeting a minimum of 4 of the 7 criteria below:

- Consistently demonstrate high standards of practice within the profession and actively contribute to continuing education and professional development internally and / or externally.
- Actively participates in ongoing clinical and procedural reviews that may include but is not limited to protocol updates, assessment of compliance with best practice, departmental policy reviews.
- Actively participate in department quality management activities including but not limited to manual handling / infection control audits and compliance hospital accreditation requirements under the supervision of a Chief of Nuclear Medicine Department.
- Active participation in research undertaken in the department including but not limited to oversight of multicentre clinical trials, sub-investigator for internal department-initiated and/or external department trials.
- Demonstrates an ability to consistently fulfil the duties of a Level 5 Senior Nuclear Medicine Technologist / Scientist with a minimum of 12 months experience (not necessarily continuous).
- Participation in relevant professional workplace committees.
 Examples of these include but are not limited to Radiation safety,
 WHS or National Quality committees.
- Expansion of the role, skills, and competency in the area/s of specialty demonstrated in the criteria of a Level 3 Grade 1.

Areas of specialty may include but not be limited to: MRI; Radionuclide therapy; QA / QI; WHS; Radiation Safety; RIS / PACs; Hot Lab.

Progression to Level 3 Grade 2 will be via Clause 18 Grading Committee. The Nuclear Medicine Technologist / Scientist will also notify their Chief (Nuclear Medicine) when making such an application.



LEVEL 3 Grade 3

Accredited (Nuclear Medicine) Sonographer

The Nuclear Medicine Technologist / Scientist at this Level has full registration with AHPRA in nuclear medicine technology (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and has accreditation as a Medical Sonographer with ASAR. They must be working in a department that offers Ultrasound services.

Sonographers at Level 3 Grade 3 undertake duties within their scope of practice and commensurate with experience and perform tasks of increasing complexity under the supervision of more Senior Sonographers. They may also provide student supervision and teaching generally but must not be the authorised clinical practice supervisor for a student Sonographer.

EXPLANATORY NOTE FOR GUIDANCE ONLY: See Table 1 - Nuclear Medicine in Section C Transitional arrangements of this Award for translation outcomes for those employed as MRS (Nuclear Medicine) at Level 3 Grade 3 under the previous award.

LEVEL 4

NUCLEAR MEDICINE

LEVEL 4 Grade 1

Advanced Practice (Nuclear Medicine) Sonographer

An Accredited (Nuclear Medicine) Sonographer (Level 3 Grade 3) may apply for a regrade to Level 4 Grade 1 after a minimum of three years at Level 3 Grade 3.

They must be working in a department that offers Ultrasound services.

They will meet all required Level 3 Grade 3 responsibilities and, in addition, satisfy at least 2 of the 6 following criteria:

- Present and participates in departmental educational meetings.
- Conducted a Protocol Review for the department.
- Participates in the education and supervision of students within the department.
- · Presented at conferences.
- Has published papers and / or research.
- Has demonstrated advanced/specialised skills in a technical / clinical area of sonography practice within their department such as but not limited to;
 - Advanced obstetrics / gynaecology; or
 - Transplant imaging (renal / liver); or
 - Neonatal Imaging or Musculoskeletal Imaging.



Progression to Level 4 Grade 1 as a personal regrade will be via Clause 18 Grading Committee. The Accredited (Nuclear Medicine) Sonographer will also notify their Chief (Nuclear Medicine) when making such an application.

LEVEL 4 Grade 2

Clinical Specialist Nuclear Medicine Technologist / Scientist

A Nuclear Medicine Technologist / Scientist at this Level is considered
a specialist or advanced practitioner with demonstrated advanced

a specialist or advanced practitioner with demonstrated advanced clinical or specialist skills with the majority of their duties performed within their specialist area.

Indicators of demonstrated advanced clinical or specialist skills or competencies would include but not be limited to:

- expertise in the area of speciality such that they provide clinical leadership across their work group.
- performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy.
- perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals.

Roles / positions at this Level may include but are not limited to:

Clinical Educator

This position would be responsible for the identification, provision, and delivery of continuing education to all Nuclear Medicine members within the department, including clinical, non-clinical and mandatory training components.

In addition, they are responsible for the co-ordination and oversight of the department student clinical placement program and liaising with the university program coordinators.

Clinical Trials/Research Co-ordinator

This position is responsible for the co-ordination and development of research projects within the department. They are required to liaise with related groups such as clinical departments, university faculties or private companies.

IT Specialist and / or RIS / PACS Administrator

The Nuclear Medicine Technologist / Scientist in this position has an expertise in image processing including high level image analysis skills and / or RIS / PACs administration responsibilities.

They will be primarily responsible for overseeing the department imaging integrated software packages and tools as well as being the advanced user for all nuclear medicine and / or PET medical imaging and processing equipment.



Theranostics Specialist

This position must be within a Department that offers a variety of Theranostics services.

The Nuclear Medicine Technologist / Scientist is responsible for but not limited to the development of policy/procedures relevant to the Theranostics service, scheduling, purchasing of the radioisotopes and liaison with other multi-disciplinary teams involved with providing the service.

Hot Lab Specialist

This position must be working in a Department that includes a variety of Hot Lab services.

The Nuclear Medicine Technologist / Scientist is responsible for protocols (maintaining, drafting and review); Hot Lab (reconstitution, routine quality control, procurement); software program management (if applicable); and liaising with relevant suppliers / Departments. This may also include training and competency assessment of Nuclear Medicine Technologists / Scientists in general Hot Lab responsibilities.

The Hot Lab Specialist may work with a Radiopharmaceutical Science Specialist where available.

Expert (Nuclear Medicine) Sonographer

An Advanced Practice (Nuclear Medicine) Sonographer (Level 4 Grade 1) may apply for a personal regrade to an *Expert (Nuclear Medicine) Sonographer* Level 4 Grade 2 after a minimum of five years at Level 4 Grade 1.

At this Level, the Expert Sonographer will be able to demonstrate an expansion of the role, skills, and competency within the criteria for a Level 4 Grade 1, and satisfy 4 of the 6 following criteria:

- Present and participates in departmental educational meetings.
- Conducted a Protocol Review for the department.
- Participates in the education and supervision of students within the department.
- Presented at conferences.
- Has published papers and / or research.
- Has demonstrated advanced / specialised skills in a technical/clinical area of sonography practice within their department such as but not limited to:
 - Advanced obstetrics / gynaecology; or
 - Transplant imaging (renal / liver); or



| | - Neonatal Imaging or Musculoskeletal Imaging. |
|--------------------|--|
| | Progression to Level 4 Grade 2 as a personal regrade will be via Clause 18 Grading Committee. The Advanced Practice (Nuclear Medicine) Sonographer will also notify their Chief (Nuclear Medicine) when making such an application. |
| LEVEL 5 | NUCLEAR MEDICINE |
| LEVEL 5 Grade 1 | A Senior Nuclear Medicine Technologist / Scientist / Nuclear Medicine Sonographer at this Level would manage the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine (+/- Ultrasound) or PET where the Department comprises a total of 1-5 FTE. They must possess excellent leadership, communication, and interpersonal skills. |
| | They perform clinical duties and some associated administrative duties such as policy and procedure development, supervising the section or functional unit under the direction of the Deputy Chief or Chief (Nuclear Medicine), which may include rostering, organising leave relief and organising workload. |
| LEVEL 5 Grade 2 | A Senior Nuclear Medicine Technologist / Scientist / Nuclear Medicine Sonographer at this Level would manage the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine (+/- Ultrasound) or PET where the Department comprises a total of >5 FTE. They must possess excellent leadership, communication, and interpersonal skills. They perform clinical duties and some associated administrative duties such as policy and procedure development, supervising the section or functional unit under the direction of the Deputy Chief or Chief (Nuclear Medicine), which may include rostering, organising leave relief and organising workload. |
| LEVEL 5 Grade 3 | A Senior Nuclear Medicine Technologist / Scientist / Nuclear Medicine Sonographer at this Level would manage the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine (+/- Ultrasound) and PET where the Department comprises a total of 2-5 FTE. They must possess excellent leadership, communication, and interpersonal skills. They perform clinical duties and some associated administrative duties such as policy and procedure development, supervising the section or functional unit under the direction of the Deputy Chief or |



| | Chief (Nuclear Medicine), which may include rostering, organising leave relief and organising workload. |
|--------------------|--|
| LEVEL 5 Grade 4 | A Senior Nuclear Medicine Technologist / Scientist / Nuclear Medicine Sonographer at this Level would manage the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine (+/- Ultrasound) and PET where the Department comprises a total of >5 FTE. |
| | They must possess excellent leadership, communication, and interpersonal skills. |
| | They perform clinical duties and some associated administrative duties such as policy and procedure development, supervising the section or functional unit under the direction of the Deputy Chief or Chief (Nuclear Medicine), which may include rostering, organising leave relief and organising workload. |
| LEVEL 6 | NUCLEAR MEDICINE |
| LEVEL 6 Grade 1 | A Deputy Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) or PET comprising 1-5 FTE. |
| | At this Level they perform a combination of both clinical and administrative duties under the directions of the Chief (Nuclear Medicine), which includes but are not limited to: policy/procedure development and implementation; developing and maintaining rosters; assisting with schedule development; continuing education; recruitment; and assist with providing feedback and performance appraisals of Department staff. |
| | They will also develop an understanding of hospital and department administration and a working knowledge of purchasing requirements. |
| LEVEL 6 Grade 2 | A Deputy Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) or PET comprising >5 FTE. |
| Moy | At this Level they perform a combination of both clinical and administrative duties under the directions of the Chief (Nuclear Medicine), which includes but are not limited to: policy/procedure development and implementation; developing and maintaining rosters; assisting with schedule development; continuing education; recruitment; and assist with providing feedback and performance appraisals of Department staff. |
| | They will also develop an understanding of hospital and department administration and a working knowledge of purchasing requirements. |
| LEVEL 6 Grade 3 | A Deputy Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising 2-5 FTE. |



At this Level they perform a combination of both clinical and administrative duties under the directions of the Chief (Nuclear Medicine), which includes but are not limited to: policy/procedure development and implementation; developing and maintaining rosters; assisting with schedule development; continuing education; recruitment; and assist with providing feedback and performance appraisals of Department staff.

They will also develop an understanding of hospital and department administration and a working knowledge of purchasing requirements.

LEVEL 6 Grade 4

A **Deputy Chief (Nuclear Medicine)** in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising >5 FTE.

At this Level they perform a combination of both clinical and administrative duties under the directions of the Chief (Nuclear Medicine), which includes but are not limited to: policy/procedure development and implementation; developing and maintaining rosters; assisting with schedule development; continuing education; recruitment; and assist with providing feedback and performance appraisals of Department staff.

They will also develop an understanding of hospital and department administration and a working knowledge of purchasing requirements.

LEVEL 7

NUCLEAR MEDICINE

LEVEL 7 Grade 1

A *Chief (Nuclear Medicine)* in a Department with General Nuclear Medicine (+/- Ultrasound) or PET comprising 1-5 FTE.

At this Level, they will have responsibility for service standards, patient throughput, continuing education, research, training of Nuclear Medicine staff and students as well as liaison with appropriate universities and other relevant bodies. Duties include but are not limited to:

- HR Management including recruitment and selection of staff.
- complaint handling.
- departmental accreditation.
- QA compliance.
- financial, expenditure and resource management.
- development and implementation of policies / procedures and strategic business plans.

LEVEL 7 Grade 2

A **Chief (Nuclear Medicine)** in a Department with General Nuclear Medicine (+/- Ultrasound) or PET comprising >5 FTE.



At this Level, they will have responsibility for service standards, patient throughput, continuing education, research, training of Nuclear Medicine staff and students as well as liaison with appropriate universities and other relevant bodies. Duties include but are not limited to:

- HR Management including recruitment and selection of staff.
- complaint handling.
- departmental accreditation.
- QA compliance.
- financial, expenditure and resource management.
- development and implementation of policies / procedures and strategic business plans.

LEVEL 7 Grade 3

A **Chief (Nuclear Medicine)** in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising 2-5 FTE.

At this Level, they will have responsibility for service standards, patient throughput, continuing education, research, training of Nuclear Medicine staff and students as well as liaison with appropriate universities and other relevant bodies. Duties include but are not limited to:

- HR Management including recruitment and selection of staff.
- complaint handling.
- · departmental accreditation.
- QA compliance.
- financial, expenditure and resource management.
- development and implementation of policies / procedures and strategic business plans.

LEVEL 7 Grade 4

A *Chief (Nuclear Medicine)* in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising 6-10 FTE.

At this Level, they will have responsibility for service standards, patient throughput, continuing education, research, training of Nuclear Medicine staff and students as well as liaison with appropriate universities and other relevant bodies. Duties include but are not limited to:



| | HR Management including recruitment and selection of staff. |
|--------------------|--|
| | complaint handling. |
| | departmental accreditation. |
| | QA compliance. |
| | financial, expenditure and resource management. |
| | development and implementation of policies / procedures and strategic business plans. |
| LEVEL 7 Grade 5 | The Chief (Nuclear Medicine) at Level 7 Grade 5 undertakes the tasks identified for a Level 7 Grade 4 in managing the operations of two or more Medical Imaging / Nuclear Medicine Departments within an LHD with the combined Nuclear Medicine FTE from all Departments being 3-10 FTE. |
| | OR |
| | A Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising 11-15 FTE. |
| LEVEL 7 Grade 6 | The Chief (Nuclear Medicine) at Level 7 Grade 6 undertakes the tasks identified for a Level 7 Grade 4 in managing the operations of two or more Medical Imaging / Nuclear Medicine Departments within an LHD with the combined Nuclear Medicine FTE from all Departments being >10 FTE. |
| | OR |
| | A Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising > 15 FTE. |
| LEVEL 8 | NUCLEAR MEDICINE |
| Level 8 | A Nuclear Medicine Technologist / Scientist at Level 8 are Directors or District Nuclear Medicine / Imaging Managers responsible for Nuclear Medicine and / or imaging services across a LHD or Speciality Network and / or providing advice and leadership for Nuclear Medicine and / or imaging services at a LHD Executive level eg Department Head or Co-Head or Operations Manager for Medical Imaging / Nuclear Medicine services. |



SCHEDULE 2 - RADIATION THERAPY

| LEVEL | RADIATION THERAPY |
|--------------------|--|
| LEVEL 1 Student | Employees at this Level hold student registration with AHPRA and are in their final year of studying a medical radiation practice qualification that will on its completion permit general registration with AHPRA as a Radiation Therapist. They perform basic routine tasks only under direct supervision of a Radiation Therapist Level 2 or higher. Level 1 Students can only be engaged on a casual basis. |
| | Such employment and hours worked are expressly not to replace or substitute those hours required of the Level 1 Student to complete their final year of clinical placement. |
| LEVEL 1 SPP | Employees at this Level hold either provisional or limited registration with AHPRA to permit the completion of a supervised practice program or to undertake postgraduate training that requires a clinical component. The successful completion of either is to enable general registration with AHPRA as a Radiation Therapist. |
| | Employees at this Level will only work under direct supervision of a Radiation Therapist Level 2 or higher, to ensure patient safety and professional development of the following capacities: |
| | Application of professional knowledge, skills, and professional judgement; and |
| | Solve routine professional issues related to patient care, radiation safety, work health and safety, manual handling, and / or quality assurance; and |
| | Working and contributing to a multi-disciplinary team environment. |
| 101 | It will also be a requirement to hold a provisional NSW EPA radiation licence to perform assigned duties. |
| Ulo | Progression to Level 2 is automatic for a Level 1 SPP employee upon obtaining general registration from AHPRA as a Radiation Therapist and retrospective to the date of completing the supervised practice or training. |



| LEVEL 2 | RADIATION THERAPY |
|-----------|--|
| LEVEL 2 | Employees at Level 2 have general registration as a Radiation Therapist |
| Years 1-8 | with AHPRA. It will also be a requirement to hold a full NSW EPA |
| | radiation licence to perform assigned duties. |
| | Employees with demonstrated prior service as a Radiation Therapist will have such service recognised for the purpose of determining their |
| | commencing year of service / increment date within Level 2. Those employed in NSW Health at Level 1, who subsequently obtain general registration, will progress to Level 2 Year 1. |
| | Employees at this Level may perform the following functions commensurate with years of experience: |
| | Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice. |
| | |
| | Increasingly perform complex clinical tasks and duties reflective of experience. |
| | Participate in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to: |
| | Quality improvement / assurance programs; and Work health and safety issues (such as manual handling and infection control); and Radiation Safety. |
| | Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided. |
| NO | Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education / training. |
| 11. | Progression through Level 2 is automatic and occurs annually on: |
| | (i) the employee's date of AHPRA registration (if the employee progressed from Level 1 with the employer); or |
| | (ii) the date of employment if the employee commenced with AHPRA registration but with no prior experience as a Radiation Therapist; or |



| | (iii) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Radiation Therapist. |
|--------------------|--|
| LEVEL 3 | RADIATION THERAPY |
| LEVEL 3 | These are Radiation Therapists who meet the criteria identified below for Level 3, Grades 1, 2 or 3. |
| LEVEL 3 Grade 1 | Radiation Therapist Expert Radiation Therapists Level 2 who have not less than two years post- registration experience (ie completion of Level 2 Year 2) and who possess high level generalist skills enabling them to work across multiple clinical areas or modalities, can apply for a personal regrade to Level 3 Grade 1. Progression will occur by demonstrating consistent proficiency in radiation therapy principles and practices in the following areas: Treatment delivery; and Treatment Simulation and Imaging; and Treatment Planning. Progression to Level 3 Grade 1 as a personal regrade will be via Clause Rading Committee, with any application to include endorsement by a Senior Radiation Therapist (Level 4 or above), a competency-based |
| | assessment, and demonstrated mentorship by the applicant of students and Level 2 Radiation Therapists. |
| LEVEL 3 Grade 2 | Radiation Therapist Specialist Radiation Therapists who have completed not less than 12 months at Level 3 Grade 1 and who possess high level specialist skills in two specialty areas, which may include using knowledge and skills to contribute to and / or undertake research activities under the direct supervision and guidance of an appropriate research professional, can apply for a personal regrade to Level 3 Grade 2. |
| أي | Progression will occur by demonstrating high levels of contemporary clinical and / or technical expertise and knowledge in two recognised specialties within their discipline. |
| 1110 | As new techniques and procedures become implemented, additional specialties for Level 3 Grade 2 may be added. |
| | Progression to Level 3 Grade 2 as a personal regrade will be via Clause 18 Grading Committee. |
| | OR |
| | A Radiation Therapist can be appointed as a facility based Assistant Clinical Educator responsible for assisting the Clinical Educator with the following: |



| | Clinical education of students and staff; and |
|--------------------|---|
| | Appropriate monitoring and reporting of educational outcomes; and |
| | Contributing to discipline research or clinical placement improvement initiatives. |
| LEVEL 3 Grade 3 | Radiation Therapist Consultant Radiation Therapists who have advanced skills, expertise, and knowledge in a singular specialty within their discipline, may provide a consultancy role in that specialty for their facility. This may include using knowledge and skills to contribute to and / or undertake research activities under the direct supervision and guidance of an appropriate research professional. |
| | Progression to Level 3 Grade 3 can only occur if the Radiation Therapist has completed not less than 12 months at Level 3, Grade 2, and is able to demonstrate their expertise and judgement by providing advice to the broader Multi-Disciplinary Team and to the service / facility. Progression to Level 3 Grade 3 as a personal regrade will be via Clause 18 Grading Committee, with any application to include a minimum of two letters of endorsement, with at least one from a Senior Radiation Therapist (Level 4 or above); with additional supporting evidence from a |
| | Radiation Oncologist and / or Senior Medical Physicist Specialist; and / or supervisor relevant to their area of expertise. |
| LEVEL 4 | RADIATION THERAPY |
| | Radiation Therapists at Level 4 may have a primary focus on one of the following elements: clinical; educational; research; or managerial. They will be employed either in a clinical, managerial, or professional portfolio, and will not be expected to perform in multiple portfolios simultaneously. |
| LEVEL 4 Grade 1 | Senior Radiation Therapist Radiation Therapists who manage the operation of a functional unit of a Radiation Therapy facility and oversee associated administrative duties. |
| 11/0, | A functional unit is a single functional unit or small planning team, where the Radiation Therapist is responsible for administrative activities including but not limited to: |
| | Day-to-day operations; and Throughput and patient care; and Patient scheduling; and Immediate staffing; and Radiation safety. |



They are also responsible for oversight of adequate safety and administrative requirements and should be actively involved in quality management and improvement activities.

OR

Radiation Therapists can be *Multi-Disciplinary Coordinators*, responsible for the management and associated duties of multi-disciplinary team functions.

OR

Radiation Therapists appointed as a *Radiation Therapist Clinical Educator* and who undertake the following criteria:

- Hold responsibility for the facilitation of learning, education and professional development of Radiation Therapists, Radiation Therapist students, Junior medical, Technical and support staff, on an ongoing basis; and
- Hold responsibility for organisation, co-ordination, evaluation, and facilitation of education across one radiation therapy facility; and / or
- Responsible for the design, development, delivery, and evaluation of specialised clinician education programs within the Radiation Therapy service; and / or
- Contributes to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Radiation Therapy service.

OR

Specialist Senior Radiation Therapists with tumour site or equipment specific oversight.

OR

Radiation Therapists with a designated role at departmental level for duties assisting Radiation Therapists Level 5 who have responsibilities for, and co-ordinate complex whole of system functions including but not limited to:

- Information Technology; or
- Clinical Trials; or
- Quality Improvement / Quality Assurance; or
- Clinical Care Coordinator.

OR



Research Radiation Therapists responsible for providing research support to a facility in a designated research role. They will have a relevant post graduate research qualification.

LEVEL 4 Grade 2

Accredited Advanced Practitioner

Radiation Therapists who, following collaboration with and support by their manager and Clinical Mentor, have completed their clinical learning contract under the ASMIRT pathway to advanced practice, and are subsequently accredited by ASMIRT as an Advanced Practitioner, will be appointed as an Accredited Advanced Practitioner at Level 4 Grade 2.

Upon appointment, they will be required to utilise their scope of advanced practice and apply the theoretical and practical knowledge, skills and attributes appropriate with such practice to provide optimal, expert, contextual patient care.

Remaining in the role of Accredited Advanced Practitioner will require the Radiation Therapist to maintain ASMIRT accreditation as an Advanced Practitioner. If accreditation lapses, the Radiation Therapist will revert to Level 3 Grade 2 or Grade 3, as assessed by a Grading Committee established via Clause 18 of this Award.

OR

Appointed as a *Radiation Therapist Clinical Educator* who undertakes the full duties outlined for a Radiation Therapist Clinical Educator Level 4 Grade 1 and in addition, fulfills additional advanced criteria such that the Grading Committee has endorsed the Department regrade the position to this Level.

Additional advanced criteria can be demonstrated to a Grading Committee by providing evidence of at least 3 of the following criteria:

- Responsible for more than one facility across a single LHD.
- Relevant Post graduate qualification.
- Ongoing active involvement in education within the LHD excluding the immediate Radiation Therapy Department.
- Ongoing active involvement in education within community and tertiary facilities.
- Leadership and contribution to education activities through external professional affiliations (see support document).

The Grading Committee can during the life of this Award recognise other criteria that may be relevant for progression or appointment to Radiation Therapist Clinical Educator Level 4 Grade 2.



| | Classification to Level 4 Grade 2 Radiation Therapist Clinical Educator will be via Clause 18 Grading Committee, with any application to include endorsement by a Deputy Director Radiation Therapist (Level 6 or above) and will be a positional regrade. |
|--------------------|--|
| | OR |
| | Appointed to a designated role as a <i>Radiation Therapist Lead Researcher</i> , who in addition to the criteria for a Level 4 Grade 1 <i>Researcher</i> , are required to lead and manage research programs across one or more facilities within a LHD or across two or more LHDs. They will also have a relevant post graduate research qualification. |
| LEVEL 5 | RADIATION THERAPY |
| LEVEL 5 | Radiation Therapists at Level 5 hold managerial responsibility for a section of a facility in a managerial, clinical, or professional role and will be graded in accordance with the criteria identified. |
| LEVEL 5 Grade 1 | A Radiation Therapist appointed as a Sectional Supervisor with responsibility for management and supervision for multiple work areas within a facility, with responsibility for up to two (2) work areas. |
| | OR |
| | A Radiation Therapist appointed as a <i>Whole of Systems Supervisor</i> to manage, take responsibility for, or co-ordinate complex whole of system function including but not limited to; |
| | Information Technology; or Clinical Trials; or Quality Improvement / Quality Assurance; or Clinical Care Coordinator. |
| | |
| LEVEL 5 Grade 2 | Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 1 for multiple work areas of a facility with responsibility for three (3) or four (4) work areas. |
| LEVEL 5 Grade 3 | Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 2 for multiple work areas of a facility with responsibility for five (5) to six (6) work areas. |
| | OR |
| | Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 2 for a section of a facility with three or more treatment units and, in addition, responsibility across more than one facility. |
| LEVEL 6 | RADIATION THERAPY |
| LEVEL 6 | A Radiation Therapist at Level 6 is a <i>Deputy Director Radiation</i> |
| | Therapist who assists in the management of a Radiation Therapy |



| | facility in a Hospital and will be graded in accordance with the criteria identified. |
|--------------------|--|
| LEVEL 6 Grade 1 | A Deputy Director Radiation Therapist who assists in the management of up to 21 FTE in an individual facility. |
| LEVEL 6 Grade 2 | A Deputy Director Radiation Therapist who assists in the management of between 22-39 FTE within an individual facility. |
| | OR |
| | A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE. |
| LEVEL 6 Grade 3 | A Deputy Director Radiation Therapist who assists in the management of between 40-55 FTE within an individual facility. |
| | OR |
| | A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE. |
| LEVEL 6 Grade 4 | A Deputy Director Radiation Therapist who assists in the management of 56+ FTE in an individual facility. |
| | OR |
| | A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE. |
| LEVEL 6 Grade 5 | A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of 56+ FTE. |
| LEVEL 7 | RADIATION THERAPY |
| No. | Radiation Therapists at Level 7 are <i>Directors</i> in charge of a Radiation Therapy facility or facilities and will be graded in accordance with the criteria identified. |
| LEVEL 7 Grade 1 | A <i>Director</i> in charge of a facility with up to 21 FTE. |
| LEVEL 7 Grade 2 | A <i>Director</i> in charge of an individual facility with between 22-39 FTE. |
| | OR |
| | A <i>Director</i> who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE |



| LEVEL 7 Grade 3 | A <i>Director</i> in charge of an individual facility with between 40-55 FTE. |
|--------------------|---|
| | OR |
| | A <i>Director</i> who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE |
| LEVEL 7 | A <i>Director</i> in charge of an individual facility with 55+ FTE. |
| Grade 4 | OR |
| | A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE |
| LEVEL 7 Grade 5 | A Director in charge of more than one individual facility within or across a LHD and / or multiple LHDs with a combined total of 56+ FTE. |
| LEVEL 8 | RADIATION THERAPY |
| LEVEL 8 | Radiation Therapists at Level 8 are <i>Directors</i> responsible for radiation oncology services across a LHD and / or providing advice and leadership for radiation oncology services at an LHD directly to the Executive level. |



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SCHEDULE 3 – RADIOGRAPHY

| LEVEL 1 | RADIOGRAPHY |
|--------------------|---|
| LEVEL 1 Student | Employees at this Level hold student registration with AHPRA and are in their final year of study of a qualification that will on its completion permit general registration as a Diagnostic Radiographer with AHPRA. They perform basic routine tasks only (such as general radiography examinations) under direct professional supervision of a Diagnostic Radiographer Level 2 or higher. |
| | Level 1 Students can only be engaged on a casual basis. |
| | Such employment and hours worked are expressly not to replace or substitute those hours required of the Level 1 Student to complete their final year of clinical placement. |
| LEVEL 1 SPP | Employees at this Level hold either provisional or limited registration with AHPRA to permit the completion of a supervised practice program or to undertake postgraduate training that requires a clinical component. This also includes overseas qualified Diagnostic Radiographers or Diagnostic Radiographers requiring practice placement after an extended break. The successful completion of any of these pathways is to enable general registration as a Diagnostic Radiographers to be obtained from AHPRA. |
| | Employees at this Level are restricted to performing general radiography examinations, whilst under direct professional supervision of a Diagnostic Radiographer Level 2 or higher, to ensure patient safety and professional development of the following capacities: |
| | Application of professional knowledge, skills, and professional judgement; and |
| | Solve routine professional issues related to patient care, radiation safety, work health and safety, manual handling, and / or quality assurance; and |
| 1110 | Working and contributing to a multi-disciplinary team environment. |
| | It will also be a requirement to hold a provisional NSW EPA radiation licence to perform assigned duties. |
| | Progression to Level 2 is automatic for a Level 1 SPP employee upon obtaining general registration from AHPRA as a Diagnostic Radiographer and retrospective to the date of completing the supervised practice or training. |



| LEVEL 2 | RADIOGRAPHY |
|-----------|---|
| LEVEL 2 | Employees at Level 2 have general registration as a Diagnostic |
| Years 1-6 | Radiographer with AHPRA. It will also be a requirement to hold a full |
| | NSW EPA radiation licence to perform assigned duties. |
| | Employees with demonstrated prior service as a Diagnostic Radiographer will have such service recognised for the purpose of determining their commencing year of service / increment date within |
| | Level 2. Those employed in NSW Health at Level 1, who subsequently obtain general registration, will progress to Level 2 Year 1. |
| | Employees at this Level may perform the following functions commensurate with years of experience: |
| | Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice. |
| | Increasingly perform complex clinical tasks and duties reflective of experience. |
| | Take an increasingly active role in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to: |
| | Quality improvement / assurance programs; and Work health and safety issues (such as manual handling and infection control); and Radiation Safety. |
| | Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided. |
| | Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education / training. |
| 1110 | Progression through Level 2 is automatic and occurs annually on: |
| | the employee's date of AHPRA registration (if the employee progressed from Level 1 with the employer); or |
| | (ii) the date of employment if the employee commenced with AHPRA registration but with no prior experience as a Diagnostic Radiographer; or |
| | (iii) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Diagnostic Radiographer. |



| LEVEL 3 | RADIOGRAPHY |
|---------|--|
| LEVEL 3 | Diagnostic Radiographer (Personal Regrade - work value) |
| Grade 1 | Diagnostic Radiographers Level 2 who have not less than three years |
| Grade | 1 |
| | post general registration experience and who possess high-level skills |
| | and knowledge in a specialist modality or area can apply for a personal |
| | regrade to Level 3 Grade 1. |
| | Progression to Level 3 Grade 1 will occur by demonstrating a high-level |
| | of professional and clinical competency in their area of specialisation |
| | and / or clinical practice. Areas of clinical or professional specialisation |
| | may include but are not limited to: |
| | may include but are not infined to. |
| | Computed tomography; or |
| | Magnetic Resonance Imaging; or |
| | |
| | Breastscreen NSW Certificate Clinical Proficiency in |
| | Mammography; or |
| | Breast ultrasound; or |
| | Mammography; or |
| | PACS / RIS support; or |
| | Trauma radiography |
| | Vascular imaging; or |
| | Interventional imaging; or |
| | Workflow coordination (however the role / task may be |
| | titled); or |
| | Image interpretation; or |
| | Quality improvement / assurance; or |
| | Datal analytics; or |
| | Artificial intelligence. |
| | |
| | Progression as a personal regrade to Level 3 Grade 1 will be via Clause |
| | 18 Grading Committee. The applicant can demonstrate their high-level |
| | of professional and clinical competency in their area of specialisation |
| | and / or clinical practice by either: |
| | . 0. |
| | i. holding an appropriate recognised postgraduate certificate relevant |
| | to their area or clinical speciality (with the relevancy of any |
| | qualification to be assessed by the Grading Committee); |
| | |
| .10 | OR |
| | ii alternatively demonstrating developed high level skills and |
| | ii. alternatively demonstrating developed high-level skills and |
| | knowledge within their application to the Committee, which may |
| | include the provision of letter/s of support and / or additional |
| | relevant evidence. |
| | The Grading Committee can also recognise additional areas of clinical |
| | |
| | specialisation to those identified above that may arise during the nominal term of this Award. |
| | Homiliai terri or tris Award. |
| | Diagnostic Radiographers who attain a personal regrade to Level 3 |
| | Grade 1 may also be required to: |



- Participate in teaching and education programs within a Department; or
- Supervise Diagnostic Radiographers Levels 1 and 2; or
- Supervise and assess clinical experience in Diagnostic Radiographers, undergraduate students, and Diagnostic Radiographer Students; or
- · Participate in the development of techniques; or
- Contribute to Quality assurance activities.

LEVEL 3 Grade 2

Diagnostic Radiographer or Clinical Imaging Tutor

Diagnostic Radiographers who have completed not less than 12 months at Level 3 Grade 1 and can demonstrate extensive clinical expertise related to specific areas and modalities, and a high level of competency standard of practice when performing Level 3 Grade 1 functions, can apply for a personal regrade to Level 3 Grade 2.

Being able to meet the above criteria will be demonstrated by:

- Development and maintenance of protocols; or
- Conducting clinical reviews; or
- Teaching and delivery of in-service and presentations of papers / publications related to their area of expertise at a departmental level or at conferences; or
- Skill and knowledge to provide advisory capacity to assist other Diagnostic Radiographers with difficult situations encountered within specific situations relating to their area of expertise.

Progression to Level 3 Grade 2 as a personal regrade will be via Clause 18 Grading Committee, with any application to include a minimum of two reports, with at least one from a Senior Diagnostic Radiographer Level 5 or above or a Senior Medical Officer, which reflect the expertise, judgement and provision of advice by the applicant together with the impact to services provided by the Department arising from the work performed as a Level 3 Grade 1.

OR

Alternatively, they may be designated as a *Diagnostic Radiographer Clinical Imaging Tutor*, responsible to a Diagnostic Radiographer Clinical Educator Level 4 Grade 2, to assist with some or all the following:



- Identification, provision, and delivery of continuing education for Diagnostic Radiographers;
- Co-ordinating service delivery of tutor function for undergraduate students on clinical placement and Level 1 employees;
- Assist in the evaluation and assessment of education programs within work unit / team;
- Act as a reference point and support for more junior staff;
- Participate in clinical and educational redesign and clinical practice improvement;
- Demonstrates and applies educational knowledge and skills in the provision of specific educational activities.

LEVEL 3 Grade 3

Diagnostic Radiographer

Diagnostic Radiographers who have not less than five years post general registration experience, meets the requirements of at a minimum Level 3 Grade 1 and in addition have an appropriate recognised Post-graduate Diploma relevant to their area of expertise and specialisation. The resolution of any dispute arising to the relevancy of a qualification will in the first instance be managed via Clause 18 Grading Committee.

OR

Early Career Sonographer MRS

An early career Sonographer at Level 3 Grade 3 holds full registration with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and has accreditation as a Medical Sonographer with ASAR. They are competent in a set of core skills and have demonstrated knowledge relevant to their clinical context. They undertake duties within a defined scope of practice commensurate with experience.

They have less than three years' experience post ASAR accreditation.

The Early Career Sonographer is developing skills, knowledge and competence across a wider skill set or with less direct supervision. They are also an active participant within their multidisciplinary work unit / team. Sonographers at this Level where competent, may supervise students on core tasks. However, an Early Career Sonographer cannot function in the role of clinical practice supervisor for a Student Sonographer Level 1 or Level 2.



| LEVEL 4 | RADIOGRAPHY |
|---------|--|
| LEVEL 4 | Diagnostic Radiographer |
| Grade 1 | i. A Diagnostic Radiographer at Level 4 Grade 1 will have at least six years' experience post general registration and high-level skills and knowledge in a specialist modality or area equivalent to a Level 3 Grade 1. |
| | ii. They will have an appropriate recognised post-graduate Master's relevant to their area of expertise and specialisation. The resolution of any dispute arising to the relevancy of a qualification will in the first instance be managed via Clause 18 Grading Committee. |
| | iii. Note that post graduate entry Master's used to gain general registration with AHPRA does not meet the requirement in sub clause (ii) above. |
| | iv. Progression to Level 4 Grade 1 as a personal regrade will be via Clause 18 Grading Committee. |
| | v. In addition, Diagnostic Radiographers who progress to Level 4 Grade 1 may be required to: |
| | Participate in teaching and education programs within the Department; and / or |
| | Supervise and mentor Diagnostic Radiographers Levels 1, 2 and 3; and / or |
| | Participate in the development of techniques and protocol, and / or |
| | Proactively contribute to the Quality Assurance program, audit activities and reviews. |
| | OR |
| Mol | Sonographer MRS A Sonographer MRS at Level 4 Grade 1 holds full registration with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and has accreditation as a Medical Sonographer with ASAR. Sonographers at Level 4 Grade 1 will demonstrate: |
| | Not less than three years' experience post ASAR accreditation; |
| | Competency in general ultrasound; and |
| | Higher-level skills and knowledge specific to their clinical area with the capacity to practice independently, provide clinical practice supervision and participate in teaching. |



LEVEL 4 Grade 2

Advanced Diagnostic Radiographer

Diagnostic Radiographers at Level 4 Grade 2 have demonstrated advanced clinical or specialist competencies or roles. They will have the ability to perform highly complex work which may include clinical, educational or research.

Indicators of demonstrated advanced clinical or specialist skills or competencies may include but are not limited to:

- Expertise in area of specialty such that they provide clinical leadership and education across their work group; or
- Performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy; or
- Providing advanced supervision to Diagnostic Radiographer Levels 2 and 3 on highly complex clinical procedures; or
- Perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals; or
- Application of advanced and innovative evidence-based problem solving to guide and support other clinicians in the provision of advanced clinical services; or
- Clinical co-ordination of advanced service delivery.

Roles at Level 4 Grade 2 include but are not limited to:

- Advanced Practitioner (formalised ASMIRT credentialing program); or
- PACS and / or RIS Officer; or
- Ultrasound imaging; or
- Radiation Safety; or
- Student Clinical Supervisor: or
- Clinical Research Officer; or
- Work Health Safety Officer; or
- Clinical Practice Improvement and Accreditation Officer; or
- Any other such titles as is required.

Progression to Level 4 Grade 2 can also occur via a personal regrade via Clause 18 Grading Committee.

OR

Advanced Sonographers MRS

An Advanced Sonographer MRS at Level 4 Grade 2 holds full registration with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and will have not less than five years accreditation as a Medical Sonographer with ASAR.



At this Level they must demonstrate the skills, knowledge and attributes identified for either a Generalist Advanced Sonographer or Clinical Specialist Advanced Sonographer as follows:

- Generalist Advanced Sonographers must demonstrate highlevel knowledge and skills in general practice in four of the following six sonography areas:
 - General (abdominal and pelvic);
 - Small parts;
 - Musculoskeletal Imaging;
 - Obstetrics & Gynaecology Imaging;
 - Vascular Imaging;
 - Paediatric Imaging;
 - Foetal medicine.

OR

- Clinical Specialist Advanced Sonographers must demonstrate advanced level skills, knowledge, expertise, and clinical leadership in one clinical sonography speciality area, with indicators of such advanced practice to include:
 - Expertise in area of specialty such that they provide clinical leadership and education across their work group; or
 - Performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy; or
 - Providing advanced supervision to Sonographers on highly complex clinical procedures; or
 - Perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals; or
 - Application of advanced and innovative evidence-based problem solving to guide and support other clinicians in the provision of advanced clinical services; or
 - Clinical co-ordination of advanced service delivery.

Progression to Level 4 Grade 2 can also occur via a personal regrade using Clause 18 Grading Committee.

OR

Diagnostic Radiographer Clinical Educator demonstrate the following criteria:



- Hold responsibility for the facilitation of learning, education and professional development of Diagnostic Radiographers, including Radiography students on an ongoing basis; and
- Responsible for the design, development, delivery, and evaluation of specialised clinician education programs within the Diagnostic Radiography service; and / or
- Contributes to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Diagnostic Radiography service.

In addition to the above, they will meet one of the following criteria:

 Holds responsibility for organisation, co-ordination, evaluation, and facilitation of education across more than one Diagnostic Radiography facility within an LHD or across two or more LHDs;

OR

 Demonstrates evidence of ongoing active participation in tailored presentations and/or conveying of education activities outside their Diagnostic Radiography department.

| LEVEL 5 | RADIOGRAPHY |
|---------|---|
| LEVEL 5 | Senior Diagnostic Radiographer, Senior Sonographer MRS or Post graduate PhD / Doctorate |

LEVEL 5 Grade 1

Post graduate PhD / Doctorate Qualification

Diagnostic Radiographers who have not less than seven years post general registration experience and possess elevated skills and knowledge specific to medical imaging practice.

A Level 5 Grade 1 must also have an appropriate recognised Post-Graduate PhD / Doctorate directly relevant to their area of expertise and specialisation. The resolution of any dispute arising to the relevancy of a qualification will in the first instance be managed via Clause 18 Grading Committee.

In addition, Diagnostic Radiographers at Level 5 Grade 1 may be required to:

- Participate in teaching and education programs within the Department; and / or
- Supervise and mentor Level 1, 2, 3 and 4 Diagnostic Radiographers; and / or
- Participate in the development of techniques and protocol; and / or



 Proactively contribute to the Quality Assurance program, audit activities and reviews.

LEVEL 5 Grade 2

Senior Diagnostic Radiographer or Senior Sonographer MRS

A Diagnostic Radiographer or Sonographer MRS at Level 5 Grade 2 will manage the operations of 1 to 2 imaging sections such as:

- General Radiography
- Mobile Radiography
- Dental Radiography
- Mobile Fluoroscopy / X-ray
- Trauma / emergency Radiography

The Senior Diagnostic Radiographer of these areas would have the responsibility for the overall organisation of the designated area and be responsible for tasks such as coordinated implementation of existing and new techniques, creation of protocols for scheduling and training, overall waiting list and workflow management, quality assurance of clinical and diagnostic practice and ensuring all resources are used in the most effective manner.

The Grading Committee under this Award can recognise additional areas of clinical specialisation to those identified above that may arise during the nominal term of this Award.

LEVEL 5 Grade 3

Senior Diagnostic Radiographer or Senior Sonographer MRS

A Diagnostic Radiographer or Sonographer MRS at Level 5 Grade 3 will manage:

1 to 2 Specialist imaging units (same unit or combination thereof) or services such as:

- Computed Tomography (CT),
- Magnetic Resonance Imaging (MRI),
- Ultrasound,
- Angiography/Fluoroscopy (fixed),
- Mammography (including biopsy service),
- Cardiac Angiography,
- Quality Assurance.

OR

3 or more imaging sections or services such as:

- General Radiography,
- Mobile Radiography,
- Dental Radiography,
- Mobile Fluoroscopy / X-ray,
- Trauma/ emergency Radiography,
- Quality Assurance.



OR

Combined imaging section and a Specialist imaging unit as outlined above.

The Senior Diagnostic Radiographer of these areas would have the responsibility for the overall organisation of the designated area and be responsible for tasks such as coordinated implementation of existing and new techniques, creation of protocols for scheduling and training, overall waiting list and workflow management, quality assurance of clinical and diagnostic practice and ensuring all resources are used in the most effective manner.

The Grading Committee under this Award can recognise additional areas of clinical specialisation to those identified above that may arise during the nominal term of this Award.

OR

A *RIS / PACS Senior / Administrator* who is responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of the RIS / PACS system at a single hospital within an LHD.

LEVEL 5 Grade 4

Senior Diagnostic Radiographer or Senior Sonographer MRS
A Diagnostic Radiographer or Sonographer MRS at Level 5 Grade 4 will manage:

3 or more Specialist imaging units (same unit or combination thereof) such as:

- Computed Tomography (CT),
- Magnetic Resonance Imaging (MRI),
- Ultrasound.
- Angiography/Fluoroscopy (fixed),
- Mammography (including biopsy service),
- Cardiac Angiography.

OR

4 or more combined imaging section/s and Specialist unit/s of responsibility as outlined in the lists above.

The Senior Diagnostic Radiographer of these areas would have the responsibility for the overall organisation of the designated area and be responsible for tasks such as coordinated implementation of existing and new techniques, creation of protocols for scheduling and training, overall waiting list and workflow management, quality assurance of clinical and diagnostic practice and ensuring all resources are used in the most effective manner.



The Grading Committee under this Award can recognise additional areas of clinical specialisation to those identified above that may arise during the nominal term of this Award.

OR

A Diagnostic Radiographer responsible for coordinating and managing a complex function across a LHD or Network.

The Senior Diagnostic Radiographer will have the responsibility for the overall organisation of the complex function area and be responsible for tasks such as coordinated implementation of existing and new techniques, creation of protocols for scheduling and training, overall waiting list and workflow management, quality assurance of clinical and diagnostic practice and ensuring all resources are used in the most effective manner.

OR

RIS / PACS Senior / Administrator

In addition to the other key accountabilities as highlighted for Level 5 Grade 4 above, a *RIS / PACS Senior / Administrator* who is responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of the RIS / PACS system at more than one hospital (multi-site) within an LHD.

| LEVEL 6 | RADIOGRAPHY |
|--------------------|--|
| LEVEL 6 | A Radiography Department with more than 4 FTE must have a minimum of one Assistant Chief Radiographer in accordance with the below. |
| LEVEL 6 Grade 1 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 4-10 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Assistant Chief (Diagnostic Radiographer) at Level 6 Grade 1 appointed in the Department. |
| LEVEL 6 Grade 2 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 11-20 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Assistant Chief (Diagnostic Radiographer) at Level 6 Grade 2 appointed in the Department. |
| LEVEL 6 Grade 3 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 21-30 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Assistant Chief (Diagnostic Radiographer) at Level 6 Grade 3 appointed in the Department. |
| LEVEL 6 Grade 4 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 31-50 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will |



| | have two Assistant Chiefs (Diagnostic Radiographer) at Level 6 Grade 4 appointed in the Department. |
|--------------------|--|
| LEVEL 6 Grade 5 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 51-70 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have two Assistant Chiefs (Diagnostic Radiographer) at Level 6 Grade 5 appointed in the Department. |
| LEVEL 6 Grade 6 | Assistant Chief (Diagnostic Radiographer) A Radiography Department with 71+ FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have two Assistant Chiefs (Diagnostic Radiographer) at Level 6 Grade 6 appointed in the Department. |
| LEVEL 7 | RADIOGRAPHY |
| LEVEL 7 Grade 1 | Chief (Diagnostic Radiographer A Radiography Department with 1 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one sole Chief (Diagnostic Radiography) appointed at Level 7 Grade 1 in the Department. They will be responsible to a Health Manager for both the clinical and financial management of the Radiography Department. |
| LEVEL 7 Grade 2 | Chief (Diagnostic Radiographer) A Radiography Department with 2-10 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 2 appointed in the Department. |
| LEVEL 7 Grade 3 | Chief (Diagnostic Radiographer) A Radiography Department with 11-20 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 3 appointed in the Department. |
| LEVEL 7 Grade 4 | Chief (Diagnostic Radiographer) A Radiography Department with 21-30 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 4 appointed in the Department. |
| LEVEL 7 Grade 5 | Chief (Diagnostic Radiographer) A Radiography Department with 31-50 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 5 appointed in the Department. |
| | OR |



A **State-wide Chief** of Radiography services, including but not limited to: Justice Health or Forensic Health, will be a Chief (Diagnostic Radiographer) at Level 7 Grade 5.

OR

RIS / PACS Manager

A Diagnostic Radiographer managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments including (but not limited to): Radiology; Nuclear Medicine; Molecular Imaging; Cardiology; Maternofoetal Medicine; Oncology; and Oral Health, as well as point-of-care imaging services such as ultrasound.

Responsibilities include but are not limited to:

- directing service delivery and monitoring system performance;
- implementing policies and procedures;
- overseeing medical imaging billing processes and configuration;
- managing integrations with LHD / state / inter-state / external thirdparty clinical applications or systems, ensuring business continuity;
- providing data to assist with meeting LHD business and reporting requirements;
- maintaining disaster management plans;
- liaising with RIS / PACS vendors, eHealth and external reporting partners to provide continuous service availability.

The RIS / PACS Manager supervises and / or manages Level 3 or 4 RIS / PACS Support / Officers and Level 5 RIS / PACS Seniors / Administrators.

LEVEL 7 Grade 6

Chief (Diagnostic Radiographer)

A Radiography Department with 51-70 FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 6 appointed in the Department.

LEVEL 7 Grade 7

Chief (Diagnostic Radiographer)

A Radiography Department with 71+ FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 7 appointed in the Department.



| LEVEL 7 Grade 8 | Chief (Diagnostic Radiographer) A Radiography Department with 71+ FTE (Diagnostic Radiographers / Sonographers), in addition to other associated department staff, plus an additional medical imaging department, will have one Chief (Diagnostic Radiographer) at Level 7 Grade 8 appointed in the Department. |
|--------------------|---|
| | |
| | Multiple Site Clause A Chief MRS (Diagnostic Radiographer) who manages the operations of two or more medical imaging departments within or across LHD/s will receive additional remuneration. in recognition of the additional responsibilities and complexities involved. as follows. |
| | For example, if a Chief MRS (Diagnostic Radiographer) is managing two or more rural and / or remote radiography / imaging departments, they will have automatic advancement to the next higher Grade available within their pre-existing Level. |
| LEVEL 8 | RADIOGRAPHY |
| LEVEL 8 | Diagnostic Radiographers at Level 8 are <i>Directors</i> or <i>District Medical Imaging Managers</i> responsible for radiography / imaging services across a LHD and / or providing advice and leadership for radiography / imaging services at a LHD Executive level. |
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SCHEDULE 4 - SONOGRAPHY

| LEVEL | SONOGRAPHERS |
|-----------|---|
| LEVEL 1 | Undergraduate Student Sonographer |
| | Employees at Level 1 hold student registration with ASAR and are enrolled in an ASAR accredited course at an undergraduate level. |
| | Level 1 employees would perform basic / routine sonography tasks only under the direct professional supervision of a Sonographer Level 3 Grade 3 or above. |
| | Employment at Level 1 will be on a casual or temporary basis. |
| | Level 1 employees will automatically progress to Level 2 Grade 1 when they achieve the equivalent of post-graduate level study eg in Year 4 of their study program. |
| LEVEL 2 | SONOGRAPHERS |
| LEVEL 2 | Graduate Student Sonographer |
| Years 1-6 | Employees at Level 2 hold student or provisional student registration with ASAR and are enrolled in an ASAR accredited course at a graduate diploma level. There is an active focus on learning and the development of defined core skills within their given discipline. Level 2 Graduate Student Sonographers perform basic / routine sonography tasks only under the direct professional supervision of an Accredited Medical Sonographer (AMS) Level 3 Grade 3 or higher. Once the employee has completed Sonography qualification, they will automatically progress to Level 3 Grade 3. Employment at Level 2 will be on a casual or temporary basis. An Employee who is employed under an alternate health classification who commences Postgraduate Sonography education will continue to be paid as their primary classification agreed by the Employer, until they have completed their Postgraduate Sonography qualification, except |
| | where they would be entitled to a higher rate of pay under Sonographer Level 2. |
| LEVEL 3 | SONOGRAPHERS |
| LEVEL 3 | Early Career Sonographer |
| Years 1-3 | An Early Career Sonographer at Level 3 has completed an ASAR approved graduate diploma or higher and holds accreditation with ASAR as an Accredited Medical Sonographer (AMS). They are competent in a set of core skills and have demonstrated knowledge relevant to their |



clinical context. They undertake duties within a defined scope of practice commensurate with experience.

They have less than three years' experience post ASAR accreditation.

The Early Career Sonographer is developing skills, knowledge and competence across a wider skill set or with less direct supervision. They are also an active participant within their multidisciplinary work unit / team. Sonographers at this Level where competent, may supervise students on core tasks. However, an Early Career Sonographer cannot function in the role of clinical practice supervisor for a Student Sonographer Level 1 or Level 2.

Progression through Level 3 will be automatic and occur annually on the anniversary date of obtaining AMS accreditation.

LEVEL 4 SONOGRAPHERS

LEVEL 4 Grade 1

Sonographer

A **Sonographer** Level 4 Grade 1 has no less than three years post AMS accreditation experience and demonstrates higher-level clinical skills and knowledge to function with a greater degree of autonomy and clinical decision making, within their scope of practice.

They can provide clinical practice supervision, have an involvement in practice-based teaching, and may be a nominated clinical supervisor for a *Graduate Student Sonographer* Level 2. At Level 4 Grade 1, Sonographers take an active role in (but not lead) research, quality assurance and clinical education as experience develops.

Progression from Level 3 Grade 3 to Level 4 Grade 1 as a personal regrade will be via Clause 18 Grading Committee, with the applicant demonstrating that any required criteria are met.

LEVEL 4 Grade 2

Advanced Sonographer

An *Advanced Sonographer* Level 4 Grade 2 has no less than five years post AMS accreditation experience. At this Level they must demonstrate the skills, knowledge and attributes identified below for either a: (i) Generalist Advanced Sonographer; **OR** (ii) Clinical Specialist Advanced Sonographer; **OR** (iii) have the necessary skills to operate in roles that may include but are not limited to those identified below; **OR** (iv) undertake the role of Sonographer Clinical Educator.

- (i) A **Generalist Advanced Sonographer** must demonstrate highlevel knowledge and skills in general practice in four of the following six sonography areas:
 - General (abdominal and pelvic);
 - Small parts;
 - Musculoskeletal Imaging;
 - Obstetrics & Gynaecology Imaging;
 - Vascular Imaging;



- Paediatric Imaging;
- Foetal medicine.

OR

- (ii) A *Clinical Specialist Advanced Sonographer* must demonstrate advanced level skills, knowledge, expertise, and clinical leadership in one clinical sonography speciality area, with indicators of such advanced practice to include:
 - Expertise in area of specialty such that they provide clinical leadership and education across their work group; or
 - Performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy; or
 - Providing advanced supervision to Sonographers on highly complex clinical procedures; or
 - Perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals; or
 - Application of advanced and innovative evidence-based problem solving to guide and support other clinicians in the provision of advanced clinical services; or
 - Clinical co-ordination of advanced service delivery.

OR

- (iii) A Clinical Specialist Advanced Sonographer must demonstrate advanced expertise in an area of specialty such that they provide clinical leadership and education across their work group. Roles could include but are not limited to:
 - Clinical Research Coordinator; or
 - Work Health and Safety; or
 - Quality Assurance; or
 - IT / PACS RIS Specialist.

OR

- (iv) A **Sonographer Clinical Educator** must demonstrate / undertake the following criteria / tasks:
 - Hold responsibility for the facilitation of learning, education, and professional development of Sonographers, including Sonography students on an ongoing basis; and



- Responsible for the design, development, delivery, and evaluation of specialised clinician education programs within the Sonography service; and
- Contribute to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Sonography service; and
- Demonstrate evidence of ongoing active participation in tailored presentations and / or conveying of education activities outside their department.

Progression from Level 4 Grade 1 to Level 4 Grade 2 as a personal regrade will be via Clause 18 Grading Committee, with the applicant demonstrating that any required criteria are met.

LEVEL 5 SONOGRAPHERS

LEVEL 5 Grade 1

A **Post Doctoral Sonography Fellow** possesses elevated skills and knowledge specific to sonography evidenced through conducting research after the completion of their doctoral studies, and demonstrated via the following activities:

- Be an independent researcher and / or a team member in collaborative ultrasound research; and
- Contribute to scholarly output, evidenced by citation and publication in recognised journals; and
- Support the dissemination of research outcomes through appropriate channels and participate in and / or present at conferences and / or workshops; and
- Demonstrate high-level leadership in contributing to a culture of research excellence and collegiality; and / or
- Participate where applicable in national and international funding initiatives; and / or
- As necessary, lead research teams and collaborate with researchers from national and international institutions; and / or
- Supervision of research students and mentoring staff.

OR

A Sonography service / facility with 1-5 FTE (Sonographers), in addition to any other associated department staff, will have one FTE **Deputy Chief Sonographer** at Level 5 Grade 1 appointed to the service / facility.



| LEVEL 5 Grade 2 | A Sonography service / facility with 6-10 FTE (Sonographers), in addition to any other associated department staff, will have one FTE Deputy Chief Sonographer at Level 5 Grade 2 appointed to the service / facility. |
|--------------------|--|
| | OR |
| | A Sonography service / facility with 1-5 FTE (Sonographers), in addition to any other associated department staff, will have one FTE <i>Chief Sonographer</i> at Level 5 Grade 2 appointed to the service / facility. |
| LEVEL 5 Grade 3 | A Sonography service / facility with 10 plus FTE (Sonographers), in addition to any other associated department staff, will have one FTE Deputy Chief Sonographer at Level 5 Grade 3 appointed to the service / facility. |
| | OR |
| | A Sonography service / facility with 6-10 FTE (Sonographers), in addition to any other associated department staff, will have one FTE Chief Sonographer at Level 5 Grade 3 appointed to the service / facility. |
| LEVEL 5 Grade 4 | A Sonography service / facility with 10 plus FTE (Sonographers), in addition to any other associated department staff, will have one FTE Chief Sonographer at Level 5 Grade 4 appointed to the service / facility. |
| LEVEL 5 Grade 5 | Notwithstanding the criteria applied in Level 5, Grade 2 to Grade 4 inclusive, a Sonography service / facility at a Tertiary level hospital which supports at least three of the following services / departments: |
| | Level 5 Maternity Level 3 Intensive Care / Neonate Intensive Care; Level 5 Emergency Department; Interventional procedure support; |
| 4 | - Invasive ultrasound procedures, |
| No. | will have one FTE Chief Sonographer at Level 5 Grade 5 appointed to the service / facility. |
| LEVEL 6 | SONOGRAPHERS |
| LEVEL 6 | Sonographers at Level 6 are <i>Directors</i> responsible for Sonography services across a LHD and / or providing advice and leadership for Sonography services at a LHD Executive level. |



SCHEDULE 5 - MEDICAL PHYSICS

| | MEDICAL PHYSICS |
|-----------|--|
| Years 1-5 | Training, Education and Accreditation Program ('TEAP') in a Medical Physics specialty to satisfy requirements to be on the ACPSEM Register of Qualified Medical Physicists. The scope of practice, professional development, and academic entry requirements for a Medical Physics Registrar will be those outlined in the TEAP curriculum framework, as amended or varied. |
| | A Medical Physics Registrar commences employment at Year 1 unless they have prior learning and / or experience allowing them to complete the TEAP in less than the nominal time of five years. |
| | For example, a Medical Physics Registrar who commences employment with a completed ACPSEM accredited Master of Science program will commence at Year 3. |
| | Any disputes arising as to whether the qualifications or previous experience (nearest whole year) of a Medical Physics Registrar should be recognised for determining their starting salary will be managed in the first instance via the Medical Physics Personal Regrading and Credentialling Committee established under Schedule 5 - A of this Award. |
| | Progression through the Medical Physics Registrar yearly increments is automatic and occurs annually on the anniversary date of their appointment to the position. |
| | A Medical Physics Registrar progresses automatically to Medical Physics Specialist when they complete their TEAP and are eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists. |
| Moj | <u>NOTE</u> : If the employer or Union identify an alternative accreditation program to that of TEAP during the life of this Award which either consider may be suitable for the purposes of Registrar training, it will be subject to peak level discussions at a state-wide level between the employer and Union to determine and agree upon the appropriateness of any such adoption. |
| | MEDICAL PHYSICS |
| Years 1-5 | A <i>Medical Physics Specialist</i> is a Medical Physicist who has completed their TEAP and is eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists or have such other qualifications and experience that is deemed equivalent by the Medical Physics Personal Regrading and Credentialling Committee, as contained in Schedule 5 - A of this Award. |



A Medical Physics Specialist continues to develop their expertise through continuous professional development and practice, along with additional experience in more complex aspects of their specialty. They may, after appropriate experience and having demonstrated the necessary capability, be given the responsibility to manage equipment and its use, co-ordinate and / or supervise the work of other professional and technical staff, or an area within a specialty.

These responsibilities <u>shall not include</u> the Medical Physics Specialist undertaking operational management or supervision of other Medical Physics Specialists and above beyond scientific supervision.

The processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee will be utilised to attest prior to the appointment of an external applicant to any position of Medical Physics Specialist that they can demonstrate the experience and competency expected of a Medical Physics Specialist.

Progression through the Medical Physics Specialist yearly increments is automatic and occurs annually on the anniversary date of progressing to this position or their date of appointment to the position.

MEDICAL PHYSICS

Years 1-4

A **Senior Medical Physics Specialist** is a Medical Physicist who has completed a minimum of five years as a Medical Physics Specialist and their personal regrade to the position has been approved via the criteria and processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee.

A Senior Medical Physics Specialist performs duties that demonstrate advanced knowledge and practice in the clinical areas of their specialty, which reflects the qualifications, experience and competency identified as being the basis of their personal regrade.

These responsibilities <u>shall not include</u> the Senior Medical Physics Specialist undertaking operational management or supervision of Medical Physics Specialists and above beyond scientific supervision.

The processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee will be utilised to attest prior to the appointment of an external applicant to any position of Senior Medical Physics Specialist that they can demonstrate the experience and competency expected of a Senior Medical Physics Specialist.

Progression through the Senior Medical Physics Specialist yearly increments is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.



MEDICAL PHYSICS

Year 1 and thereafter rate

A *Principal Medical Physics Specialist* is a Medical Physicist who has completed a minimum of four years as a Senior Medical Physics Specialist and their personal regrade to the position has been approved via the criteria and processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee.

A Principal Medical Physics Specialist performs duties with significant independence, exercising a considerable degree of originality, ingenuity and judgment which reflects the qualifications, experience and competency identified as being the basis of their personal regrade.

These responsibilities shall not include the Principal Medical Physics Specialist undertaking operational management or supervision of Medical Physics Specialists and above beyond scientific supervision.

The processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee will be utilised to attest prior to the appointment of an external applicant to any position of Principal Medical Physics Specialist that they can demonstrate the experience and competency expected of a Principal Medical Physics Specialist.

MEDICAL PHYSICS

Year 1 and thereafter rate

To be appointed as a *Site Lead, Medical Physics*, or *Deputy Director of Medical Physics*, a Medical Physicist must be a Senior Medical Physics Specialist or higher.

Both the Site Lead and Deputy Director must report to, and only undertake responsibilities under the delegation / direction of a Director of Medical Physics within the same LHD (who retains ultimate approval / accountability). This reporting line must be to a Director from the same specialty, excepting in exceptional circumstances due to temporary absence, position vacancy, or via transitional arrangements pending the full implementation of this Award.

Both roles should be provided with sufficient autonomy via the delegation of the Director to enable them to be responsible for the day-to-day operational management of a designated site / specialty, including any employee reports that may fall within such allocated responsibilities.

Site Lead, Medical Physics

A Site Lead shall be utilised in the following circumstances:

 A Site Lead, Medical Physics, must be appointed for each specialty at a site at which a Director of Medical Physics is not appointed and present (ie the site does not have 2 or more employee reports).

Deputy Director of Medical Physics

A Deputy Director shall be utilised in the following circumstances:



- A Deputy Director of Medical Physics must be appointed to a site with a Director of Medical Physics Level 2 or higher is present (ie a site with > 5 employee reports).
- A Deputy Director of Medical Physics must be appointed for each specialty at a multi-specialty site where a Director of Medical Physics Level 1 or higher is present.

Deputy Directors are therefore utilised to undertake delegated responsibilities in a number of ways that best suits the clinical and scientific services provided and the overall management of the site. For example only, a Deputy Director may be allocated certain delegated responsibilities in a specific area or function within a site with a single specialty, or over a particular specialty at a multi-specialty site.

The Level applied to a Deputy Director of Medical Physics will be as follows:

LEVEL 1

Appointed at a single specialty site, or in relation to a specialty at a multi-specialty site, where a Director Level 1 or Level 2 is appointed and present at that site.

LEVEL 2

Appointed at a single specialty site, or in relation to a specialty at a multi-specialty site where a Director Level 3 is appointed and present at that site.

The processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee will be utilised to attest prior to the appointment of an external applicant to any position of Site Lead, Medical Physics, or Deputy Director of Medical Physics that they have the experience and competency equivalent to that of a Senior Medical Physics Specialist or higher.

DIRECTOR OF MEDICAL PHYSICS

Year 1 and thereafter rate

To be appointed as a *Director of Medical Physics*, a Medical Physicist must be a Senior Medical Physics Specialist Year 4 or higher.

A Director of Medical Physics has the primary accountability for the operational management of a site / sites or specialty. It is the only classification in Medical Physics to hold these responsibilities in full, which includes those tasks delegated to Site Leads, Medical Physics, or Deputy Directors of Medical Physics.

A Director of Medical Physics must be appointed in the following circumstances:

At any site with 2 or more employee reports.



- To ensure that within each LHD, Site Leads and Deputy Directors will have a reporting line to a Director of Medical Physics from the same specialty.
- To ensure that within each LHD there is a minimum of one Director of Medical Physics appointed for each of the Medical Physics specialties utilised in the LHD.

Director positions must be one (1) FTE and can be filled by the appointment of a single Director substantively at 1 FTE or via a range of flexible working options available, including but not limited to job sharing, multiple assignments, higher grade duties.

The one exception is in those situations in which it is identified as being both practicable and operational advantageous for a Director to hold a dual appointment as an Executive Director of Medical Physics, in which case additional supports will be made available as set out in the definition for Executive Director.

A Director of Medical Physics appointed at a site with 2 or more employee reports may also have primary accountability and be the reporting line for a single or multiple smaller sites with Site Leads from the same specialty within the LHD, with the combined total of employee reports to determine the Director Level applied.

NOTE: Employee reports include Medical Physics Registrars, Medical Physicists, and all other staff reporting to a Director of Medical Physics.

The Level applied to a Director of Medical Physics will be as follows:

LEVEL 1

Responsible for a site and / or a single or multiple smaller sites with a total of 2 to 5 employee reports.

LEVEL 2

Responsible for a site and / or a single or multiple smaller sites with > 5 to 10 employee reports.

LEVEL 3

Responsible for a site and / or a single or multiple smaller sites with > 10 employee reports.

The processes available in **Schedule 5 - A** Medical Physics Personal Regrading and Credentialling Committee will be utilised to attest prior to the appointment of an external applicant to any position of Director of Medical Physics that they have the experience and competency equivalent to that of a Senior Medical Physics Specialist Year 4 or higher.



| | MEDICAL PHYSICS |
|-------------------------------------|---|
| Year 1 and thereafter rate | An Executive Director of Medical Physics meets the criteria for a Director of Medical Physics but has specific responsibilities for the coordination / provision of LHD wide services and / or providing advice and leadership to the LHD Executive. |
| | There shall be one such Executive Director for each of the Medical Physics specialties utilised in an LHD. |
| | An Executive Director can also undertake the role of a Director of Medical Physics if this does not impact upon their capacity to fulfill required Director duties and scope of responsibilities of providing timely operational management and leadership for their site(s) / specialty. If undertaking a dual role, an additional Deputy Director position to that otherwise required under this Award can be appointed to assist the Executive Director in ensuring their duties can be reasonably and effectively undertaken in a timely fashion. |
| | If a dual role is utilised, they will be classified as an Executive Director and remunerated as such for all hours worked in either role. |
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SCHEDULE 5 - A

MEDICAL PHYSICS PERSONAL REGRADING AND CREDENTIALLING COMMITTEE

1. OVERVIEW

- (i) The Medical Physics Personal Regrading and Credentialling Committee ('MP Committee') will be responsible for the determination of personal regrades available within the Medical Physics classification structure, as well as being utilised to attest prior to the appointment of an external applicant to a particular classification that they can demonstrate the experience and competency equivalent to that of any minimum requirement expected.
- (ii) Save for the specific functions and responsibilities outlined in this Schedule, Medical Physics will otherwise default to the processes as outlined in Clause 18 of this Award.

2. PERSONAL REGRADES

- (i) An MP Committee will be formed to address all matters relevant to the personal regrading as permitted within the Medical Physics classification structure.
- (ii) All Medical Physics Specialists and above (excepting Site Leads, Deputy Directors and Directors of Medical Physics which are by appointment) employed under this Award will possess a personal grading.
- (iii) These personal regrades are by nature personal and based upon the experience and competency of the individual employee and is thus fully portable between roles / assignments with the employer.
- (iv) The progression from Medical Physics Registrar to a Medical Physics Specialist is automatic upon completing the TEAP and being eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists.
- (v) The current or previously employed position within Medical Physics may inform the assessment by the MP Committee of not only the classification but also the year of remuneration within that classification insofar as it evidences personal experience and competency.

3. CREDENTIALLING OF EXTERNAL APPLICANTS

(i) The MP Committee will also be constituted to attest prior to the appointment of an external applicant to a particular classification within Medical Physics that they can demonstrate they have the experience and competency equivalent to that of any minimum requirement required for the classification.



- (ii) For example, in relation to the position of a Senior Medical Physics Specialist, the MP Committee will be utilised to attest prior to the appointment of an external applicant to this role, that the applicant can demonstrate the experience and competency expected of a Senior Medical Physics Specialist.
- (iii) The MP Committee's only function in the potential recruitment of an external applicant is to credential and attest as to whether the applicant meets the minimum mandatory criteria contained in a definition within the Medical Physics classification structure, and thus determining if they are eligible for consideration and / or appointment. It will have no role in subsequently assessing or determining based on merit who the selection panel may determine is the most suitable applicant for appointment.

4. CONSTITUTION OF THE MP COMMITTEE

- (i) The MP Committee will consist of at least one employer representative and two Union representatives. Where practicable, the MP Committee will consist of Directors of Medical Physics or Principal Medical Physics Specialists, at least two of whom (if available) are in the same specialty as the applicant.
- (ii) The MP Committee members must have no conflict of interest and be able to provide an independent evaluation of the application. This includes anyone in direct line management of the applicant.
- (iii) A wide range of Directors of Medical Physics and Principal Medical Physics Specialists should be given the opportunity to participate, and where possible there should be an appropriate level of diversity in any MP Committee established.

5. RECOMMENDATIONS AND RECORDS

- (i) The MP Committee must make any recommendation in relation to an application in a reasonable time (but in any event no later than sixty (60) calendar days from the application being made).
- (ii) The employer will implement recommendations of the MP Committee within four weeks of receiving its report, unless exceptional circumstances exist. If the latter, complete details of the exceptional circumstances must be provided to the Union in writing.
- (iii) For the avoidance of doubt, a lack of funding does not constitute an exceptional circumstance and cannot be used as a reason to deny a recommendation of the MP Committee.
- (iv) The MP Committee will make any recommendation for the grading of a person who is not a current employee in a reasonable time (but in any event no later than fourteen (14) calendar days from the application being made).
- (v) The date of any approved personal regrade will be the first full pay period on or after the date the application was initially provided to the direct line



- manager, or in their absence, the relevant senior manager responsible for the work area of the applicant.
- (vi) Requests for more information from the MP Committee or employer will not change the original date the application was submitted and therefore its commencement date.
- (vii) The MP Committee must provide an applicant with the assessed score in each activity category and the base score applied, with a brief explanation for each score given.
- (viii) When constituted to attest prior to the appointment of an external applicant to a particular classification within Medical Physics that they can demonstrate they have the experience and competency equivalent to that of any minimum requirement contained in the relevant definition, the MP Committee will make such attestation in a reasonable time so as not to unduly delay the recruitment process (but in any event no later than fourteen (14) calendar days from the time such credentialling is sought by the employer).
- (ix) A record of RPS Committee membership, applications and decisions should be maintained by the employer for the purposes of assisting in ensuring a consistent standard is applied and maintained in such processes.

6. APPLICATION PROCESS - PERSONAL REGRADES

- (i) Application for personal regrade can be made by the employee directly, or by the employer or the Union on behalf of an employee (or a group of employees).
- (ii) Applications must include: a CV; supporting evidence in alignment with the assessment criteria and base score; and letter(s) of support from at least 2 referees. Applications should demonstrate service or experience in at least 3 of the 4 categories.
- (iii) An application for regrade will be assessed by evaluating the applicant's personal submission and information from referees. Further evidence may be required at the discretion of the MP Committee, such as an interview of the applicant or nominated referee(s).

7. APPLICATION PROCESS - CREDENTIALLING PROCESS

- (i) Applications for credentialling will be made by the employer or its nominated delegate (in this situation, for example, the Convenor of the selection panel).
- (ii) Applications must include all relevant information provided by the external applicant to the selection panel to advance their candidacy.
- (iii) Further evidence may be required at the discretion of the MP Committee, which will be sought via the employer or its nominated delegate.



8. ASSESSMENT OF APPLICANTS - PERSONAL REGRADES

- (i) Applications will be assessed with a point scoring scheme that recognises prior education, experience, competency and achievements:
- (ii) An initial base score recognises prior education;
 - (a) MSc equivalent Higher degree = 1 point (MSc Medical Physics or part completion of PhD approved MSc equivalent required for certification / registration);
 - (b) Other higher degrees = up to 2 points (other relevant higher degrees additional to the requirement for certification / registration, or completion of relevant PhD or equivalent)
- (iii) A maximum of 2 points can be obtained in the base score.
- (iv) In addition to the base score, points will be utilised from 3 of the 4 activity categories.
- (v) Each category will be scored in increments of 0.5. Where an applicant exceeds the minimum requirements of a whole score but doesn't fully meet the requirements for the next whole score, an additional 0.5 points can be given in each category at the discretion of the MP Committee.
- (vi) There should be non-zero scores in the: Clinical Activities category; the Research and Education Activities category and at least one other category.
- (vii) To obtain a score in a category, all of the requirements for the score and the scores below must be met. For example, to obtain a score of 3 in a category, the requirements for the score of 3 must be met, as well as the requirements for the score of 0,1 and 2.
- (viii) The recommended points threshold is:
 - (a) Senior Medical Physics Specialist: at least 6 points.
 - (b) Principal Medical Physics Specialist: at least 8.5 points.

9. CATEGORIES AND CRITERIA

A. Clinical expertise

- A.1 Clinical expertise scope
- (i) Evidence for breadth of experience and level of expertise in clinical activities include but are not limited to:
 - (a) The applicant's contribution to advanced forms of clinical dosimetry, medical imaging or physiological measurement;



- (b) The applicant's advanced contributions to verifying or developing verification for clinical diagnoses/treatment or similar;
- (c) The applicant's advanced contributions to physics/engineering aspects of quality of health delivery, quality assurance, quality of care or similar;
- (d) The applicant's contributions to any other applications of medical physics achieved within a hospital environment;
- (e) Any other clinical aspects deemed appropriate by the MP Committee. These areas can include (but are not limited to): Quality Assurance, Quality Control, Quality Improvement, Radiation Safety, Laser Safety, Magnetic Resonance Safety, Clinical Trial Support, Theranostics, Education, Computing Network Support, Artificial Intelligence, Software Engineering, Engineering Support, Treatment/Equipment, Planning, Brachytherapy, Imaging, Dosimetry and Particle Therapy.

A.2 Clinical expertise - scoring

- (i) **0 points**: Has experience equivalent to at least 5 years (FTE) as a Registered Medical Physicist, demonstrated professional service at a competent level with limited evidence of development and innovation of the service to an advanced level of expertise.
- (ii) **1 point**: Has experience equivalent to at least 5 years (FTE) as a Registered Medical Physicist, demonstrated professional service at a competent level with some evidence of development and innovation to an advanced level of expertise in one area of the specialty.
- (iii) **2 points**: Has experience equivalent to at least 5 years (FTE) as a Registered Medical Physicist, demonstrated professional service at a competent level with some evidence of service development and innovation to an advanced level in more than one area of the specialty.
- (iv) **3 points**: Has for an extended career period performed consistently at an advanced level of expertise with evidence of innovations and continual service development and enhancement in more than two areas in the specialty.
- (v) **4 points**: Has for an extended career period performed at an exceptionally high-level of expertise with evidence of innovations and continual service development and enhancement in a broad range of areas in the specialty.

B Research and Education expertise

- B.1 Research and Education expertise scope
- (i) Evidence for research and education knowledge and expertise may include but are not limited to:
 - (a) The applicant's clinical research achievements



- (b) The applicant's contributions to research and development of new, novel or complex techniques.
- (c) The applicant's contributions to education within the department including Medical Physicists, Registrars, students and other clinical or general staff.
- (d) The applicant's contributions to education at other institutions, departments, universities or professional bodies.
- (e) Supervision of Medical Physics Registrars or candidates completing an equivalent pathway to registration.
- (f) Supervision of research students.
- (g) The publication of scientific and medical papers in recognised journals and the like.
- (h) The presentation of research, educational or implementation content at scientific and medical conferences, workshops or similar.
- (i) Grant submission and success.
- (j) Awards, invited publications and presentations.
- (k) Patents, inventions, and translational research.
- (I) Any other research and educational aspects deemed appropriate by the MP Committee.

B.2 Research and Education expertise - scoring

- (i) 0 points: Has some evidence of innovative developments, such as new techniques, clinical implementation, or translational research, through occasional contributions to peer reviewed literature and conferences. Provides occasional lectures or specialty talks at hospital staff meetings or university student courses. Assists in the training or supervision of registrars or research students.
- (ii) **1 point**: Has experience equivalent to at least 5 years (FTE):
 - (a) Some evidence of innovative developments, such as new techniques, clinical implementation, or translational research, through occasional contributions to peer reviewed literature and/or conferences; and
 - (b) Conducts regular training and education sessions with Medical Physics Registrars OR delivers education on new developments and refresher training to other Medical Physicists OR prepares and provides annual courses of lectures and specialty talks at a hospital or university; and



- (c) Is developing a record of: mentoring novice researchers in the field OR has demonstrated responsibility for at least 3 years for the clinical supervision, assessment, and scheduling of the training of a medical physics registrar or candidate completing an equivalent pathway to registration OR demonstrated mentoring or supervision of any other staff, trainees or students as deemed appropriate by the MP Committee.
- (iii) **2 points**: Has, for at least 5 years (FTE):
 - (a) Demonstrated evidence of innovative developments (such as new techniques, clinical implementation, translational research) through regular contributions to peer reviewed literature and conferences; and
 - (b) Has an established record of: mentoring novice researchers in the field OR clinical supervision, assessment and scheduling of the training of a medical physics registrar or candidate completing an equivalent pathway to registration OR demonstrated mentoring or supervision of any other staff, trainees or students as deemed appropriate by the MP Committee.
- (iv) 3 points: Has, for an extended career period:
 - (a) Made frequent contributions to national and international peer reviewed literature and conferences. The published works should describe significant advances in their field and indicate that the applicant is an innovator, undertaking substantial and frequent developments in their discipline; and
 - (b) Prime contributor to successfully obtaining substantial clinical physics research grants.
- (v) 4 points: Has, for an extended career period:
 - (a) Made frequent high-quality contributions to national and international peer reviewed literature and conferences. The published work should describe significant advances in their field and indicate that the applicant is an innovator, undertaking substantial and frequent developments in their discipline; and
 - (b) Has become an international expert in their field.

C Professional activities

- C.1 Professional activities scope
- (i) Evidence of professional contributions include but are not limited to:
 - (a) Activities with ACPSEM or other professional organisations.
 - (b) Active membership of professional committees and organisations, in either hospitals or in the scientific / medical community at an international, national or state level.



- (c) The applicant's overall professional contribution at an advanced level in medical physics or in affiliated professions for health and medicine.
- (d) Any other professional aspects deemed appropriate by the MP Committee.
- C.2 Professional activities scoring
- (i) **0 points**: Has made a minor contribution to the profession such as State or Branch professional committees.
- (ii) 1 point:
 - (a) Has made a major contribution to the profession as evident by leadership in the ACPSEM or other equivalent bodies; and
 - (b) Substantial contributions have been made in administrative and functional roles.
- (iii) **2 points**: Has made substantial contributions have been made to the development of protocols, standards, examination of the profession such as input/participation in codes of practice/regulatory bodies for national or state regulatory or health authorities.

D Leadership qualities

- D.1 Leadership qualities scope
- (i) Evidence of leadership activity may include, but are not limited to:
 - (a) The applicant's supervision responsibilities of other staff.
 - (b) The applicant's supervision of junior staff competencies.
 - (c) The applicant's involvement in projects such as equipment purchasing, business planning and development of departmental procedures and protocols.
 - (d) Demonstrated leadership in the Specialty, such as leading projects, being in charge of a portfolio of work (area of the speciality, tumour stream), initiating projects, working with vendors/organisation
 - (e) Any other leadership aspects deemed appropriate by the MP Committee.
- D.2 Leadership qualities scoring
- (i) **0 points**: The applicant has assisted in the training and supervision of Medical Physics Registrars or students.



(ii) 1 point:

- (a) Demonstrated responsibility for the coordination of an area of the specialty OR provides input in the management, planning and implementation of specialty equipment and building works, working with external consultants and contractors including the NSW Health Authority; and
- (b) Evidence of emerging leadership skills.

(iii) 2 points:

- (a) Demonstrated responsibility for the coordination of staff working in an area of the specialty OR provides major input in the management, planning and implementation of specialty equipment and building works, working with external consultants and contractors including the NSW Health Authority; and
- (b) Demonstrated leadership within specialty at local LHD level.

(iv) 3 points:

- (a) Demonstrated primary responsibility for the coordination of staff working in the specialty or specialties across one or more sites, makes recommendations and decisions, establishes standards, procedures and protocols and provides consultation to other staff on that specialty area; and
- (b) Provides major input in the management, planning and implementation of specialty equipment and building works, working with external consultants and contractors including the NSW Health Authority; and
- (c) Demonstrated leadership within the Speciality beyond the LHD.



PART H - CLASSIFICATION STRUCTURES

SCHEDULE 6 - RADIOPHARMACEUTICAL SCIENTISTS

| | RADIOPHARMACEUTICAL SCIENTISTS | | |
|-----------|---|--|--|
| Years 1-5 | A Radiopharmaceutical Science Registrar is an employee undergoing | | |
| | training, including but not limited to the Training, Education and | | |
| | Accreditation Program ('TEAP') in a Radiopharmaceutical Science | | |
| | specialty towards obtaining certification by the ACPSEM or such other | | |
| | certification body acceptable to the Secretary, Ministry of Health. | | |
| | A Radiopharmaceutical Science Registrar commences employment at the following yearly salary level, which is dependent on qualifications held by the employee: | | |
| | Year 1 | | |
| | Enrolled in first year of TEAP (or other deemed equivalent training by the Secretary, Ministry of Health) without a post graduate degree. | | |
| | Year 2 | | |
| | Enrolled in first year of TEAP (or other deemed equivalent training by the | | |
| | Secretary, Ministry of Health) with a post graduate degree (Masters). | | |
| | Year 3 | | |
| | Enrolled in first year of TEAP (or other deemed equivalent training by the Secretary, Ministry of Health) with a post graduate degree (PhD). | | |
| | After commencing as a Radiopharmaceutical Science Registrar and being placed at the appropriate yearly salary level, progression through the remaining yearly increments is subsequently automatic. | | |
| | A Radiopharmaceutical Science Registrar progresses automatically to Radiopharmaceutical Science Specialist when they complete their TEAP and are eligible to be listed on the ACPSEM Register of Qualified Medical Physicists and Scientists. | | |
| | RADIOPHARMACEUTICAL SCIENTISTS | | |
| Years 1-5 | A Radiopharmaceutical Science Specialist is a Radiopharmaceutical | | |
| .10 | Scientist who has completed either of the following: | | |
| | (i) TEAD wether and Committeed the in TEAD and alimible to be listed an | | |
| | (i) <u>TEAP pathway</u> : Completed their TEAP and eligible to be listed on the ACPSEM Register of Qualified Medical Physicists and | | |
| | Scientists or have such other qualifications and clinical experience | | |
| | (or accreditation provided by other than the ACPSEM) which is | | |
| | deemed acceptable to the Secretary, NSW Ministry of Health, | | |
| | being satisfied it is equivalent to the competencies required to be eligible to be on the ACPSEM Register; | | |
| | OR | | |



(ii) Experienced pathway: ACPSEM has, using their assessment framework, evaluated an applicant with a minimum of six (6) years' experience as a Radiopharmaceutical Scientist against defined criteria, and have determined that they are suitable for admittance to the ACPSEM Register of Qualified Medical Physicists and Scientists.

A Radiopharmaceutical Science Specialist commences at the yearly salary level identified; being dependent on the pathway completed:

Year 1

Radiopharmaceutical Science Specialists who have completed the TEAP pathway (option (i) above).

Year 4

Radiopharmaceutical Science Specialists who have completed the Experienced pathway (option (ii) above).

After commencing as a Radiopharmaceutical Science Specialist and being placed at the appropriate yearly salary level, progression through the remaining yearly increments is subsequently automatic.

RADIOPHARMACEUTICAL SCIENTISTS

Years 1-4

A Senior Radiopharmaceutical Science Specialist is a Radiopharmaceutical Scientist who has completed a minimum of five years as a Radiopharmaceutical Science Specialist, has achieved further experience and expertise beyond the duties expected in that role, and their personal regrade has been approved via the criteria and processes available in **Schedule 6 - A** Radiopharmaceutical Scientist Progression Committee.

Progression through the available yearly increments is automatic.

Year 1 and thereafter

RADIOPHARMACEUTICAL SCIENTISTS

A Principal Radiopharmaceutical Science Specialist is a Radiopharmaceutical Scientist who has completed a minimum of four years as a Senior Radiopharmaceutical Science Specialist, has achieved further experience and expertise beyond the duties expected in that role, and their personal regrade has been approved via the criteria and processes available in **Schedule 6 - A** Radiopharmaceutical Scientist Progression Committee.

Year 1 thereafter

and

RADIOPHARMACEUTICAL SCIENTISTS

To be appointed as a **Deputy Director of Radiopharmaceutical Science**, a Radiopharmaceutical Scientist must have as a minimum completed four years as a Senior Radiopharmaceutical Science Specialist.

They shall be appointed wherever a Director of Radiopharmaceutical Science Level 2 or above is appointed.



The Deputy Director undertakes functions via the delegation of a Director of Radiopharmaceutical Science, with the Director continuing to hold primary accountability for the operational management of the site / sites or specialty / specialties.

RADIOPHARMACEUTICAL SCIENTISTS

Year 1 and thereafter

To be appointed as a *Director of Radiopharmaceutical Science*, a Radiopharmaceutical Scientist must have as a minimum completed four years as a Senior Radiopharmaceutical Science Specialist.

A Director of Radiopharmaceutical Science has the primary accountability for the operational management of a site / sites or specialty / specialties, which includes those tasks delegated to Deputy Directors of Radiopharmaceutical Science.

A Director of Radiopharmaceutical Science must be appointed in the following circumstances when the supervision of at least one other Radiopharmaceutical Scientist is required and one of the following criteria is met:

- is responsible for the specialty at a site.
- is responsible for multiple specialties at a site.
- is responsible for a single specialty across multiple sites (including responsibility for Directors of a Specialty).

The Level applied to a Director of Radiopharmaceutical Science will be dependent on the total number of employee reports under their responsibility and supervision.

LEVEL 1

Has 1 to 5 employee reports.

LEVEL 2

Has >5 to 10 employee reports.

LEVEL 3

Has >10 employee reports.



PART H - CLASSIFICATION STRUCTURES

SCHEDULE 6 - A

RADIOPHARMACEUTICAL SCIENTIST PROGRESSION COMMITTEE

10. OVERVIEW

- (iii) The Radiopharmaceutical Scientist Progression Committee ('RPS Committee') will be responsible for the determination of personal regrades available within the Radiopharmaceutical Scientist classification structure.
- (iv) Save for the specific functions and responsibilities outlined in this Schedule, Radiopharmaceutical Scientists will otherwise default to the processes as outlined in Clause 18 of this Award.

11. PERSONAL REGRADES

- (vi) Progression to Senior Radiopharmaceutical Science Specialist or Principal Radiopharmaceutical Science Specialist requires a more significant contribution to the practice of Radiopharmaceutical Science and the community it services. It requires the achievement of an advanced level of expertise in more than one of the determined progression criteria.
- (vii) Progression to Senior Radiopharmaceutical Science Specialist or Principal Radiopharmaceutical Science Specialist is achieved by application for a personal regrade by the Radiopharmaceutical Scientist.
- (viii) An RPS Committee will be formed to address all matters relevant to the personal regrading as outlined in sub clauses 2(i) and (ii) above.
- (ix) These personal regrades are by nature personal and based upon the experience and competency of the individual Radiopharmaceutical Scientist and is thus fully portable between roles / assignments with the employer.

12. CONSTITUTION OF THE RPS COMMITTEE

- (iv) The RPS Committee will consist of at least one employer representative and two Union representatives. Dependent on the application and personal regrade being sought, the RPS Committee can be drawn from Directors of Radiopharmaceutical Science and / or Principal Radiopharmaceutical Science Specialists and / or Senior Radiopharmaceutical Science Specialists. At least two (if available) should be from the same specialty as the applicant. Where possible the RPS Committee should be gender diverse.
- (v) The RPS Committee members must have no conflict of interest and be able to provide an independent evaluation of the application. Accordingly, RPS Committee members should be drawn from outside the site / department in which the applicant works and should not include anyone with direct line management of the applicant.



(vi) At least one member from the most recent RPS Committee established should be maintained to provide for continuity.

13. APPLICATION PROCESS

- (iv) An application for a personal regrade to Senior Radiopharmaceutical Science Specialist or Principal Radiopharmaceutical Science Specialist must be made by the Radiopharmaceutical Scientist seeking the regrade.
- (v) Applications must contain evidence which demonstrates how they meet / exceed the relevant determined criteria. This can include the following:
 - (a) Evidence of each activity, at a minimum, including evidence or details of clinical contribution and impact on clinical projects, describing how new or existing clinical techniques, procedures or patient treatments were directly dependent upon the scientific input, clinical project management or contribution of the applicant.
 - (b) Where appropriate to the work, including where the applicant has been recognised by other health professionals within their site / department as having made an advanced level of contribution, and if so, there should be a clear and unambiguous indication that a valuable clinical contribution has been made.
 - (c) Referee reports should include an assessment of the base score assigned, and the scores in each of the criteria relevant to the application. The referee should be able to endorse the level of contribution claimed by the applicant.
 - (d) Applications are to be a summary of key work relevant to the designated criteria.
- (vi) Further evidence may be required at the discretion of the RPS Committee, such as an interview of the applicant or nominated referee(s).
- (vii) To be clear, the application process and role of the RPS Committee is designed to ensure that the Applicant:
 - (a) Has knowledge of the requirements / professional standards that are pertinent to the practice of their profession.
 - (b) Has the skills and attributes (competency) required to ensure that processes and procedures are executed to a level of quality and consistency identified for the delivery of a quality service within their own environment.
 - (c) Is aware of their environment and any limitations.
 - (d) Displays professional behaviour and excellent communication skills.



14. RECOMMENDATIONS AND RECORDS

- (x) The RPS Committee must make any recommendation in relation to an application in a reasonable time (but in any event no later than sixty (60) calendar days from the application being made).
- (xi) The employer will implement recommendations of the RPS Committee within four weeks of receiving its report, unless exceptional circumstances exist. If the latter, complete details of the exceptional circumstances must be provided to the Union in writing.
- (xii) For the avoidance of doubt, a lack of funding does not constitute an exceptional circumstance and cannot be used as a reason to deny a recommendation of the RPS Committee.
- (xiii) The date of any approved personal regrade will be the first full pay period on or after the date the application was initially provided to the direct line manager, or in their absence, the relevant senior manager responsible for the work area of the applicant.
- (xiv) Requests for more information from the RPS Committee or employer will not change the original date the application was submitted and therefore its commencement date.
- (xv) The RPS Committee must provide an applicant with sufficient written detail to ensure transparency as to how the recommendation was arrived at using the determined criteria.
- (xvi) If the application is declined, the applicant must receive written advice at the time of being notified that their application was denied, the grounds and reasons for the decision and how to improve future applications.
- (xvii) A record of RPS Committee membership, applications and decisions should be maintained by the employer for the purposes of assisting in ensuring a consistent standard is applied and maintained in such processes.



TABLE 1 - SALARIES FOR NUCLEAR MEDICINE

| NUCLEAR MEDICINE CLASSIFICATION | Rate from first full pay period on / from 01/07/2025 \$ per annum | Rate from first full pay period on / from 01/07/2025 \$ per week |
|---|--|---|
| LEVEL 1 | | |
| LEVEL 1 STUDENT | TBC | |
| LEVEL 1 SPP | \$79,051 | \$1,515.01 |
| LEVEL 2 Nuclear Medicine Technologist / Scien | tist | |
| LEVEL 2 Year 1 | \$86,609 | \$1,659.86 |
| LEVEL 2 Year 2 | \$91,813 | \$1,759.60 |
| LEVEL 2 Year 3 | \$101,600 | \$1,947.16 |
| LEVEL 2 Year 4 | \$106,147 | \$2,034.30 |
| LEVEL 2 Year 5 | \$110,689 | \$2,121.35 |
| LEVEL 2 Year 6 | \$116,189 | \$2,226.76 |
| LEVEL 3 Nuclear Medicine Technologist / Scien | tist or Accredited Sono | grapher |
| LEVEL 3 Grade 1 | \$130,843 | \$2,507.60 |
| LEVEL 3 Grade 2 | \$137,918 | \$2,643.19 |
| LEVEL 3 Grade 3 | \$140,918 | \$2,700.69 |
| LEVEL 4 Clinical Specialist Nuclear Medicine Te | chnologist / Scientist o | or Advanced / |
| Expert Sonographer | | |
| LEVEL 4 Grade 1 | \$144,991 | \$2,778.75 |
| LEVEL 4 Grade 2 | \$155,289 | \$2,976.11 |
| LEVEL 5 Senior Nuclear Medicine Technologist | / Scientist or Senior S | onographer |
| LEVEL 5 Grade 1 | \$161,540 | \$3,095.91 |
| LEVEL 5 Grade 2 | \$163,432 | \$3,132.17 |
| LEVEL 5 Grade 3 | \$165,324 | \$3,168.43 |
| LEVEL 5 Grade 4 | \$167,217 | \$3,204.71 |
| LEVEL 6 Deputy Chief (Nuclear Medicine) | | |
| LEVEL 6 Grade 1 | \$171,350 | \$3,283.92 |
| LEVEL 6 Grade 2 | \$173,579 | \$3,326.63 |
| LEVEL 6 Grade 3 | \$175,808 | \$3,369.35 |
| LEVEL 6 Grade 4 | \$178,038 | \$3,412.09 |
| LEVEL 7 Chief (Nuclear Medicine) | | |
| LEVEL 7 Grade 1 | \$184,016 | \$3,526.66 |
| LEVEL 7 Grade 2 | \$188,413 | \$3,610.93 |
| LEVEL 7 Grade 3 | \$192,809 | \$3,695.18 |
| LEVEL 7 Grade 4 | \$197,206 | \$3,779.44 |
| LEVEL 7 Grade 5 | \$201,352 | \$3,858.90 |
| LEVEL 7 Grade 6 | \$204,785 | \$3,924.70 |
| LEVEL 8 Director (Nuclear Medicine) | | |
| LEVEL 8 | TBC | |



TABLE 2 - SALARIES FOR RADIATION THERAPY

| RADIATION THERAPY CLASSIFICATION | From first full pay period on / from 01/07/2025 \$ per annum | From first full pay period on / from 01/07/2025 \$ per week |
|---|---|--|
| LEVEL 1 | | _ |
| LEVEL 1 Student | \$91,013* | \$1,744.26* |
| LEVEL 1 SPP | \$91,013 | \$1,744.26 |
| LEVEL 2 Radiation Therapist | | |
| LEVEL 2 Year 1 | \$99,715 | \$1,911.03 |
| LEVEL 2 Year 2 | \$105,706 | \$2,025.85 |
| LEVEL 2 Year 3 | \$112,606 | \$2,158.09 |
| LEVEL 2 Year 4 | \$116,974 | \$2,241.80 |
| LEVEL 2 Year 5 | \$122,208 | \$2,342.11 |
| LEVEL 2 Year 6 | \$127,438 | \$2,442.34 |
| LEVEL 2 Year 7 | \$133,810 | \$2,564.46 |
| LEVEL 2 Year 8 | \$137,824 | \$2,641.39 |
| LEVEL 3 High level skills / specialist / consulta | int | |
| LEVEL 3 Grade 1 | \$144,715 | \$2,773.46 |
| LEVEL 3 Grade 2 | \$151,951 | \$2,912.13 |
| LEVEL 3 Grade 3 | \$159,548 | \$3,057.73 |
| LEVEL 4 Advanced clinician / specialist / supe | rvision | |
| LEVEL 4 Grade 1 | \$175,503 | \$3,363.51 |
| LEVEL 4 Grade 2 | \$183,481 | \$3,516.41 |
| LEVEL 5 Section / areas supervisor | | |
| LEVEL 5 Grade 1 | \$189,544 | \$3,632.60 |
| LEVEL 5 Grade 2 | \$194,282 | \$3,723.41 |
| LEVEL 5 Grade 3 | \$203,996 | \$3,909.57 |
| LEVEL 6 Deputy Director | | · |
| LEVEL 6 Grade 1 | \$204,547 | \$3,920.13 |
| LEVEL 6 Grade 2 | \$210,479 | \$4,033.82 |
| LEVEL 6 Grade 3 | \$216,583 | \$4,150.80 |
| LEVEL 6 Grade 4 | \$222,864 | \$4,271.18 |
| LEVEL 6 Grade 5 | \$229,326 | \$4,395.02 |
| LEVEL 7 Director | | |
| LEVEL 7 Grade 1 | \$218,865 | \$4,194.54 |
| LEVEL 7 Grade 2 | \$225,212 | \$4,316.18 |
| LEVEL 7 Grade 3 | \$231,744 | \$4,441.36 |
| LEVEL 7 Grade 4 | \$238,464 | \$4,570.15 |
| LEVEL 7 Grade 5 | \$245,379 | \$4,702.68 |
| LEVEL 8 LHD wide Director | | |
| LEVEL 8 | \$265,010 | \$5,078.90 |

^{*} NOTE: Level 1 Student only engaged as casual, loading to be applied to the identified rate.



TABLE 3 – SALARIES FOR RADIOGRAPHY

| DIAGNOSTIC RADIOGRAPHY CLASSIFICATION | From first full pay period on / from 01/07/2025 \$ per annum | From first full pay period on / from 01/07/2025 \$ per week | |
|--|---|--|--|
| LEVEL 1 | Y p o · o · · · · · · · · · · · · · · · · · · · | y por moon | |
| LEVEL 1 Student | TBC | | |
| LEVEL 1 SPP | \$79,051 | \$1,515.01 | |
| LEVEL 2 Diagnostic Radiographers | | | |
| LEVEL 2 Year 1 | \$86,609 | \$1,659.86 | |
| LEVEL 2 Year 2 | \$91,813 | \$1,759.60 | |
| LEVEL 2 Year 3 | \$101,600 | \$1,947.16 | |
| LEVEL 2 Year 4 | \$106,147 | \$2,034.30 | |
| LEVEL 2 Year 5 | \$110,689 | \$2,121.35 | |
| LEVEL 2 Year 6 | \$116,189 | \$2,226.76 | |
| LEVEL 3 High level clinician / personal regrad | de | | |
| LEVEL 3 Grade 1 | \$130,843 | \$2,507.60 | |
| LEVEL 3 Grade 2 | \$137,918 | \$2,643.19 | |
| LEVEL 3 Grade 3 | \$140,918 | \$2,700.69 | |
| LEVEL 4 Advanced clinician / specialist | | | |
| LEVEL 4 Grade 1 | \$144,991 | \$2,778.75 | |
| LEVEL 4 Grade 2 | \$155,289 | \$2,976.11 | |
| LEVEL 5 PhD / Senior / management of section | /s - unit/s | | |
| LEVEL 5 Grade 1 | \$161,540 | \$3,095.91 | |
| LEVEL 5 Grade 2 | \$161,540 | \$3,095.91 | |
| LEVEL 5 Grade 3 | \$167,217 | \$3,204.71 | |
| LEVEL 5 Grade 4 | \$171,350 | \$3,283.92 | |
| LEVEL 6 Assistant Chief | | | |
| LEVEL 6 Grade 1 | \$151,289 | \$2,899.45 | |
| LEVEL 6 Grade 2 | \$167,217 | \$3,204.71 | |
| LEVEL 6 Grade 3 | \$179,560 | \$3,441.26 | |
| LEVEL 6 Grade 4 | \$183,420 | \$3,515.24 | |
| LEVEL 6 Grade 5 | \$187,401 | \$3,591.53 | |
| LEVEL 6 Grade 6 | \$190,030 | \$3,641.92 | |
| LEVEL 7 Chief | | | |
| LEVEL 7 Grade 1 | \$151,289 | \$2,899.45 | |
| LEVEL 7 Grade 2 | \$167,217 | \$3,204.71 | |
| LEVEL 7 Grade 3 | \$179,560 | \$3,441.26 | |
| LEVEL 7 Grade 4 | \$187,401 | \$3,591.53 | |
| LEVEL 7 Grade 5 | \$190,030 | \$3,641.92 | |
| LEVEL 7 Grade 6 | \$193,760 | \$3,713.40 | |
| LEVEL 7 Grade 7 | \$199,780 | \$3,828.77 | |
| LEVEL 7 Grade 8 | \$204,785 | \$3,924.70 | |
| LEVEL 8 Director | | | |
| LEVEL 8 | TBC | | |



TABLE 4 - SALARIES

SONOGRAPHERS

| SONOGRAPHERS CLASSIFICATION | From first full pay period on / from 01/07/2025 \$ per annum | From first full pay period on / from 01/07/2025 \$ per week |
|---|---|--|
| LEVEL 1 Undergraduate Student Sonograph | | • • |
| LEVEL 1 | \$79,051 | \$1,515.01 |
| LEVEL 2 Graduate Student Sonographer | | |
| LEVEL 2 Year 1 | \$86,609 | \$1,659.86 |
| LEVEL 2 Year 2 | \$91,813 | \$1,759.60 |
| LEVEL 2 Year 3 | \$101,600 | \$1,947.16 |
| LEVEL 2 Year 4 | \$106,147 | \$2,034.30 |
| LEVEL 2 Year 5 | \$110,689 | \$2,121.35 |
| LEVEL 2 Year 6 | \$116,189 | \$2,226.76 |
| LEVEL 3 Early Career Sonographer | | |
| LEVEL 3 Year 1 | \$130,843 | \$2,507.60 |
| LEVEL 3 Year 2 | \$137,918 | \$2,643.19 |
| LEVEL 3 Year 3 | \$140,918 | \$2,700.69 |
| LEVEL 4 Advanced clinician / specialist | | |
| LEVEL 4 Grade 1 | \$144,991 | \$2,778.75 |
| LEVEL 4 Grade 2 | \$155,289 | \$2,976.11 |
| LEVEL 5 Post Doctoral Sonography Fellow / | Deputy / Chief | |
| LEVEL 5 Grade 1 | \$161,540 | \$3,095.91 |
| LEVEL 5 Grade 2 | \$163,432 | \$3,132.17 |
| LEVEL 5 Grade 3 | \$167,217 | \$3,204.71 |
| LEVEL 5 Grade 4 | \$171,350 | \$3,283.92 |
| LEVEL 5 Grade 5 | \$173,030 | \$3,316.11 |
| LEVEL 6 Director | | |
| LEVEL 6 | TBC | |
| Molkins | | |



TABLE 5A - SALARIES

REGISTERED MEDICAL PHYSICISTS

| MEDICAL PHYSICIST | From first full | From first full | |
|---------------------------------------|---------------------------------|---------------------------------|--|
| CLASSIFICATIONS | pay period on / | pay period on / | |
| | from 01/07/2025 \$ per annum | from 01/07/2025 | |
| Medical Physics Registrar | y per aminum | \$ per week | |
| Year 1 | \$92,330 | \$1,769.50 | |
| Year 2 | \$102,126 | \$1,957.24 | |
| Year 3 | \$106,176 | \$2,034.86 | |
| Year 4 | \$121,728 | \$2,332.91 | |
| Year 5 | \$131,507 | \$2,520.33 | |
| Medical Physics Specialist | VIOI,001 | V V Z ,0 Z 0 10 0 | |
| Year 1 | \$151,107 | \$2,895.96 | |
| Year 2 | \$170,706 | \$3,271.57 | |
| Year 3 | \$190,282 | \$3,646.75 | |
| Year 4 | \$209,883 | \$4,022.40 | |
| Year 5 | \$229,466 | \$4,397.71 | |
| Senior Medical Physics Specialist | , | . , | |
| Year 1 | \$239,267 | \$4,585.54 | |
| Year 2 | \$249,066 | \$4,773.34 | |
| Year 3 | \$258,865 | \$4,961.14 | |
| Year 4 | \$268,662 | \$5,148.90 | |
| Principal Medical Physics Specialist | | | |
| Year 1 and thereafter rate | \$278,444 | \$5,336.37 | |
| Site Lead, Medical Physics | | | |
| Deputy Director of Medical Physics | | | |
| Site Lead | \$278,444 | \$5,336.37 | |
| Deputy Director Level 1 | \$278,444 | \$5,336.37 | |
| Deputy Director Level 2 | \$281,228 | \$5,389.72 | |
| Director of Medical Physics | | | |
| Level 1 | \$284,040 | \$5,443.61 | |
| Level 2 | \$292,176 | \$5,599.54 | |
| Level 3 | \$307,841 | \$5,899.76 | |
| Executive Director of Medical Physics | | | |
| Year 1 and thereafter rate | TBC | | |

See NOTE 1 contained in Table 5 Medical Physics, SECTION~C - Transitional arrangements.



TABLE 5B - SALARIES

UNREGISTERED MEDICAL PHYSICISTS

| MEDICAL PHYSICIST CLASSIFICATIONS | From first full pay period on / | From first full pay period on / | |
|---------------------------------------|---------------------------------|---------------------------------|--|
| | from 01/07/2025 | from 01/07/2025 | |
| | \$ per annum | \$ per week | |
| Medical Physics Registrar | | | |
| Year 1 | \$92,330 | \$1,769.50 | |
| Year 2 | \$102,126 | \$1,957.24 | |
| Year 3 | \$106,176 | \$2,034.86 | |
| Year 4 | \$121,728 | \$2,332.91 | |
| Year 5 | \$131,507 | \$2,520.33 | |
| Medical Physics Specialist | | | |
| Year 1 | \$135,996 | \$2,606.36 | |
| Year 2 | \$153,635 | \$2,944.41 | |
| Year 3 | \$171,255 | \$3,282.09 | |
| Year 4 | \$188,894 | \$3,620.15 | |
| Year 5 | \$206,519 | \$3,957.93 | |
| Senior Medical Physics Specialist | | | |
| Year 1 | \$229,696 | \$4,402.11 | |
| Year 2 | \$239,103 | \$4,582.40 | |
| Year 3 | \$248,510 | \$4,762.68 | |
| Year 4 | \$257,915 | \$4,942.93 | |
| Principal Medical Physics Specialist | | | |
| Year 1 and thereafter rate | \$270,090 | \$5,176.26 | |
| Site Lead, Medical Physics | | | |
| Deputy Director of Medical Physics | | | |
| Site Lead | \$270,090 | \$5,176.26 | |
| Deputy Director Level 1 | \$270,090 | \$5,176.26 | |
| Deputy Director Level 2 | \$272,791 | \$5,228.03 | |
| Director of Medical Physics | | | |
| Level 1 | \$275,519 | \$5,280.31 | |
| Level 2 | Level 2 \$283,411 \$ | | |
| Level 3 \$298,606 \$5 | | \$5,722.77 | |
| Executive Director of Medical Physics | | | |
| Year 1 and thereafter rate | TBC | | |

See NOTE 1 contained in Table 5 Medical Physics, SECTION~C - Transitional arrangements.



SECTION B - MONETARY RATES TABLE 6A - SALARIES

REGISTERED RADIOPHARMACEUTICAL SCIENTISTS

Subject to determination by RPS HSU members

| RADIOPHARMACEUTICAL | From first full | From first full | |
|--|---|-----------------|--|
| CLASSIFICATIONS | pay period on / | pay period on / | |
| | from 01/07/2025 | from 01/07/2025 | |
| | \$ per annum | \$ per week | |
| Radiopharmaceutical Science Registra | | | |
| Year 1 | \$92,330 | \$1,769.50 | |
| Year 2 | \$102,126 | \$1,957.24 | |
| Year 3 | \$106,176 | \$2,034.86 | |
| Year 4 | \$121,728 | \$2,332.91 | |
| Year 5 | \$131,507 | \$2,520.33 | |
| Radiopharmaceutical Science Specialis | st | | |
| Year 1 | \$151,107 | \$2,895.96 | |
| Year 2 | \$170,706 | \$3,271.57 | |
| Year 3 | \$190,282 | \$3,646.75 | |
| Year 4 | \$209,883 | \$4,022.40 | |
| Year 5 | \$229,466 | \$4,397.71 | |
| Senior Radiopharmaceutical Science S | pecialist | | |
| Year 1 | \$239,267 | \$4,585.54 | |
| Year 2 | \$249,066 | \$4,773.34 | |
| Year 3 | \$258,865 | \$4,961.14 | |
| Year 4 | \$268,662 | \$5,148.90 | |
| Principal Radiopharmaceutical Science | Specialist | | |
| Year 1 and thereafter rate | \$278,444 | \$5,336.37 | |
| Deputy Director of Radiopharmaceutical Science | | | |
| Year 1 and thereafter rate | \$278,444 | \$5,336.37 | |
| Director of Radiopharmaceutical Scien | Director of Radiopharmaceutical Science | | |
| Level 1 | \$284,040 | \$5,443.61 | |
| Level 2 | \$292,176 | \$5,599.54 | |
| Level 3 | \$307,841 | \$5,899.76 | |

See NOTE 1 contained in Table 6 Radiopharmaceutical Scientist, **SECTION C** - Transitional arrangements.



TABLE 6B - SALARIES

UNREGISTERED RADIOPHARMACEUTICAL SCIENTISTS

Subject to determination by RPS HSU members

| RADIOPHARMACEUTICAL | From first full | From first full |
|--|-----------------|-----------------|
| CLASSIFICATIONS | pay period on / | pay period on / |
| | from 01/07/2025 | from 01/07/2025 |
| | \$ per annum | \$ per week |
| Radiopharmaceutical Science Registra | | |
| Year 1 | \$92,330 | \$1,769.50 |
| Year 2 | \$102,126 | \$1,957.24 |
| Year 3 | \$106,176 | \$2,034.86 |
| Year 4 | \$121,728 | \$2,332.91 |
| Year 5 | \$131,507 | \$2,520.33 |
| Radiopharmaceutical Science Specialis | st | |
| Year 1 | \$135,996 | \$2,606.36 |
| Year 2 | \$153,635 | \$2,944.41 |
| Year 3 | \$171,255 | \$3,282.09 |
| Year 4 | \$188,894 | \$3,620.15 |
| Year 5 | \$206,519 | \$3,957.93 |
| Senior Radiopharmaceutical Science S | pecialist | |
| Year 1 | \$229,696 | \$4,402.11 |
| Year 2 | \$239,103 | \$4,582.40 |
| Year 3 | \$248,510 | \$4,762.68 |
| Year 4 | \$257,915 | \$4,942.93 |
| Principal Radiopharmaceutical Science | Specialist | |
| Year 1 and thereafter rate | \$270,090 | \$5,176.26 |
| Deputy Director of Radiopharmaceutical Science | | |
| Year 1 and thereafter rate | \$270,090 | \$5,176.26 |
| Director of Radiopharmaceutical Science | | |
| Level 1 | \$275,519 | \$5,280.31 |
| Level 2 | \$283,411 | \$5,431.56 |
| Level 3 | \$298,606 | \$5,722.77 |

See NOTE 1 contained in Table 6 Radiopharmaceutical Scientist, **SECTION C**-Transitional arrangements.



TABLE 7 - ALLOWANCES

| Item No. | Clause No. | Allowance | From first full pay period on / from 01/07/2025 |
|-------------|--------------------------------------|--|---|
| | | Continuing Professional Development | .C |
| 1 | 5(vii) | CPD Allowance | See clause 5(vii) & 5(x) |
| | | Higher Qualification Allowance (The allowance is calculated and paid on the employee's base rate of pay) | 9 |
| 2 | 6(i) | (AQF8) Post Graduate Certificate | 3.5% |
| 3 | 6(i) | (AQF8) Post Graduate Diploma | 5% |
| 4 | 6(i) | (AQF9) Masters | 7.5% |
| 5 | 6(i) | (AQF10) PhD or Post Doctoral | 10% |
| | On Call Allowance [See Note 1 below] | | |
| 6 | 13(iv)(a) | On call allowance per hour | 4.33 |
| 7 | 13(iv)(a) | On call allowance minimum payment | 34.64 |
| 8 | 13(iv)(b) | On call allowance on RDO per hour | 8.63 |
| 9 | 13(iv)(b) | On call allowance on RDO minimum payment | 69.04 |

Note 1: The quantum of the specified monetary allowances requested for the On Call Allowance reflects the current rates (as of 6 November 2024) available under the *Public Health System Nurses' and Midwives' (State) Award* and is further intended to include any and all future increases that may arise and be applied to the On Call allowances within that award.



SECTION C - TRANSITIONAL ARRANGEMENTS

SCHEDULE 1 - TRANSLATION PRINCIPLES

1. Appropriate Level and Grade

- (a) In most instances, classifications that have been superseded / replaced by the new NSW Health Employees' Medical Imaging and Radiation (State) Award 2025 ('Award') will have a readily comparable classification (Level and Grade) in this Award.
- (b) In Section C of this Award, Transitional Tables for each classification structure are included to assist with an expeditious translation of current employees to the appropriate Level and Grade under this Award.
- (c) These are however not absolutist, as in some instances as set out in the Tables themselves, an examination of the current employee's role and responsibilities will be necessary to permit translation to the appropriate and warranted Level and Grade as set out in this Award.
- (d) For example, it may be necessary to identify and now apply criteria for the number of services / modalities / facilities / FTEs / employee reports within the occupant's current role to determine the appropriate Level and Grade for them within this Award.
- (e) This assessment should be undertaken by the employer, and any provisional determination as to the Level and Grade to be applied will then be made known to the employee, along with the bases of this conclusion. If the employee disagrees with this provisional determination, the matter can be managed via the below resolution process [Principle 3].
- (f) To be clear, a reference to an employee's "current" role are those of their substantive position and the responsibilities required and / or actually being undertaken immediately prior to the commencement of this Award.
- (g) In addition, a reference to an employee's "previous award" means the award / industrial instrument applicable and utilised for that employee immediately prior to the commencement of this Award.
- (h) However, this does not exclude situations in which the Transitional Tables may prescribe a specific outcome to be mandatorily applied for identified employees transitioning from their previous award to this Award. Such outcomes are those that have been identified as having a uniqueness that warrants such an approach and will be managed as a 'grandparented' outcome consistent with the terms set out in Principle 7 Exceptions.

2. Disagreement with a proposed outcome

(a) If any employee believes that their translation as set out in the Transitional Tables does not appropriately account for their individual circumstances /



- job requirements and responsibilities, they can request their concerns / claim to be assessed by the employer.
- (b) If the employee is subsequently dissatisfied with the response and proposed outcome of this *initial assessment*, the matter can be managed via the below resolution process [Principle 3].

3. Resolution Process

- (a) If the provisional determination [Principle 1(e)] or initial assessment [Principle 2(b)] of the employer is disputed, the matter can be escalated to a Grading Committee established under Clause 18 of this Award.
- (b) If it is unresolved at the Grading Committee, the matter can be escalated to a peak level Committee (similar in nature as set out in Clause 19 Personal Regrades of this Award) for the express purpose to manage such disputed outcomes.
- (c) It is open to the Union and employer to agree, dependent on the number of disputes requiring resolution, for any peak level Committee involving Union and Ministry representatives to meet as needed or be established on a standing basis with regularly scheduled meetings to facilitate the orderly resolution of such disputes.
- (d) Priority should be given to ensure that these processes are kept timely and completed with the minimum administrative burden as is possible on all parties. Outcomes however should be recorded and maintained lest any future issue were to arise.
- (e) Wherever possible, the peak level Committee will determine any such matter brought to its attention within eight weeks from its receipt.
- (f) However, the above process does not obviate the rights of either the Union or employer to utilise the Dispute Resolution procedures available more generally under this Award.

4. Years of service

- (a) Current employees being transitioned to a Level and Grade in this Award will have both their years of service in, and anniversary date of, their current position recognised for the purposes of determining their:
 - (i) commencing Year within the Level and Grade transitioned to; and
 - (ii) any future incremental progression available based on years of service.
- (b) For example, a current Radiation Therapist at Level 2 Year 5 (current maximum) but with seven years and two months of experience at Level 2 will transition to Level 2 Year 7 and then will progress to Year 8 ten months later utilising their 'preserved' anniversary date.



5. Current applications for regrades

(a) Applications for personal regrades that at the time of this Award coming into effect remain on foot and undetermined will be managed in one of the following ways:

Option 1

- (i) The applicant can elect to have their personal regrade application continue to completion under the parameters and requirements of their previous award, along with the processes then utilised to determine the application.
- (ii) On the application being determined, the outcome will then be utilised to determine the appropriate Level and Grade that the employee transitions to within this Award.
- (iii) If the employee is successful in their application, for payment purposes they will be deemed to have commenced their personal regrade under their previous award from the first full pay period on or after the date the application was initially provided to their direct line supervisor or manager.

OR

Option 2

- (iv) The applicant can elect to have their personal regrade application dealt with under this Award and the Grading Committee process set out in Clause 18. However, the applicant will in this instance be required to confirm which Level and Grade they believe is commensurate with their application. It will then be dealt with according to the identified position requirements as set out in this Award.
- (v) If the employee elects this option, and is successful in their application, for payment purposes they will be deemed to have commenced their personal regrade under their previous award from the first full pay period on or after the date the application was initially provided to their direct line supervisor or manager.
- (vi) Accordingly, any backpay available to the employee prior to the commencement of this Award will be payable at the previous award pay rate relevant to the position nearest to the Level and Grade obtained under this Award.
- (b) Regardless of which of the above two options the employee elects, all such regrade applications should be given priority and dealt with as expeditiously as is possible, and in any event, no later than eight weeks from the commencement date of this Award.
- (c) Any previous regrade that is unable to be resolved via either of the above options will be managed under the resolution process [Principle 3], albeit



progressing directly to the peak level Committee as local committee processes have been exhausted.

6. Acting arrangements

- (a) Any acting arrangements in place at the time of this Award commencing, which have been scheduled to continue beyond that commencing date or have been 'open ended', will remain in place, albeit against the relevant role that is deemed commensurate in this Award.
- (b) This will include those situations in which the employee may not meet explicitly all the criteria and requirements of the new Level and Grade that the acting arrangements may be placed against.

7. Exceptions

- (a) Whilst it is not considered likely, it may be that a small number of employees in current roles may not readily transition to the equivalent Level and Grade in this Award. This may be due to, for example, how their role or department is structured, or they do not at the commencement of this Award meet all the criteria and / or responsibilities set out for the equivalent Level and Grade in this Award.
- (b) This could lead to a situation in which an employee, despite their competence or experience, being transitioned to a Level and Grade in this Award that arguably is comparably 'below' the one they held under their previous award.
- (c) In such situations, the employee will nonetheless be placed in the most comparable Level and Grade available in this Award to the role / personal regrade they held immediately prior to this Award's commencement.
- (d) For example, an employee holds a personal regrade at Level 3 under their previous award. However, they do not meet all the criteria established under this Award for the commensurate Level and Grade. They will nonetheless be placed in the most commensurate Level and Grade matching their previous personal regrade, and no consideration should be given for such an employee to be otherwise placed at Level 2, for example, under this Award.
- (e) A further example may be that an employee whose current role prior to the commencement of this Award was as a section manager / senior. However, the commensurate Level and Grade within this Award has a criterion that does not exist within the workplace / section as currently structured. They will, nonetheless, be transitioned to the most commensurate Level and Grade for the section manager / senior role undertaken.
- (f) In such instances, such a transition will be on a personal, grand-parented basis while the employee remains in such a position.



- (g) The employer however is also entitled to require such a grand-parented employee to undertake any duties and responsibilities that reside in the position they have been placed within. Appropriate support and assistance, including training, will be made available to the employee by the employer to aid in the undertaking of such criteria or responsibilities within a reasonable period, mindful of the complexity of the work demands requested to be fulfilled and the level of employer support provided.
- (h) In this later instance, if the grand-parented employee assumes the criteria and responsibilities required of the Level and Grade transitioned to, it will cease to be considered a grand-parented arrangement.
- (i) Any dispute regarding the application of the above provision and protections to an employee will be managed under the resolution process established under these Transitional Principles [Principle 3].



SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 1 - NUCLEAR MEDICINE

| Previous Award classification | New Award classification | | | |
|---|--|--|--|--|
| LEVEL 1 | | | | |
| No such previous specific classification. | LEVEL 1 STUDENT- Nuclear Medicine Employees at this Level hold student registration with AHPRA and are in their final year of studying a medical radiation practice qualification, that will on its completion, permit progression to general registration with AHPRA. Basic tasks under supervision. Casual only. | | | |
| First-year post-graduation from a recognised university undergraduate course. Referred to as their Supervised Practice Program (SPP). | Employees at this Level hold provisional or limited registration with AHPRA. Completing a Supervised Professional practice assessment as advised and required by AHPRA to obtain full registration in Nuclear Medicine. | | | |
| LE | EVEL 2 | | | |
| LEVEL 2 The MRS (Nuclear Medicine) at this level have completed the requirements for the above and progression from Level 1. Demonstrates increasing acumen in identified criteria. | LEVEL 2 Nuclear Medicine Employees at this Level have general registration with AHPRA as a Nuclear Medicine Technologist / Scientist. Has full NSW EPA radiation licence. Perform duties commensurate with experience. | | | |
| | EVEL 3 | | | |
| | ncy - personal regrade) | | | |
| LEVEL 3 Grade 1 Specialist MRS (Nuclear Medicine) Personal regrade after not less than two years' experience post accreditation or registration. Essential Criteria: | No specific classification that permits progression based solely on additional qualification. May of course assist in meeting criteria in proposed Level 3 Grades. | | | |
| Undertake relevant workplace academic postgraduate or other 'relevant' qualifications . | | | | |



LEVEL 3 Grade 1 Specialist MRS (Nuclear Medicine)

Personal regrade after **not less than two years'** experience post accreditation or registration.

High level competency in area/s of specialty with a minimum of **12 months experience** (may include education).

LEVEL 3 Grade 2 Specialist MRS (Nuclear Medicine)

Personal regrade after 2 years' service at Level 3, Grade 1. Must have clinical expertise related to specific areas/modalities and be able to demonstrate a high level of competency and a consistently high standard of practice, as identified.

NOTE:

LEVEL 3 Grade 3

For those previous Level 3 Grade 3 employees - outside of Sonographers (Nuclear Medicine) - who do not transition to Level 4 Grade 2, will otherwise translate to Level 3 Grade 2 in this Award **AND** in addition, receive the relevant higher qualification allowance.

Possibly LEVEL 3 Grade 3

The MRS (Nuclear Medicine) at this level has obtained appropriate postgraduate diploma allied to their area of expertise, in areas such as ultrasound, CT, QA, management, education, research or IT.

Otherwise, no such previous specific classification as now available.

LEVEL 3 Grade 1 Nuclear Medicine Technologist / Scientist (regrade) Personal Regrade after not less than four years' experience post registration.

Must demonstrate consistent proficiency in Nuclear Medicine principles and practices in a minimum of 2 of 5 criteria identified.

LEVEL 3 Grade 2 Nuclear Medicine Technologist / Scientist (regrade) Personal Regrade after not less than one year at Level 3 Grade 1.

Must demonstrate consistent proficiency in Nuclear Medicine principles and practices in a minimum of 4 of 7 criteria identified.

LEVEL 3 Grade 3 Accredited (Nuclear Medicine) Sonographer

At this Level has full registration with AHPRA in nuclear medicine (or Bachelor of Medical Radiation Science qualification without current AHPRA registration) and has ASAR accreditation. Working in a department that offers Ultrasound services. Undertake duties within their scope of practice and reflecting experience. Perform increasingly complex tasks with supervision.



LEVEL 4

(Advanced clinician / specialist)

Possibly LEVEL 3 Grade 3 At this level has obtained appropriate postgraduate diploma allied to their area of expertise, in areas such as ultrasound, CT, QA, management, education, research or IT. [NOTE: For those previous Level 3 Grade 3 employees - outside of Sonographers (Nuclear Medicine) who do not transition to Level 4 Grade 2, see outcome prescribed at Level 3 Grade 2 of this Award.]

Otherwise, no such previous specific classification as now available.

Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.

Possibly may include the following

requirements, and qualifications of

the employee):

(based on experience, attributes, job

LEVEL 4 Grade 2 Clinical Specialist Nuclear Medicine Technologist / Scientist

LEVEL 4 Grade 1 Advanced

Practice (Nuclear Medicine)

Level 3 Grade 3: and will

Appointment or via personal regrade

demonstrate additional proficiency

in a minimum of 2 of 6 criteria

identified. Must be working in a

department that offers Ultrasound

after not less than three years at

Sonographer

services.

Considered specialist or advanced practitioners with demonstrated advanced clinical or specialist skills with majority of their duties performed within their specialist area.

Specialist roles identified at Level 4 Grade 2, include but not limited to:

LEVEL 3 Grade 2 Specialist MRS (Nuclear Medicine)

Personal regrade after 2 years at Level 3, Grade 1. Must have clinical expertise related to specific areas / modalities and able to demonstrate a high level of competency / standard of practice.

OR \

LEVEL 3 Grade 2 Educator Coordinator MRS (Nuclear Medicine)

Designated as the Nuclear Medicine Department Educator/Tutor coordinator.

OR

LEVEL 4 Grade 1 Research Coordinator

Clinical Educator

Responsible for provision / delivery of continuing education to Nuclear Medicine staff in department, plus responsible for the co-ordination and oversight of the department student clinical placement program.

Clinical Trials / Research Coordinator

Responsible for co-ordination and development of research projects in the department. Required to liaise with related groups eg clinical



Responsible for the co-ordination and development of research projects within the department.

OR

No other such previous specific classifications as now available at Level 4 Grade 2.

departments, university faculties or private companies.

IT Specialist and / or RIS / PACS Administrator:

Primarily responsible for overseeing the department imaging integrated software packages and tools as well as and being the advanced user for nuclear medicine and / or PET.

Theranostics Specialist;

Responsible for but not limited to the development of policy / procedures relevant to the Theranostics service, scheduling, purchasing of the radioisotopes and liaison with other multi-disciplinary teams involved with providing the service.

Hot Lab Specialist

Working in a Department with a variety of Hot Lab services. Responsible for protocols (maintaining, drafting and review), Hot Lab (reconstitution, routine quality control, procurement), software program management (if applicable) and liaising with relevant suppliers / departments.

LEVEL 3 Grade 3

The MRS (Nuclear Medicine) at this level has obtained **appropriate postgraduate diploma** allied to their area of expertise, in areas such as (but not restricted to) ultrasound, CT, QA, management, education, research or IT.

No specific classification that permits progression based solely on additional qualification in area of expertise.

NOTE: See however, for non-Sonographers (Nuclear Medicine), Level 3. Grade 2 (prescribed minimal Level / Grade) or Level 4 Grade 2 depending on the experience, attributes, job requirements, and qualifications of the employee.

No such previous specific classification as now available (albeit taken to have been accommodated within one of the Grades within previous Level 3 Specialist).

LEVEL 4 Grade 2 Expert (Nuclear Medicine) Sonographer

Appointment or via personal regrade after a minimum of 5 years at Level 4 Grade 1. At this Level, must fulfill all Level 4 Grade 1 criteria as well as



additionally a minimum of 4 of 6 criteria identified.

LEVEL 5 (Section Manager / Senior)

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 4 Grade 1 Section Manager
Responsible for the scheduling and
adaptation of services within a
section of a Nuclear Medicine
department. Demonstrate various
criteria and job functions.

OR

LEVEL 4 Grade 2 Section Manager As for Level 4 Grade 1 but have also obtained an appropriate postgraduate diploma or above allied to their area of expertise / specialisation. LEVEL 5 Grade 1 Senior Nuclear Medicine Technologist / Scientist or Senior Nuclear Medicine Sonographer

Manages the operations of a **section or functional unit** in a department with General Nuclear Medicine (+/-Ultrasound) **or** PET, where the department has an **1-5 FTE**. Perform clinical and administrative duties, which may include rostering, leave relief and workloads.

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 4 Grade 1 Section Manager Responsible for the scheduling and adaptation of services within a section of a Nuclear Medicine department. Demonstrate various criteria and job functions.

OR

LEVEL 4 Grade 2 Section Manager As for Level 4 Grade 1 but have also obtained an appropriate postgraduate diploma or above allied to their area of expertise / specialisation. LEVEL 5 Grade 2 Senior Nuclear Medicine Technologist / Scientist or Senior Nuclear Medicine Sonographer

Manages the operations of a **section or functional unit** in a department with General Nuclear Medicine (+/-Ultrasound) **or** PET, where the department has an **FTE >5**. Perform clinical and administrative duties, which may include rostering, leave relief and workloads.

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 4 Grade 1 Section ManagerResponsible for the scheduling and adaptation of services within **a section of** a Nuclear Medicine

LEVEL 5 Grade 3 Senior Nuclear Medicine Technologist / Scientist or Senior Nuclear Medicine Sonographer

Manages the operations of a **section or functional unit** in a department with General Nuclear Medicine (+/-Ultrasound) **and** PET, where the department has **2-5 FTE**. Perform



department. Demonstrate various criteria and job functions.

OR

LEVEL 4 Grade 2 Section Manager As for Level 4 Grade 1 but have also obtained an appropriate postgraduate diploma or above allied to their area of expertise / specialisation. clinical and administrative duties, which may include rostering, leave relief and workloads.

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 4 Grade 1 Section Manager
Responsible for the scheduling and
adaptation of services within a
section of a Nuclear Medicine
department. Demonstrate various
criteria and job functions.

OR

LEVEL 4 Grade 2 Section Manager As for Level 4 Grade 1 but have also obtained an appropriate postgraduate diploma or above allied to their area of expertise / specialisation. LEVEL 5 Grade 4 Senior Nuclear Medicine Technologist / Scientist or Senior Nuclear Medicine Sonographer

Manages the operations of a **section or functional unit** in a department with General Nuclear Medicine (+/-Ultrasound) **and** PET, where the department has an **FTE >5**. Perform clinical and administrative duties, which may include rostering, leave relief and workloads.

LEVEL 6 (Deputy Chief)

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 5 Grade 1 Deputy Chief MRS

Responsible for providing managerial support to the Chief MRS (Nuclear Medicine) in a Nuclear Medicine Department with less than 3 gamma cameras. Performs combination of both clinical and administrative duties under the direction of Chief (Nuclear Medicine).

OR

LEVEL 5 Grade 2 Deputy Chief MRS

LEVEL 6 Grade 1 Deputy Chief (Nuclear Medicine)

Deputy Chief in a Department with General Nuclear Medicine (+/-Ultrasound) or PET with FTE 1-5.

Performs a combination of both clinical and administrative duties under the directions of Chief (Nuclear Medicine).



The MRS (Nuclear Medicine) at this level is responsible for providing managerial support to the Chief MRS (Nuclear Medicine) in a Nuclear Medicine Department with 3 or more gamma cameras. Performs combination of clinical and administrative duties under direction of Chief (Nuclear Medicine).

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 5 Grade 1 Deputy Chief MRS

Responsible for providing managerial support to the Chief MRS (Nuclear Medicine) in a Nuclear Medicine Department with less than 3 gamma cameras. Performs a combination of both clinical and administrative duties under the direction of the Chief MRS (Nuclear Medicine).

OR

LEVEL 5 Grade 2 Deputy Chief MRS

The MRS (Nuclear Medicine) at this level is responsible for providing managerial support to the Chief MRS (Nuclear Medicine) in a Nuclear Medicine Department with 3 or more gamma cameras. Performs a combination of both clinical and administrative duties under the direction of the Chief MRS (Nuclear Medicine).

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 5 Grade 3 Deputy Chief MRS

The MRS (Nuclear Medicine) at this level is responsible for **providing managerial support** to the Chief MRS (Nuclear Medicine) in a Nuclear

LEVEL 6 Grade 2 Deputy Chief (Nuclear Medicine)

Deputy Chief in a Department with General Nuclear Medicine (+/-Ultrasound) or PET with FTE >5.

Performs a combination of both clinical and administrative duties under the directions of Chief (Nuclear Medicine).

LEVEL 6 Grade 3 Deputy Chief (Nuclear Medicine)

Deputy Chief in a Department with General Nuclear Medicine (+/-Ultrasound) and PET with FTE 2-5.

Performs a combination of both clinical and administrative duties under the directions of Chief (Nuclear Medicine).



Medicine Department with 3 or more gamma cameras including a dedicated PET facility. Performs a combination of both clinical and administrative duties under the direction of the Chief MRS (Nuclear Medicine).

Possibly may include the following with transition to be based on FTE and department services / PET.

LEVEL 5 Grade 3 Deputy Chief MRS

The MRS (Nuclear Medicine) at this level is responsible for providing managerial support to the Chief MRS (Nuclear Medicine) in a Nuclear Medicine Department with 3 or more gamma cameras including a dedicated PET facility. Performs a combination of both clinical and administrative duties under the direction of the Chief MRS (Nuclear Medicine).

LEVEL 6 Grade 4 Deputy Chief (Nuclear Medicine)

Deputy Chief in a Department with General Nuclear Medicine (+/-Ultrasound) and PET with FTE >5.

Performs a combination of both clinical and administrative duties under the directions of Chief (Nuclear Medicine.

LEVEL 7 (Chief)

Includes all the following previous classifications, with any transition to the new Level 7 and the appropriate Grade to be determined by the FTE and department services / PET provided.

LEVEL 6 Grade 1 Chief MRS (Nuclear Medicine)

Ultimate responsibility for a Nuclear Medicine Department and its staff with less than 3 gamma cameras.

LEVEL 6 Grade 1 Chief MRS (Nuclear Medicine)

Responsible for managing a Nuclear Medicine Department that is **not accredited** by ANZAPNM for training of advanced registrars in Nuclear Medicine.

LEVEL 7 Grade 1 Chief (Nuclear Medicine)

Chief in a Department with General Nuclear Medicine (+/- Ultrasound) or PET with FTE 1-5. Ultimately responsible for the Department and staff.

LEVEL 7 Grade 2 Chief (Nuclear Medicine)

Chief in a Department with General Nuclear Medicine (+/- Ultrasound) or PET with FTE >5. Ultimately responsible for the Department and staff.

LEVEL 7 Grade 3 Chief (Nuclear Medicine)

Chief in a Department with General Nuclear Medicine (+/- Ultrasound) and PET with FTE 2-5. Ultimately responsible for the Department and staff.



LEVEL 6 Grade 2 Chief MRS (Nuclear Medicine)

Ultimate responsibility for a Nuclear Medicine Department and its staff / services with 3 or more gamma cameras. The Nuclear Medicine Department is accredited by the ANZAPNM for the training of advanced registrars in Nuclear Medicine.

LEVEL 6 Grade 3 Chief MRS (Nuclear Medicine)

Ultimate responsibility for a Nuclear Medicine Department, and its staff / services, 3 or more gamma cameras including a dedicated PET facility. The Department is accredited by the ANZAPNM for the training of advanced registrars in Nuclear Medicine.

LEVEL 7 Grade 4 Chief (Nuclear Medicine)

Chief in a Department with General Nuclear Medicine (+/- Ultrasound) and PET with 6-10 FTE. Ultimately responsible for the Department and staff.

LEVEL 7 Grade 5 Chief (Nuclear Medicine)

Chief who manages the operations of **two or more** Medical Imaging / Nuclear Medicine Departments in an LHD with a combined FTE of both sites **3-10 FTE**.

OR

A Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising 11-15 FTE.

LEVEL 7 Grade 6 Chief (Nuclear Medicine)

Chief who manages the operations of **two or more** Medical Imaging / Nuclear Medicine Departments in an LHD with a combined FTE of both sites >10 FTE.

OR

A Chief (Nuclear Medicine) in a Department with General Nuclear Medicine (+/- Ultrasound) and PET comprising > 15 FTE.

LEVEL 8 (LHD wide Director)

No such previous specific classification.

Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.

LEVEL 8 Director (Nuclear Medicine)

Nuclear Medicine Technologist /
Scientist at Level 8 are Directors or
District Nuclear Medicine / Imaging
Managers responsible for Nuclear
Medicine and / or imaging services
across a LHD or Speciality
Network, and / or providing advice
and leadership for Nuclear Medicine
and / or imaging services at a LHD
Executive level.



TABLE 2 - RADIATION THERAPY

| Previous Award classification | New Award classification |
|---|---|
| LE | EVEL 1 |
| No such previous specific classification. | LEVEL 1: Radiation Therapist Student Employees at this Level hold student registration with AHPRA and are in their final year of studying a medical radiation practice qualification, that will on its completion, permit progression to general registration with AHPRA. Basic tasks under supervision. Casual only. |
| LEVEL 1 First-year post-graduation from a recognised university undergraduate course. This may be referred to as their Supervised Practice Program (SPP). | LEVEL 1: SPP Employees at this Level hold provisional or limited registration with AHPRA. Completing a Supervised Professional practice assessment as advised and required by AHPRA to obtain full registration. |
| LE | EVEL 2 |
| LEVEL 2 (Years 1 - 5) Radiation Therapists at this level have completed the requirements for the above and progression from Level 1. | LEVEL 2 (Years 1 - 8) Employees at this Level have general registration as a Radiation Therapist with AHPRA. Has full NSW EPA radiation licence. Perform duties commensurate with experience. |
| | EVEL 3 |
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 3, Grade 1 Radiation Therapists at this Level have not less than two years post-registration experience and possess a high level generalist skill set enabling them to work across multiple clinical areas or modalities (as defined). |
| LEVEL 3 Grade 1 (Years 1 - 2: Radiation Therapist Specialist) Apply for regrade after two years post accreditation experience. Must demonstrate a high level of knowledge and proficiency in at | LEVEL 3, Grade 2: Radiation Therapist Specialist Radiation Therapists at this Level have completed not less than 12 months at Level 3 Grade 1 and |



| least two complex clinical procedures. Additional tasks. | possess high level specialist skills in two specialty areas. |
|--|---|
| No such previous specific classification. | LEVEL 3, Grade 2: Assistant Clinical Educator Assisting the Clinical Educator with |
| Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | the following: clinical education of students and staff; and; appropriate monitoring and reporting of educational outcomes; and contributing to discipline research or clinical placement improvements. |
| LEVEL 3 Grade 2 (Years 1-2: Radiation Therapist Consultant) Apply for regrade after 12 months service at Level 3, Grade 1 Year 2. Has clinical expertise in specific areas of radiation therapy. Demonstrate expertise in several ways. The Radiation Therapist must also demonstrate expertise in 2 further speciality areas, or one further speciality area and a postgraduate | LEVEL 3 Grade 3: Radiation Therapist Consultant Radiation Therapists have completed not less than 12 months at Level 3, Grade 2 and have advanced skills, expertise, and knowledge in a singular specialty in their discipline, and may provide a consultancy role in the specialty for their facility. |
| | EVEL 4 |
| | / specialist / supervision) |
| LEVEL 4 Grade 1 A Radiation Therapist at this level would manage the operations of a section or functional unit of a Radiation Therapy Department and discharge associated administrative duties. | LEVEL 4, Grade 1 (Senior Radiation Therapist) Radiation Therapists at this Level manage the operation of a functional unit of a Radiation Therapy Department and discharge associated administrative duties. |
| LEVEL 4 Grade 1 Multidisciplinary team coordinators, where the Radiation Therapist is responsible for the management and associated duties of the multidisciplinary team functions. | LEVEL 4, Grade 1 (MDT coordinator) Radiation Therapists at this Level may be Multi-Disciplinary Coordinators, responsible for the management and associated duties of multi-disciplinary team functions. |
| LEVEL 4 Grade 1 Radiation Therapist - Education. | LEVEL 4, Grade 1 (Clinical Educator) Radiation Therapist - Clinical Educator. |



| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 4, Grade 1 (Specialist Senior) Radiation Therapists with tumour site or equipment specific oversight. |
|--|---|
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 4, Grade 1 (Assistant to Level 5 Radiation Therapist) Radiation Therapists at this Level may have a designated role at departmental level for duties assisting Level 5 Radiation Therapists. |
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 4, Grade 1 (Research Radiation Therapist) Research Radiation Therapists responsible for providing research support to a facility in a designated research role. They will have a relevant post graduate research qualification. |
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 4, Grade 2 (Accredited Advanced Practitioner) Radiation Therapists at this Level are ASMIRT accredited Advanced Practitioners. |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees): LEVEL 4 Grade 1 Radiation Therapist - Education. Otherwise, no such previous specific classification. | LEVEL 4, Grade 2 (Clinical Educator) Undertakes full duties of a Radiation Therapist Clinical Educator (Level 4 Grade 1) and demonstrates additional advanced criteria as exampled in the Award specific to this position to the satisfaction of a Grading Committee. |
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 4, Grade 2 (Lead Researcher) Required to lead and manage research programs across one or more facilities within a LHD or across two or more LHDs. Will also have a |



| | relevant post graduate research | |
|---|--|--|
| | qualification. | |
| | | |
| LEVEL 5 (Section managers) | | |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of | LEVEL 5, Grade 1 (Sectional Supervisor) A Radiation Therapist appointed as a | |
| employees): LEVEL 4 Grade 2 | Sectional Supervisor with responsibility for management and supervision for multiple work areas | |
| A Radiation Therapist at this level would manage an area of the Department, such as treatment | within a facility, with responsibility for up to two (2) work areas. | |
| planning or treatment delivery, WHS and or radiation safety and Equip coordinators. | 1200 | |
| No such previous specific classification. | LEVEL 5, Grade 1 (Whole of Systems Manager) A Radiation Therapist appointed as a | |
| Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | Whole of Systems Supervisor to manage, take responsibility for, or co-ordinate complex whole of system function including but not limited to; | |
| | Information Technology; or Clinical Trials; or Quality Improvement/Quality Assurance; or Clinical Care Coordinator. | |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees): LEVEL 4 Grade 2 | LEVEL 5, Grade 2 (Sectional Supervisor) Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 1 for multiple work areas of a facility with | |
| As above. | responsibility for three (3) or four (4) work areas. | |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees): LEVEL 4 Grade 2 As above. | LEVEL 5, Grade 3 (Sectional Supervisor) Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 2 for multiple work areas of a facility with responsibility for five (5) to six (6) work areas. | |



| | | OR |
|--|------|--|
| | | Radiation Therapist Sectional Supervisors with responsibilities as defined in Level 5 Grade 2 for a section of a facility with three or more treatment units and, in addition, responsibility across more than one facility. |
| LI | EVEL | 6 |
| | | ector) |
| Includes the following previous classification, with any transition to the new Level 6 and the appropriate Grade for a previous position holder to be determined by the FTE and whether responsibilities extend beyond one facility. LEVEL 5 (Years 1 - 3) A Radiation Therapist at this level is an Assistant Chief Radiation Therapist who assists in the management of a Radiation Therapy department of a hospital. | | LEVEL 6, Grade 1 A Deputy Director Radiation Therapist who assists in the management of up to 21 FTE in an individual facility. LEVEL 6, Grade 2 A Deputy Director Radiation Therapist who assists in the management of between 22-39 FTE within an individual facility. OR A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE. LEVEL 6, Grade 3 A Deputy Director Radiation Therapist who assists in the management of between 40-55 FTE within an individual facility. OR A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE. |
| | | LEVEL 6, Grade 4 A Deputy Director Radiation Therapist who assists in the |



| | | management of 56+ FTE in an individual facility. |
|---|--------|---|
| | | OR |
| | | A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE. |
| | | LEVEL 6, Grade 5 A Deputy Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of 56+ FTE. |
| LE | EVEL | 7 |
| (D | irecto | |
| | | LEVEL 7, Grade 1 A Director in charge of a facility with up to 21 FTE. |
| N. C. | 2. | LEVEL 7, Grade 2 A Director in charge of an individual facility with between 22-39 FTE. |
| Includes the following previous classification, with any transition to the new Level 7 and the appropriate | | OR |
| | | A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE. |
| Grade for a previous position holder to be determined by the FTE and whether responsibilities extend beyond one facility. | | LEVEL 7, Grade 3 A Director in charge of an individual facility with between 40-55 FTE. |
| soyona one laomey. | | OR |
| LEVEL 6 (Years 1 - 3) A Radiation Therapist at this level manages a Radiation Therapy department of a hospital. | | A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE |



| | LEVEL 7, Grade 4 A Director in charge of an individual facility with 55+ FTE. |
|--|---|
| | OR |
| | A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE. |
| | LEVEL 7, Grade 5 A Director in charge of more than one individual facility within or across a LHD and / or multiple LHDs with a combined total of 56+ FTE. |
| | EVEL 8 ide Director) |
| No such previous specific classification. Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification. | LEVEL 8 Radiation Therapists at Level 8 are LHD Wide Directors responsible for radiation oncology services across a LHD and / or providing advice and leadership for radiation oncology services directly to the LHD Executive level. |
| Molkinoglish | |



TABLE 3 - RADIOGRAPHY

| Previous Award classification | New Award classification | |
|--|--|--|
| LEVEL 1 | | |
| No such previous specific classification. | LEVEL 1 STUDENT- Diagnostic Radiographer Employees at this Level hold student registration with AHPRA and are in their final year of studying a medical radiation practice qualification, that will on its completion, permit progression to general registration with AHPRA. Basic tasks under supervision. Casual only. | |
| LEVEL 1 First-year post-graduation from a recognised university undergraduate course. This year may be referred to as their Supervised Practice Program (SPP). | LEVEL 1 SPP Employees at this Level hold provisional or limited registration with AHPRA. Completing a Supervised Professional practice assessment as advised and required by AHPRA to obtain full registration as a Diagnostic Radiographer. | |
| | VEL 2 | |
| Completed SPP. Progression through Level 2 is automatic based on Award nominated criteria. | Employees at this Level have obtained General Registration as Diagnostic Radiographers with AHPRA. They hold a full NSW EPA radiation licence. Perform functions commensurate with years of experience: | |
| | VEL 3 | |
| | nn - personal regrade) | |
| LEVEL 3 Grade 1 Specialist MRS Diagnostic Radiographer may apply for a personal regrading to this level after not less than two years' experience post accreditation or registration (i.e. Level 2, Year 2) and required to demonstrate a high level of knowledge and proficiency in complex clinical procedures etc. (See also the new classification of Level 3 Grade 2 and Level 3 Grade 3 based on the experience, attributes, | LEVEL 3 Grade 1 (Personal Regrade - work value) Employees with at least three years post general registration experience and high-level skills / knowledge in a specialist modality or area. (Areas of possible clinical or professional specialisation noted in proposed Award.) They must demonstrate a high-level of professional and clinical competency by either holding: | |



| job requirements, and qualifications of employees.) | (i) an appropriate recognised postgraduate certificate relevant to their area or clinical speciality; OR (ii) alternatively demonstrating highlevel skills and knowledge in their regrade application. |
|--|--|
| LEVEL 3 Grade 2 Consultant MRS After not less than 12 months service at Level 3, Grade 1, can apply for personal progression to Level 3, Grade 2. The applicant will have extensive clinical expertise related to specific areas / modalities and be able to demonstrate a high level of competency and a consistently high standard of practice. (See also the new classification of Level 3 Grade 3 and Level 4 Grade 2 based on the experience, attributes, job requirements, and qualifications of employees.) | If successful, may be required to take on additional identified duties. LEVEL 3 Grade 2 Diagnostic Radiographer (Personal Regrade) Diagnostic Radiographers who have completed not less than 12 months at Level 3 Grade 1 and can demonstrate extensive clinical expertise related to specific areas and modalities, and a high level of competency of practice as a Level 3 Grade 1 and are able to meet additional criteria identified. OR |
| Clinical Imaging Educator/Tutor - delivery of continuing education with both clinical and general management components. (See also new classification of Level 4 Grade 2 based on the experience, attributes, job requirements, and qualifications of employees.) | LEVEL 3 Grade 2 Clinical Imaging Tutor Responsible to and assisting a Diagnostic Radiographer Clinical Educator Level 4 Grade 2 (as identified in the Award). |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees): LEVEL 3 Grade 1 Specialist MRS OR | LEVEL 3 Grade 3 Diagnostic Radiographer (Post Graduate Diploma) Diagnostic Radiographers who have not less than five years post general registration experience and meet the minimum requirements of a Level 3 Grade 1 and in addition have an appropriate recognised Post- |
| LEVEL 3 Grade 2 Consultant MRS | Graduate Diploma relevant to their area of expertise and specialisation. |



OR

LEVEL 3 Grade 3

Have obtained an appropriate recognised postgraduate diploma allied to their area of expertise.

OR

LEVEL 3 Grade 3 Early Career Sonographer MRS

Holds full **registration** with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and has **accreditation** as a Medical Sonographer with ASAR. They are **competent** in a set of core skills and have **demonstrated** knowledge relevant to their clinical context.

They have **less than three years'** experience post ASAR accreditation.

LEVEL 4 (Advanced clinician / specialist)

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 4 Grade 1

Possess a **Master's Degree** in an area of Medical Radiation Science specialisation which is relevant to medical imaging and which will benefit the profession (**min 3 years clinical practice after SPP**).

OR

Possibly may include MRS Sonographers if in the following previous classifications and meet new criteria for Level 4 Grade 1 (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 3 Grade 1 Specialist MRS

OR

LEVEL 3 Grade 2 Consultant MRS

LEVEL 4 Grade 1 Diagnostic Radiographer

Will have at least six years' experience post general registration and high-level skills and knowledge in a specialist modality or area equivalent to a Level 3 Grade 1. They will have an appropriate recognised post-graduate Master's relevant to area of expertise and specialisation. In addition, those who progress to Level 4 Grade 1 may be required to undertake additional duties as identified in proposed Award.

OR

LEVEL 4 Grade 1 Sonographer MRS

Holds full registration with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and accreditation as a Medical Sonographer with ASAR. Will demonstrate not less than three years' experience post ASAR accreditation; competency in general



(See also the new classification of Level 3 Grade 3 Sonographer MRS).

ultrasound; and higher-level skills and knowledge specific to their clinical area with the capacity to practice independently, provide clinical practice supervision and participate in teaching.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 3 Grade 2 Consultant MRS

After **not less than 12 months service** at Level 3, Grade 1, can apply for <u>personal progression</u> to Level 3, Grade 2.

The applicant at this level will have extensive clinical expertise related to specific areas/modalities and be able to demonstrate a high level of competency and a consistently high standard of practice.

OR

LEVEL 3 Grade 2

The MRS (Diagnostic Radiographer) may also be designated as the **Clinical Imaging Educator/Tutor** - delivery of continuing education with both clinical and general management components. (See also new classification of Level 3 Grade 2 based on the experience, attributes, job requirements, and qualifications of employees.)

OR

No other such previous specific classification.

LEVEL 4 Grade 2 Advanced
Diagnostic Radiographer
Demonstrate advanced clinical or
specialist competencies or roles.
Able to perform highly complex
work which may include clinical,
educational or research. Indicators of
demonstrated advanced clinical or
specialist skills or competencies
include those identified in proposed
Award. Roles at Level 4 Grade 2
include but are not limited to:

- Advanced Practitioner (ASMIRT);
- PACS and/or RIS Officer;
- Ultrasound imaging;
- Radiation Safety;
- Student Clinical Supervisor;
- Clinical Research Officer:
- Work Health Safety Officer;
- Clinical Practice Improvement and Accreditation Officer;
- Any other such titles as is required.

OR

LEVEL 4 Grade 2 Diagnostic Radiographer Clinical Educator

In this role, must meet certain identified criteria in the proposed Award.

OR

LEVEL 4 Grade 2 Advanced Sonographers MRS

Holds full registration with AHPRA as a Diagnostic Radiographer (or holds a Bachelor of Medical Radiation Science qualification without current AHPRA registration) and will have not less than five years



accreditation as a Medical Sonographer with ASAR.

Must demonstrate skills, knowledge and attributes identified for **either** a:

- (i) Generalist Advanced Sonographer or
- (ii) Clinical Specialist Advanced Sonographer.

Generalist Advanced
Sonographers must demonstrate
high-level knowledge and skills in
general practice in four of six
sonography areas of practice (as
identified). Clinical Specialist
Advanced Sonographers must
demonstrate advanced level skills,
knowledge, expertise, and clinical
leadership in one clinical
sonography speciality area via
identified indicators.

LEVEL 5

(PhD / Senior / management of section/s - unit/s)

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 5 Grade 1 Completed a PhD in a relevant area of specialisation.

LEVEL 5 Grade 1 Post graduate PhD / Doctorate Qualification

Employees at this Level are Diagnostic Radiographers with at least seven years post general registration experience and high-level skills and knowledge specific to medical imaging practice and appropriate Post-graduate PhD / Doctorate directly relevant to their area of expertise and specialisation.

In addition, those who progress to Level 5 Grade 1 **may be required** to undertake **additional** duties as identified in proposed Award.

LEVEL 4 Grade 1 Section Manager An MRS (Diagnostic Radiographer) at this level would manage the operations of a section or functional unit (specialist or general) within the Diagnostic Radiology department and discharge the associated administrative duties.

LEVEL 5 Grade 2 Senior Radiographer or Senior MRS Sonographer

At this Level will **manage** the operations of **1-2 imaging sections** covering:

General Radiography



OR

LEVEL 4 Grade 2 Section Manager with post graduate qualification
Duties and responsibilities of an MRS
Section Manager (Level 4 Grade 1)
but possess a post graduate
diploma or Master's degree in an area of relevance to their position.
The post graduate diploma / Master's completed after a minimum of 4 years clinical experience.

Mobile Radiography

- Dental Radiography
- Mobile Fluoroscopy /X-ray
- Trauma/ emergency Radiography

The Senior will have the responsibility for the overall organisation of the designated area and be responsible for associated tasks.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 4 Grade 2 Section Manager
An MRS (Diagnostic Radiographer) at
this level would manage an area of
the Diagnostic Radiology department
with at least two specialist
modalities such as 2 CT units or 2
Angiographic units; or two imaging
sections within a tertiary referral
teaching hospital.

LEVEL 5 Grade 3 Senior Radiographer or Senior MRS Sonographer

At this Level will **manage** either:

1 to 2 Specialist imaging units covering -

- Computed Tomography (CT),
- Magnetic Resonance Imaging (MRI),
- Ultrasound
- Angiography/Fluoroscopy (fixed)
- Mammography (including biopsy service)
- Cardiac Angiography
- Quality Assurance

OR

3 or more imaging sections covering:

- General Radiography
- Mobile Radiography
- Dental Radiography
- Mobile Fluoroscopy / X-ray
- Trauma/ Emergency Radiography
- Quality Assurance

OR

Combined imaging section and a Specialist imaging unit.

The Senior will have the responsibility for the overall



organisation of the designated area and be responsible for associated tasks.

OR

A RIS / PACS Senior /

Administrator who is responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of RIS / PACS at a single hospital in an LHD.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

LEVEL 4 Grade 2 Section Manager

An MRS (Diagnostic Radiographer) at this level would **manage** an area of the Diagnostic Radiology department with **at least two specialist modalities** such as 2 CT units or 2 Angiographic units; or two imaging sections within a tertiary referral teaching hospital.

OR

LEVEL 5 Grade 1

At this level the MRS (Diagnostic Radiographer) is responsible for coordinating and managing a complex function for example, but not limited to: IT, PACS / RIS, CT, US etc. across a Local Health District(s).

LEVEL 5 Grade 4 Senior Radiographer or Senior MRS Sonographer

At this Level will manage either:

3 or more Specialist imaging units covering:

- Computed Tomography (CT),
- Magnetic Resonance Imaging (MRI),
- Ultrasound
- Angiography/Fluoroscopy (fixed)
- Mammography (including biopsy service)
- Cardiac Angiography

OR

4 or more combined imaging section/s and Specialist unit/s

The Senior will have the responsibility for the overall organisation of the designated area and be responsible for associated tasks.

OR

A Diagnostic Radiographer responsible for coordinating and managing a complex function across a LHD or Network. Responsible for the overall organisation of the complex function area and be responsible for identified tasks as outlined in the Award.



| | OD |
|--|--|
| | OR |
| | RIS / PACS Senior / Administrator In addition to the other key accountabilities as highlighted for Level 5 Grade 4 above, a RIS / PACS Senior / Administrator is responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of the RIS / PACS system at more than one hospital (multi-site) in an LHD. |
| | EVEL 6 |
| ` | stant Chief) |
| Possibly may include the following (based on FTE of department). LEVEL 4 Grade 1 Assistant Chief MRS (Diagnostic Radiographer) within a department with 4-7 FTE. OR LEVEL 4 Grade 2 Assistant Chief MRS (Diagnostic Radiographer) within a department with 8-14 FTE. | LEVEL 6 Grade 1 Assistant Chief MRS (Diagnostic Radiographer) within a department with 4-10 FTE. |
| Possibly may include the following (based on FTE of department). LEVEL 4 Grade 2 Assistant Chief MRS (Diagnostic Radiographer) within a department with 8-14 FTE. OR LEVEL 5 Grade 1 Assistant Chief MRS (Diagnostic Radiographer) within a department with 15-19 FTE. OR LEVEL 5 Grade 2 Assistant Chief MRS (Diagnostic Radiographer) | Assistant Chief MRS (Diagnostic Radiographer) within a department with 11-20 FTE. |
| MRS (Diagnostic Radiographer) within a department with 20-24 FTE. | |
| Possibly may include the following (based on FTE of department). LEVEL 5 Grade 2 Assistant Chief | LEVEL 6 Grade 3 Assistant Chief MRS (Diagnostic Radiographer) within a department with 21-30 FTE. |
| MRS (Diagnostic Radiographer) within a department with 20-24 FTE. | |



| 1 | |
|---|---|
| OR | |
| LEVEL 5 Grade 3 | |
| Assistant Chief MRS (Diagnostic | |
| Radiographer) within a department | |
| with more than 24 FTE. | |
| | |
| Possibly may include the following | LEVEL 6 Grade 4 |
| (based on FTE of department). | Two Assistant Chief MRS (Diagnostic Radiographer) within a |
| LEVEL 5 Grade 3 | department with 31-50 FTE . |
| Assistant Chief MRS (Diagnostic | department with or our re- |
| Radiographer) within a department | |
| with more than 24 FTE. | |
| | |
| Possibly may include the following | LEVEL 6 Grade 5 |
| (based on FTE of department). | Two Assistant Chief MRS |
| LEVEL 5 Grade 3 | (Diagnostic Radiographer) within a department with 51-70 FTE . |
| Assistant Chief MRS (Diagnostic | department with 51-70 FTE. |
| Radiographer) within a department | |
| with more than 24 FTE. | |
| | |
| Possibly may include the following | LEVEL 6 Grade 6 |
| (based on FTE of department). | Two Assistant Chief MRS |
| LEVEL 5 Crede 2 Assistant Chief | (Diagnostic Radiographer) within a |
| LEVEL 5 Grade 3 Assistant Chief MRS (Diagnostic Radiographer) | department with 71+ FTE . |
| within a department with more than | |
| 24 FTE. | |
| | |
| | VEL 7 Chief) |
| LEVEL 4 Grade 1 Sole Chief MRS | LEVEL 7 Grade 1 |
| (Diagnostic Radiographer) | A Department with 1 FTE will have a |
| responsible to a Health Manager. | sole Chief MRS (Diagnostic |
| | Radiographer) who is responsible to |
| 40. | a Health Manager. |
| Possibly may include the following | LEVEL 7 Grade 2 |
| (based on FTE of department). | Chief MRS (Diagnostic |
| , | Radiographer) managing a |
| LEVEL 4 Grade 2 | department with 2-10 FTE. |
| Chief MRS (Diagnostic Radiographer | |
| managing a department with 2-3 FTE . | |
| OR | |
| LEVEL 5 Grade 1 | |
| | |



| Chief MRS (Diagnostic Radiographer) managing a department with 4-7 FTE. | |
|---|--|
| OR | |
| LEVEL 5 Grade 2 Chief MRS (Diagnostic Radiographer) managing a department with 8-14 FTE. | |
| LEVEL 5 Grade 1 At this level the MRS (Diagnostic Radiographer) is responsible for coordinating and managing a complex function for example, but not limited to: IT, PACS / RIS, CT, US etc. across a Local Health District(s). | Possibly may include the following (based on experience, attributes, job requirements of employee): LEVEL 5 Grade 4 Senior Radiographer OR LEVEL 7 Grade 6 RIS / PACS Manager |
| LEVEL 5 Grade 1 Has PhD in relevant area / specialisation. | See LEVEL 5 Grade 1 Post graduate PhD / Doctorate Qualification |
| Possibly may include the following (based on FTE of department). LEVEL 5 Grade 2 Chief MRS (Diagnostic Radiographer) who manages a department with 8-14 FTE. OR LEVEL 5 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 15-19 FTE. OR LEVEL 6 Grade 1 Chief MRS (Diagnostic Radiographer) who manages a department with 20-24 FTE. | LEVEL 7 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 11-20 FTE. |
| | |



| Possibly may include the following | LEVEL 7 Grade 4 |
|---|--|
| (based on FTE of department). | Chief MRS (Diagnostic |
| | Radiographer) who manages a |
| LEVEL 6 Grade 1 Chief MRS | |
| | department with 21-30 FTE . |
| (Diagnostic Radiographer) who | |
| manages a department with 20-24 | |
| FTE. | |
| | |
| OR | |
| OK | |
| | |
| LEVEL 6 Grade 2 Chief MRS | , C ₂ |
| (Diagnostic Radiographer) who | |
| manages a department with 25-30 | |
| FTE. | |
| | |
| Possibly may include the following | LEVEL 7 Grade 5 |
| Possibly may include the following | |
| (based on FTE of department). | Chief MRS (Diagnostic |
| | Radiographer) who manages a |
| LEVEL 6 Grade 3 Chief MRS | department with 31-50 FTE. |
| (Diagnostic Radiographer) who | |
| manages a department with 31 or | OR |
| more FTE. | |
| more FIE. | |
| | A State-wide Chief of Radiography |
| | services, including but not limited to: |
| OR | Justice Health or Forensic Health. |
| | |
| | |
| Possibly may include other roles | OR |
| Possibly may include other roles, | OR |
| which based on previous job | |
| which based on previous job requirements and responsibilities, are | A <i>RIS / PACS Manager</i> managing |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide | |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. | A <i>RIS / PACS Manager</i> managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic Radiographer) who manages a |
| which based on previous job requirements and responsibilities, are managing for example, a state-wide radiography service or the LHD operations of a complex RIS / PACS solution. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE. Possibly may include the following (based on FTE of department). LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who | A RIS / PACS Manager managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments, with responsibilities as defined in the Radiography structure. LEVEL 7 Grade 6 Chief MRS (Diagnostic Radiographer) who manages a department with 51-70 FTE. LEVEL 7 Grade 7 Chief MRS (Diagnostic Radiographer) who manages a |



Possibly may include the following (based on FTE of department).

LEVEL 6 Grade 3 Chief MRS (Diagnostic Radiographer) who manages a department with 31 or more FTE.

LEVEL 7 Grade 8

Chief MRS (Diagnostic Radiographer) who manages a department with 71+FTE plus an additional medical imaging department (varying level of MRS FTE).

Multiple Site Clause
A Chief MRS (Diagnostic
Radiographer) who manages the
operations of two or more medical
imaging departments within or
across LHD/s. For example, two or
more rural and/or remote imaging
departments. Rate of pay will be
existing grade with automatic
advancement to the next higher
Grade.

LEVEL 8 (LHD wide Director)

No such previous specific classification.

Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.

LEVEL 8

Diagnostic Radiographers at Level 8 are **Directors or District Medical Imaging Managers** responsible for radiography / imaging services **across** a LHD **and / or** providing advice and leadership for radiography / imaging services at **a LHD Executive level**.



TABLE 4 - SONOGRAPHERS

| Previous Award classification | New Award classification | |
|--|---|--|
| LE | EVEL 1 | |
| No such previous specific classification. | LEVEL 1 Undergraduate Student Sonographer Hold student registration with ASAR and are enrolled in an ASAR accredited course at an undergraduate level. Perform basic / routine sonography tasks only under the direct professional supervision of a Sonographer Level 3 Grade 3 or above. Employment at Level 1 will be on a casual or temporary basis. | |
| 1.0 | EVEL 2 | |
| No such previous specific classification. | LEVEL 2 Graduate Student Sonographer Hold student or provisional student registration with ASAR and are enrolled in an ASAR accredited course at a graduate diploma level. Perform basic / routine sonography tasks only under the direct professional supervision of Sonographer (AMS) Level 3 Grade 3 or higher. Employment at Level 2 will be on a casual or temporary basis. | |
| LEVEL 3 | | |
| Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees): Cardiac Technologist - Grade 2 Means a person who has attained a Post Graduate Degree in Sonography or qualifications or competencies deemed equivalent by the employer and performs Cardiac Sonography or Electrophysiological Studies (EPS). | LEVEL 3 Early Career Sonographer Has completed an ASAR approved graduate diploma or higher and holds accreditation with ASAR as an Accredited Medical Sonographer. Competent in a set of core skills and have demonstrated knowledge relevant to their clinical context. They have less than three years' experience post ASAR accreditation. | |



LEVEL 4

(Advanced clinician / specialist)

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Cardiac Technologist - Grade 2

Means a person who has attained a Post Graduate Degree in Sonography or qualifications or competencies deemed equivalent by the employer and performs Cardiac Sonography or Electrophysiological Studies (EPS). **LEVEL 4 Grade 1 Sonographer**

Has not less than **three years** post AMS accreditation experience and demonstrates higher-level clinical skills and knowledge to function with a greater degree of autonomy and clinical decision making, within their scope of practice. They can provide clinical practice supervision, have an involvement in practice-based teaching, and may be a nominated clinical supervisor for a Graduate Student Sonographer Level 3 Grade 1. At Level 4 Grade 1, Sonographers may actively participate in (but not lead) research. quality assurance and clinical education.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Cardiac Technologist - Grade 2

Means a person who has attained a Post Graduate Degree in Sonography or qualifications or competencies deemed equivalent by the employer and performs Cardiac Sonography or Electrophysiological Studies (EPS).

LEVEL 4 Grade 2 Advanced Sonographers

Not less than **five years** post AMS accreditation experience and must demonstrate skills, knowledge and attributes identified in one of the following roles:

(i) Generalist Advanced
Sonographers must
demonstrate high-level
knowledge and skills in general
practice in four of six
sonography areas of practice (as
identified).

OR

(ii) Clinical Specialist Advanced
Sonographers must
demonstrate advanced level
skills, knowledge, expertise, and
clinical leadership in one clinical
sonography speciality area via
identified indicators.

OR



- (iii) A Clinical Specialist Advanced
 Sonographer who demonstrates
 advanced expertise in an area of
 specialty such that they provide
 clinical leadership and
 education across their work
 group. Roles could include but
 are not limited to:
 - Clinical Research Coordinator; or
 - Work Health and Safety; or
 - Quality Assurance; or
 - IT / PACS RIS Specialist.

OR

- (iv) A Sonographer Clinical Educator responsible for:
 - facilitation of learning and professional development of Sonographers.
 - design, development and delivery of specialised. clinician education programs.
 - contribute to strategic direction of PD programs.
 - participate in education beyond Department.

LEVEL 5 (Post Doctoral Fellow / Deputy / Chief

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Cardiac Technologist - Grade 2
Means a person who has attained a
Post Graduate Degree in
Sonography or qualifications or
competencies deemed equivalent by
the employer and performs Cardiac
Sonography or Electrophysiological
Studies (EPS).

OR

Senior Cardiac Technologist can perform all duties of Cardiac Technologist Grade 1 and assists the LEVEL 5 Grade 1 Post Doctoral Fellow OR Deputy Chief

Post Doctoral Sonography Fellow

- Independent researcher / team member in collaborative ultrasound research; and
- Contribute **scholarly output**; and
- Support dissemination of research outcomes. Participate / present at conferences / workshops; and
- High-level leadership in contributing to a culture of research excellence; and/or
- Participate where applicable in national / international funding initiatives; and/or
- As necessary, lead research teams and collaborate with



Chief Cardiac Technologist with management by either:

 undertaking supervisory duties in a Deputy or Second in Charge role overseeing other Cardiac Technicians and/or Cardiac Technologists;

and / or

 having responsibility for the day to day running of a discreet function within the department.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Senior Cardiac Technologist can perform all duties of Cardiac Technologist Grade 1 and assists the Chief Cardiac Technologist with management by either:

 undertaking supervisory duties in a Deputy or Second in Charge role overseeing other Cardiac Technicians and/or Cardiac Technologists;

and / or

 having responsibility for the day to day running of a discreet function within the department.

OR

Chief Cardiac Technologist means a person who can perform all the functions of a Cardiac Technologist and who is responsible for the management of the department including the development of operational protocols. researchers from national and international institutions;

- **Supervision** of research students and **mentoring** staff.

OR

Deputy Chief Sonographer
A Sonography service / facility with 15 FTE (Sonographers), in addition to

5 FTE (Sonographers), in addition to any other associated department staff, will have one FTE **Deputy Chief Sonographer** at Level 5
Grade 1 appointed to the service / facility.

LEVEL 5 Grade 2 Deputy Chief OR Chief

Deputy Chief

A Sonography service / facility with 6-10 FTE (Sonographers), in addition to any other associated department staff, will have one FTE Deputy Chief Sonographer at Level 5 Grade 2 appointed to the service / facility.

OR

Chief

A Sonography service / facility with 1-5 FTE (Sonographers), in addition to any other associated department staff, will have one FTE Chief Sonographer at Level 5 Grade 2 appointed to the service / facility.



Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Senior Cardiac Technologist can perform all duties of Cardiac Technologist Grade 1 and assists the Chief Cardiac Technologist with management by either:

 undertaking supervisory duties in a Deputy or Second in Charge role overseeing other Cardiac Technicians and/or Cardiac Technologists;

and / or

 having responsibility for the day to day running of a discreet function within the department.

OR

Chief Cardiac Technologist means a person who can perform all the functions of a Cardiac Technologist and who is responsible for the management of the department including the development of operational protocols.

Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):

Chief Cardiac Technologist means a person who can perform all the functions of a Cardiac Technologist and who is responsible for the management of the department including the development of operational protocols.

Possibly may include the following (based on FTE of department).

Chief Cardiac Technologist means a person who can perform all the

LEVEL 5 Grade 3 Deputy Chief OR Chief

Deputy Chief

A Sonography service / facility with 10 plus FTE (Sonographers), in addition to any other associated department staff, will have one FTE Deputy Chief Sonographer at Level 5 Grade 3 appointed to the service / facility.

OR

Chief

A Sonography service / facility with 6-10 FTE (Sonographers), in addition to any other associated department staff, will have one FTE Chief Sonographer at Level 5 Grade 3 appointed to the service / facility.

LEVEL 5 Grade 4 Chief

Chief

A Sonography service / facility with 10 plus FTE (Sonographers), in addition to any other associated department staff, will have one FTE Chief Sonographer at Level 5 Grade 4 appointed to the service / facility.

LEVEL 5 Grade 5 Chief

Chief

Notwithstanding the criteria applied in Level 5 Grade 2 to Grade 4



functions of a Cardiac Technologist and who is responsible for the management of the department including the development of operational protocols. inclusive, a Sonography service / facility at a **Tertiary level hospital** which **supports** at least **three** of the following services / departments:

- Level 5 Maternity
- Level 3 Intensive Care / Neonate Intensive Care;
- Level 5 Emergency Department;
- Interventional procedure support;
- Invasive ultrasound procedures,

will have a **Chief Sonographer** at Level 5 Grade 5 appointed to the service / facility.

LEVEL 6 (LHD Wide Director)

No such previous specific classification.

Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.

LEVEL 6

Sonographers at Level 6 are **Directors** responsible for sonography services across a LHD **and / or** providing advice and leadership for sonography services at a LHD Executive level.



TABLE 5 - MEDICAL PHYSICS

See NOTE 1

| Previous Award classification | New Award classification |
|--|---|
| REG | SISTRAR |
| Medical Physics Registrar is employed and undergoing training, including but not limited to TEAP in a medical physics specialty towards obtaining accreditation by ACPSEM, or such other accreditation body acceptable to the Ministry of Health. | Medical Physics Registrar is an employee undergoing training in the TEAP in a medical physics specialty to satisfy requirements to be on the ACPSEM Register of Qualified Medical Physicists. The scope of practice, professional development, and academic entry requirements are per the TEAP curriculum framework. |
| MEDICAL PHY | SICS SPECIALIST |
| Medical Physics Specialist has qualifications and clinical experience acceptable to the Secretary, Ministry of Health and ACPSEM, or such other accreditation body acceptable to the Secretary, Ministry of Health, and who is qualified to be employed under this Award as a Medical Physics Specialist. SENIOR MEDICAL Senior Medical Physics Specialist has 5 years post-accreditation as a Medical Physics Specialist and whose progression has been approved by the progression committee as per criteria. | Medical Physics Specialist has completed their TEAP and is eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists or has such other qualifications and experience that is deemed equivalent by the Medical Physics Personal Regrading and Credentialling Committee. PHYSICS SPECIALIST Senior Medical Physics Specialist has completed a minimum of five years as a Medical Physics Specialist and their personal regrade to this position has been approved by the Medical Physics Personal Regrading and Credentialling Committee. |
| PRINCIPAL MEDICAL PHYSICS SPECIALIST | |
| Principal Medical Physics | Principal Medical Physics |
| Specialist is a Senior Medical Physics Specialist year 4 whose progression to this level has been approved by the progression committee as per criteria. | Specialist has completed a minimum of four years as a Senior Medical Physics Specialist and their personal regrade to this position has been approved by the Medical Physics Personal Regrading and Credentialling Committee. |



| SITE LEAD MEDICAL PHYSICS DEPUTY DIRECTOR OF MEDICAL PHYSICS | |
|---|--|
| No such previous specific award classifications. | To be appointed as a Site Lead, Medical Physics, or Deputy Director of Medical Physics, a Medical Physicist must be a Senior Medical Physics Specialist or higher. Both the Site Lead and Deputy Director must report to, and only undertake responsibilities under the delegation / direction of a Director of Medical Physics in the same specialty. |
| Possibly may include the following if a Medical Physicist had a role at the time of the new Award commencing that included specialty or operational responsibilities at a smaller site. Senior Medical Physics Specialist Principal Medical Physics Specialist | Site Lead, Medical Physics A Site Lead, Medical Physics, must be appointed at a site at which a Director of Medical Physics is not appointed and present (ie the site does not have 2 or more employee reports). |
| Possibly may include the following, if a Medical Physicist had role at the time of the new Award commencing that included supervisory or specialty or operational responsibilities at a site that assisted a Director in the undertaking of their management responsibilities. Note the new Award includes all employee reports and not FTE count. Senior Medical Physics Specialist Principal Medical Physics Specialist | Deputy Director of Medical Physics A Deputy Director of Medical Physics must be appointed to a site with a Director of Medical Physics Level 2 or higher is present (ie a site with > 5 employee reports). A Deputy Director of Medical Physics must be appointed for each specialty at a multispecialty site where a Director of Medical Physics Level 1 or higher is present. |



DIRECTOR OF MEDICAL PHYSICS

Director Medical Physics Specialist has experience and competency at least equivalent to that of a Senior Medical Physics Specialist Year 4, with direct supervision of at least two other Medical Physics Specialists (or higher grade) and who meets one of the following criteria:

- is responsible for a physics specialty at a site,
- is responsible for multiple specialties at a site,
- is responsible for a single specialty across multiple sites (including responsibility for Directors of a speciality).

The Director will be appointed at a level dependent on the number of FTE Medical Physics Specialists (or higher grade) under line supervision as below:

Director of Medical Physics must be a Senior Medical Physics Specialist Year 4 or higher. They have primary accountability for the operational management of a site / sites or specialty, including those delegated to a Site Lead / Deputy Director. A Director of Medical Physics must be appointed:

- At any site with 2 or more employee reports.
- To ensure that within each LHD, Site Leads and Deputy Directors will have a reporting line to a Director of Medical Physics from the same specialty.
- To ensure that within each LHD there is a minimum of one Director of Medical Physics appointed for each of the Medical Physics specialties utilised in the LHD.

Directors will be graded as follows:

Possibly may include the following, if at the time of the new Award commencing the Medical Physicist was undertaking a role that equated to that of a Director.

Senior Medical Physics Specialist

Principal Medical Physics Specialist

Likely may include the following based on employee reports (noting the new Award includes <u>all</u> employee reports and not FTE count):

Director Medical Physics Specialist Level 1 with direct supervision of 2 to 5 Medical Physics FTE reports.

OR

Director of Medical Physics LEVEL 1

Responsible for a site and / or a single or multiple smaller sites with a total of **2 to 5 employee** reports.



| Director Medical Physics Specialist Level 2 with direct supervision of >5 to 10 Medical Physics FTE reports. | |
|--|---|
| Possibly may include the following, if at the time of the new Award commencing the Medical Physicist was undertaking a role that equated to that of a Director. | |
| Senior Medical Physics Specialist | Director of Medical Physics |
| Principal Medical Physics Specialist | Director of Medical Physics LEVEL 2 Responsible for a site and / or a single or multiple smaller sites with > |
| Likely may include the following based on employee reports (noting the new Award includes <u>all</u> employee reports and not FTE count): | 5 to 10 employee reports. |
| Director Medical Physics Specialist Level 2 with direct supervision of >5 to 10 Medical Physics FTE reports. | 002/4 |
| OR | 10.V |
| Director Medical Physics Specialist Level 3 with direct supervision of >10 Medical Physics FTE reports. | 2. |
| Possibly may include the following, if at the time of the new Award commencing the Medical Physicist was undertaking a role that equated to that of a Director. | |
| Senior Medical Physics Specialist | Director of Medical Physics LEVEL 3 |
| Principal Medical Physics Specialist | Responsible for a site and / or a single or multiple smaller sites with > 10 employee reports. |
| Likely may include the following based on employee reports (noting the new Award includes all employee reports and not FTE count): | io empioyee reports. |
| Director Medical Physics Specialist Level 3 with direct supervision of >10 Medical Physics FTE reports. | |



EXECUTIVE DIRECTOR OF MEDICAL PHYSICS

No such previous specific award classification.

Possibly may include those Directors in LHDs who undertake duties and responsibilities commensurate with those identified for the Executive Director position.

Executive Director of Medical Physics meets the criteria for a Director of Medical Physics but has specific responsibilities for the coordination / provision of LHD wide services and / or providing advice and leadership to the LHD Executive.

There shall be **one such Executive Director** for each of the Medical
Physics specialties utilised in an
LHD.

Can be a **dual role** with a Director of Medical Physics.

NOTE 1

The following principles will apply when translating Medical Physicists to this Award in relation to **SECTION B** Monetary Rates.

- (a) All Medical Physicists remunerated under PART B Table 1 Salary Rates for Accredited Medical Physicists contained in the *Public Hospital Medical Physicists (State) Award* at the time of this Award commencing, will translate to SECTION B Monetary Rates, Table 5A Registered Medical Physicists and receive the remuneration for their translated classification under this Award.
- (b) All Medical Physicists remunerated under PART B Table 2 Salary Rates for Non Accredited Medical Physicists contained in the *Public Hospital Medical Physicists (State) Award* at the time of this Award commencing, will translate to SECTION B Monetary Rates, Table 5B Unregistered Medical Physicists and receive the remuneration for their translated classification under this Award.
- (c) Medical Physicists remunerated under PART B Table 2 Salary Rates for Non Accredited Medical Physicists contained in the *Public Hospital Medical Physicists (State) Award* at the time of this Award commencing, but subsequently become listed on the ACPSEM Register of Qualified Medical Physicists or other such Register that is deemed equivalent by the ACPSEM, will automatically be placed at the equivalent classification / Grade / incremental year of service in SECTION B Monetary Rates, Table 5A Registered Medical Physicists. The salary from Table 5A will be payable from the date the Medical Physicist was listed on the ACPSEM Register.
- (d) Medical Physicists remunerated under PART B Table 2 Salary Rates for Non-Accredited Medical Physicists contained in the Public Hospital Medical Physicists (State) Award at the time of this Award commencing, but believe this was in error, and they should alternatively translate to SECTION B Monetary Rates, Table 5A Registered Medical Physicists of this Award (rather than Table 5B), should raise such objection during the Translation process contained in SECTION C of this Award.



TABLE 6 - RADIOPHARMACEUTICAL SCIENTISTS

See NOTE 1

| Previous Award classification | New Award classification | |
|---|---|--|
| RADIOPHARMACEUTICAL SCIENCE REGISTRAR | | |
| Hospital Scientist Those employees currently undergoing training, including but not limited to the TEAP in a Radiopharmaceutical Science specialty. | A Radiopharmaceutical Science Registrar is undergoing training, including but not limited to the TEAP in a Radiopharmaceutical Science specialty towards obtaining certification by the ACPSEM or such other certification body acceptable to the Ministry of Health. | |
| RADIOPHARMACEUTI | CAL SCIENCE SPECIALIST | |
| Possibly may include employees in the following previous classifications, based on the duties and responsibilities undertaken and if commensurate with those identified for the new classification of Radiopharmaceutical Science Specialist. To that end, translation outcomes to be assessed and approved by the Radiopharmaceutical Scientist Progression Committee. Hospital Scientist Senior Hospital Scientist | A Radiopharmaceutical Science Specialist has completed either the: (i) TEAP pathway; OR (ii) Experienced pathway. | |
| SENIOR RADIOPHARMACI | EUTICAL SCIENCE SPECIALIST | |
| Possibly may include employees in the following previous classifications, based on the duties and responsibilities undertaken and if commensurate with those identified for the new classification of Senior Radiopharmaceutical Science Specialist. To that end, translation outcomes to be assessed and approved by the Radiopharmaceutical Scientist Progression Committee. | A Senior Radiopharmaceutical Science Specialist has completed minimum of five years at RPS Specialist Year 5, has further experience and expertise beyond the duties expected, and their personal regrade has been approved by Radiopharmaceutical Scientist Progression Committee. | |



Senior Hospital Scientist

Principal Hospital Scientist

PRINCIPAL RADIOPHARMACEUTICAL SCIENCE SPECIALIST

Possibly may include employees in the following previous classifications, based on the duties and responsibilities undertaken and if commensurate with those identified for the new classification of Principal Radiopharmaceutical Science Specialist.

To that end, translation outcomes to be assessed and approved by the Radiopharmaceutical Scientist Progression Committee.

Senior Hospital Scientist

Principal Hospital Scientist

A Principal Radiopharmaceutical Science Specialist has completed a minimum of four years as a Senior RPS Specialist, has achieved further experience and expertise beyond the duties expected, and their personal regrade has been approved by the Radiopharmaceutical Scientist Progression Committee.

DEPUTY DIRECTOR OF RADIOPHARMACEUTICAL SCIENCE

To include those
Radiopharmaceutical Scientists who
at the time of the new Award
commencing were undertaking a role
that equated to that of a Deputy
Director within a site and a Director
Level 2 or above is present following
transition to the new Award.

A Deputy Director of
Radiopharmaceutical Science
must have as a minimum completed
four years as a Senior RPS
Specialist. They are appointed
wherever a Director Level 2 or
above is appointed.

DIRECTOR OF RADIOPHARMACEUTICAL SCIENCE

A Director of Radiopharmaceutical Science has completed a minimum of four years as a Senior RPS Specialist.

A Director has the primary accountability for the operational management of a site / sites or specialty / specialties, which includes those tasks delegated to a Deputy.

Is appointed when the supervision of at least **1 other** Radiopharmaceutical Scientist is required and one of the following met:



| | is responsible for the specialty at a site. is responsible for multiple specialties at a site. is responsible for a single specialty across multiple sites. The Level applied is as follows: |
|---|--|
| To include those Radiopharmaceutical Scientists who at the time of the new Award commencing were undertaking a role that equated to that of a Director Level 1 (based on employee reports). | LEVEL 1 Has 1 to 5 employee reports. |
| To include those Radiopharmaceutical Scientists who at the time of the new Award commencing were undertaking a role that equated to that of a Director Level 2 (based on employee reports). | LEVEL 2 Has >5 to 10 employee reports. |
| To include those Radiopharmaceutical Scientists who at the time of the new Award commencing were undertaking a role that equated to that of a Director Level 3 (based on employee reports). | LEVEL 3 Has >10 employee reports. |

NOTE 1

The following principles will apply when translating Radiopharmaceutical Scientists to this Award in relation to **SECTION B** Monetary Rates.

THIS IS SOLELY in relation to the question of differing pay scales for Registered and Unregistered Radiopharmaceutical Scientists.

Subject to determination by RPS HSU members







