

NSW HEALTH EMPLOYEES (CLINICAL, HEALTH AND ASSOCIATED) PROFESSIONALS (STATE) AWARD 2025

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

AWARD

Arrangement

Clause No.	Subject Matter
<p>SECTION A - Employment conditions and classifications</p> <p>Part A - Preliminary matters</p> <p>1 Definitions</p> <p>2 Area, Incidence and Duration</p> <p>3 General Conditions of Employment</p> <p>Part B - Wages and Salary Related Matters</p> <p>4 Classification Schedules and Salaries</p> <p>5 CPD Allowance</p> <p>6 Higher Qualification Allowance</p> <p>7 Compounding Allowance</p> <p>8 Sole Practitioner Allowance</p> <p>9 Additional Language Allowance</p> <p>10 Professional Requirements</p> <p>11 No Detriment Provision</p> <p>Part C - Hours of Work and Leave</p> <p>12 Shift Work and Week-End Work</p> <p>13 Professional Development Leave</p> <p>14 Ceremonial Leave</p> <p>Part D - Overtime and On-Call Provisions</p> <p>15 Overtime</p> <p>16 On Call and recall to duty</p>	
<p>Part E - Safe Staffing and Clinical Care</p> <p>17 Staffing Arrangements</p> <p>18 Workload Review</p> <p>19 Staff Backfill</p> <p>20 Consult / Support Rooms</p> <p>21 Supervision (Psychologists)</p> <p>Part F - Progression, Misclassification and Grading of Positions</p> <p>22 Grading Committee</p> <p>23 Personal Regrade</p> <p>24 Positional Misclassification</p> <p>25 Grading of certain roles / classifications</p> <p>Part G - Consultation on changes to professional practice</p> <p>26 Scope of Practice</p> <p>27 Allied Health Workforce Educator Role report</p> <p>Part H - Scope of Award</p> <p>Table 1 - Classifications Included</p> <p>Table 2 - Qualifications required for 'Health Professionals'</p> <p>Table 3 - Identifying the underpinning Conditions Awards</p>	

Clause No.	Subject Matter	Clause No.	Subject Matter
	<p>Part I - Classification Structures</p> <p>Schedule 1 - Aboriginal Health Worker</p> <p>Schedule 2 - Aboriginal Health Practitioner</p> <p>Schedule 3 - Aboriginal Health Education Officer Graduate</p> <p>Schedule 4 - Allied Health Assistant</p> <p>Schedule 5 - Anaesthetic and Operating Theatre Technicians</p> <p>Schedule 6 - Biomedical Engineering</p> <p>Schedule 7 - Cardiac Physiologists</p> <p>Schedule 8 - Environmental Health Officers</p> <p>Schedule 9 - Health Professionals</p> <p>Schedule 10 - Health Promotion Practitioners</p> <p>Schedule 11 - Interpreters</p> <p>Schedule 12 - Librarians</p> <p>Schedule 13 - Library Assistants</p> <p>Schedule 14 - Library Technicians</p> <p>Schedule 15 - Lived Experience (Peer) Workers</p> <p>Schedule 16 - Perfusionists</p> <p>Schedule 17 - Pharmacists</p> <p>Schedule 18 - Pharmacy Technicians</p> <p>Schedule 19 - Psychologists</p> <p>SECTION B - Monetary rates</p> <p>Table 1 - Aboriginal Health Worker</p> <p>Table 2 - Aboriginal Health Practitioner</p> <p>Table 3 - Aboriginal Health Education Officer Graduate</p> <p>Table 4 - Allied Health Assistant</p> <p>Table 5 - Anaesthetic and Operating Theatre Technicians</p> <p>Table 6 - Biomedical Engineering</p> <p>Table 7 - Cardiac Physiologists</p> <p>Table 8 - Environmental Health Officers</p> <p>Table 9 - Health Professionals</p> <p>Table 10 - Health Promotion Practitioners</p> <p>Table 11 - Interpreters</p> <p>Table 12 - Librarians</p> <p>Table 13 - Library Assistants</p>		
			<p>Table 14 - Library Technicians</p> <p>Table 15 - Lived Experience (Peer) Workers</p> <p>Table 16 - Perfusionists</p> <p>Table 17 - Pharmacists</p> <p>Table 18 - Pharmacy Technicians</p> <p>Table 19 - Psychologists</p> <p>SECTION B - Monetary rates</p> <p>Table 20 - Allowances</p> <p>SECTION C - Transitional arrangements</p> <p>Schedule 1 - Translation Principles</p> <p>Table 1 - Aboriginal Health Worker</p> <p>Table 2 - Aboriginal Health Practitioner</p> <p>Table 3 - Aboriginal Health Education Officer Graduate</p> <p>Table 4 - Allied Health Assistant</p> <p>Table 5 - Anaesthetic and Operating Theatre Technicians</p> <p>Table 6 - Biomedical Engineering</p> <p>Table 7 - Cardiac Physiologists</p> <p>Table 8 - Environmental Health Officers</p> <p>Table 9 - Health Professionals</p> <p>Table 10 - Health Promotion Practitioners</p> <p>Table 11 - Interpreters</p> <p>Table 12 - Librarians</p> <p>Table 13 - Library Assistants</p> <p>Table 14 - Library Technicians</p> <p>Table 15 - Lived Experience (Peer) Workers</p> <p>Table 16 - Perfusionists</p> <p>Table 17 - Pharmacists</p> <p>Table 18 - Pharmacy Technicians</p> <p>Table 19 - Psychologists</p>

SECTION A - EMPLOYMENT CONDITIONS AND CLASSIFICATIONS

PART A - PRELIMINARY MATTERS

1. Definitions

FOR EXPANSION - will be further added to, refined, from finalised classification structures, and cross checking for consistency ie is the definition profession specific or across all within the Award.

“AHPRA” means the Australian Health Professional Regulation Agency.

“CPD” means continuing professional development.

“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 speciality Networks.

“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.

“Health Professional” means for the purposes of this Award, including PART H Scope of Award and PART I Classification structures, Schedule 9 - Health Professionals, the following professions: Audiologist, Art Therapist, Child Life Therapist (previously referred to as Play Therapist), Counsellor, Dietitian, Diversional Therapist, Exercise Physiologist, Genetic Counsellor, Music Therapist, Occupational Therapist, Orthoptist, Orthotist / Prosthetist, Physiotherapist, Podiatrist, Sexual Assault Worker, Social Worker, Speech Pathologist, and Welfare Officer.

“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.

“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 transmittes, 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.

“RDO” means, for the purposes of this Award and the payment of any allowance contained in Section B Table 20, a rostered day off and allocated day off.

“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 professionals or professionals requiring practice placement after an extended break.

“Union” means the Health Services Union NSW.

“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 (Clinical, Health and Associated) Professionals (State) Award 2025*, applies to all persons in classifications as included and defined in PART H, Table 1 ‘Classifications Included’, PART I ‘Classifications Structures’, and 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 transmittes, excluding the County of Yancowinna.
- (ii) This Award rescinds and replaces the following:
- *Health and Community Employees Psychologists Award 2024*
 - *Health Employees’ Pharmacists (State) Award 2024*
 - *Health Employees’ Interpreters’ (State) Award 2024*
 - *NSW Health Aboriginal Health Workers (State) Award 2024*
 - *NSW Health Service Allied Health Assistants (State) Award 2024*
 - *NSW Health Service Health Professionals (State) Award 2024*
 - *Public Hospitals Library Staff (State) Award 2024*
 - *Public Hospital Professional Engineers’ (Biomedical Engineers) (State) Award 2024*
 - *Determination No. 37 of 2023 ~ Aboriginal Health Practitioner classification - commencement rate of pay*
 - *Determination No 16 of 2013 ~ Environmental Health Officers' Out of Hours Allowance*
 - *Health Education Officers Determination*
- (iii) It also supersedes and replaces the following provisions contained in other awards for the identified classifications as follows:
- for Anaesthetic and Operating Theatre Technicians and Senior Anaesthetic and Operating Theatre Technicians; Cardiac Technologists and Senior Cardiac Technologists; Pharmacy Assistants; and Pharmacy Technicians;

the Definitions set out in Clause 1 and the Salaries set out in Part B Table 1 of the *Health Employees (State) Award 2024*,

- for Aboriginal Health Workers, Senior Aboriginal Health Workers and Principal Aboriginal Health Workers; Aboriginal Health Practitioners; Aboriginal Health Education Officer Graduates and Senior Aboriginal Health Education Officer Graduates; Environmental Health Officers and Senior Environmental Health Officers (including Transferred Officers working a 35 hour week); Health Education Officer Graduates and Senior Health Education Officer Graduates; Librarians; Library Assistants; and Library Technicians, the Salaries set out in Part B Table 1 of the *Health Professional and Medical Salaries (State) Award 2024*,
 - for Dialysis Technicians; Senior Dialysis Technicians; Electronic Technicians; Senior Electronic Technicians; Perfusionists; Technical Officers; and Senior Technical Officers (engaged in assisting Biomedical Engineers), the Definitions set out in Clause 1 and the Salaries set out in Part B Table 1 of the *Health Employees Technical (State) Award 2024*.
- (iv) 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.
- (v) If at any time during the life of this Award it becomes apparent that through an inadvertent error or omission:
- an employee in an HSU classification is identified who has not been appropriately included (and otherwise should have been) or appears within the incorrect Table / Schedule within this Award, or
 - an industrial instrument has not been appropriately included in this Award,

the parties will discuss and commit to resolving the error or omission in relation to an employee or a classification, and / or have the industrial instrument appropriately included in the 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 following awards / determinations, with the applicability to each classification as set out in PART H Table 3 of this Award:
- *Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2024* as varied or replaced from time to time;
 - *Health Employees Conditions of Employment (State) Award 2024*, as varied or replaced from time to time;
 - *Environmental Health Officers Determination*; and
 - *Health Industry Status of Employment (State) Award 2024*, as varied or replaced from time to time.
- (ii) However, conditions of employment set out in this Award will prevail over those contained in the awards / determinations identified in subclause (i) above (referred to collectively in this Award as the 'Conditions Awards') 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 / determinations identified in subclause (i) above.
- (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 / determinations 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 I, Classifications 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 I, Classifications 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 I, 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 I, 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, 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.
- (vi) This Award expressly does not contain or seek as part of its making to include or seek to apply any waging fixing principles and therefore changes to classification structures and wage increases that may arise (from, for example only, any work value or special case aspects) for the classifications identified in Schedule 4 - Allied Health Assistants and Schedule 5 - Anaesthetic and Operating Theatre Technicians in PART I Classifications Structures, and SECTION B, Monetary Rates of this Award.

- (vii) Rates of pay to commence on and from 1 July 2025 for those classifications identified in subclause (vi) above will have applied any 'general' wage increase agreed upon by the parties or determined by the Industrial Relations Commission of NSW.
- (viii) To be clear, the Union reserves its right to seek, subsequent to the commencement of this Award, variations to the classification structures / conditions of employment / rates of pay for those professions identified in subclause (vi), with the datum point for any work value / special case aspects (for example) preserved and unaltered due to the commencement of this Award.
- (ix) Further, the classifications identified in Schedule 3 - Aboriginal Health Education Officer Graduate in PART I Classifications Structures, and SECTION B, Monetary Rates of this Award, will also, consistent with subclause (vii) above, have applied from 1 July 2025 any 'general' wage increase agreed upon by the parties or determined by the Industrial Relations Commission of NSW.

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. It is recognised that CPD is an ongoing requirement throughout an employee's career which is informed, for example, by the changing practice environment, professional domains, new research and community need.
- (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 AHPRA registration or is being undertaken to maintain CPD obligations established by professional organisations offering accreditation / registration for a profession (in the absence of AHPRA registration) and / or generally to achieve the objectives of subclause (i) above.
- (iii) To assist employees in completing such requirements as set out in subclauses (i) and (ii) above, they will receive a CPD allowance as per subclauses (viii) to (x) inclusive below dependent on their circumstances.
- (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 CPD Allowance will automatically be increased by any salary related movements that are applied to this Award following its commencement.
- (vii) The provision of this 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.

AHPRA / professional body requirements

(viii) Employees who are required to undertake CPD to maintain registration with AHPRA or, in the absence of such a National Health Law requirement, alternatively undertake CPD for the purpose of a relevant professional organisation providing them with accreditation or placement on a register of professionals, will receive a CPD allowance determined in the following manner:

- \$100 per each hour of CPD required 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:

$\$100 \times 20 = \$2,000$ 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:

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

(ix) 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.

Other professions

(x) Employees who are not included in National Health Law requirements for registration with AHPRA or have no applicable professional organisation providing them with accreditation or placement on a register for their profession, will receive a CPD allowance determined in the following manner:

- A minimum figure of \$1,000 per annum will be made available to the employee, which will require them to seek pre-approval from the employer

prior to the commitment or payment of monies towards the cost of the proposed CPD activity.

- The proposed CPD activity must be relevant to their profession or the role they are undertaking with the employer, which extends to roles they may be able to seek to obtain into the future by way of recruitment or personal regrade.
- On pre-approval being received, the employer can pay the organisation directly who is providing the CPD activity or reimburse the employee on production by them of any relevant documentation.
- Approval by the employer will not be unreasonably withheld, and any reimbursement is to be completed within the employee's next pay cycle.

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 20 Allowances.
- (ii) 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.
- (iii) Disputes arising as to the payment of the higher qualifications allowance will in first instance be referred for consideration and resolution by the Grading Committee as set out in Clause 22 of this Award.
- (iv) 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. Compounding Allowance (Pharmacy only)

- (i) Pharmacy employees (defined for the purposes of this clause as being Pharmacists or Pharmacist Technicians employed under PART I Schedule 17 or Schedule 18 of this Award) may be required to prepare medicinal products in readiness for administration to an individual patient.
- (ii) Such a process is referred to as Compounding (or undertaking a compounding session). It encompasses all compounding specialties, including Aseptic / Non-Aseptic / Cytotoxic / GMO / Advanced Therapies, along with associated duties related to compounding eg cleanroom cleaning, environmental monitoring, with such practice requiring compliance by Pharmacy employees with various mandatory policy and legislative obligations.

- (iii) Pharmacy employees required to undertake compounding during any rostered ordinary hours shift will receive the relevant Compounding Allowance as set out in SECTION B, Monetary Rates, Table 20 Allowances. The relevant Allowance payable is determined by the number of compounding sessions undertaken during a shift, defined as being each episode in which a Pharmacy employee is required to don the appropriate PPE for the purposes of compounding, as described and set out in subclause (ii) above.
- (iv) The Compounding Allowance will also be payable if recalled to the workplace or on a period of overtime which requires compounding to be undertaken by a Pharmacist or Pharmacy Technician.
- (v) The relevant Compounding Allowance is also payable to employed Student Pharmacists and Intern Pharmacists who may participate in a compounding session as part of their Hospital placement, orientation, or training.

8. Sole Practitioner Allowance

Health Professionals

- (i) A Health Professional (Proficient Clinician), as defined and employed under PART I Schedule 9 of this Award, can undertake and consequently receive an allowance for being a sole practitioner under this Award.
- (ii) A sole practitioner for the purposes of this clause and allowance, is a Health Professional (Proficient Clinician) who meets the following criteria / circumstances:
 - (a) Are the only Health Professional of a particular discipline at a site; and
 - (b) They are required to exercise independent professional judgement on a day to day basis without ready face to face access to another like Health Professional who has expertise and knowledge relevant to their discipline for the purpose of providing informal consultation, assistance and advice.
 - (c) They may also undertake administrative or other related responsibilities that would otherwise not be expected of their Health Professional classification (Proficient Clinician).
- (iii) The sole practitioner allowance is equal to the difference between the maximum Health Professional Proficient Clinician annual salary and the minimum Health Professional Senior Clinician annual salary. The allowance is set out in SECTION B, Monetary Rates, Table 20 Allowances.

Aboriginal Health Workers and Aboriginal Health Practitioners

- (iv) An Aboriginal Health Worker Level 1 or Level 2, and an Aboriginal Health Practitioner Level 1 employed under PART I Schedule 1 or Schedule 2 of this Award, can undertake and consequently receive an allowance for being a sole practitioner under this Award.

- (v) A sole practitioner for the purposes of this subclause and allowance, is an Aboriginal Health Worker Level 1 or Level 2, or an Aboriginal Health Practitioner Level 1 who meets the following criteria / circumstances:
 - (a) Are the only Aboriginal Health Worker or Aboriginal Health Practitioner at a site; and
 - (b) They are required to exercise independent judgement on a day to day basis without ready face to face access to another Aboriginal Health Worker or Aboriginal Health Practitioner who has expertise and knowledge relevant to their role for the purpose of providing informal consultation, assistance and advice.
- (vi) The sole practitioner allowance payable is as set out in subclause (iii) above and contained in SECTION B, Monetary Rates, Table 20 Allowances.

9. Additional Language Allowance (Interpreter only)

- (i) Interpreters (defined for the purposes of this clause as being Interpreters employed under PART I Schedule 11 of this Award) may be required by the NSW Healthcare Interpreter Service to interpret in more than one language in the course of their work.
- (ii) Once it has been determined that such a requirement is expected and may arise during the course of their employment, an additional language allowance will be paid to the Interpreter for each additional language they may be required to provide.
- (iii) The allowance payable will be as set out in SECTION B, Monetary Rates, Table 20 Allowances of this Award.
- (iv) The additional language allowance will be paid to Intereters during periods of paid leave. It will also be treated by the employer as superable salary for the purposes of superannuation.

10. 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 costs applied by AHPRA;
 - (b) Membership costs of a relevant professional association providing accreditation for the profession (in the absence of AHPRA registration) and who also make available continuing education programs;
 - (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.

11. No Detriment Provision

- (i) No employees ('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.

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PART C - HOURS OF WORK AND LEAVE

12. 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 any hours of work provisions in the Conditions Awards. However, as far as is reasonably practicable, no employee is required to undertake shift work against their wishes.
- (ii) Before any proposed new, or altered existing, pattern of shift work is introduced and required of an employee or group of employees, the proposal must be the subject of consultation with the Union. This is to occur prior to any decision regarding its introduction is made by the employer. Consultation will occur via the provisions contained in the Conditions Awards.
- (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 Awards.
- (iv) Shift workers working afternoon or night shift are 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) Employees whose ordinary working hours include work on a Saturday and / or Sunday will be 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.
- (vi) The extra rates for working on a Saturday or Sunday are paid in substitution for and not cumulative upon the shift premiums prescribed in subclause (iv) of this clause.

13. Professional Development Leave

- (i) Employees covered by this Award shall be entitled to Professional Development Leave, as per subclauses (vi) to (ix) inclusive below dependent on their circumstances, for the purpose of assisting to meet their continuing professional development ('CPD') requirements as set out in clause 5 of this Award.
- (ii) Professional Development Leave will be paid at the employee's ordinary rate of pay applicable when taken.

- (iii) 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.
- (iv) 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.
- (v) 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'.

AHPRA / professional body requirements

- (vi) Full time employees who are required to undertake CPD to maintain registration with AHPRA or, in the absence of such a National Health Law requirement, alternatively undertake CPD for the purpose of a relevant professional organisation providing them with accreditation or placement on a register of professionals, will receive seven (7) days of Professional Development Leave per annum. Those employed other than on a full-time basis will have this leave made available on a pro rata basis.
- (vii) The quantum of leave received under subclause (vi) above can be accrued to a maximum that is equivalent to three years entitlement, for example, for full time employees - 21 days.

Other professions

- (viii) Full time employees who are not included in National Health Law requirements for registration with AHPRA or have no applicable professional organisation providing them with accreditation or placement on a register for their profession, will receive three (3) days of Professional Development Leave per annum. Those employed other than on a full-time basis will have this leave made available on a pro rata basis.
- (ix) The quantum of leave received under subclause (viii) above can be accrued to a maximum that is equivalent to three years entitlement, for example, for full time employees - 9 days.

14. Ceremonial Leave

All employees covered by this Award

- (i) An employee who is legitimately required by indigenous tradition to be absent from work for Aboriginal or Torres Strait Islander ceremonial purposes, including for bereavement related ceremonies and obligations, will be entitled to up to 15

paid working days in any one year for such purposes, which is in addition to any other form of leave available to the employee or provided by the employer.

Aboriginal Health Workers and Aboriginal Health Practitioners

- (ii) It is also recognised that Aboriginal Health Workers and Aboriginal Health Practitioners employed under PART I Schedule 1 or Schedule 2 of this Award may attend ceremonies or other obligations as identified in subclause (i) above which are in connection to their role.
- (iii) In such instances, attending such ceremonies or obligations in connection with their role during a rostered shift will be considered as work time, and therefore not require the use of or access to ceremonial leave. If attending such ceremonies or obligations in connection with their role occurs outside of a rostered shift, such hours will be nonetheless recognised as work time and be remunerated in accordance with this Award, and therefore not require the use of or access to ceremonial leave.
- (iv) In addition, Aboriginal Health Workers and Aboriginal Health Practitioners who attend to sorry business in connection with their role will, consistent with the approach set out in subclause (iii) above, be considered to be on duty and paid as such.

PART D - OVERTIME AND ON-CALL PROVISIONS

15. Overtime

- (i) Employees under this Award will have their overtime entitlements as per the Conditions Awards.
- (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 Awards, for example, those relevant for permanent part time employees.

16. On Call and Recall to Duty

A On call arrangements and allowance

- (i) Whilst the requirements placed upon employees to be on call and recalled to duty, including associated remuneration for such activities, are contained in the Conditions Awards, the following provisions will supersede and prevail to the extent of any inconsistency or ambiguity.

Purpose

- (ii) Employees can be required to be on call for the following purposes:
 - (a) To be available to provide a remote support service to the workplace / colleagues (*'recall - remote support'*);
 - (b) To be available to provide a remote clinical / professional service directly to patients / clients (*'recall - remote clinical'*);
 - (c) To be available to return to the workplace and undertake the tasked emergent duty (*'recall to the workplace'*).

Rostering of on call

- (iii) On call requirements placed upon employees shall be arranged using the following framework.
- (iv) Employees are not to be placed on call whilst on leave (which includes for this purpose an ADO) or the day before or after the completion of their last shift prior to progressing onto such leave.

- (v) In addition, no employees will be required to remain on call whilst on a rostered day off from the completion of the employee's last shift prior to proceeding onto a rostered day off until their return on their next rostered shift.
- (vi) However, in relation to subclause (v) above, an employee with their agreement only can be placed on call for one or more of the three purposes identified in subclause (ii) above.
- (vii) When placing employees onto any on call roster, considerations will include, but not be limited to:
- equitable distribution amongst employees undertaking on call;
 - ensuring periods of on call are not excessive in duration or frequency when accounting for the number of employees undertaking on call;
 - the response time and modes of transport available to return to a workplace;
 - appropriate clinical skill levels and training are held by employees that match the purpose of the on call arrangement;
 - individual circumstances of employees, such as family or carer responsibilities, and
 - considerations / availability of employees who have agreed to be on a specific on call roster pursuant to subclauses (vi) above.
- (viii) Any disagreement or dispute arising from how an on call roster is being constructed / utilised will be subject to the consultation requirements as set out in subclauses (ix) to (xii) below.

Introduction of or change to on call arrangements

- (ix) The employer shall advise all employees and the Union of any proposal to introduce an on call roster, including the proposed details of the roster. This shall also be extended to any proposed changes to existing on call rosters that will vary or change how such on call is allocated / arranged.
- (x) On call rostering arrangements shall be determined in consultation with affected employees and the Union, and shall have as a minimum a regard to the following:
- staffing levels available,
 - the availability and / or training provided to employees intended to be placed on an on call roster,
 - issue relating to local geographical concerns,
 - the family and caring responsibilities of employees required to be on call, and
 - travelling distances, and modes of transport available, if required to be on call for recall to the workplace.
- (xi) The employer must ensure all employees participating in an on call roster to provide a recall - remote clinical service are trained and deemed competent to

handle clinical calls received, with such consideration including the complexity of clinical services that may be required to be provided remotely.

- (xii) An employee who is not expressly placed on an on call roster is not required to hold themselves in readiness in case of such contact or to be available.

On call allowance

- (xiii) Employees placed on an on call roster for any of the purposes identified in subclause (ii) above, will have the following allowances payable:

Two options to be considered by CHAP Award Delegates Committee / members

• **OPTION 1**

- (a) Payment at the rate of one-third of the employee’s normal pay as if they had worked the hours for each hour of performing on-call to a maximum payment in respect of each on call period of two and one-half hours pay.

For example, an employee on call during a public holiday will receive one-third of their hourly rate inclusive of the public holiday penalty rate applicable (ie as if they had worked the hours).

- (b) Employees who have agreed to be on an on call roster pursuant to subclause (vi) above will receive the identical above payment, save that the maximum payment in respect of each on call period will be three hours pay.

• **OPTION 2**

As per SCHEDULE B Monetary Rates Table 20 - Allowances (extract below):

		On Call Allowance	See note 1
	14(xiii)(a)	On call allowance per hour	4.33
	14(xiii)(a)	On call allowance minimum payment	34.64
	14(xiii)(b)	On call allowance on RDO per hour	8.63
	14(xiii)(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 2023* and is further intended to include any and all future increases that may arise and be applied to these allowances in that award.

NOTE:

Regardless of the option elected for the Award, Social Workers and Sexual Assault Workers who currently have their on call allowance, as largely set out in Option 1 above, will have such entitlements retained / preserved if for example Option 2 was otherwise elected for the Award.

On call periods

(xiv) On-call periods are as follows:

- (a) If commencing on or after 9.00am Saturday and finishing on or before 9.00am Monday, the period should not exceed 12 hours;
 - (b) If commencing on or after 9.00am Monday and finishing on or before 9.00am Saturday, the period should not exceed 16 hours; and
 - (c) If the on call periods outlined in paragraphs (a) and (b) of this subclause are exceeded (ie 12 or 16 hours duration), then any time in excess shall attract the additional, further payment to the rate outlined in subclause (xiii) above to the maximum made available in that subclause (to be determined dependent on which of the above options adopted).
 - (d) In no circumstance shall any on call period exceed 24 hours in duration.
- (xv) Employees will be free from on call following a period of on call for at least the minimum period of the on call just completed (ie on completing a 12 hour period of on call, the employee will be free from on call for the subsequent 12 hours).

B Recall to duty

- (i) The following remuneration will be payable when an employee is recalled to duty. The overtime identified and to be paid in all the following situations, unless specified otherwise, will be as set out in the Conditions Awards.
- (ii) The period of recall to duty commences at the time contact is originally received by the employee till the conclusion of or clearance from the recall to duty.

Recall - remote support

- (iii) Employees may be rostered to provide a remote support service to the workplace and / or other work colleagues who are rostered on duty, or alternatively on call, who may need to seek clinical or professional advice or guidance to ensure they undertake safe, effective and / or efficient delivery of services.
- (iv) Employees who are contacted to provide such advice or guidance, will be paid a minimum of one (1) hour of overtime for any calls / support provided remotely. 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.
- (v) Further calls that occur during the minimum one hour payment period of the preceding call under subclause (iv) above, will not attract further payment until such time as it exceeds the minimum payment period for the previous call (ie one hour).
- (vi) If a recall - remote support results in a recall to the workplace to assist and / or to manage the situation (ie remote support not sufficient), the employee will be paid overtime consistent with subclauses (xi) to (xv) below.

Recall - remote clinical

- (vii) Employees may be rostered to provide a remote clinical / professional service directly to patients / clients. This may include, but not be limited to, counselling services to clients via telephone or telehealth platforms, de-briefing and / or support following a traumatic incident.
- (viii) Employees who are contacted to provide such services and support, will be paid a minimum of three (3) hours of overtime for such episodes of care / support. If the individual episode exceeds 3 hours in duration, the full period of the actual assistance will be paid as overtime. In such situations, the duration of the episode of care will include all documentary requirements to be fulfilled as part of providing a clinical service to a patient / client.
- (ix) Further calls that occur during the minimum 3 hour payment period of the preceding call under subclause (viii) above, will not attract further payment until such time as it exceeds the minimum payment period for the previous episode of care (ie 3 hours).
- (x) If a recall - remote clinical results in a recall to the workplace to assist and / or to manage the situation (ie remote services not sufficient), the employee will be paid overtime consistent with subclauses (xi) to (xv) below.

Recall - to the workplace

- (xi) Employees may be rostered to be available to return to the workplace and undertake a tasked emergent duty.
- (xii) Employees who are required to return to the workplace in such situations will be paid a minimum of four (4) hours of overtime for such a recall. If the recall exceeds 4 hours in duration, the full period of the actual recall (including travelling to and from the workplace) will be paid as overtime.
- (xiii) Employees will not be required to work the full four hour minimum payment period if they complete the work they were recalled to perform (along with any additional emergent work that may have arisen whilst in the workplace) within a shorter period.
- (xiv) If an employee has been advised that they are no longer required and released from the workplace, and who are subsequently recalled to the workplace during the minimum 4 hour payment period, shall be entitled to another minimum payment of 4 hours overtime.
- (xv) An employee subject of a recall to the workplace as prescribed above, shall be paid all fares and expenses reasonably incurred in travelling to and from work. Where they have alternatively utilised their own mode of transport, they shall be paid an allowance equivalent to the Transport Allowance as provided for in the Conditions Awards.

ON CALL / RECALL ARRANGEMENTS [PERFUSIONISTS ONLY]

UNDER CONSTRUCTION

During the current member feedback process, work will continue with the Perfusionist Industrial Advisory Committee and HSU Perfusionist members to consider and / or draft and finalise award provisions in relation to the following:

- The inadequacy or otherwise of the current on call and recall provisions relevant to Perfusionists as contained in the *Health Employees Conditions of Employment (State) Award 2024*.
- Consider and / or develop an on call allowance rate which reflects the unique and often onerous burdens placed upon the profession of Perfusionists.
- Such consideration will also require some deliberation re the on call frequency required of Perfusionists due to the small number of such professionals available within the NSW Health Service. This will need to consider staffing levels available and appropriate recognition of unduly high levels of on call routinely required / expected on rostered days off, which unduly impacts upon work / life balance / rest and recreation.
- The current employer requirement / direction that Perfusionists must be within 30 minutes travel time of the place of work when placed on call. Some consideration necessary as to how such a direction unduly constrains Perfusionists in a variety of ways (work and non-work), and what form of recognition may be appropriate / relevant.
- Clarification / codification of the start / finish time of a recall to work, including in those instances when a recall may be 'cancelled' prior to returning to a workplace.

PART E - SAFE STAFFING AND CLINICAL CARE

17. Staffing Arrangements

- (i) The Conditions Awards will set out staffing principles to ensure that appropriate and safe staffing arrangements will apply to 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) Professional supervision responsibilities; and
 - (f) Meeting and committee attendance; and
 - (g) Professional Development; and
 - (h) Duties related to training, education of other clinicians, staff, interns or students; and
 - (i) Quality and research activities; and
 - (j) Award Grading Committee involvement; and
 - (k) Work, health and safety considerations; and
 - (l) Any other relevant factors in the employee position and role, either individually or collectively within the workplace / service.

18. 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 include the written workload requirements and any additional work requirements or expectations which are not documented. For example, where the scope 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 relevant Conditions 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; and
 - (b) Set out any other steps to address the workload issue; and
 - (c) Set out a process to monitor the workloads going forward; and
 - (d) Implement any staffing changes 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 Awards.

19. 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; and
 - (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); and
 - (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 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 the 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 19(vi) Planned absence, above.
 - (c) Similarly, unplanned absences of less than two weeks will be prioritised in accordance with subclause 19(vi) Planned absence, 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.

20. Consult / Support Rooms

- (i) In situations where there is a need for employees under this Award to conduct episodes of care / services and / or private conversations with patients, families and others within the hospital environment, in a supportive, discreet and safe manner, they will be provided with sufficient and appropriate rooms for this to occur. Such rooms will also be considered in the planning of new facilities or redevelopment of existing facilities.

- (ii) Such rooms to enable episodes of care / services and / or private conversations as set out in subclause (i) above, should be situated and available as close as possible to the clinical area involved.
- (iii) In situations where such rooms are not available, alternative working environments should be considered and utilised, including if the provision of such episodes of care / services and / or private conversations can be facilitated and undertaken remotely.
- (iv) In all instances, it will be the employee or employees providing the episode of care / services and / or private conversations who will determine the most appropriate method for it to be undertaken.
- (v) There will be genuine and ongoing consultation and collaboration to ensure appropriate rooms are provided and available to employees.
- (vi) When consulting and subsequently ensuring that appropriate rooms are available, it is mandatory to consider the following:
 - (a) the appropriateness of the rooms for patients / families / others when considering the care and support to be provided; and
 - (b) ensuring that any rooms utilised, and their location (including access to and from such rooms), are both safe and secure for employees providing such care and support.

21. Supervision (Psychologists)

Preamble

Psychologists (defined for the purposes of this clause as being Psychologists employed under PART I Schedule 19 of this Award) will have access to the following provisions and entitlements relating to supervision.

A Psychologist Supervisor Training

- (i) The provision of supervised practice within workplaces by a Psychology Board of Australia ('PBA') approved supervisor ('BAS') is a requirement for provisionally registered and registered Psychologists completing programs required by the PBA under the National Health Law to enable registration and / or recognition of areas of endorsed clinical practice. The Award also places a requirement to have PBA supervisors available when clinical duties are being undertaken.
- (ii) Consequently, the ready availability of PBA supervisors within workplaces of the employer is critical to both ensuring compliance with the National Health Law, as well as ensuring the availability of suitably qualified Psychologists within the workplace.

- (iii) Accordingly, the employer will adopt the following support and resources to ensure PBA supervisors are readily available.
 - (a) Psychologists eligible to complete PBA supervisor training will, on request, be approved and provided with time to complete the supervisor training course and maintain this with the Masterclass as per PBA requirements for BAS.
 - (b) The employer will pay reasonable costs to enable the Psychologist to undertake the supervisor training course and the Masterclass. Reasonable costs include course fees and release from work without loss of pay to undertake training.
 - (c) Requests to complete the supervisor training course will be confirmed within 14 days of the request.

B Clinical Supervision of Psychologists Completing Training

- (i) Provisionally registered Psychologists and Registrar Psychologists must be provided with individual clinical and peer consultation in accordance with PBA requirements.
- (ii) The Employer will facilitate clinical supervision in person or virtually.
- (iii) Individual clinical supervision is generally not provided by a line manager due to potential conflicts between an operational role and clinical outcomes. In the case where the line manager is a Psychologist, and this supports best clinical training, then this may be a viable option. A secondary supervisor should also be considered in this case.

C Peer Consultation / Supervision for Practicing Generally Registered and Endorsed Psychologists

- (i) The PBA requires Psychologists to complete mandated peer consultation to maintain registration.
- (ii) Such consultation may occur across industrial classifications and does not require a psychologist of a more senior grading or a BAS. Consultation may occur on an individual basis, in a small group or a combination of both with other psychologists.
- (iii) The employer must ensure Psychologists, regardless of classification level or hours of employment, are provided workplace access to peer consultation sufficient to meet their PBA requirements.

PART F - PROGRESSION, MISCLASSIFICATION AND GRADING OF POSITIONS

22. 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 I, Classification Structures, and SECTION B Salaries, of this Award (personal regrade); or
 - (c) Any request regarding the correct grading of any position believed to be misclassified under this Award; or
 - (d) Assist in validating and / or determining the appropriate grading of certain classifications / roles specifically identified in the Classification Schedules contained in PART I as set out in Clause 25 of this Award; or
 - (e) 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
 - (f) Disputes arising as to the payment of the higher qualifications allowance to an employee.
- (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.

23. Personal Regrades

- (i) Employees may make an application to the employer for personal regrading as may be permitted under the relevant classification structure.
- (ii) 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.
- (iii) 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.
- (iv) The application will then be lodged with the employer who must notify the Union within two weeks of its receipt.
- (v) A Grading Committee will be established to review and make any recommendation on the application in accordance with clause 21 of this Award.
- (vi) 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.
- (vii) 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.
- (viii) 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.
- (ix) 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.

- (x) 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.
- (xi) 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.
- (xii) Personal regrades are presumed to transfer with an employee if taking up a commensurate (like) position elsewhere under the Award.

For example, a Health Professional holding a personal regrade when applying for a role elsewhere (at a lesser level) can expect this personal regrade will remain if successful in obtaining the applied for position ie the employer and workplace will continue to benefit from the employee meeting the additional regrade criteria. **[Example for illustrative purposes pending finalisation of all classification structures and in turn utilising actual examples.]**

- (xiii) The situation as described in subclause (xii) above should be discussed and resolved during the recruitment process.
- (xiv) Any dispute regarding the continuation of a personal regrade as contained in subclause (xii) 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.

24. 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 reclassification, including backpay, will occur from the earlier of:
 - (a) The date at which the employees 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.

25. Grading of certain roles / classifications

- (i) In addition to personal regrades, PART I - Classification Structures of this Award contains Schedules which may prescribe that this clause is applied by a Grading Committee to assist in determining the appropriate grading of certain specifically identified classifications / roles ('position'). These primarily relate to those positions that undertake a supervisory or managerial function, and in some instances include, for example, Team or Unit Leads; Deputy Managers; Managers; or Directors.
- (ii) The Classification Schedules contained in Part I of this Award will either prescribe the specific determinants of a position to be applied or will identify the positions that require the Grading Committee to validate and / or determine the appropriate grading to be applied.
- (iii) In the first instance, these identified positions will have their grade determined using the formula prescribed in the relevant Classification Schedules, which relates to the number of employees that the positions may operationally and / or professionally be responsible for.
- (iv) Subsequently, the position must be provided to a Grading Committee for the purpose of reviewing the overall factors, aspects, and demands of the position and whether such considerations require a higher grading than that initially determined as per subclause (iii) above.
- (v) When reviewing the position, the Grading Committee must consider the following factors, aspects, and demands of the position in isolation or in combination:
 - (a) Variance between FTE and head count, including variations relating to seasonal positions and surge periods.
 - (b) The geographical spread of employees supervised and / or managed and of the service provision required.
 - (c) The number of distinct professions supervised and / or managed.
 - (d) The number and complexity of services within supervision, clinical interaction or operational management.
 - (e) The organisational structure, the policies and procedures which determine the performance of work.
 - (f) The scope and degree of autonomy (which exceeds the ordinary scope for an equivalent role).

- (g) Scope of professional responsibilities, including but not limited to teaching, research and / or policy development.
 - (h) Professional caseload including the percentage of contracted hours spent on caseload and the complexity of caseload.
 - (i) The spread and structure of funding and cost arrangements, including the number of cost centres interacted with in the course of regular operational management or administrative responsibilities.
 - (j) Responsibility for a service which operates beyond a regular day shift service eg shift work and / or an on call service.
 - (k) The extent to which novel and / or critical work is performed within the service.
- (vi) Once a Grading Committee determines the grading of a position, the employer shall apply the grading from the date the employee was appointed to or commenced in the position or alternatively when an application was made if relating to changed circumstances or responsibilities required of the position.
- (vii) If a higher grading than initially applied to the position is determined by the Grading Committee, backpay will be made available from the relevant date identified as per subclause (vi) above.

PART G - CONSULTATION ON CHANGES TO PROFESSIONAL PRACTICE

26. Scope of Practice

- (i) The employer and Union must convene as a minimum 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 I 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 is to then 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 I Classification Structures of this Award, they will occur within the following agreed framework:
 - a) 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 I 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.

27. 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 Health' 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.

Working draft ~ 18.12.2024 ~ 0730115

PART H - SCOPE OF AWARD

TABLE 1 - CLASSIFICATIONS INCLUDED IN THIS AWARD

<ul style="list-style-type: none"> • Aboriginal Health Worker • Aboriginal Health Practitioner • Aboriginal Health Education Officer Graduate • Allied Health Assistant • Anaesthetic and Operating Theatre Technician • Audiologist • Art Therapist • Biomedical Engineer • Cardiac Physiologist (previously referred to as Cardiac Technologist) • Child Life Therapist (previously referred to as Play Therapist) • Counsellor • Dialysis Technician • Dietitian • Diversional Therapist • Electronics Technician • Environmental Health Officers • Exercise Physiologist • Genetic Counsellor • Health Manager (See Note 1 below) • Health Promotion Practitioner (previously referred to as Health Education Officer) 	<ul style="list-style-type: none"> • Interpreter • Librarian • Library Assistant • Library Technician • Lived Experience (Peer) Worker (previously referred to as Peer Worker) • Music Therapist • Occupational Therapist • Orthoptist • Orthotist / Prosthetist • Perfusionist • Pharmacist • Pharmacy Assistant (now included in Pharmacy Technician classification structure) • Pharmacy Technician • Physiotherapist • Podiatrist • Psychologist • Sexual Assault Worker • Social Worker • Speech Pathologist • Technical Officers (engaged in assisting Biomedical Engineers) • Welfare Officer
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NOTE 1

Will include employees who have been classified as Health Manager due to the deficiencies in a variety of classification structures within other awards but will be undertaking duties and roles now contemplated by this Award.

PART H - SCOPE OF AWARD

TABLE 2 - QUALIFICATIONS REQUIRED FOR 'HEALTH PROFESSIONALS'*

* This is for those classifications identified in the definition of Health Professionals in Clause 1 of this Award.

<p>Audiologist Must hold a Master's degree in clinical audiology which provides eligibility for full membership of the Audiological Society of Australia, or other qualification deemed equivalent by the employer.</p>
<p>Art Therapist Must hold a Master's degree in art therapy which provides eligibility for professional membership of the Australian, New Zealand and Asian Creative Arts Therapies Association, or other qualification deemed equivalent by the employer.</p>
<p>Child Life Therapist (previously referred to as Play Therapist) Must hold a Bachelor of Early Childhood, primary teaching or a related field that includes two years study in child development, which provides eligibility for membership of the Association of Child Life Therapists Australia, or other qualification deemed equivalent by the employer.</p>
<p>Counsellor Must hold as a minimum a bachelor's degree in counselling or a related field, or other qualification deemed equivalent by the employer</p>
<p>Dietitian Must hold a bachelor or post graduate degree in nutrition and dietetics that provides eligibility for full membership of the Dietitians Association of Australia, or other qualification deemed equivalent by the employer.</p>
<p>Diversional Therapist Must hold a health science or applied science bachelor's degree in leisure, recreation or diversional therapy recognised by the Diversional Therapy Association of Australian National Council, or other qualification deemed equivalent by the employer.</p>
<p>Exercise Physiologist Must hold a bachelor's degree in exercise and sports science, or other qualification deemed equivalent by the employer.</p>
<p>Genetic Counsellor Must have a relevant undergraduate degree and in addition hold a post graduate qualification in genetic counselling making them eligible for membership of the Human Genetics Society of Australasia.</p>

Music Therapist

Must hold as a minimum a bachelor or post graduate degree in music therapy which provides eligibility for registration with the Australian Music Therapy Association, or other qualification deemed equivalent by the employer.

Occupational Therapist

Must hold qualifications recognised for registration with the Occupational Therapy Board of Australia. From 1 July 2012, must hold general registration with the Occupational Therapy Board of Australia.

Orthoptist

Must hold as a minimum a bachelor or post graduate degree in Orthoptics which provides eligibility for registration with the Australian Orthoptic Board, or other qualification deemed equivalent by the employer.

Orthotist / Prosthetist

Must hold as a minimum a bachelor's degree in prosthetics and/or orthotics which provides eligibility for membership of the Australian Orthotic Prosthetic Association, or other qualification deemed equivalent by the employer.

Physiotherapist

Must hold qualifications recognised for registration with the Physiotherapy Board of Australia. Must hold general registration with the Physiotherapy Board of Australia.

Podiatrist

Must hold qualifications recognised for registration with the Podiatry Board of Australia. Must hold general registration with the Podiatry Board of Australia.

Sexual Assault Worker

Must hold as a minimum a bachelor's degree in a relevant field such as counselling or other qualification deemed equivalent by the employer.

Social Worker

Must hold as a minimum a bachelor's degree in social work which provides eligibility for membership of the Australian Association of Social Workers, or other qualification deemed equivalent by the employer.

Speech Pathologist

Must hold a bachelor's or post graduate degree in speech pathology which provides eligibility for membership of Speech Pathology Australia, or other qualification deemed equivalent by the employer.

Welfare Officer

Must hold a minimum of a bachelor's degree in a relevant field e.g. community welfare, or other qualification deemed equivalent by the employer.

PART H - SCOPE OF AWARD

TABLE 3 - CONDITIONS OF EMPLOYMENT

Identifying the underpinning Conditions Awards relevant to each classification
(See clause 3 of this Award.)

<i>Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2024</i>	
<ul style="list-style-type: none"> • Aboriginal Health Worker • Aboriginal Health Practitioner • Aboriginal Health Education Officer Graduate • Anaesthetic and Operating Theatre Technician • Audiologist • Art Therapist • Biomedical Engineer • Child Life Therapist (previously referred to as Play Therapist) • Counsellor • Dietitian • Environmental Health Officers* • Exercise Physiologist • Genetic Counsellor • Health Promotion Practitioner (previously referred to as Health Education Officer) 	<ul style="list-style-type: none"> • Librarian • Library Assistant • Library Technician • Lived Experience (Peer) Worker (previously referred to as Peer Worker) • Music Therapist • Occupational Therapist • Orthoptist • Physiotherapist • Podiatrist • Psychologist • Sexual Assault Worker • Social Worker • Speech Pathologist • Welfare Officer
<i>Health Employees Conditions of Employment (State) Award 2024</i>	
<ul style="list-style-type: none"> • Allied Health Assistant • Cardiac Physiologist (previously referred to as Cardiac Technologist) • Dialysis Technician • Diversional Therapist • Electronics Technician • Health Manager** • Interpreter 	<ul style="list-style-type: none"> • Orthotist / Prosthetist • Perfusionist • Pharmacist • Pharmacy Assistant (now included in Pharmacy Technician classification) • Pharmacy Technician • Technical Officers (engaged in assisting Biomedical Engineers)
<i>Health Industry Status of Employment (State) Award 2023</i>	
All the above classifications.	

NOTES

* Conditions of employment for Environmental Health Officers will also be read in conjunction with the *Environmental Health Officers Determination*, although as with the *Public Hospitals (Professional and Associated Staff) Conditions of Employment (State) Award 2024*, conditions of employment set out in this Award will prevail to the extent of any inconsistency / conflict.

** Will include employees who have been classified as Health Manager due to the deficiencies in a variety of classification structures within other awards but will be undertaking duties and roles now contemplated by this Award.

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 1 - ABORIGINAL HEALTH WORKER

	ABORIGINAL HEALTH WORKER
	<p>An <i>Aboriginal Health Worker</i> provides flexible, holistic and culturally sensitive, non-clinical, health services to Aboriginal clients and the community to achieve better health outcomes and better access to health services for Aboriginal people. This may be done:</p> <ul style="list-style-type: none">• directly with clients; or• through facilitating relationships between Aboriginal patients and other health employees; or• by working with and liaising with Aboriginal people and / or communities for health promotion, engagement, advocacy, education, or other forms of community development. <p>Noting the historic and ongoing barriers to accessing education faced by first nations people, it is not necessary for an Aboriginal Health Worker to hold formal educational qualifications. However, for the purposes of this classification structure, relevant qualifications include but are not limited to the following:</p> <ul style="list-style-type: none">• Certificate III in Aboriginal and / or Torres Strait Islander Primary Health Care;• Certificate IV in Aboriginal and / or Torres Strait Islander Primary Health Care;• Diploma of Aboriginal and / or Torres Strait Islander Primary Health Care;• Bachelor of Health Science in Indigenous Health Studies;• Master of Indigenous Health; and• Other AQF recognised health related qualifications. <p>Relevant Definition <i>Cultural Competency</i> Lived experience of, and an understanding, awareness and sensitivity to, Aboriginal culture and lore, kinship and skin relationships, local cultural values, the ability to conduct oneself in a culturally appropriate manner and an understanding that Aboriginal culture is not homogenous throughout New South Wales.</p> <p>Cultural competency can also include:</p> <ul style="list-style-type: none">• knowledge of one or more relevant Aboriginal groups and communities;

	<ul style="list-style-type: none"> • an awareness of the history and role of Aboriginal organisations in their region; • an understanding of local indigenous organisations and their goals and the environment in which the organisations operate; and • an understanding or awareness of the concepts of Aboriginal self-determination, identity, cultural conventions and appropriate behaviour such as being mindful of the traditional ways such as men's and women's business. <p>This competency has historically been undervalued by society, in a similar way to the undervaluation of skills held by those participating in care work, and yet is crucial to an Aboriginal Health Worker's ability to deliver or assist in the delivery of effective and culturally safe services to an Aboriginal clientele and effectively communicate with Aboriginal people.</p>
LEVEL 1	ABORIGINAL HEALTH WORKER Entry level
LEVEL 1 Years 1-2	<p>An Aboriginal Health Worker at Level 1 is an entry level position, who with support is able to perform some of the basic activities ordinarily performed by a Proficient Aboriginal Health Worker (Level 2), although they need to have significant supervision and assistance.</p> <p>An Aboriginal Health Worker at Level 1 does not hold relevant formal educational qualifications nor has significant cultural experience or cultural competency.</p> <p>The employer will provide support and assistance to Aboriginal Health Workers (Level 1) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being (or intended to be) undertaken will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 2	ABORIGINAL HEALTH WORKER Proficient
LEVEL 2 Years 1-8	<p>A <i>Proficient Aboriginal Health Worker</i> at Level 2 holds valuable cultural competency that enables them to perform their duties in a culturally sensitive manner. Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary</p>

for an Aboriginal Health Worker (Level 2) to hold relevant formal educational qualifications.

At Level 2, a Proficient Aboriginal Health Worker requires less supervision and assistance than an Aboriginal Health Worker (Level 1) and is capable of performing many of the following activities consistent with the scope of practice for those holding a Certificate III in Aboriginal and / or Torres Strait Islander Primary Health Care:

- Health education and promotion.
- Client support.
- Identification of health needs.
- Referral of patients / clients.
- Information and advice.
- Client and community advocacy.
- Assist with client communication (eg interpreting medical terminology).
- Health screening and assessment.
- Basic first aid.
- Deliver primary health care programs.
- Basic health care.
- Network and liaise with other service providers.
- Document any care provided to a patient / client.
- Document, collect and interpret health data and information.
- Mentoring Aboriginal Health Workers (Level 1) and other Proficient Aboriginal Health Workers (Level 2) with less experience.

Being able to perform the above activities and responsibilities for the purposes of appointment or personal regrade to Level 2 can be demonstrated by, but not limited to, the following:

- holds required level of cultural competency;

OR

- has more than two years' experience as either an Aboriginal Health Worker (Level 1) with the employer or equivalent experience as an Aboriginal Health Worker elsewhere;

OR

- has completed a relevant Certificate III qualification.

Progression to Level 2 as a personal regrade will be via Clause 22 Grading Committee.

The employer will provide support and assistance to Aboriginal Health Workers (Level 2) who are undertaking a relevant educational qualification during their employment. They will not unreasonably

	<p>refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon for employment at Level 2, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 3	ABORIGINAL HEALTH WORKER Senior
LEVEL 3 Years 1-3	<p>A <i>Senior Aboriginal Health Worker</i> at Level 3 is able to undertake the majority of activities of a Proficient Aboriginal Health Work (Level 2) with a high level of autonomy and skill or has extensive cultural competency. They as a result require minimal supervision.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for an Aboriginal Health Worker (Level 3) to hold relevant formal educational qualifications.</p> <p>In addition to undertaking the activities expected at Level 2, a Senior Aboriginal Health Worker may also perform the following activities consistent with the scope of practice for those holding a Certificate III in Aboriginal and / or Torres Strait Islander Primary Health Care:</p> <ul style="list-style-type: none"> • First point of contact for counselling and referral. • Develop and implement community development programs. • Develop and implement health promotion and health education programs. • Undertake health program care duties (eg drug and alcohol, mental health, family health etc). • Provide information about healthy lifestyles and support changes in lifestyle (eg nutrition, exercise, smoking etc). • Provide information about chronic disease care. • Provide group based learning activities. • Case management/develop and monitor a case plan. • Primary health care interventions. • Monitor community to comply with health checks. • Support clients in the safe use and compliance of medicines. • Collaborate effectively with other health care professionals to facilitate a multidisciplinary approach to client care. • Use patient information management systems. <p>Being able to perform the above activities and responsibilities for the purposes of appointment or personal regrade to Level 3 can be demonstrated by, but not limited to, the following:</p>

	<ul style="list-style-type: none"> • holds extensive cultural competency; <p>OR</p> <ul style="list-style-type: none"> • has at least twelve years' experience as an Aboriginal Health Worker with the employer or equivalent experience as an Aboriginal Health Worker elsewhere; <p>OR</p> <ul style="list-style-type: none"> • has completed a relevant Certificate IV qualification and has either at least four years' experience as a Proficient Aboriginal Health Worker (Level 2) or alternatively equivalent experience as an Aboriginal Health Worker elsewhere. <p>Progression to Level 3 as a personal regrade will be via Clause 22 Grading Committee.</p> <p>The employer will provide support and assistance to Aboriginal Health Workers (Level 3) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon for employment at Level 3, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 4	ABORIGINAL HEALTH WORKER Lead or Specialist
LEVEL 4 Years 1-3	<p>At Level 4, an Aboriginal Health Worker can either have: (i) supervisory / managerial responsibilities; or (ii) holds specialist skills in a particular field. Aboriginal Health Workers at Level 4 may participate in and facilitate the development of service goals and plans, along with policies and procedures.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for an Aboriginal Health Worker (Level 4) to hold relevant formal educational qualifications.</p> <p>(i) <i>Lead Aboriginal Health Worker</i></p> <ul style="list-style-type: none"> • A Lead Aboriginal Health Worker (Level 4) manages the workload and provides supervision to Aboriginal Health Workers within the scope of their role.

	<ul style="list-style-type: none"> • As a minimum, they meet the criteria of a Proficient Aboriginal Health Worker (Level 2) and would be expected to have completed four years' experience at Level 2 or higher. <p>(ii) <i>Specialist Aboriginal Health Worker</i></p> <ul style="list-style-type: none"> • A Specialist Aboriginal Health Worker (Level 4) completes tasks relating to a specialist field that could be of a complex nature consistent with the scope of practice of those holding a Diploma of Aboriginal and / or Torres Strait Islander Primary Health Care. They may hold a relevant educational qualification at Diploma level. • As a minimum, they are able to perform the activities of a Senior Aboriginal Health Worker (Level 3) and would be expected to have completed six years' experience at Level 2 or higher. <p>Progression to Level 4 as a personal regrade will be via Clause 22 Grading Committee.</p> <p>The employer will provide support and assistance to Aboriginal Health Workers (Level 4) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon for employment at Level 4, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 5	ABORIGINAL HEALTH WORKER Principal
LEVEL 5 Years 1-2	<p><i>A Principal Aboriginal Health Worker</i> (Level 5) is an Aboriginal Health Worker that provides graduate tertiary level clinical / professional services to the Aboriginal community, has advanced skills in Aboriginal primary health care, and manages a specific Aboriginal service or program.</p> <p>Principal Aboriginal Health Workers will develop, implement and review Aboriginal primary health care strategies and policies and may be responsible for the supervision and training of Aboriginal Health Workers.</p>

	<p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for an Aboriginal Health Worker (Level 5) to hold relevant formal educational qualifications of an undergraduate degree or higher.</p> <p>Progression to Level 5 as a personal regrade will be via Clause 22 Grading Committee.</p> <p>The employer will provide support and assistance to Aboriginal Health Workers (Level 5) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon for employment at Level 5, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 2 - ABORIGINAL HEALTH PRACTITIONER

ABORIGINAL HEALTH PRACTITIONER	
	<p><i>Aboriginal Health Practitioners</i> is a subset of Aboriginal Health Workers who have obtained registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner. They provide direct clinical services to Aboriginal people.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people, it is not necessary for an Aboriginal Health Practitioner to hold relevant formal educational qualifications beyond that required for AHPRA registration. However, relevant qualifications for the purposes of this classification structure include but are not limited to the following:</p> <ul style="list-style-type: none">• Certificate IV in Aboriginal and / or Torres Strait Islander Primary Health Care;• Diploma of Aboriginal and /or Torres Strait Islander Primary Health Care;• Bachelor of Health Science in Indigenous Health Studies;• Master of Indigenous Health; and• Other AQF recognised health related qualifications. <p>Relevant Definition <i>Cultural Competency</i> Lived experience of, and an understanding, awareness and sensitivity to, Aboriginal culture and lore, kinship and skin relationships, local cultural values, the ability to conduct oneself in a culturally appropriate manner and an understanding that Aboriginal culture is not homogenous throughout New South Wales.</p> <p>Cultural competency can also include:</p> <ul style="list-style-type: none">• knowledge of one or more relevant Aboriginal groups and communities;• an awareness of the history and role of Aboriginal organisations in their region;• an understanding of local indigenous organisations and their goals and the environment in which the organisations operate; and• an understanding or awareness of the concepts of Aboriginal self-determination, identity, cultural conventions and appropriate behaviour such as being mindful of the traditional ways such as men's and women's business. <p>This competency has historically been undervalued by society, in a similar way to the undervaluation of skills held by those participating in</p>

	care work, and yet is crucial to an Aboriginal Health Worker's ability to deliver or assist in the delivery of effective and culturally safe services to an Aboriginal clientele and effectively communicate with Aboriginal people.								
LEVEL 1	ABORIGINAL HEALTH PRACTITIONER Registered / Newly Qualified								
LEVEL 1 Years 1-7	<p>A <i>Registered Aboriginal Health Practitioner</i> (Level 1) has obtained registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner. They are undertaking duties consistent with their scope of practice and developing their professional skills.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for a Registered Aboriginal Health Practitioner (Level 1) to hold relevant formal educational qualifications beyond that required for AHPRA registration.</p> <p>The employer will provide support and assistance to a Registered Aboriginal Health Practitioners (Level 1) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being (or intended to be) undertaken will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>NOTE: When an Aboriginal Health Worker obtains registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner, they will automatically progress to Registered Aboriginal Health Practitioner (Level 1).</p> <p>In this situation, or when appointed to Level 1 immediately following employment as an Aboriginal Health Worker with the employer (ie no more than a two month break between the two periods of employment), they will commence at the following Level 1 yearly increment:</p> <table border="1" data-bbox="400 1771 1410 2029"> <thead> <tr> <th>Aboriginal Health Worker</th> <th>Registered Aboriginal Health Practitioner Level 1</th> </tr> </thead> <tbody> <tr> <td>Level 2 Year 1, Year 2, and Year 3 inclusive</td> <td>Year 1</td> </tr> <tr> <td>Level 2, Year 4</td> <td>Year 2</td> </tr> <tr> <td>Level 2, Year 5</td> <td>Year 3</td> </tr> </tbody> </table>	Aboriginal Health Worker	Registered Aboriginal Health Practitioner Level 1	Level 2 Year 1, Year 2, and Year 3 inclusive	Year 1	Level 2, Year 4	Year 2	Level 2, Year 5	Year 3
Aboriginal Health Worker	Registered Aboriginal Health Practitioner Level 1								
Level 2 Year 1, Year 2, and Year 3 inclusive	Year 1								
Level 2, Year 4	Year 2								
Level 2, Year 5	Year 3								

	Level 2, Year 6	Year 4
	Level 2, Year 7	Year 5
	Level 2, Year 8	Year 6
	Level 3, Year 1	Year 7
	Level 3, Year 2 and Year 3 inclusive	Year 7
	Level 4 and above	Year 7
LEVEL 2	ABORIGINAL HEALTH PRACTITIONER Lead or Specialist	
LEVEL 2 Years 1-3	<p>At Level 2, a Registered Aboriginal Health Practitioner has registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner, and has either: (i) supervisory / managerial responsibilities; or (ii) holds specialist skills in a particular field.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for a Registered Aboriginal Health Practitioner (Level 2) to hold relevant formal educational qualifications beyond that required for AHPRA registration.</p> <p>(iii) <i>Lead Aboriginal Health Practitioner</i></p> <ul style="list-style-type: none"> • A Lead Aboriginal Health Practitioner (Level 2) may undertake the duties of a Registered Aboriginal Health Practitioner (Level 1). However, their primary focus is managing the workload and providing supervision and mentoring to the Aboriginal Health workforce within the scope of their role. • They would be expected to have completed four years' experience at Level 1 with the employer or equivalent experience as an Aboriginal Health Practitioner elsewhere. <p>(iv) <i>Specialist Aboriginal Health Practitioner</i></p> <ul style="list-style-type: none"> • A Specialist Aboriginal Health Practitioner (Level 2) completes tasks relating to a specialist field that could be of a complex clinical nature consistent with the scope of practice of those holding a Diploma of Aboriginal and / or Torres Strait Islander Primary Health Care, and beyond those expected of a Registered Aboriginal Health Practitioner (Level 1). They may hold a relevant educational qualification at Diploma level or undertaken training in a specialist clinical area. • As a minimum, it would be expected that they have completed six years' experience as a Registered Aboriginal Health Practitioner (Level 1) or equivalent experience as an Aboriginal Health Practitioner elsewhere. 	

	<p>Progression to Level 2 as a personal regrade will be via Clause 22 Grading Committee.</p> <p>The employer will provide support and assistance to Aboriginal Health Practitioners (Level 2) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon for employment at Level 2, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 3	ABORIGINAL HEALTH PRACTITIONER Principal
LEVEL 3 Years 1-2	<p><i>A Principal Aboriginal Health Practitioner (Level 3) has registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner and provides graduate tertiary level clinical / professional services to the Aboriginal community, has advanced skills in Aboriginal primary health care, and manages a specific Aboriginal service or program.</i></p> <p>Principal Aboriginal Health Practitioners will develop, implement and review Aboriginal primary health care strategies and policies and may be responsible for the supervision and training of Aboriginal Health Workers and / or Aboriginal Health Practitioners.</p> <p>Noting the historic and ongoing barriers to accessing education faced by first nations people it is not necessary for an Aboriginal Health Practitioner (Level 3) to hold relevant formal educational qualifications of an undergraduate degree or higher; albeit having such qualifications would be desirable at Level 3.</p> <p>Progression to Level 3 as a personal regrade will be via Clause 22 Grading Committee.</p> <p>The employer will provide support and assistance to Aboriginal Health Practitioners (Level 3) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>The resolution of any dispute about the relevancy of an educational qualification being or intended to be undertaken or held and relied upon</p>

	<p>for employment at Level 3, will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 3 - ABORIGINAL HEALTH EDUCATION OFFICER GRADUATE

ABORIGINAL HEALTH EDUCATION OFFICER GRADUATE	
	<p>The classifications of Senior Aboriginal Health Education Officer Graduate and Aboriginal Health Education Officer Graduate are applicable only to employees engaged in these classifications up to 2 September 2015.</p> <p>These classifications have not been applied after this date, with employees subsequently engaged placed in other appropriate classifications.</p> <p>Rates of pay applicable to employees grand parented in these roles are as per SECTION B Monetary Rates, Table 3.</p>

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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 4 - ALLIED HEALTH ASSISTANT

ALLIED HEALTH ASSISTANT													
<p>An <i>Allied Health Assistant</i> works under the supervision and direction of Health Professionals in certain disciplines (as identified below) to perform clinical and non-clinical duties. The Allied Health Assistant may be engaged to work in a discipline specific area or assist in the delivery of allied health services across a multi-disciplinary team.</p>													
<p>Disciplines which utilise Allied Health Assistants</p> <table border="1"> <tr> <td>Dietetics</td> <td>Radiography</td> </tr> <tr> <td>Diversional Therapy</td> <td>Social Work</td> </tr> <tr> <td>Exercise Physiology</td> <td>Speech Pathology</td> </tr> <tr> <td>Mental Health</td> <td rowspan="5">Additional classifications for which the Union has constitutional coverage over may be added to this list by agreement between the parties.</td> </tr> <tr> <td>Occupational Therapy</td> </tr> <tr> <td>Orthotics / Prosthetics</td> </tr> <tr> <td>Physiotherapy</td> </tr> <tr> <td>Podiatry</td> </tr> </table>		Dietetics	Radiography	Diversional Therapy	Social Work	Exercise Physiology	Speech Pathology	Mental Health	Additional classifications for which the Union has constitutional coverage over may be added to this list by agreement between the parties.	Occupational Therapy	Orthotics / Prosthetics	Physiotherapy	Podiatry
Dietetics	Radiography												
Diversional Therapy	Social Work												
Exercise Physiology	Speech Pathology												
Mental Health	Additional classifications for which the Union has constitutional coverage over may be added to this list by agreement between the parties.												
Occupational Therapy													
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Physiotherapy													
Podiatry													
<p>Relevant Definitions</p> <p><i>“Clinical Duties”</i> include therapeutic and program related activities and may include the identification and reporting of changes in the client’s condition.</p> <p><i>“Direct Supervision”</i> means the supervising Allied Health Professional is physically present to observe and direct the activities of an Allied Health Assistant.</p> <p><i>“Indirect Supervision”</i> is when the supervising Allied Health Professional is on-site, yet not physically present whilst the Allied Health Assistant undertakes activities as previously delegated by the Allied Health Professional. Procedures are to be in place to ensure the supervising Allied Health Professional is contactable to provide further direction if required.</p> <p><i>“Recognition of Prior Learning”</i> (‘RPL’) means the process whereby an employee has their qualifications, skills and/or knowledge assessed for equivalence, by a Registered Training Organisation, against the identified set of competencies for placement at Level 2 or Level 3.</p> <p><i>“Remote Supervision”</i> is when the Allied Health Professional is off-site whilst an Allied Health Assistant undertakes activities previously delegated by the Allied Health Professional. Procedures are to be in place to ensure that the supervising Allied Health Professional is contactable to provide further direction if required. This may include the use of technologies such as teleconferencing or videoconferencing.</p>													

	<p>“Non-Clinical Duties” include administrative and support activities.</p> <p>Salary Progression On attainment of a relevant qualification, Allied Health Assistants will move to Year 1 of the appropriate Level in this classification structure.</p> <p>Salary progression within Levels will occur following 12 months satisfactory service.</p> <p>Transitional Arrangements The transitional arrangement of any Allied Health Assistant determined in accordance with the Transitional Arrangements contained in Table 2 - Transitional Salary Arrangements for Allied Health Assistants of Part B, Monetary Rates, contained in the <i>NSW Health Service Allied Health Assistants (State) Award 2018</i> published 25 October 2019 (385 I.G. 449) will continue to have effect.</p> <p>NOTE: See subclause 4(vi)-(viii) of this Award regarding this classification.</p>
LEVEL 1	ALLIED HEALTH ASSISTANT Entry level
LEVEL 1 Year 1	<p>An <i>Allied Health Assistant</i> (Level 1) engages in basic patient care, clinical duties and / or administrative support under the supervision of the designated Allied Health Professional. They are developing skills and progressing from working under direct supervision to undertaking tasks under indirect or remote supervision.</p> <p>An Allied Health Assistant at Level 1:</p> <ul style="list-style-type: none"> • has completed less than 12 months service as an Allied Health Assistant; and • does not hold the qualifications of a Level 2 or Level 3 Allied Health Assistant. <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 2	ALLIED HEALTH ASSISTANT
LEVEL 2 Years 1-3	<p>An <i>Allied Health Assistant</i> (Level 2) undertakes clinical duties and / or administrative tasks under direct, indirect or remote supervision. At Level 2, the Allied Health Assistant has either:</p> <ul style="list-style-type: none"> • completed 12 or more months’ service as an Allied Health Assistant Level 1; <p style="text-align: center;">OR</p>

	<ul style="list-style-type: none"> completed a relevant Certificate III qualification or other qualification deemed equivalent by the employer or where they have been successfully assessed as possessing the competencies required for Certificate III by way of RPL. Progression to Level 2 will apply from the date that the employee notifies the employer and provides evidence of having attained the equivalent qualification or Statements of Attainment. <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LEVEL 3	ALLIED HEALTH ASSISTANT
LEVEL 3 Years 1-3	<p>An <i>Allied Health Assistant</i> (Level 3) undertakes clinical duties and / or administrative tasks under direct, indirect or remote supervision and has completed a relevant Certificate IV qualification or other qualification deemed equivalent by the employer or where they have been successfully assessed as possessing the competencies required for Certificate IV by way of RPL. Progression to Level 3 will apply from the date that the employee notifies the employer and provides evidence of having attained the equivalent qualification or Statements of Attainment.</p> <p>Progression through Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 5 - ANAESTHETIC AND OPERATING THEATRE TECHNICIANS

	ANAESTHETIC AND OPERATING THEATRE TECHNICIAN
	<p>An Anaesthetic and Operating Theatre Technician means a person employed as such who is wholly or mainly engaged in assembling, checking, maintaining and monitoring anaesthetic equipment before, during, and after operation.</p> <p>Remuneration will be as set out in Table 4, SECTION B Monetary Rates, dependent on whether the Technician holds a Diploma.</p> <p>NOTE: See subclause 4(vi)-(viii) of this Award regarding this classification.</p>
	SENIOR ANAESTHETIC AND OPERATING THEATRE TECHNICIAN
	<p>A Senior Anaesthetic and Operating Theatre Technician meets the following criteria:</p> <ul style="list-style-type: none">• Has a Diploma issued by the Society of Anaesthetic and Operating Theatre Technicians; and• Has a minimum of two years post graduate service as an Anaesthetic and Operating Theatre Technician; and• Is in charge of two or more Anaesthetic and Operating Theatre Technicians. <p>NOTE: See subclause 4(vi)-(viii) of this Award regarding this classification.</p>

PART I - CLASSIFICATION STRUCTURES
SCHEDULE 6 - BIOMEDICAL ENGINEERING

LEVEL 1	BIOMEDICAL ENGINEERING Technical - Trainee / Apprentice
Years 1-4	<p>A <i>Biomedical Engineering Trainee / Apprentice</i> (Level 1) is completing a relevant technical qualification. They are enrolled in prerequisite education or training or fulfilling supervised practice necessary to meet requirements of Biomedical Engineering Level 2 or Level 3.</p> <p>A Biomedical Engineering Trainee / Apprentice may perform the following functions under the supervision / direction of a supervisor:</p> <ol style="list-style-type: none"> i. Assists with routine technical work on medical equipment. ii. Undertakes duties with an awareness of relevant policies and record keeping protocols to ensure compliance with Australian Standards and TGA regulations. iii. Undertakes quality assurance and safety testing on medical equipment. iv. Provides support for biomedical equipment and associated infrastructure required to commission and maintain functionality. v. Actively participates in and contributes to Quality and Safety, and Work Health and Safety processes, including the implementation of safety systems, improvement initiatives and related training. <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance of a technical qualification being undertaken will in the first instance be managed via Clause 22 Grading Committee.</p> <p>On the attainment of their qualification, a Biomedical Engineering Trainee / Apprentice (Level 1) will automatically progress to being a Biomedical Engineering Technician (Level 2).</p>

LEVEL 2	BIOMEDICAL ENGINEERING	
	Technical - Biomedical Engineering Technician	Professional - Biomedical Engineering Intern
Years 1-3	<p>An employee at Biomedical Engineering Level 2 can be in one of the following roles: (A) a Biomedical Engineering Technician; or (B) a Biomedical Engineering Intern.</p> <p>A. <i>Biomedical Engineering Technician</i> A Biomedical Engineering Technician (Level 2) has completed a relevant technical qualification (AQF 3 / Certificate 3).</p> <p>A Technician at Level 2 could be expected to undertake the following duties reflecting their experience, with relevant direction and supervision provided:</p> <ul style="list-style-type: none"> (i) Responsible for routine technical work on medical equipment in all public health facilities within the scope of the role. (ii) Interprets relevant policies and maintains appropriate records to comply with Australian Standards and TGA regulations. (iii) Performs routine quality assurance and safety testing on all medical equipment within the scope of the role. (iv) Provides technical support to health professionals in the operational and functional use of medical equipment. (v) Provides on-site clinical support in wards, operating theatres and clinical departments where immediate technical problem-solving skills may be required during patient procedures. (vi) Provides support for biomedical equipment and associated infrastructure required to commission and maintain functionality. (vii) Actively participate in and contributes to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training. <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment or progression to Biomedical Engineering Level 2 will in the first instance be managed via Clause 22 Grading Committee.</p>	

On completion of three years at Level 2, a Biomedical Engineering Technician will automatically progress to Higher Biomedical Engineering (Biological) Technician (Level 3).

B. *Biomedical Engineering Intern*

A Biomedical Engineering Intern (Level 2) is enrolled in a final year of a relevant engineering undergraduate degree and can be expected to undertake the following duties reflecting their experience, with relevant direction and supervision provided:

- (i) Assists with routine technical work on medical equipment.
- (ii) Is aware of relevant policies and record keeping protocols to ensure compliance with Australian Standards and TGA regulations.
- (iii) Develop an understanding of the regulatory and funding environment governing medical devices relevant to the public health facilities within the scope of the role.
- (iv) Undertakes quality assurance and safety testing on medical equipment.
- (v) Provides support for biomedical equipment and associated infrastructure required to commission and maintain functionality.
- (vi) Actively participate in and contributes to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- (vii) Analyse and devise solutions to case problems as required.
- (viii) Create design requirement lists and conceptual prototypes for projects as required.
- (ix) Develop greater understanding of the engineer principles core to the scope of the role.
- (x) Ensure all work is documented comprehensively and in accordance with relevant rules of clinical information confidentiality.
- (xi) Collaborate with the multidisciplinary team of clinicians, technicians, engineers and end users to develop complex solutions appropriate to unique requirement sets.

	<p>(xii) Communicate effectively with a range of stakeholders with different professional backgrounds, conveying relevant domain knowledge in an accessible manner.</p> <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for appointment to Biomedical Engineering Level 2 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>A Biomedical Engineering Intern (Level 2) will automatically progress to Biomedical Engineer (Level 3) upon completion of their undergraduate engineering degree.</p>		
LEVEL 3	BIOMEDICAL ENGINEERING		
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Technical - Higher Biomedical Engineering Technician</td> <td style="width: 50%; text-align: center;">Professional - Biomedical Engineer</td> </tr> </table>	Technical - Higher Biomedical Engineering Technician	Professional - Biomedical Engineer
Technical - Higher Biomedical Engineering Technician	Professional - Biomedical Engineer		
Years 1-5	<p>An employee at Biomedical Engineering Level 3 can be in one of the following roles: (A) a Higher Biomedical Engineering Technician; or (B) a Biomedical Engineer.</p> <p><i>A. Higher Biomedical Engineering Technician</i> A Higher Biomedical Engineering Technician (Level 3) has completed a relevant technical qualification (AQF 4 / Certificate 4) and completed three years' experience at Biomedical Engineering Technician (Level 2) or has other experience deemed equivalent.</p> <p>Duties that could be expected to be undertaken include the following:</p> <ul style="list-style-type: none"> (i) Responsible for routine technical work on medical equipment in all public health facilities within the scope of the role. (ii) Interpret relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations. (iii) Perform routine quality assurance and safety testing on all medical equipment within the scope of the role. (iv) Provide technical support to health professionals in the operational and functional use of medical equipment. (v) Provide on-site clinical support in wards, operating theatres and clinical departments where immediate technical problem-solving skills may be required during patient procedures. 		

	<p>(vi) Provide support for existing, new and planned installations of biomedical equipment and the associated infrastructure required to commission and maintain functionality for the course of the equipment's working life.</p> <p>(vii) Actively participate in and contribute to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.</p> <p>(viii) Provide direction and supervision to Trainee / Apprentice Technicians.</p> <p>Progression through Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment or progression to Biomedical Engineering Level 3 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Personal progression from Higher Biomedical Engineering Technician (Level 3) to Senior Biomedical Engineering Technician (Level 4) or State-wide Technical Specialist / Consultant (Level 5) is via Clause 22 Grading Committee.</p> <p>B. Biomedical Engineer A Biomedical Engineer (Level 3) has completed their undergraduate engineering degree. Duties that could be expected to be undertaken include the following:</p> <p>(i) Perform routine technical work on equipment under the direction of a supervisor.</p> <p>(ii) Interpret relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations and ensure consistency in interpretation within the Service.</p> <p>(iii) Perform quality assurance and safety testing on all medical equipment.</p> <p>(iv) Provide support for existing, new and planned installations of biomedical equipment and the associated infrastructure required to commission and maintain functionality for the course of the equipment's working life.</p> <p>(v) Actively participate in and contribute to Quality and Safety, and Work Health and Safety processes, including in the</p>
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	<p>development and implementation of safety systems, improvement initiatives and related training.</p> <p>(vi) Analyse and devise solutions to case problems and projects.</p> <p>(vii) Develop an understanding of the regulatory and funding environment governing medical devices relevant to the scope of the role.</p> <p>(viii) Create design requirement lists and conceptual prototypes for projects.</p> <p>(ix) Ensure all work is documented comprehensively and in accordance with relevant rules of clinical information confidentiality.</p> <p>(x) Collaborate with the multidisciplinary team of clinicians, technicians, engineers and end users to develop complex solutions appropriate to unique requirement sets.</p> <p>(xi) Communicate effectively with a range of stakeholders with different professional backgrounds, conveying relevant domain knowledge in an accessible manner.</p> <p>Progression through Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for progression or appointment to Biomedical Engineering Level 3 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>A Biomedical Engineer (Level 3) automatically progresses to Higher Biomedical Engineer (Level 4) after completing 12 months at Level 3 Year 5.</p>	
LEVEL 4	BIOMEDICAL ENGINEERING	
Years 1-5	<p>Technical - Senior Biomedical Engineering Technician</p> <p>An employee at Biomedical Engineering Level 4 can be in one of the following roles: (A) a Senior Biomedical Engineering Technician; or (B) a Higher Biomedical Engineer.</p> <p><i>A. Senior Biomedical Engineering Technician</i> A Senior Biomedical Engineering Technician (Level 4) has completed a relevant technical qualification (AQF 5) and recommended to have five years relevant experience. It can be expected that at Level 4, the Technician will have completed or be undertaking leadership / management training.</p>	<p>Professional - Higher Biomedical Engineer</p>

Duties that a Senior Biomedical Engineering Technician at Level 4 could be expected to undertake include the following:

- (i) Coordinates routine technical work on equipment in all public health facilities within the scope of the role / workplace.
- (ii) Interprets relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations and ensure consistency in interpretation within the Service.
- (iii) Coordinates routine quality assurance and safety testing on all medical equipment within the scope of the role.
- (iv) Coordinates and provides technical support to health professionals in the operational and functional use of medical equipment.
- (v) Coordinates and provides on-site clinical support in wards, operating theatres and clinical departments where immediate technical problem-solving skills may be required during patient procedures.
- (vi) Provides support for existing, new and planned installations of biomedical equipment and the associated infrastructure required to commission and maintain functionality for the course of the equipment's working life.
- (vii) Actively participates in and contribute to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- (viii) Provides support and management to Biomedical Technicians and Higher Biomedical Technicians.
- (ix) Coordinates support of Trainee / Apprentice Technicians.

Progression through Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment or progression to Biomedical Engineering Level 4 will in the first instance be managed via Clause 22 Grading Committee.

Personal progression from Senior Biomedical Engineering Technician (Level 4) to State-wide Technical Specialist / Consultant (Level 5) is via Clause 22 Grading Committee.

B. Higher Biomedical Engineer

A Higher Biomedical Engineer (Level 4) has completed their undergraduate engineering degree and recommended to have five years relevant experience. It can be expected that at Level 5 they will have completed or be undertaking CPEng or relevant engineering Masters or relevant engineering PhD.

Duties that a Higher Biomedical Engineer at Level 4 could be expected to undertake include the following:

- (i) Coordinates and performs routine technical work on equipment.
- (ii) Interprets relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations and ensure consistency in interpretation within the Service.
- (iii) Performs quality assurance and safety testing on all medical equipment.
- (iv) Scopes new biomedical equipment to meet the needs of the LHD.
- (v) Actively participates in and contributes to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- (vi) Analyses and devises solutions to case problems and projects.
- (vii) Develops an understanding of the regulatory and funding environment governing medical devices relevant to the LHD.
- (viii) Creates design requirement lists and conceptual prototypes for projects.
- (ix) Ensures all work is documented comprehensively and in accordance with relevant rules of clinical information confidentiality.
- (x) Collaborates with the multidisciplinary team of clinicians, technicians, engineers and end users to develop complex solutions appropriate to unique requirement sets.
- (xi) Communicates effectively with a range of stakeholders with different professional backgrounds, conveying relevant domain knowledge in an accessible manner.

	<p>Progression through Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for progression or appointment to Biomedical Engineering Level 4 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Personal progression from Higher Biomedical Engineer (Level 4) to Biomedical Engineer Specialist (Level 5) is via Clause 22 Grading Committee.</p>	
LEVEL 5	BIOMEDICAL ENGINEERING	
	Technical - State-wide Technical Specialist / Consultant	Professional - Biomedical Engineer Specialist
Years 1-5	<p>An employee at Biomedical Engineering Level 5 can be in one of the following roles: (A) a State-wide Technical Specialist / Consultant; or (B) a Biomedical Engineer Specialist.</p> <p>A. State-wide Technical Specialist / Consultant A State-wide Technical Specialist / Consultant (Level 5) has completed a relevant technical qualification (AQF 5) and completed eight years relevant experience.</p> <p>They are also recognised as a State-wide authority in an area of practice as assessed via Clause 22 Grading Committee.</p> <p>It can be expected that at Level 5, the Specialist / Consultant will have completed or be undertaking higher qualification/s in an area of specialisation.</p> <p>Duties that a State-wide Technical Specialist / Consultant at Level 5 could be expected to undertake include the following:</p> <ul style="list-style-type: none"> (i) Coordinates acceptance testing, calibration, maintenance, repair, function and safety testing of medical equipment in all public health facilities within the scope of the role / workplace. (ii) Interprets relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations and ensure consistency in interpretation across the State. (iii) Participates in relevant Australian Standards working groups on behalf of the employer. (iv) Participates in relevant LHD and State technical working groups. 	

	<ul style="list-style-type: none"> (v) Performs high-level quality assurance and safety testing on all medical equipment within the scope of the role. (vi) Provides high-level technical support to health professionals in the operational and functional use of medical equipment. (vii) Coordinates and provides on-site clinical support in wards, operating theatres and clinical departments where immediate technical problem-solving skills may be required during patient procedures. (viii) Provides support for existing, new and planned installations of biomedical equipment and the associated infrastructure required to commission and maintain functionality for the course of the equipment's working life. (ix) Actively participates in and contribute to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training. (x) Provides support to Biomedical workforce through formal and informal training and development. <p>Progression through Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment or progression to Biomedical Engineering Level 5 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Personal progression from State-wide Technical Specialist / Consultant (Level 5) to Biomedical Engineering State-wide Specialist / Consultant (Level 6) is via Clause 22 Grading Committee.</p> <p>B. <i>Biomedical Engineer Specialist</i> A Biomedical Engineer Specialist (Level 5) has completed their undergraduate engineering degree and recommended to have eight years relevant experience. It can be expected that at Level 5 they will have completed or be undertaking CPEng or a higher degree in a relevant field of engineering.</p> <p>Duties that a Biomedical Engineer Specialist at Level 5 could be expected to undertake include the following:</p> <ul style="list-style-type: none"> (i) Coordinates and performs technical work on equipment.
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	<ul style="list-style-type: none"> (ii) Has expert knowledge of relevant policies and maintains appropriate records to ensure compliance with Australian Standards and TGA regulations and ensures consistency in interpretation within the Service. (iii) Provides specialist knowledge of theory and practice in a specialisation of the Biomedical Engineering discipline. (iv) Coordinate quality assurance and safety testing on all medical equipment. (v) Scopes new biomedical equipment to meet the needs of the LHD. (vi) Actively participates in and contributes to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training. (vii) Analyses and devises solutions to case problems and projects (viii) Advises on the regulatory and funding environment governing medical devices relevant to the LHD. (ix) Creates design requirement lists and conceptual prototypes for projects. (x) Ensures all work is documented comprehensively and in accordance with the employer's rules of clinical information confidentiality. (xi) Collaborates with the multidisciplinary team of clinicians, technicians, engineers and end users to develop complex solutions appropriate to unique requirement sets. (xii) Communicates effectively with a range of stakeholders with different professional backgrounds, conveying relevant domain knowledge in an accessible manner. <p>Progression through Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for progression or appointment to Biomedical Engineering Level 5 will in the first instance be managed via Clause 22 Grading Committee.</p>
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	Personal progression from Biomedical Engineer Specialist (Level 5) to Biomedical Engineering State-wide Specialist / Consultant (Level 6) is via Clause 22 Grading Committee.	
LEVEL 6	BIOMEDICAL ENGINEERING	
	Professional - Biomedical Engineering State-wide Specialist / Consultant	Management - Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities)
Years 1-5	<p>An employee at Biomedical Engineering Level 6 can be in one of the following roles: (A) a Biomedical Engineering State-wide Specialist / Consultant; or (B) a Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities).</p> <p>A. <i>Biomedical Engineering State-wide Specialist / Consultant</i> A Biomedical Engineering State-wide Specialist / Consultant (Level 6) has completed a relevant engineering degree</p> <p>They are also recognised as a State-wide authority in an area of practice as assessed via Clause 22 Grading Committee.</p> <p>It can be expected that at Level 6, the Specialist / Consultant will have completed or be undertaking a higher qualification/s in an area of specialisation and / or CPEng.</p> <p>Duties that a Biomedical Engineering State-wide Specialist / Consultant at Level 6 could be expected to undertake include the following:</p> <ul style="list-style-type: none"> (i) Coordinates and performs technical work on equipment. (ii) Has expert knowledge of relevant policies and maintains appropriate records to ensure compliance with Australian Standards and TGA regulations and ensures consistency in interpretation within the Service. (iii) Provides specialist knowledge of theory and practice in a specialisation of the Biomedical Engineering discipline. (iv) Coordinate quality assurance and safety testing on all medical equipment. (v) Scopes new biomedical equipment to meet the needs of the LHD. (vi) Actively participates in and contributes to Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training. 	

	<ul style="list-style-type: none"> (vii) Analyses and devises solutions to case problems and projects. (viii) Advises on the regulatory and funding environment governing medical devices relevant to the LHD. (ix) Creates design requirement lists and conceptual prototypes for projects. (x) Ensures all work is documented comprehensively and in accordance with the employer's rules of clinical information confidentiality. (xi) Collaborates with the multidisciplinary team of clinicians, technicians, engineers and end users to develop complex solutions appropriate to unique requirement sets. (xii) Communicates effectively with a range of stakeholders with different professional backgrounds, conveying relevant domain knowledge in an accessible manner. (xiii) Provides support to Biomedical workforce through formal and informal training and development. <p>Progression through Level 6 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for progression or appointment to Biomedical Engineering Level 6 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>B. <i>Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities)</i></p> <p>A Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities) (Level 6) has a recommended eight years of relevant experience in biomedical engineering, and they have also undertaken management or leadership courses provided by the employer or has experience via substantive employment in a Deputy Director role.</p> <p>It can be expected that at Level 6 they will have a degree in a relevant engineering discipline and have CPEng.</p> <p>Duties that a Deputy Director Biomedical Engineering at Level 6 could be expected to undertake, include the following:</p> <ul style="list-style-type: none"> (i) Supports Director in the development of and monitoring of all biomedical equipment contracts in which the LHD is involved.
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	<ul style="list-style-type: none"> (ii) Develops and implements operational systems, practices and procedures to ensure the availability, optimum usage and safety precautions in compliance with established standards set by the various regulatory agencies. (iii) Establishes operating guidelines for all services in compliance with employer policies and established business and hospital practices and procedures. (iv) Develops and implements management reporting systems within designated areas of responsibility. (v) Provides technical support to keep all biomedical equipment operating at all times including routine situations and clinical emergencies. (vi) Develops and directs routine tests of all equipment, as well as developing and maintaining appropriate documentation for accreditation inspections. (vii) Participates in the tender, purchase and commissioning of new equipment within the LHD. (viii) Develops evaluation criteria and conducts pre-purchase evaluation to select equipment. (ix) Develops and approves specifications and performance of new biomedical equipment and determines its suitability for utilisation and compatibility with existing equipment. (x) Supports the purchase and installation, as well as, assurance of compatibility, certification of performance and monitoring of service agreements. (xi) Assists other hospital staff, as needed, in the analysis and operation of biomedical devices implanted in patients. (xii) Implements and monitors TGA and / or manufacturer's hazard recall notices. (xiii) Coordinates staffing to ensure adequate coverage of biomedical services. (xiv) Maintains currency in domain knowledge. <p>Progression through Level 6 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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	The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for appointment to Biomedical Engineering Level 6 will in the first instance be managed via Clause 22 Grading Committee.	
LEVEL 7	BIOMEDICAL ENGINEERING	
	Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities)	Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)
Years 1-5	<p>An employee at Biomedical Engineering Level 7 can be in one of the following roles: (A) a Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities); or (B) a Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities).</p> <p>A. <i>Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities)</i></p> <p>A Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities) (Level 7) has a degree in a relevant engineering discipline and recommended to have completed eight years relevant experience in biomedical engineering. They will have also undertaken management or leadership courses provided by the employer or has experience via substantive employment in a Director role.</p> <p>It can be expected that at Level 7 they will have a post graduate degree in engineering (BmE) or management (MBmE or MBA), along with CPEng.</p> <p>Duties that a Director Biomedical Engineering at Level 7 could be expected to undertake include the following:</p> <ul style="list-style-type: none"> (i) Maintains total administrative responsibility for biomedical equipment used within the LHD, including participation in the development of and monitoring of all biomedical equipment contracts in which the LHD is involved. (ii) Develops and implements operational systems, practices and procedures to ensure the availability, optimum usage and safety precautions in compliance with established standards set by the various regulatory agencies. (iii) Establishes operating guidelines for all services in compliance with the employer's policies and established business and hospital practices and procedures. (iv) Develops and implements management reporting systems within designated areas of responsibility. 	

- (v) Provides technical support to keep all biomedical equipment operating at all times including routine situations and clinical emergencies.
- (vi) Develops and directs routine tests of all equipment and develops and maintains appropriate documentation for accreditation inspections.
- (vii) Participates in the tender, purchase and commissioning of new equipment within the LHD.
- (viii) Develops evaluation criteria and conducts pre-purchase evaluation to select equipment.
- (ix) Develops and approves specifications and performance of new biomedical equipment and determines its suitability for utilisation and compatibility with existing equipment.
- (x) Plans the purchase and installation, as well as, assurance of compatibility, certification of performance and monitoring of service agreements.
- (xi) Assists other hospital staff, as needed, in the analysis and operation of biomedical devices implanted in patients.
- (xii) Implements and monitors TGA and /o r manufacturer's hazard recall notices.
- (xiii) Coordinates staffing to ensure adequate coverage of biomedical services.
- (xiv) Participates in preparation of relevant budgets relating to Biomedical Services they are responsible for.
- (xv) Develops methods for statistical reporting and quality control of Service.
- (xvi) Maintains currency in domain knowledge.

Progression through Level 7 is automatic and occurs annually on the determined anniversary date for incremental progression.

The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for appointment to Biomedical Engineering Level 7 will in the first instance be managed via Clause 22 Grading Committee.

B. *Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)*

A Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities) (Level 7) has a degree in a relevant engineering discipline and recommended to have completed eight years relevant experience in biomedical engineering. They will have also undertaken management or leadership courses provided by the employer or has experience via substantive employment in a Director role.

It can be expected that at Level 7 they will hold CPEng.

Duties that a Deputy Director Biomedical Engineering at Level 7 could be expected to undertake include the following:

- (i) Supports Director in the development of and monitoring of all biomedical equipment contracts in which the LHD is involved.
- (ii) Develops and implements operational systems, practices and procedures to ensure the availability, optimum usage and safety precautions in compliance with established standards set by the various regulatory agencies.
- (iii) Establishes operating guidelines for all services in compliance with the employer's policies and established business and hospital practices and procedures.
- (iv) Develops and implements management reporting systems within designated areas of responsibility.
- (v) Provides technical support to keep all biomedical equipment operating at all times including routine situations and clinical emergencies.
- (vi) Develops and directs routine tests of all equipment and develops and maintains appropriate documentation for accreditation inspections.
- (vii) Participates in the tender, purchase and commissioning of new equipment within the LHD.
- (viii) Develops evaluation criteria and conducts pre-purchase evaluation to select equipment.
- (ix) Develops and approves specifications and performance of new biomedical equipment and determines its suitability for utilisation and compatibility with existing equipment.
- (x) Supports the purchase and installation, as well as, assurance of compatibility, certification of performance and monitoring of service agreements.

	<ul style="list-style-type: none"> (xi) Assists other hospital staff, as needed, in the analysis and operation of biomedical devices implanted in patients. (xii) Implements and monitors TGA and / or manufacturer's hazard recall notices. (xiii) Coordinates staffing to ensure adequate coverage of biomedical services. (xiv) Maintains currency in domain knowledge. <p>Progression through Level 7 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for appointment to Biomedical Engineering Level 7 will in the first instance be managed via Clause 22 Grading Committee.</p>
LEVEL 8	BIOMEDICAL ENGINEERING Director of Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)
Years 1-5	<p>An employee at Biomedical Engineering Level 8 will be a Director of Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities).</p> <p>A Director of Biomedical Engineering at Level 8 will have a degree in a relevant engineering discipline and recommended to have completed ten years relevant experience in biomedical engineering. They will have also undertaken management or leadership courses provided by the employer and CPEng or has experience via substantive employment in a Director role.</p> <p>It can be expected that at Level 8 they will have a post graduate degree in engineering (BmE) or management (MBmE or MBA), along with CPEng.</p> <p>Duties that a Director Biomedical Engineering at Level 8 could be expected to undertake include the following:</p> <ul style="list-style-type: none"> (i) Maintains total administrative responsibility for biomedical equipment used within the Local Health District, including participation in the development of and monitoring of all biomedical equipment contracts in which the Local Health District is involved. (ii) Develops and implements operational systems, practices and procedures to ensure the availability, optimum usage and

	<p>safety precautions in compliance with established standards set by the various regulatory agencies.</p> <p>(iii) Establishes operating guidelines for all services in compliance with the employer's policies and established business and hospital practices and procedures.</p> <p>(iv) Develops and implements management reporting systems within designated areas of responsibility.</p> <p>(v) Provides technical support to keep all biomedical equipment operating at all times including routine situations and clinical emergencies.</p> <p>(vi) Develops and directs routine tests of all equipment and develops and maintains appropriate documentation for accreditation inspections.</p> <p>(vii) Participates in the tender, purchase and commissioning of new equipment within the LHD.</p> <p>(viii) Develops evaluation criteria and conducts pre-purchase evaluation to select equipment.</p> <p>(ix) Develops and approves specifications and performance of new biomedical equipment and determines its suitability for utilisation and compatibility with existing equipment.</p> <p>(x) Plans the purchase and installation, as well as, assurance of compatibility, certification of performance and monitoring of service agreements.</p> <p>(xi) Assists other hospital staff, as needed, in the analysis and operation of biomedical devices implanted in patients.</p> <p>(xii) Implements and monitors TGA and / or manufacturer's hazard recall notices.</p> <p>(xiii) Coordinates staffing to ensure adequate coverage of biomedical services.</p> <p>(xiv) Participates in preparation of relevant budgets relating to Biomedical Services.</p> <p>(xv) Develops methods for statistical reporting and quality control of Service.</p> <p>(xvi) Maintains currency in domain knowledge.</p>
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	<p>Progression through Level 7 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a tertiary qualification held which is relied upon for appointment to Biomedical Engineering Level 8 will in the first instance be managed via Clause 22 Grading Committee.</p>
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Working draft ~ 18.12.2024 ~ 0730hrs

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 7 - CARDIAC PHYSIOLOGISTS

LEVEL 1	CARDIAC PHYSIOLOGIST Newly Qualified Clinician
Years 1-2	<p>A <i>Newly Qualified Clinician</i> (Level 1) has an Australian Council of Clinical Physiologist (ACCP) undergraduate degree and in their first 2 years of post-qualification practice. They are focused on professional skill development, ensuring the highest level of clinical care and governance, patient safety, and staff retention.</p> <p>Cardiac Physiologists with demonstrated prior service in their profession will have such service recognised for the purpose of determining their commencing year of service / increment date (including any overseas service).</p> <p>The resolution of any dispute arising to the relevancy of previous service will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Newly Qualified Clinicians may perform the following functions:</p> <ul style="list-style-type: none"> • Perform basic and routine non-invasive cardiac investigation with point of care supervision; and • Demonstrate professional knowledge and expertise obtained through relevant tertiary education; and • Participate in quality or service improvement activities under the clinical practice and / or operational supervision of a Level 2 or above; and • Participate in multidisciplinary teams; and • Participate in the provision of student education under operational supervision of a more senior Cardiac Physiologist Level 3 or higher; and • Manage their professional standards / accreditation / registration requirements. <p>Roles are focused on professional skill development, ensuring highest level clinical governance, patient safety and staff retention. As such, they will undertake their duties in the following manner:</p> <ul style="list-style-type: none"> • Will receive ongoing clinical supervision with a predominant (but not sole) focus on point of care / practice supervision when performing clinical duties; and

	<ul style="list-style-type: none"> • Will have a maximum of 75% of total contracted hours for the performance of clinical duties; and • They will not be a sole practitioner. <p>They can work with students in a clinical setting, but must not provide students with clinical supervision unless:</p> <ul style="list-style-type: none"> • The have progressed to Year 2 as a Newly Qualified Clinician; and • The supervision of students is on a routine and basic task; and • The Department has conducted a risk assessment on their capacity to provide safe and appropriate supervision to students. <p>A Newly Qualified Cardiac Physiologist (Level 1) cannot progress directly to being a Senior Cardiac Physiologist (Level 3), in that they must progress firstly to being a Proficient Cardiac Physiologist (Level 2).</p> <p>Progression through Level 1 is automatic and occurs annually on their determined anniversary date for incremental progression.</p> <p>On the completion of 12 months service at Level 1 Year 2, the Newly Qualified Cardiac Physiologist will automatically progress to being a Proficient Cardiac Physiologist Clinician (Level 2).</p>
LEVEL 2	CARDIAC PHYSIOLOGIST Proficient Clinician
Years 1-6	<p>A <i>Proficient Cardiac Physiologist</i> (Level 2) has completed 2 years' post qualification experience and are expected to have developed new practitioner competencies.</p> <p>Proficient Cardiac Physiologists may perform the following functions:</p> <ul style="list-style-type: none"> • Undertake routine clinical practice, cardiac intervention, cardiac catheter laboratory and non-invasive diagnostic testings, with decreasing clinical point of care / practice supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience; and • Make more complex clinical decisions and solve problems under the clinical supervision of a Senior Cardiac Physiologist (Level 3) or higher; and • Provide supervision to students, assistants and clinical support staff and participate in delivering, but not leading, educational activities; and

	<ul style="list-style-type: none"> • Participate in clinical research activities. <p>Proficient Cardiac Physiologists may commence and undertake advanced modality training at Level 2.</p> <p>Progression through Level 2 is automatic and occurs annually on their determined anniversary date for incremental progression.</p>
LEVEL 3	CARDIAC PHYSIOLOGIST Senior Clinician
Years 1-4	<p>A <i>Senior Cardiac Physiologist</i> (Level 3) has high-level knowledge, skills, and experience, demonstrated through competency in Advanced modalities such as CIED (Cardiac Implantable Electronic Device) management, Electrophysiology and Echocardiography but the Senior Cardiac Physiologist does not hold accreditation with Australian Sonographer Accreditation Registry.</p> <p>Senior Cardiac Physiologists can generally perform most of their tasks of a complex nature with a high degree of independence and only require occasional point of care supervision. As experience grows, a Senior Clinician can be expected to demonstrate increasing clinical leadership within their work team / unit.</p> <p>Senior Cardiac Physiologists can demonstrate their competency in an advanced modality through:</p> <ul style="list-style-type: none"> • Holding a qualification or certification in advanced clinical modality speciality. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Demonstrating professional decision making and judgement on a day-to-day basis, with a high degree of independence, when performing most tasks and duties within an advanced modality specialty; and • Effectively and independently managing clinical caseloads, including exercising independent professional judgement as required when solving problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification; and • Applying evidence based clinical skills and decision making to complex cases, and consistently apply as circumstances require evidence informed clinical practice relevant to the specific needs of clients in rural, remote or community settings; and

	<ul style="list-style-type: none"> • Providing clinical supervision and acting as a reference point for Newly Qualified and Proficient Cardiac Physiologists on difficult situations; and • Participating in profession specific professional development and clinical practice education activities to within work unit / team. <p>OR</p> <ul style="list-style-type: none"> • The Senior Cardiac Physiologist is a sole practitioner working in a health facility with no other Cardiac Physiologist Level 3 or higher available on-site and face-to-face on a daily basis. <p>Progression as a personal regrade to Senior Cardiac Physiologist will be via Clause 22 Grading Committee. The Grading Committee will recognise areas of Advanced modality that may be relevant for progression or appointment to Level 3.</p> <p>The resolution of any dispute arising to the relevancy of a non-tertiary certificate or additional training (relied upon in relation to the above indicators) will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 4	CARDIAC PHYSIOLOGIST Lead Cardiac Physiologist
Years 1-4	<p>A <i>Lead Cardiac Physiologist</i> (Level 4) holds an Advanced modality as identified in Senior Cardiac Physiologist (Level 3), and in addition, has responsibilities as a:</p> <ul style="list-style-type: none"> • <i>Clinical Team Leader</i> in charge of providing clinical and operational supervision of a discreet function. <p>OR</p> <ul style="list-style-type: none"> • Holds two or more Advanced Modalities in areas in which they provide clinical leadership to other Cardiac Physiologists. <p>OR</p> <ul style="list-style-type: none"> • A <i>Cardiac Physiologist Educator</i> responsible for the provision of specialised staff and clinician education within an area of expertise. <p>OR</p>

	<ul style="list-style-type: none"> • A <i>Cardiac Physiologist Researcher</i> with responsibility for coordination and delivery of professional practice and / or applied clinical research within an area of expertise. <p>Progression as a personal regrade to Lead Cardiac Physiologist will be via Clause 22 Grading Committee.</p> <p>Progression through Level 4 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 5	CARDIAC PHYSIOLOGIST Deputy Chief Cardiac Physiologist
Years 1-2	<p>A <i>Deputy Chief Cardiac Physiologist</i> (Level 5) holds an Advanced modality as identified in Senior Cardiac Physiologist (Level 3), and in addition, are responsible as the Deputy for a Department.</p> <p>Deputy Cardiac Physiologists are responsible, under delegation and management of a Chief Cardiac Physiologist, for the following:</p> <ul style="list-style-type: none"> • implementation and provision of timely clinical services; and • assisting the Manager as required with planning for the provision, implementation, and evaluation of relevant clinical services in the Department or Service; and • Professional and clinical governance to staff; and • administrative and operational tasks that support day-to-day service delivery; and • developing and maintaining rosters for staff; and • managing leave rosters and relief requirements; and • assisting the Manager as required with decisions relating to human resources and physical or financial resource allocation. <p>Deputy Chiefs will be graded at the following levels:</p> <ul style="list-style-type: none"> • Grade 1 for Departments with less than 5 FTE under professional supervision and / or operational management • Grade 2 for Departments more than 5-10 FTE under professional supervision and / or operational management • Grade 3 for Departments of more than 10 FTE under professional supervision and / or operational management.

	Progression through Level 5 is automatic and occurs annually on the date of appointment to the position.
LEVEL 6	CARDIAC PHYSIOLOGIST Chief Cardiac Physiologist
Years 1-2	<p>A <i>Chief Cardiac Physiologist</i> (Level 6) holds an Advanced modality as identified in Senior Cardiac Physiologist (Level 3), and in addition, are the Manager of a Department.</p> <p>Managers will have primary accountability for the financial, physical, and human resources of the Department or Service. Whilst programs, strategies and priorities may well be determined at an organisational level, the Manager will have authority to determine how to achieve any identified objectives within allocated and available resources to the Department or Service.</p> <p>Responsibilities for roles at this Level may include the following:</p> <p>A. Clinical delivery and professional governance</p> <ol style="list-style-type: none"> i. Direction and co-ordination of clinical service delivery. ii. Delivery of clinical projects. iii. Oversee planning for the provision, implementation, and evaluation of relevant clinical services within the Department or Service. iv. Assisting the Director, and where required, the Executive Director, with strategic planning, monitoring, and evaluating clinical service delivery across a Department or Service. v. Be familiar with, and in turn promote, the broad strategic context of the Department or Service. vi. Co-ordinate and ensure the proper professional and / or clinical governance and supervision within the Department or Service. vii. Ensuring clinical credentialing and registration, as well as the necessary skill mix of staff as needed. viii. Have final approval and oversight on the Department or Service's performance review and management processes. ix. Accountable for ensuring the delivery of Department or Service education programs. x. Undertake representation in Ministry, LHD and / or Network discussions on Health Professionals.

- xi. May have professional oversight of discipline specific Health Professionals at an organisational level. If included in the Manager's responsibilities, then such professional reporting lines will be included in the consideration of the correct grading of the position.

B. Administrative and operational management

- i. Financial governance of the Department or Service.
- ii. Management of allocated physical and human resources across the Department or Service.
- iii. Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
- iv. Primary accountability for workforce functions, with responsibilities including but not limited to:
- o Leave management.
 - o Rostering.
 - o Performance management and improvement.

Chiefs will be graded at the following levels:

- **Grade 1** for Departments with less than 5 FTE under professional supervision and / or operational management
- **Grade 2** for Departments more than 5-10 FTE under professional supervision and / or operational management
- **Grade 3** for Departments of more than 10 FTE under professional supervision and / or operational management.

Progression through Level 6 is automatic and occurs annually on the date of appointment at this Level.

PART I - CLASSIFICATION STRUCTURES
SCHEDULE 8 - ENVIRONMENTAL HEALTH OFFICERS

UNDER CONSTRUCTION

Working draft ~ 18.12.2024 ~ 0730hrs

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 9 - HEALTH PROFESSIONALS

HEALTH PROFESSIONALS SPP / Clinical Placement	
Year 1	<p>This only includes those employees who hold either provisional or limited registration with AHPRA to permit the completion of a supervised practice program or to undertake postgraduate training requiring a clinical component. This also includes overseas qualified professionals or those requiring practice placement after an extended break to satisfy AHPRA registration requirements.</p> <p>The successful completion of these is to enable general registration with AHPRA in their profession.</p> <p>They only work under direct supervision of a Proficient Clinician or higher to ensure patient safety and professional development of the following capacities:</p> <ul style="list-style-type: none"> • Application of professional knowledge, skills, and professional judgement; and • Solve routine professional issues related to patient care, work health and safety, manual handling, and / or quality assurance; and • Working and contributing to the work team / unit, which may involve multi-disciplinary team environments. <p>Progression to being a Newly Qualified Clinician is automatic on the employee obtaining general registration from AHPRA.</p>
HEALTH PROFESSIONALS Newly Qualified Clinician/Trainee Genetic Counsellor	
Years 1-2	<p>A <i>Newly Qualified Clinician</i> has either obtained general registration with AHPRA (as and if required for their profession) or have become qualified professionals as identified in PART H, Table 2 of this Award. They are in their first two years of practice and developing their professional skills.</p> <p>Genetic Counsellors at this clinical level are in training and completing a relevant post-graduate degree for the purpose of obtaining membership of the Human Genetics Society of Australasia ('HGSA').</p> <p>Those employees with demonstrated prior service in their profession will have such service recognised for the purpose of determining their commencing year of service / increment date (including any overseas service).</p>

The resolution of any dispute arising to the relevancy of previous service will in the first instance be managed via Clause 22 Grading Committee.

Newly Qualified Clinicians may perform the following functions:

- Perform basic and routine clinical practice with profession specific point of care supervision; and
- Demonstrate recognised knowledge and expertise obtained through relevant tertiary education; and
- Participate in quality or service improvement activities under the clinical practice and / or operational supervision of a Senior Clinician or above in the same profession; and
- Manage their professional standards / accreditation / registration requirements.

Roles are focused on professional skill development, ensuring highest level clinical governance, patient safety and staff retention. As such, they will undertake their duties in the following manner:

- Will receive ongoing clinical supervision with a predominant (but not sole) focus on point of care / practice supervision when performing clinical duties; and
- Will have a maximum of 75% of total contracted hours for the performance of clinical duties; and
- They will not be a sole practitioner.

They can work with students in a clinical setting, but must not provide students with clinical supervision unless:

- They have progressed to Year 2 as a Newly Qualified Clinician; and
- The supervision of students is on a routine and basic task; and
- The Department has conducted a risk assessment on their capacity to provide safe and appropriate supervision to students.

A Newly Qualified Clinician does not perform on-call unless:

- A risk assessment considering the Newly Qualified Clinician's capacities has been undertaken; and

	<ul style="list-style-type: none"> • They have completed designated training competencies relevant to the on-call service; and • Consultation with a Senior Clinician or above is always available to them whilst on-call. <p>A Newly Qualified Clinician cannot progress directly to being a Senior Clinician, in that they must progress firstly to being a Proficient Clinician.</p> <p>Progression through this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.</p> <p>On the completion of 12 months service at Year 2, the Newly Qualified Clinician will automatically progress to being a Proficient Clinician. Genetic Counsellors however will progress to being a Proficient Clinician upon being eligible for membership of the HGSA.</p>
	HEALTH PROFESSIONALS Proficient Clinician
Years 1-6	<p>A <i>Proficient Clinician</i> has completed two years' experience in their profession and are expected to have developed new practitioner competencies. Genetic Counsellors who are eligible for membership of the HGSA will also progress to being a Proficient Clinician.</p> <p>Proficient Clinicians may be required to perform the following functions:</p> <ul style="list-style-type: none"> (i) Undertake routine clinical practice with decreasing clinical point of care / practice supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience; and (ii) Make more complex clinical decisions and solve problems under the clinical supervision of a Senior Clinician or higher; and (iii) Provide supervision to Newly Qualified Clinicians, Technical support staff and students on routine clinical tasks under operational supervision of a Health Professional Educator, team or unit Lead or Senior Clinician; and (iv) Participate in delivering, but not leading, educational activities to non-health professional staff; and (v) Participate in clinical research activities led by a Senior Clinician or higher; and

	<p>(vi) Perform on-call within the scope of their practice, functions, and role; and</p> <p>(vii) Participate in the development of local policies, procedures, standards, and practices in their work team / unit; and</p> <p>(viii) Participate in quality improvement activities in their work team / unit.</p> <p>A Proficient Clinician may be a sole practitioner as defined under clause 8 of this Award and consequently receive the sole practitioner allowance specified in SECTION B Monetary Rates, Table 20 Allowances.</p> <p>For the purpose of skill development and demonstrating aptitude for progression to being a Senior Clinician, a Proficient Clinician on reaching Year 4 may commence providing clinical supervision on routine tasks to Proficient Clinicians on Years 1-3.</p> <p>Progression through this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.</p>
HEALTH PROFESSIONAL Senior Clinician	
Years 1-4	<p>A <i>Senior Clinician</i> has high-level knowledge, skills, and experience, demonstrating this in either:</p> <p>(i) a recognised clinical specialty;</p> <p style="text-align: center;">OR</p> <p>(ii) alternatively, across two or more clinical areas in a generalist capacity.</p> <p>Senior Clinicians can generally perform most of their tasks of a complex nature with a high degree of independence and only require occasional point of care supervision. As experience grows, a Senior Clinician can be expected to demonstrate increasing clinical leadership within their work team / unit.</p> <p>Genetic Counsellors (only) who are a Fellow of the HGSA will automatically progress to being a Senior Clinician.</p> <p>Indicators of meeting the above criteria include but are not limited to the following:</p> <ul style="list-style-type: none"> • Demonstrate professional decision making and judgement on a day-to-day basis, with a high degree of independence, when performing most tasks and duties, either within a recognised clinical

specialty or across multiple clinical areas, for example, in a rural, remote or community health setting; or

- Effectively and independently manage clinical caseloads, including exercising independent professional judgement as required when solving problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification; or
- Working in an interdisciplinary manner, including covering the leave of other disciplines if clinically appropriate; or
- Apply evidence based clinical skills and decision making to complex cases, and consistently apply as circumstances require evidence informed clinical practice relevant to the specific needs of clients in rural, remote or community settings; or
- Demonstrate skills, knowledge, and expertise in the provision of clinical services via new forms of technology, including but not limited to Telehealth; or
- May have obtained a relevant non-tertiary certificate or additional training in a recognised clinical specialty or across multiple clinical areas which is commensurate for a Senior Clinician; or
- Demonstrate practice which is within legal, regulatory, professional, and organisational requirements relating to complex matters; or
- Provide clinical supervision and acting as a reference point for Newly Qualified and Proficient Clinicians on complex matters or when they have encountered difficult situations; or
- Able to apply high-level knowledge and skills to participate in and contribute to the development and implementation of educational activities within the work team / unit; or
- Genetic Counsellors (only) who are Senior Clinicians may order genetic / genomic testing.

Clinical Team Lead

A Senior Clinician, in addition to their clinical role, can undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the high-level knowledge, skills, and experience demonstrated by the Senior Clinician. An example, for illustrative purposes only, would be supervising a small profession specific Team working within a Hospital Professional Department.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or

Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable a Senior Clinician to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining contracted hours available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- Co-ordinate and facilitate professional supervision in the Team.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- Disseminate information to Team members.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

Dedicated Educator

Senior Clinicians may be Dedicated Educators who spend a set proportion of contracted hours providing clinical and / or student education.

A Dedicated Educator may have responsibility for, and undertake some or all, of the following duties:

- Developing, delivering and participating in profession specific professional development and clinical practice education activities within a work unit / team; **OR**
- Develop, deliver and participate in multidisciplinary professional development and clinical practice education within work unit / team in a rural or remote area.
- Evaluation and assessment of education programs within work unit / team.

- Demonstrates and applies educational knowledge and skill in the provision of profession specific educational activities.
- Provides high-level clinical supervision to staff within team and provide support to other clinicians involved in clinical supervision.
- Actively participate in clinical and educational redesign and clinical practice improvement.
- Evaluate and assess the clinical specialty areas educational and professional development needs of staff within work unit / team.

Dedicated Researcher

Senior Clinicians may be Dedicated Researchers who spend a significant proportion of their contracted hours engaged in research activity.

A Dedicated Researcher has responsibility for, and undertake some or all, of the following duties:

- Demonstrates knowledge, expertise and skill in research methodology relevant to a health practitioner practice and / or clinical specialty area; and
- Actively contributes to and supports a broader research program or project; and
- Demonstrates communication skills in disseminating research findings and reports to stakeholders; and
- Applies knowledge, skills and experience to formal research programs and projects within and across clinical specialty area; and
- Applies research findings and clinical experience to support continuous improvements of local service delivery; and
- Contribute to and support the monitoring and reporting on the application of appropriate research methodology and clinical practicality of research findings.

Project / Policy Officer

Senior Clinicians may be Project / Policy Officers who contribute to policy development, advocacy and project management of Health Professional related policy development and implementation requiring clinical expertise and judgement.

Project and Policy Officers perform, some or all, of the following functions:

	<ul style="list-style-type: none"> • Conducting research to support policy development, drafting and development of policy; and • Demonstrates high-level knowledge, skills and experience in a health profession or across health professions in a multi-disciplinary capacity; and • Demonstrated ability to work independently and within a team environment. <p>Progression as a personal regrade to Senior Clinician will be via Clause 22 Grading Committee. The Grading Committee will recognise areas of clinical specialty in a specific profession that may be relevant for progression or appointment to Senior Clinician.</p> <p>The resolution of any dispute arising to the relevancy of a non-tertiary certificate or additional training (relied upon in relation to the above indicators) will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through this clinical level is automatic and occurs on the Senior Clinician's anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
	HEALTH PROFESSIONAL Advanced Practitioner
Years 1-2	<p>An <i>Advanced Practitioner</i> demonstrates advanced knowledge, skills and experience enabling the independent application of clinical knowledge, skills and experience which improve clinical techniques and provides a reference point for other clinicians, which may influence clinical practice and / or clinical governance systems.</p> <p>The performance of the above criteria may be demonstrated in either a recognised clinical specialty or alternatively across two or more clinical areas in a generalist capacity. Indicators of meeting such criteria include but are not limited to the following:</p> <ul style="list-style-type: none"> • Providing clinical supervision to clinicians up to and including Senior Clinician level on critical or novel cases; or • Acts as a reference point for guidance and / or supervision for complex documentation requirements; or • Provide clinical leadership beyond their work team / unit, which can include at a Department or service level; or • Provide advice to service managers on clinical service delivery, development, practice, and redesign, as well as guidance in the development of clinical services; or

- Contribute and support education activities beyond the work team / unit; or
- Provide clinical supervision to staff over a broad geographical area including through the application of technology, such as Telehealth; or
- Provide direction and specialised advice to more senior Health Professionals, nursing and / or medical staff on intervention strategies, practices, and evidence; or
- Identify opportunities for improvement in clinical practice, as well as developing and leading ongoing quality improvement activities within the team / unit; or
- Provide clinical guidance to other Health Professionals and / or other team / unit staff members in a complex regulatory environment; or
- Provide high-level clinical leadership in a complex and critical work environment or program as determined by a Grading Committee established via Clause 22 of this Award.
- *Genetic Counsellors* (only) demonstrate meeting the above indicators by providing certification supervision to MHGSA (or HGSA equivalent) Genetic Counsellors.

Clinical Team Lead

An Advanced Practitioner, in addition to their clinical role, can undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the advanced knowledge, skills, and experience of the Advanced Practitioner. An example, for illustrative purposes only, would be supervising a Team servicing a complex and critical caseload generally requiring a degree of adaptation in clinical principles.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable an Advanced Practitioner to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining

contracted hours available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- May hold operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff eg administrative or food services.
- Co-ordinate and facilitate professional supervision in the Team.
- Lead team-based service development activities at a clinical level and provide support to the Deputy Manager / Manager for service development at a Department or Service level.
- Implement service policy and strategy at the Team level.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- Disseminate information to Team members.
- Monitor equipment / other physical capital use in the Team.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

Advanced Educator

An *Advanced Educator* demonstrates advanced educational knowledge, skills and experience enabling the independent application of educational and clinical knowledge, skills and experience which improves clinical knowledge and skills and provides a reference point for other educators and clinicians, which may influence clinical practice and / or clinical governance systems.

The scope of Advanced Educators within a District or Network will be determined according to the purpose of their role:

- *Discipline Specific Educators* responsible for enhancing the knowledge and skills of a specific Health Professional discipline in a facility or service.
- *Clinical Stream Educators* responsible for enhancing the knowledge and skills across Health Professionals working within a defined clinical speciality area.
- *Generalist Educator* responsible for enhancing the knowledge and skills across multiple and / or smaller health professional disciplines, in most cases this will occur across facilities in a regional, rural or remote setting.
- *Student Educator* responsible for coordinating student clinical placement and enhancing the knowledge of Health Professional students during placement.

Districts, Networks, Facilities, Services and Departments may have a number of Advanced Educator roles within their structure. The appropriate mix and number of Educators will be determined based on factors including the complexity and specialisation of services being delivered, the need for profession specific education and training, the geographic spread and remoteness of services provided, and the mix of Health Professionals employed. *Generalist Educator* roles must not be used to substitute *Discipline specific* or *Clinical stream* educators where such expertise is required.

The general duties of Advanced Educators may perform within their above defined scope include:

- Develop, deliver and participate in evaluation of specialised education and training programs.
- Actively participate and contribute to the strategic direction of professional development programs.
- Oversee, coordinate and / or lead educational research, redesign and improvement.
- Assessment of Health Professional staff learning and education requirements, particularly in relation to speciality areas.
- Development and coordination of new graduate program education and other early career clinician supports.
- Provide support and be a reference point for clinicians who provide supervision to students, graduates and other clinicians.

- Adapt clinical and education approaches to the context of their roles scope, e.g., adapting educational approaches to regional, rural and remote settings.

Educators at this level are not required perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances.

If an Educator chooses to maintain a clinical caseload such caseload will not exceed 20% of contracted hours.

Advanced Researcher

An *Advanced Researcher* demonstrates advanced research knowledge, skills and experience enabling the independent application of clinical research knowledge and outcomes which improves clinical knowledge and skills and provides a reference point for clinicians, educators and other researchers, which may influence clinical practice and / or clinical governance systems.

Roles at this level will generally require a relevant postgraduate research qualification and recent track record of contributions to the professional body of knowledge.

The duties and functions of an Advanced Clinical Researcher may perform include some or all aspects of the following within their facility or service:

- Demonstrates specialised research, knowledge and skill in a Health Professional practice, service area or clinical speciality;
- Lead research projects locally or significant components of a multisite or major clinical research program with research outcomes influencing clinical processes and standards of clinical practice;
- Supervision of up to and including Senior Researchers and other research staff, and/or auxiliary supervision of higher degree research students;
- Actively contribute to developing clinical research program strategy and, within their area of expertise, directly supports *Strategic Research Lead* in implementation of research program strategy;
- Demonstrates high-level communication skills and application of complex clinical research to stakeholders in a clinical service delivery setting;
- Identify research questions and topics from clinical practice whilst promoting, supporting and guiding integration of research and clinical activity;

	<ul style="list-style-type: none"> • Developing research track record of peer reviewed publications and grants in collaboration with senior researchers. <p>Advanced Health Professional Project / Policy Officer Implements, evaluates and reports on complex policy, programs, and / or strategic projects related to Health Professional areas requiring applied clinical expertise and knowledge.</p> <p>Advanced Project / Policy officers will perform, some or all, of the following functions:</p> <ul style="list-style-type: none"> • Coordinating and managing projects within their portfolio; and • Ensuring the timely deliverables and reporting for projects according to designated KPIs; and • Developing implementation plans for new policies; and • Contribution to the development and review of standards and guidelines; and • Participating in and contributing to high-level project planning. <p>Progression as a personal regrade to Advanced Practitioner will be via Clause 22 Grading Committee. The Grading Committee will recognise specialty fields in a specific profession that may be relevant for progression or appointment to Advanced Practitioner.</p> <p>Progression through this clinical level is automatic and occurs on the Advanced Practitioner's anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
	<p>HEALTH PROFESSIONAL Expert Practitioner</p>
<p>Years 1-2</p>	<p>An Expert Practitioner is a discipline specific clinician recognised as having an expert level of clinical expertise and practice in a specialty field.</p> <p>This level of expertise will be demonstrated by the fact that the Expert Practitioner has extensive experience in their specialty field and is actively contributing to it by presenting papers at conferences and contributing to peer reviewed journals.</p> <p>An Expert Practitioner will possess either:</p> <ul style="list-style-type: none"> • a clinically relevant post graduate qualification; or

- gained peer recognition by a panel of discipline colleagues, professional association, or professional registration body in their clinical specialty field; or
- have a substantive academic conjoint appointment.

In recognition of their superior clinical expertise, an Expert Practitioner can lead work in the following areas:

- quality assurance;
- development of better practice and clinical research within a facility;
- is actively involved in teaching staff and students in their field of expertise;
- clinical and professional support to other health workers or clinicians in the management of patients requiring ongoing specialty treatment in a geographic network, region, or zone;
- participate on relevant high level committees.

They undertake such responsibilities without direct supervision and with some discretion as permitted within their professional guidelines to achieve organisational goals.

Clinical Team Lead

An Expert Practitioner, in addition to their clinical role, can undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the expert level of clinical expertise and practice in a specialty field of the Expert Practitioner. An example, for illustrative purposes only, would be supervising a Team providing a highly innovative, critical, and complex LHD, Network or statewide service requiring strategic clinical leadership.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable an Expert Practitioner to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining contracted hours available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- May hold operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff eg administrative or food services.
- Co-ordinate and facilitate professional supervision in the Team.
- Lead service development in the Team but not at a Department or Service level.
- Implement service policy and strategy at the Team level.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- Disseminate information to Team members.
- Monitor equipment / other physical capital use in the Team.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

Strategic Health Professional Educator

Strategic Health Professional Educators perform strategic and advocacy functions to guide the overall direction of Allied Health Education within a District or Network. They will have a discipline specific, clinical stream, general Health Professional, or student educator as per the Advanced Educator level:

Generally, Strategic Health Professional Educators will possess either:

- a clinically relevant post graduate qualification; or
- gained peer recognition by a panel of discipline colleagues, professional association, or professional registration body in their clinical specialty field; or
- have a substantive academic conjoint appointment.

A Strategic Health Professional Educator may perform the following functions:

- Responsible for coordination of the assessment and evaluation of Health Professional learning and education outcomes.
- Develop strategic professional development plans.
- Lead the planning, design, curriculum development and implementation of education and professional development programs within the scope of roles purpose.
- In conjunction with other educators, facilitate and identify opportunity for improved interdisciplinary learning opportunities.
- Oversee the evaluation strategy to ensure programs remain current and compliant with regulatory requirements.
- Develop and maintain relationships with teaching, training and / or educational research institutions.
- Provide supervision and act as a reference point to Advanced Educators and Senior Clinician Primary Educators.
- Assist the facilitation of access to clinical placement supervision training and support Health Professional staff who provide supervision to students, other clinicians and Allied Health Assistants.

Strategic Health Professional Educators are not required perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances. If an Educator chooses to maintain a clinical caseload it will not exceed 20% of their contracted hours.

Strategic Research Lead

Strategic Research Leads coordinate and lead significant clinical research programs across facilities and will meet the following criteria:

- Hold a Doctor of Philosophy; and
- An outstanding contribution to the profession including peer reviewed publications on complex clinical and / or professional practice topics; and
- Demonstrated success in obtaining research grants.

Strategic Research Leads may perform some or all of the following functions:

	<ul style="list-style-type: none"> • Responsible for clinical research programs and strategy across facilities and / or services; • Demonstrated extensive post-doctoral level clinical research methodology knowledge, skills and expertise in a clinical specialty area or across multiple areas; • Ability to prepare complex grant applications, research methodology and disseminating findings in conferences and peer reviewed journals; • Leads or develops researcher skill development or capacity building activity within clinical departments; • Develops and maintains relationships with research institutions as required. <p>Strategic Policy / Project Officer <i>Strategic Policy / Project Officers</i> conduct policy analysis and leads profession specific or multidisciplinary health programs requiring applied clinical expertise and knowledge. Roles at this level will have responsibility for:</p> <ul style="list-style-type: none"> • The work of other Project / Policy Officers; and • Participating in high-level stakeholders' negotiations; and • Holds accountability for policy and project outcomes across a District or Network portfolio. <p>Progression as a personal regrade to Expert Practitioner will be via Clause 22 Grading Committee. The Grading Committee will recognise specialty fields in a specific profession that may be relevant for progression or appointment to Expert Practitioner.</p> <p>The resolution of any dispute arising to the relevancy of a qualification relied upon in relation to the above indicators will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through this clinical level is automatic and occurs on the Expert Practitioner's anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
	HEALTH PROFESSIONALS Deputy Manager of Department or Service
Grade 1 Years 1-4	A Health Professional at this Level undertakes the role of a Deputy Manager and can be utilised in a number of operational situations

<p>Grade 2 Years 1-2</p>	<p>(‘locations’), which includes teams or units, satellite facilities, Departments or Site Multi-Disciplinary Services (‘Service’).</p>
<p>Grade 3 Years 1-2</p>	<p>The overarching Department or Service can have a number of Deputy Managers in their structure, reflecting factors such as, for example only, the complexity of clinical services being delivered; difficulties associated with managing rural / remote services; the use of multiple locations to deliver clinical services; or the profile and number of Health Professionals being managed. Using the structure and number of Deputy Managers that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.</p> <p>Accordingly, the scope of responsibilities of a Deputy Manager will reflect their location and required activities, which will determine the grade in this Level for the position using the below identified Award criteria. However, it can be expected that a Deputy Manager may be required to undertake in part or full some of the following responsibilities at a location, under the delegation / direction of the Manager of a Department or Service (who retains ultimate accountability):</p> <ul style="list-style-type: none"> • implementation and provision of timely clinical services, • assist the Manager as required with planning for the provision, implementation, and evaluation of relevant clinical services in the Department or Service. • Professional and clinical governance to staff; • administrative and operational tasks that support day-to-day service delivery; • developing and maintaining rosters for staff; • manage leave rosters and relief requirements; • assist the Manager as required with decisions relating to human resources and physical or financial resource allocation. <p>Grading Deputy Manager roles / positions shall be determined by the utilisation of either:</p> <p>(i) clause 25 of this Award;</p> <p style="text-align: center;">OR</p> <p>(ii) the Weighted Total Reports (‘WTR’),</p>

	<p>noting the mechanism above which provides the higher grading for the role / position shall be the one applied.</p> <p>The WTR for Deputy Managers will be calculated and applied as follows.</p> <p>The weighting of operational reporting lines will be calculated by:</p> <p>i. Multiplying each operational reporting line by a factor of 1.</p> <p>Reporting lines are calculated on the actual number of staff reporting to someone in this role irrespective of their FTE.</p> <p><u>Example:</u> A Deputy Manager holds the operational reporting lines of 20 staff members. Some Health Professionals / staff within that total number work part time / reduced hours.</p> <p>To calculate the WTR, complete the following calculation:</p> <p>Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$</p> <p>Accordingly, in this example, the WTR of the position is 20 employee reports, which will be applied to determine the grading of the Deputy Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).</p> <p>Deputy Manager Grade 1 (0-10 employee reports)</p> <p>Grade 2 (11-30 employee reports)</p> <p>Grade 3 (over 30 employee reports)</p> <p>Progression through incremental pay levels available to any Grade of Deputy Manager is automatic and occurs annually on the date of appointment to the Deputy Manager position.</p>
	<p>HEALTH PROFESSIONALS Manager and / or Professional Lead of Department or Service</p>
<p>Grade 1 Years 1-2</p>	<p>A Health Professional at this Level undertakes the role of a <i>Manager</i> and / or <i>Profession Lead</i> of a Department or Site Multi-Disciplinary Service ('Service').</p>
<p>Grade 2 Years 1-2</p>	<p>To ensure appropriate professional and clinical governance, Health Professionals must have a professional, discipline specific, reporting line.</p>
<p>Grade 3 Year 1</p>	
<p>Grade 4 Year 1</p>	<p>A Manager can have dual responsibility as a Professional Lead for staff from the same profession. If the Manager is from a different profession, a Professional Lead must be available to provide a</p>

professional reporting line for each specific discipline within the Department or Service. The Professional Lead should wherever possible be located within the Department or Service, or if this is not practicable, it alternatively can be located elsewhere within the LHD or Network provided this does not give rise to any hindrance in Health Professionals accessing and being professionally supported.

Grading Manager or Professional Lead roles shall be determined by the utilisation of either:

(i) clause 25 of this Award;

OR

(ii) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR will be calculated and applied as follows.

The weighting of operational and professional reporting lines will be calculated by:

- i. Multiplying each operational reporting line by a factor of 1;
- ii. Multiplying each professional reporting line by a factor of 0.75

Reporting lines are calculated on the actual number of people reporting to someone in this role irrespective of their FTE.

Example 1: A Manager holds both the operational and professional / discipline specific reporting lines of all 20 Health Professionals in a Department. Some Health Professionals within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $20 \times 0.75 = 15$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $20 + 15 = 35$

Accordingly, in this example, the WTR of the position is 35 employee reports, which will be applied to determine the grading of the

Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

Example 2: Within a Service, a Manager holds the operational reporting lines for 20 Health Professionals of various disciplines and the professional / discipline specific reporting lines of 12 of these Health Professionals in the Service. Some Health Professionals within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $12 \times 0.75 = 9$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $20 + 9 = 29$

Accordingly, in this example, the WTR of the position is 29 employee reports, which will be applied to determine the grading of the Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

Example 3: Within a Service, a Professional Lead holds the professional / discipline specific reporting lines of 20 Health Professionals in the Service. Some Health Professionals within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: Not applicable therefore = 0.

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $20 \times 0.75 = 15$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $0 + 15 = 15$

Accordingly, in this example, the WTR of the position is 15 employee reports, which will be applied to determine the grading of the Professional Lead role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

**Manager and / Professional Lead
Grade 1 (0-10 employee reports)**

Grade 2 (11-30 employee reports)

Grade 3 (31-55 employee reports)

Grade 4 (over 55 employee reports)

Professional Leads will have primary responsibility for professional oversight within their Department or Service and report to a District / Network wide Discipline specific advisor. Professional Leads provide discipline specific advice and support to Managers within the Department / Service.

Managers will have primary accountability for the financial, physical, and human resources of the Department or Service. Whilst programs, strategies and priorities may well be determined at an organisational level, the Manager at this Level will have authority to determine how to achieve any identified objectives within allocated and available resources to the Department or Service.

Responsibilities for roles at this Level may include the following, noting that if a Health Professional has dual responsibility as the Manager and Professional Lead, it will be an amalgam of such possible responsibilities.

Professional Lead

- i. Provide discipline specific professional input to the planning, provision, implementation, and evaluation of relevant clinical services within the Department or Service.
- ii. Assisting the Manager of the Department or Service (if from a different profession, Director, and where required, the Executive Director), with discipline specific strategic planning, monitoring, and evaluating clinical service delivery across a Department or Service.
- iii. Be familiar with, and in turn promote, the broad strategic context of the Department or Service.
- iv. Provide discipline specific advice and guidance to ensure the proper professional and / or clinical governance and supervision for the profession within the Department or Service.
- v. Provide discipline specific advice in relation to: clinical credentialing, recruitment, registration, student placements, staff retention, evidence as well as the necessary skill mix of staff as needed.
- vi. Provide discipline specific advice in relation to clinical care, professional practice and governance.

- vii. Provide discipline specific advice in relation to scope of practice and models of care.
- viii. If required, undertake representation in Ministry, LHD and / or Network discussions on Health Professionals.
- ix. May have professional oversight of discipline specific Health Professionals at an organisational level. If included in the Professional Lead's responsibilities, then such professional reporting lines will be included in the consideration of the correct grading of the position.

AND / OR

Operational Management

- i. Direction and co-ordination of clinical service delivery.
- ii. Delivery of clinical projects.
- iii. Oversee planning for the provision, implementation, and evaluation of relevant clinical services within the Department or Service.
- iv. Financial governance of the Department or Service.
- v. Have final approval and oversight on the Department or Service's performance review and management processes.
- vi. Management of allocated physical and human resources across the Department or Service.
- x. Accountable for ensuring the delivery of Department or Service education programs.
- vii. Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
- viii. Primary accountability for workforce functions, with responsibilities including but not limited to
 - Leave management.
 - Rostering.
 - Performance management and improvement.

Progression through incremental pay levels available to any Grade of Manager / Professional Lead is automatic and occurs annually on the date of appointment to the position.

	HEALTH PROFESSIONALS Director of Hospital / Service or Discipline Specific Director / Advisor
Grade 1 Year 1	A Health Professional at this Level can have one of the following roles:
Grade 2 Year 1	<p>Director of a Hospital or Service</p> <p>In this role, they have responsibilities that may include the following:</p> <ul style="list-style-type: none"> • Overall management and coordination of Health Professional services that fall within their delegated responsibilities in a Hospital or Service.
Grade 3 Year 1	<ul style="list-style-type: none"> • Participate in and contribute to executive level decision making relating to the operational management of the Hospital or Service.
Grade 4 Year 1	<ul style="list-style-type: none"> • Guiding service delivery development and planning with a high degree of independence to meet key clinical service delivery objectives. • In collaboration with relevant Managers of Departments or Services, manage the financial, human, and physical resource allocation, including but not limited to development of budgets, along with the monitoring and analysis of budget reports to ensure efficient and safe provision of clinical services. • Strategic responsibility for workforce development and planning to ensure safe and adequate staffing levels within Health Professional services that fall within their delegated responsibilities in a Hospital or Service. • Function as a central point for strategic liaison between Managers of Departments or Services that fall within their delegated responsibilities and Executive Directors. • Represent the Hospital or Service on LHD Committees or forums with a demonstrated ability to advocate within them for Health Professionals. • Strategic and operational planning responsibilities across Health Professional services that fall within their delegated responsibilities in a Hospital or Service. • Lead and coordinate professional and clinical governance across Health Professional services that fall within their delegated responsibilities in a Hospital or Service. <p>OR</p> <p>Discipline Specific Director / Advisor</p>

The Director in this role will lead, direct, co-ordinate and provide strategic advice on major functions or work areas within an LHD or Service, as it pertains to a specific Health Professional discipline or a group of disciplines and are responsible for coordinating discipline-specific professional governance within an LHD or network.

Dependent on the nature and requirements of a Discipline Specific Director / Advisor role in a LHD or Service, duties may be drawn from the following suite of responsibilities:

- Make a major contribution towards the development and achievement of the strategic directions of the LHD or Service.
- Make independent decisions related to LHD or Service wide expert practice including discipline-specific scope of practice in their field and will be responsible for outcomes for clients and the organisation from the practice of other health professionals and staff.
- Participate in strategic management, workforce planning and service development decisions in collaboration with relevant Managers, Professional Leads, Directors of Hospitals / Services and other Discipline Specific Directors / Advisors.
- Demonstrate expert professional knowledge of methods, principles and practice and skills across client groups and work areas.
- Establish core professional governance responsibilities pertaining to their specific Health Professional discipline.
- Provide discipline specific input to recruitment, supervision and profession-specific education and development in partnership with operational managers
- Identify professional specific risk and develop mitigation strategies to support delivery of clinical services
- May have a combination of operational and strategic roles as follows:
 - has professional responsibility regarding strategic workforce and service development and professional practice across the LHD or Service.
 - provides professional co-ordination, governance and leadership across the LHD or Service.
 - acts as a central point of contact for strategic consultation and liaison with Senior Executive management.

- provide an expert speciality consultancy role in their area of expertise and participate in statewide advisory groups and networks.
- may be involved in the provision of relevant clinical or leadership training, management development and/or mentoring to staff within the LHD or Service.
- A Discipline Specific Director / Advisor may have a dual role and also be a Manager of a Department or Service.

The size, nature, clinical complexity and geographical locations of the Health Professional services within a LHD or Service, and the number of disciplines that constitute the Health Professional services, will determine the appropriate number of either of the Director positions required (and their delegated span of sites / services / Health Professions) to ensure such position holders can appropriately and reasonably undertake their responsibilities in a meaningful way.

Grading either of these Director roles shall be determined by the utilisation of either:

- (i) clause 25 of this Award;

OR

- (ii) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR will be calculated and applied as follows.

The weighting of operational and professional reporting lines will be calculated by:

- i. Multiplying each operational reporting line by a factor of 1;
- ii. Multiplying each professional reporting line by a factor of 0.75

Reporting lines are calculated on the actual number of people reporting to someone in this role irrespective of their FTE.

Example 1: A Director holds the operational reporting lines of all 20 Health Professionals and other staff in a Hospital or Service. Some Health Professionals / staff within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

	<p>Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$</p> <p>Accordingly, in this example, the WTR of the position is 20 employee reports, which will be applied to determine the grading of the Director role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).</p> <p><u>Example 2:</u> A Director holds the professional / discipline specific reporting lines of 56 Health Professionals in a Service. Some Health Professionals within that total number work part time / reduced hours.</p> <p>To calculate the WTR, complete the following calculation:</p> <p>Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $56 \times 0.75 = 42$</p> <p>Accordingly, in this example, the WTR of the position is 42 employee reports, which will be applied to determine the grading of the Director role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).</p> <p>Director or Discipline Specific Director / Advisor</p> <p>Grade 1 (0-25 employee reports)</p> <p>Grade 2 (26-55 employee reports)</p> <p>Grade 3 (56-100 employee reports)</p> <p>Grade 4 (over 100 employee reports)</p> <p>In the first instance, any dispute or disagreement as to the number or utilisation of Director roles within a LHD or Service will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.</p>
	<p>HEALTH PROFESSIONALS Executive Director, LHD or Network</p>
<p>Year 1</p>	<p>A Health Professional at this Level undertakes the role of an <i>Executive Director</i> in a LHD or Network. They are primarily responsible for the overarching operational direction for Health Professional services that fall within their delegated responsibilities in a LHD or Network.</p> <p>The size, nature, clinical complexity and geographical locations of the Health Professional services within a LHD or Network, and the number of disciplines that constitute the Health Professional services, will determine the appropriate number of Executive Director positions required (and their delegated span of sites / services / Health</p>

Professions) to ensure such position holders can appropriately and reasonably undertake their responsibilities in a meaningful way.

Dependent on the nature and requirements of an Executive Director role in a LHD or Network, it can be expected that their responsibilities may include some of the following (which will be determined by the primary focus of their role and delegated responsibilities in a LHD or Network):

- Leadership for strategic policy development and direction for Health Professionals / services that fall within their delegated responsibilities, which may also include leading the strategic implementation of clinical, professional and governance initiatives and objectives. Providing clinical practice leadership and service improvement in collaboration with Directors and Managers could also be expected as part of these responsibilities.
- Contribute to executive level decision making at a LHD or Network level in relation to Health Professionals / services that fall within their delegated responsibilities, and subsequently demonstrating significant and independent decision making and accountability for implementing such decisions.
- In collaboration with Directors and Managers, oversight the financial and resource allocation provided to Hospitals, Departments or Services to ensure effective financial management and in turn, effective contribution to budget development. This may also include direct involvement in addressing complex budgetary requirements within the LHD or Network, including those that may be affecting a particular Hospital or Service.
- High-level advocacy for Health Professionals / services that fall within their delegated responsibilities, including at a statewide level, for the provision of adequate funding for safe staffing measures and timely service delivery.
- Strategic and operational coordination with other Executive Directors within their LHD or Network, as well as developing and maintaining professional collaboration with Executive Directors outside their LHD or Network.
- Lead the review, development, and implementation of policy / procedures / standards for major complex services.

In the first instance, any dispute or disagreement as to the number or utilisation of Executive Director roles within a LHD or Network will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process

	does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.
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Working draft ~ 18.12.2024 ~ 0730hrs

PART I - CLASSIFICATION STRUCTURES
SCHEDULE 10 - HEALTH PROMOTION PRACTITIONER

UNDER CONSTRUCTION

Working draft ~ 18.12.2024 ~ 0730hrs

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 11 - INTERPRETERS

INTERPRETERS	
Recognised Practising Interpreter	
GRADE 1 Years 1-6	<p>An <i>Interpreter Grade 1</i> satisfies one of the following criteria:</p> <ol style="list-style-type: none"> I. The language that the Interpreter provides services in is required but currently: <ol style="list-style-type: none"> (a) does not have a test available to determine the Interpreter's language ability via a certifying authority, such as NAATI; or (b) they have no recognition from an equivalent international body. <p style="text-align: center;">OR</p> <ol style="list-style-type: none"> II. The Interpreter does not currently hold a Certified Provisional Interpreter ('CPI') status or above for a language that has testing available and is filling an Interpreter role that the Interpreter Service / LHD has not been able to employ with an Interpreter with the required qualifications / recognition, which for example, may be due to lack of suitably qualified Interpreters in regional / rural / remote locations. <p>Progression through Grade 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>An Interpreter Grade 1 who subsequently completes a newly available test to confirm their ability, or attains CPI status, in the language that services are provided in, will automatically progress to Interpreter Grade 2 from the date of completion / attainment.</p>
INTERPRETERS	
Certified Provisional Interpreter	
GRADE 2 Years 1-6	<p>An <i>Interpreter Grade 2</i> has attained CPI status from a recognised Interpreting certifying authority, such as NAATI. At Grade 2, the Interpreter can be engaged in non-specialised community dialogue interpreting assignments.</p> <p>Progression through Grade 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>An Interpreter Grade 2 who subsequently attains Certified Interpreter ('CI') status from a recognised Interpreting certifying authority, such as NAATI, will automatically progress to Interpreter Grade 3 from the date of attainment.</p>

INTERPRETERS Certified Interpreter	
GRADE 3 Years 1-6	<p>An <i>Interpreter Grade 3</i> has attained Certified Interpreter ('CI') status from a recognised Interpreting certifying authority, such as NAATI. At Grade 3, the Interpreter demonstrates higher level generalist interpreting skills. They are not required to have extensive specialised knowledge of medical and / or legal contexts, but they have demonstrated the ability to work with complex content in most situations.</p> <p>Progression through Grade 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>An Interpreter Grade 3 who subsequently attains Certified Specialist Interpreter ('CSI') status in the field of health from a recognised Interpreting certifying authority, such as NAATI, will automatically progress to Interpreter Grade 4 from the date of attainment.</p>
INTERPRETERS Certified Specialist Interpreter - Health	
GRADE 4 Years 1-6	<p>An <i>Interpreter Grade 4</i> has attained Certified Specialist Interpreter ('CSI') status in the field of health from a recognised Interpreting certifying authority, such as NAATI.</p> <p>At Grade 4, the Interpreter has a sophisticated understanding of their role as a member of a healthcare team including, for example, supporting a medical handover, research consultations between international partners or in training sessions.</p> <p>Interpreters Grade 4 will have demonstrated high level knowledge and capabilities which enables performance of the following functions:</p> <ul style="list-style-type: none"> • Understanding of specialised terminology with extensive awareness and knowledge of the health domain. • High level understanding and knowledge of how culture and language interact, the code of ethics endorsed and adopted by NATI, and professional standards in the health domain. • Interpret complex, highly specialised, expert-to-expert communication. <p>Progression through Grade 4 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
INTERPRETERS Manager	
GRADE 5 Level 1 Level 2	<p>An <i>Interpreter Grade 5</i> manages the Interpreter workforce in a number of operational situations, which may include a team or teams, rural /</p>

Level 3

regional sites, a larger Department or those working in multi-disciplinary teams within a LHD or Network.

Using the structure and number of Grade 5 positions that ensures the timely delivery of services in a safe working environment, in which staff are professionally and administratively supported, is the primary objective.

The Level applied to a Grade 5 with leadership / operational responsibilities shall be determined by the utilisation of either:

(iii) clause 25 of this Award;

OR

(iv) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR for an Interpreter Grade 5 is calculated on the actual number of staff the role is responsible for, irrespective of their FTE.

Grade 5 positions will be initially graded as follows, subject to any determination arising from the application of clause 25 and if it were to provide a higher grading than identified below:

- **Level 1:** Responsibility for up to 5 staff.
- **Level 2:** Responsibility for 6 to 15 staff.
- **Level 3:** Responsibility for more than 15 staff.

Progression through Grade 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 12 - LIBRARIANS

LIBRARIANS	
	<p>Librarian Librarian means an employee appointed as such who possesses qualifications acceptable for professional membership of the Australian Library and Information Association ('ALIA') or other combination of qualifications and experience deemed by the employer to be equivalent, that meets the minimum standard of skill and knowledge inherent in the ALIA standard.</p> <p>Hospital Libraries Hospital Libraries are an integral part of health care delivery in hospitals across Australia, linking clinicians, researchers, and policy makers with the best evidence to inform practice resulting in improved patient outcomes.</p> <p>Hospital Libraries provide three key elements towards this contribution:</p> <ul style="list-style-type: none"> • Having qualified specialist staff; • Curating resources; and • Managing study facilities. <p>Health Librarians (and Library staff), as members of the health care team, provide a range of specialist health contextualised services to connect clinicians, researchers and policy makers / executive with reputable information and best practice resources to support professional practice and enhance patient care.</p>
	LIBRARIANS
GRADE 1 Years 1-2	<p>A <i>Librarian Grade 1</i> is a newly qualified practitioner in their first two years of practice and are developing their professional skills and competencies. The scope of work undertaken by a Librarian Grade 1 would generally include decisions that are direct or short-term to intermediate but may be long term in its effect on clients, collections and co-workers.</p> <p>They can be expected to undertake and / or demonstrate development in the following skills and competencies:</p> <p>Primary responsibilities</p> <ul style="list-style-type: none"> • Provide professional library and information services and / or assist in the development of library and information services and systems. • Deliver training programs and provides research support.

	<ul style="list-style-type: none"> • They may co-ordinate discrete library and information management projects or assist in the operations and systems of a unit, team or library service. <p>Knowledge, skills and expertise</p> <ul style="list-style-type: none"> • Requires sound knowledge of library and information service concepts, principles and theory, and a sound understanding of library systems, practices and procedures. • Skills and knowledge will be acquired and demonstrated on a progressive basis consistent with training undertaken. • Understands and uses a variety of online resources, digital platforms and communications technologies. • Demonstrates a willingness to learn about emerging technologies. • May assist in the formulation of procedures or policies and contribute to the body of professional knowledge. <p>Judgment and initiative</p> <ul style="list-style-type: none"> • Exercises judgment in dealing with a range of operational and / or conceptual tasks and problems with reference to established standards, practices and procedures. • Can adapt systems, standards or priorities and deviate to a limited extent from precedent. • With increasing experience may solve non-routine problems by applying principle and theory with reference to precedent. <p>A Librarian Grade 1 works under general supervision of a senior professional (Librarian Grade 2 or above) or Library Manager. They can be expected to work either individually or co-operatively as a member of a Team or as the leader of a small non-hierarchical team.</p> <p>Progression through Grade 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
	LIBRARIANS
<p>GRADE 2 Years #-#</p>	<p>A <i>Librarian Grade 2</i> has completed two years of experience as a Librarian Grade 1 (or holds equivalent Librarian service). They are an experienced Librarian practitioner and / or developing Librarian specialist.</p> <p>The scope of work undertaken by a Librarian Grade 2 would generally include decisions that are direct but may be long term in its effect on clients, collections and co-workers, and can be expected to meet the following criteria:</p>

	<p>Primary responsibilities</p> <ul style="list-style-type: none"> • Provide complex or specialist library and information services. • May co-ordinate / supervise a discrete library and information management project, or the operations and systems of a unit, team or library service. • May be responsible for managing a budget. <p>Knowledge, skills and expertise</p> <ul style="list-style-type: none"> • Has a well-developed knowledge of library and information management concepts, principles and theory, and well-developed skills in the application of library and information systems, collections, services or subject knowledge. • Understands and uses a variety of online resources, digital platforms and communication technologies at a more advanced level than a Librarian Grade 1. • Demonstrates a willingness to learn about and use emerging technologies to deliver library services. • May assist in the formulation of policy and advice to senior Librarian management. • Work can contribute to the body of professional knowledge. <p>Judgment and initiative</p> <ul style="list-style-type: none"> • Exercises judgment and initiative in dealing with a wide range of complex tasks and problems, with reference to established standards, practices and procedures. • Can adapt systems, standards or priorities and deviate substantially from precedent. <p>A Librarian Grade 2 works under general direction of a senior professional (Librarian Grade 3 or above) or Library Manager. They can be expected to work either individually as a Librarian specialist or co-operatively as a member of a non-hierarchical team, or as a leader or supervisor of a team or discrete project.</p> <p>Progression through Grade 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
	LIBRARIANS
<p>GRADE 3 Years #-#</p>	<p>A Librarian Grade 3 has completed seven years of Librarian experience and is required to have undertaken the duties and responsibilities of a Librarian Grade 2 (or hold equivalent Librarian</p>

service). A Librarian Grade 3 performs duties within or across one or more of the following areas of expertise, being:

- (i) Managerial; and / or
- (ii) Electronic services.

The scope of work undertaken by a Librarian Grade 3 would generally include decisions that are intermediate to long term in nature and may have considerable impact on the performance of information provision for clients and colleagues within the context of healthcare delivery.

At Grade 3, a Librarian may be a senior Librarian practitioner, Library Manager and / or Librarian specialist and can meet the following criteria:

Primary responsibilities

- Manages and / or provides complex or specialist library and information services.
- May manage substantial library and information management projects, or the operations and systems of a unit, team or library service across multiple sites, Networks or LHDs.

Knowledge, skills and expertise

- Requires substantial knowledge of library and information management concepts, principles and theory.
- Has a high-level of proficiency and expertise in specific systems, collections, services or subject knowledge.
- Requires either management expertise or standing as a recognised internal authority in a discipline area of significance to the organisation.
- Applies emerging technologies to deliver library services and enhance access to resources, content and system interoperability.
- May formulate policy and advice to senior management.
- Their work often contributes to the body of professional, subject or policy area of knowledge.

Judgment and initiative

- Exercises judgment and initiative in dealing with a range of complex and detailed operational or conceptual problems and tasks that may extend beyond the immediate work area.

	<ul style="list-style-type: none"> • May develop and / or introduce enhancements to practices, systems and procedures with limited reference to precedent. • Demonstrates a sound understanding and ability to interpret professional standards, practices and theory. <p>A Librarian Grade 3 may work under the guidance of a senior professional (Librarian Grade 4 or above) or Library Manager if available. Their work may be reviewed periodically or at key stages for soundness of judgment and adherence to organisational objectives and policies.</p> <p>Progression through Grade 3 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LIBRARIANS	
GRADE 4 Years #-#	<p>A <i>Librarian Grade 4</i> has completed at least ten years of Librarian experience and is required to have undertaken the duties and responsibilities of a Librarian Grade 3 (or hold equivalent Librarian service).</p> <p>The scope of work undertaken by a Librarian Grade 4 would generally include decisions that have significant long-term impact, and usually contributes substantially to organisational performance, and / or to the body of professional or subject knowledge. Their work can be expected to have significant policy, legal or service delivery implications at the organisational level and may also have an impact at the State or National level.</p> <p>At Grade 4, a Librarian may be a principal Librarian practitioner and / or senior manager and / or senior Librarian specialist and can meet the following criteria.</p> <p>Primary responsibilities</p> <ul style="list-style-type: none"> • Leads and manages significant organisational service/s, project/s or program/s, and / or provides authoritative highly specialised advice to senior management, the organisation as a whole, or external parties. • May initiate and implement a major library and information management project / program; or oversee the operations and systems of a significant unit, team or library service across multiple sites, Networks or LHDs; or may contribute towards the research activities at a tertiary teaching hospital. • Work usually includes negotiating and managing multiple complex vendor relationships, financial management including data analysis to guarantee a good return on investment, strategic planning and input into organisational strategic planning and policy development.

- They are involved in the ongoing professional development of their team and with practitioners across Australia and New Zealand.

Knowledge, skills and expertise

- Requires and applies extensive knowledge of library and information management concepts, principles and theory extending across multiple aspects of the profession.
- Also requires either significant management expertise or standing as a recognised internal or external authority on systems, collections, services or subject knowledge, or a discipline area of significance to the organisation, industry or profession.
- They also have:
 - (a) a proven record of achievement at a senior level;
 - (b) possibly additional qualifications other than those required for eligibility for membership of ALIA;
 - (c) the capacity to allocate resources, set priorities and ensure budgets are met within a large and complex organisation;

Judgment and initiative

- Exercises independent or interpretive judgment and initiative in dealing with a range of highly complex and detailed operational or conceptual problems and tasks.
- Can create new systems, standards or approaches and interprets information where there is little or no precedent.
- Demonstrates an extensive understanding of professional standards and multiple aspects of library and information services that may require new or unique solutions.

A Librarian Grade 4 may work with occasional managerial or professional review or independently as a recognised specialist. Their work is primarily reviewed for effectiveness and progress towards agreed organisational objectives.

Progression through Grade 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 13 - LIBRARY ASSISTANTS

LIBRARY ASSISTANTS	
	<p>Hospital Libraries</p> <p>Hospital Libraries are an integral part of health care delivery in hospitals across Australia, linking clinicians, researchers, and policy makers with the best evidence to inform practice resulting in improved patient outcomes.</p> <p>Hospital Libraries provide three key elements towards this contribution:</p> <ul style="list-style-type: none"> • Having qualified specialist staff; • Curating resources; and • Managing study facilities. <p>Health Librarians (and Library staff), as members of the health care team, provide a range of specialist health contextualised services to connect clinicians, researchers and policy makers / executive with reputable information and best practice resources to support professional practice and enhance patient care.</p>
	LIBRARY ASSISTANTS
Years #-#	<p>A <i>Library Assistant</i> means an employee appointed as such who is eligible for enrolment in a course of study that leads to a qualification acceptable for either professional or library technician membership of the Australian Library and Information Association (ALIA).</p> <p>They may or may not hold a Certificate III in Library and Information Services (or alternatively a qualification deemed equivalent, which may include overseas qualifications). They can be expected to undertake and / or demonstrate development in the following skills and competencies:</p> <ul style="list-style-type: none"> • Performs routine activities to gain practical experience required for the operation of Health Library information systems and services to clients. • Develops skills in and knowledge of library and information standards, procedures, practices and operations, and specific library collections obtained from formal course work and / or workplace training and consolidates and maintains library industry knowledge. • Exercises judgment, where a choice of action is available within the application of clearly established standards, practices and procedures.

	<ul style="list-style-type: none">• The outcome of work undertaken is usually of direct, but short-term effect on clients, collections and co-workers.• Searches library and information databases.• Works to meet the diverse needs of a health workforce and/or students that includes researching and analysing information to meet library customer needs and the promotion of library services and resources. <p>A Library Assistant works under direct supervision of a senior paraprofessional (for example, a Library Technician) or a professional (for example, Librarian), but exercises increasing autonomy in prioritising and completing tasks. This may involve working co-operatively in the organisation of work.</p> <p>Progression for a Library Assistant is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 14 - LIBRARY TECHNICIANS

LIBRARY TECHNICIANS	
	<p>Library Technician A Library Technician means an employee appointed as such who possesses qualifications acceptable for library technician membership of the Australian Library and Information Association ('ALIA') or other combination of qualifications and experience deemed by the employer to be equivalent that meets the minimum standard of skill and knowledge inherent in the ALIA standard.</p> <p>Hospital Libraries Hospital Libraries are an integral part of health care delivery in hospitals across Australia, linking clinicians, researchers, and policy makers with the best evidence to inform practice resulting in improved patient outcomes.</p> <p>Hospital Libraries provide three key elements towards this contribution:</p> <ul style="list-style-type: none"> • Having qualified specialist staff; • Curating resources; and • Managing study facilities. <p>Health Librarians (and Library staff), as members of the health care team, provide a range of specialist health contextualised services to connect clinicians, researchers and policy makers / executive with reputable information and best practice resources to support professional practice and enhance patient care.</p>
GRADE 1 Years #-#	<p>A <i>Library Technician Grade 1</i> is a newly qualified practitioner and has completed an ALIA accredited Library Technician qualification. They can be expected to undertake and / or demonstrate development in the following skills and competencies:</p> <ul style="list-style-type: none"> • Performs and / or assists in co-ordinating activities required for the operation and maintenance of library and information services and systems, including contributing to records management and ensure compliance with copyright and licence requirements. • Identify and resolve ICT problems and apply digital solutions to work processes including searching library and information databases, both internal and external sources. • Requires sound knowledge and skill and the ability to develop expertise in library and information management concepts necessary to undertake a varied range of tasks in library procedures and operations.

	<ul style="list-style-type: none"> • Exercises judgment in dealing with a range of general or specialist tasks and problems, with reference to established standards, practices and procedures. Some adaptation of systems, standards or practices may be undertaken. • The outcome of work is usually direct or short-term to intermediate but may be long term in its effect on clients, collections and co-workers. Their work may assist in the formulation of procedures or policies. • Works to meet the diverse needs of a health workforce and / or students, which includes researching and analysing information to meet library customer needs and promote library services and resources. <p>A Library Technician Grade 1 works under general supervision of a senior paraprofessional (for example Library Technician Grade 2) or a professional (for example, a Librarian) or Library manager. They can work either individually or co-operatively as a member of a team, or as the leader of a small non-hierarchical team.</p> <p>Progression through Grade 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
LIBRARY TECHNICIANS	
GRADE 2 Years #-#	<p>A <i>Library Technician Grade 2</i> is an experienced practitioner or specialist. At Grade 2, they have the skills and experience as outlined for a Library Technician Grade 1, but in addition can undertake the following additional competencies and skills:</p> <ul style="list-style-type: none"> • Performs and co-ordinates activities required for the operation and maintenance of library health information services and systems at a comprehensive level. • May manage discrete library and information management projects or coordinate the operations and systems of a unit or team. • Requires substantial knowledge and skill, as well as a high level of proficiency and expertise in library and information principles and theory necessary to undertake a wide range of tasks in library procedures and operations. • Exercises judgment and initiative in dealing with a range of complex or specialist tasks and problems, and in the application of principles and theory. • Can adapt systems, standards or priorities, and deviate substantially from precedent.

- The outcome of work may have a long-term effect on clients, collections, co-workers or other agencies.
- Develops or applies work practices, procedures or policies and provides training in their area of responsibility.
- Work may contribute to the body of knowledge in library and information services, or area of specialisation.

A Library Technician Grade 2 works under minimal direction of a senior professional (for example, Librarian] or Library manager and is reviewed occasionally or at key stages. Work may be undertaken individually as a specialist or co-operatively as a member of a non-hierarchical team, or as a leader or supervisor of a team.

Progression through Grade 2 is automatic and occurs annually on the determined anniversary date for incremental progression.

Progression to Library Technician Grade 2

A Library Technician Grade 1 may progress to Grade 2 subject to demonstrating proficiency and experience across the expected Grade 1 skills and competencies and being able to demonstrate that they have the additional skills and knowledge that would enable them to undertake the role of a Library Technician Grade 2.

Progression as a personal regrade to Library Technician Grade 2 will be via Clause 22 Grading Committee. The Grading Committee will rely upon the following criteria and resources to assist in determining the merits of any such application from a Library Technician Grade 1:

- The applicant would typically have five years or more experience in the Library profession.
- The relevant Library Manager, who is a Librarian, can provide a report to the Grading Committee as to the proficiency of the applicant to progress to Grade 2 based on performance, aptitude, experience, responsibilities and initiative, as well as the applicant's compliance with all the requirements of their current approved performance review and development plan.
- Where the applicant does not report to a Librarian, the assistance of a Library Manager (with ALIA recognised qualifications) should be sought to assist with the evaluation of the application.

PART I - CLASSIFICATION STRUCTURES

SCHEDULE 15 - LIVED EXPERIENCE (PEER) WORKERS

LIVED EXPERIENCE (PEER) WORKERS	
	<p>Professional supervision and support (to specifically enable self and co-reflection) are critical for the ongoing development of Lived Experienced (Peer) Workers at all Levels. This reflects their distinctive professional attribute of holding life experience; a defining feature of their role.</p> <p>Lived Experienced (Peer) Workers at all Levels will have made available to them a total of four (4) hours per calendar month (within their ordinary hours of work) for such support and activities, which are in addition to the supervision and support required / provided within their classification structure.</p> <p>The facilitation of such support will be via an agreed framework between the employer and Union, in which the Lived Experience (Peer) Worker will be able to elect the form and method of professional supervision and support they will receive, which ensures the most supportive and trusting environment to be established.</p>
LIVED EXPERIENCE (PEER) WORKERS Entry Level	
LEVEL 1 Years 1-2	<p>Employees at Level 1 are commencing their practice as a <i>Lived Experience (Peer) Worker</i> and have less than two years' experience in this profession. During these first two years they are developing their skills and competencies. They may have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent) or be willing to undertake and complete such studies.</p> <p>Lived Experience (Peer) Workers at Level 1 undertake their role under the supervision and / or mentoring of a Proficient Lived Experience (Peer) Worker (Level 2) or higher to ensure consumer safety and professional development of the following capacities:</p> <ul style="list-style-type: none"> • Applying Lived Experience knowledge, skills, and judgement; • Solve routine issues related to consumer care and support, work health and safety, and / or quality assurance; • Participate in training programs related to their area of work and skill development; • Engage in relevant quality improvement and workplace education; • Participate in policy development and research activities relevant to consumers and the Lived Experience workforce;

	<ul style="list-style-type: none"> • Working and contributing to the work team / unit, which may involve multi-disciplinary team environments. <p>The employer will provide support and assistance to Lived Experience Workers (Level 1) who are undertaking a relevant educational qualification during their employment. They will not unreasonably refuse flexible working arrangements to facilitate the completion of such qualifications, including the facilitation of clinical hours, study blocks, and class attendance.</p> <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>Progression to being a Proficient Lived Experience (Peer) Worker (Level 2) is automatic on the completion of 12 months at Level 1, Year 2.</p>
	LIVED EXPERIENCE (PEER) WORKERS Proficient
LEVEL 2 Years 1-7	<p>A <i>Proficient Lived Experience (Peer) Worker</i> (Level 2) holds Lived Experience practitioner competencies developed through the completion of two years of service at Level 1 (or equivalent service obtained elsewhere). They may have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent) or be willing to undertake and complete such studies.</p> <p>Proficient Lived Experience (Peer) Workers at Level 2 can be expected to perform the following functions:</p> <ul style="list-style-type: none"> • Demonstrate competency and independence in routine practice with decreasing supervision commensurate with years of experience; • Exercising increasing independent judgement on day-to-day tasks, activities and projects; • Perform increasingly complex tasks and responsibilities under supervision and support of a Senior Lived Experience (Peer) Worker (Level 3) or higher; • Mentor and, as experience develops, support the practice of Lived Experience (Peer) Workers (Level 1); • Actively contribute to quality and / or service improvement activities under the operational supervision of a Senior Lived Experience (Peer) Worker (Level 3) or higher. <p>Practitioners with two or more years' service as a Lived Experience (Peer) Worker, irrespective of employer, will commence at Level 2, with their years of service recognised to determine their anniversary date for incremental progression. The resolution of any dispute concerning the</p>

	<p>relevancy of previous service or experience will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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	LIVED EXPERIENCE (PEER) WORKERS Senior
<p>LEVEL 3 Years 1-4</p>	<p><i>A Senior Lived Experience (Peer) Worker (Level 3) demonstrates high-level knowledge, skills and experience in their practice. They have a minimum of three years' service as a Proficient Lived Experience (Peer) Worker (Level 2) (or equivalent service obtained elsewhere) and have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent).</i></p> <p>They can generally perform most of their tasks of a complex nature with a high degree of independence, although the availability of supervision and peer consultation for Level 3 practitioners remains a requirement.</p> <p>Indicators that a Senior Lived Experience (Peer) Worker (Level 3) meets the above criteria are as follows:</p> <ul style="list-style-type: none"> • Demonstrate autonomous professional decision making and judgement day-to-day with a high degree of independence when performing most tasks and duties; and • Effectively and independently manage competing priorities, including those involving consumers with complex matters; and • Apply evidence-based skills and decision making to the needs of the consumer. <p>As experience grows, a Senior Lived Experience (Peer) Worker (Level 3) could also be expected to undertake some of the following duties:</p> <ul style="list-style-type: none"> • Increasing supervision and mentorship to Lived Experience (Peer) Workers at Level 1 and Level 2; • Plan, implement and evaluate services; • Participate in research, policy development, educational programs and / or quality improvement initiatives, and in some instances, lead such projects; • Support and lead complex Lived Experience (Peer) practice, including facilitation of learning for staff, students and consumers. <p>Progression as a personal regrade to Senior Lived Experience (Peer) Worker (Level 3) will be via Clause 22 Grading Committee.</p> <p>The resolution of any dispute concerning the relevancy of previous service or experience, or the equivalency of a qualification to that of a Certificate IV Mental Health Peer Work, will in the first instance be managed via Clause 22 Grading Committee.</p>

	Progression through Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.
	LIVED EXPERIENCE (PEER) WORKERS Lead
LEVEL 4 Grade 1 Grade 2 Grade 3 Grade 4	<p>A Lead Lived Experience (Peer) Worker (Level 4) provides supervision to Lived Experience (Peer) Workers Levels 1 to 3 inclusive. They have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent).</p> <p>At Level 4 they may have a specific focus on one of the following elements: (i) leadership / operational; (ii) educational; (iii) advanced practice; or alternatively they can undertake duties from across some or all three of these elements.</p> <p>However, irrespective of any specific focus, a Lead Lived Experience (Peer) Worker (Level 4) may oversee and lead quality and service improvement activities as well as participate in any educational and research activities applicable to their role.</p> <p>(i) Leadership / operational A Lead Lived Experience (Peer) Worker (Level 4) use their knowledge and experience to provide operational and practice oversight, along with strategic advice, to Lived Experience (Peer) Workers, clinicians, and other stakeholders.</p> <p>They can manage the Lived Experience (Peer) workforce in a number of operational situations, which may include a team or teams, rural / regional sites, a larger Department or those working in multi-disciplinary teams within a LHD or Network.</p> <p>The number of Lead Lived Experience (Peer) Workers (Level 4) in a LHD or Network structure will reflect factors such as, for example only, the complexity of services being delivered; difficulties associated with managing rural / remote services; the use of multiple locations to deliver clinical services; or the profile and number of staff being managed. Using the structure and number of Leads that ensures the timely delivery of services in a safe working environment, in which staff are professionally and administratively supported, is the primary objective.</p> <p>Grading a Lead Lived Experience (Peer) Worker (Level 4) with leadership / operational responsibilities shall be determined by the utilisation of either:</p> <p>(v) clause 25 of this Award;</p> <p>OR</p>

(vi) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR for a Lead Lived Experience (Peer) Worker (Level 4) is calculated on the actual number of staff the role is responsible for, irrespective of their FTE.

At Level 4 these will be initially graded as follows, subject to any determination arising from the application of clause 25 and if it were to provide a higher grading than identified below:

- **Grade 1:** Responsibility for up to 5 staff.
- **Grade 2:** Responsibility for 6 to 15 staff.
- **Grade 3:** Responsibility for 16 to 25 staff.
- **Grade 4:** Responsibility for more than 25 staff.

(ii) Educational

A Lead Lived Experience (Peer) Worker (Level 4) can be responsible for the design, development, delivery and evaluation of education programs including professional development, new Lived Experience (Peer) Worker orientation, general Lived Experience (Peer) Worker education and training of non-peer workers. They will take a lead role in instructional design and research relevant to Lived Experience education.

(iii) Advanced practice

A Lead Lived Experience (Peer) Worker (Level 4) performs novel, critical and the most complex lived experience work which requires advanced level knowledge skills and experience. They will, through the application of such expertise, improve techniques, practice and governance of the Lived Experience (Peer) workforce, and provide a practice reference point for such practitioners.

Progression as a personal regrade to Lead Lived Experience (Peer) Worker (Level 4) will be via Clause 22 Grading Committee.

The resolution of any dispute regarding the equivalency of a qualification to that of a Certificate IV Mental Health Peer Work will in the first instance be managed via Clause 22 Grading Committee.

Progression through Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

	LIVED EXPERIENCE (PEER) WORKERS Director
<p>LEVEL 5</p> <p>Grade 1</p> <p>Grade 2</p> <p>Grade 3</p> <p>Grade 4</p>	<p>A Director Lived Experience (Peer) Worker (Level 5) leads, co-ordinates, and provides strategic advice on the Lived Experience (Peer) workforce. They have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent).</p> <p>The scope of this role is across a LHD or Network and they have responsibilities that could include the following:</p> <ul style="list-style-type: none"> • Developing and implementing strategic direction and advocacy for the Lived Experience (Peer) workforce; • Making high-level decisions related to workforce / service strategies; • In collaboration with Leads, provide oversight as required on the financial and resource allocation provided to the Lived Experience (Peer) workforce within a LHD or Network to ensure effective financial management, a contribution to budget development, and advocating for adequate funding to enable safe staffing measures and timely service delivery; • Provide high-level consultancy as required for support of the Lived Experience (Peer) workforce within a LHD or Network; • Represent the Lived Experience (Peer) workforce in high-level committees; • Strategic oversight for co-ordination of major research, education and quality improvement functions. <p>A Director Lived Experience (Peer) Worker (Level 5) can also undertake the role of a Lead Lived Experience (Peer) Worker (Level 4) if this does not impact on their capacity to fulfill required duties in either role and the provision of timely services to site(s) and the workforce in their scope of responsibilities. If a dual role is utilised, they will be classified as a Director and remunerated as such for all hours worked in both roles.</p> <p>Grading a Director Lived Experience (Peer) Worker (Level 5) shall be determined by the utilisation of either:</p> <p>(vii) clause 25 of this Award;</p> <p>OR</p> <p>(viii) the Weighted Total Reports ('WTR'),</p> <p>noting the mechanism above which provides the higher grading for the role / position shall be the one applied.</p>

The WTR for a Director Lived Experience (Peer) Worker (Level 5) is calculated on the actual number of staff that falls within their oversight and / or responsibility, irrespective of their FTE.

At Level 5, a Director will be initially graded as follows, subject to any determination arising from the application of clause 25 and if it were to provide a higher grading than identified below:

- **Grade 1:** Responsibility for up to 5 staff.
- **Grade 2:** Responsibility for 6 to 15 staff.
- **Grade 3:** Responsibility for 16 to 25 staff.
- **Grade 4:** Responsibility for more than 25 staff.

Progression through Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 16 - PERFUSIONIST

GRADE 1	PERFUSIONIST Trainee
<p>Grade 1 Years 1 -3</p>	<p>A Grade 1 Perfusionist (<i>Trainee Clinical Perfusionist</i>) holds an appropriate tertiary qualification (Bachelor of Science, Bachelor of Applied Science or equivalent qualification) and meets the trainee entry requirements as set by the Australian and New Zealand Board of Perfusion ('ANZBP').</p> <p>A Trainee Clinical Perfusionist is undertaking on-the-job training and additional post graduate studies to become eligible for certification by the ANZBP.</p> <p>Progression through Grade 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>On becoming eligible for certification with the ANZBP (or is otherwise deemed to hold equivalent qualifications / experience by the employer), a Grade 1 Perfusionist will automatically progress to Grade 2 Perfusionist.</p>
GRADE 2	PERFUSIONIST Certified
<p>Grade 2 Years 1- 8</p>	<p>A Grade 2 Perfusionist (<i>Certified Clinical Perfusionist</i>) has been certified by the ANZBP as a Certified Clinical Perfusionists (or is otherwise deemed to hold equivalent qualifications / experience by the employer).</p> <p>Progression through Grade 2 is automatic and occurs annually on the determined anniversary date for incremental progression (being the date of appointment to the position or the date of completing the relevant qualification).</p>
GRADE 3	PERFUSIONIST Senior / Deputy
<p>GRADE 3 Senior Years 1-3 Deputy Years 4-5</p>	<p>A Grade 3 Perfusionist can be in one of the following roles: (A) a Senior Clinical Perfusionist; or (B) a Deputy Clinical Perfusionist.</p> <p>C. <i>Senior Clinical Perfusionist</i> A Senior Clinical Perfusionist is a Certified Clinical Perfusionist with at least five years of experience and demonstrates a high level of clinical expertise. In addition to the duties of a Grade 2 Perfusionist, a Senior Clinical Perfusionist may also perform additional duties, which may include but not be limited to the following:</p> <ul style="list-style-type: none"> (i) Research and developmental tasks. (ii) Supervision of perfusionists-in-training.

	<ul style="list-style-type: none"> (iii) Education and in-service training to other health professionals. (iv) Specialists in support therapies including ECMO (extracorporeal membrane oxygenation) and / or VADS (ventricular assist devices) and / or IABP (intra-aortic balloon pump). (v) Establishing and maintaining clinical perfusion guidelines and protocols. (vi) Coordination and communication with other health professionals, including biomedical engineers, and with suppliers to maintain perfusion services / optimal patient outcomes. (vii) Interhospital or interstate organ / patient retrieval. (viii) Performs solo on-call responsibilities. (ix) Independently performs complex cases demonstrating a high level of clinical expertise. <p>Progression through Grade 3 for a Senior Clinical Perfusionist is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>A Senior Clinical Perfusionist will only access Grade 3, Year 1 to Year 3 inclusive.</p> <p>B. Deputy Clinical Perfusionist A Deputy Clinical Perfusionist can undertake the requirements and duties of a Senior Clinical Perfusionist (Grade 3) and in addition undertakes the role of Deputy to the Director of Clinical Perfusion.</p> <p>The Deputy supports the everyday operation of the Department and undertakes their duties under the delegation of the Director. They would be expected to act up in the Director's role in their absence by way of higher grade duties.</p> <p>Progression through Grade 3 for a Deputy Clinical Perfusionist is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>A Deputy Clinical Perfusionist will only access Grade 3, Year 4 to Year 5 inclusive.</p>
GRADE 4	PERFUSIONIST Director

<p>GRADE 4 Years 1-2</p>	<p>A Grade 4 Perfusionist (<i>Director of Clinical Perfusion</i>) undertakes the management of clinical perfusion within a Hospital. They are responsible for the direction and supervision of other Perfusionists within the Hospital.</p> <p>The Director of Clinical Perfusion can be expected to:</p> <ul style="list-style-type: none"> (i) Responsible for the day to day operation of the Department and the departmental employees who contribute to the provision of perfusion services. (ii) Exercise organisational, supervisory and management skills. (iii) Demonstrate advanced technical and clinical knowledge, and able to make highly professional decisions, as it relates to the operation and testing of equipment. (iv) Continue to develop expertise with advances in the relevant body of technical and clinical knowledge. (v) Seek and utilise other specialist advice when required. <p>Progression through Grade 4 for a Director of Clinical Perfusion is automatic and occurs annually on the determined anniversary date for incremental progression.</p>
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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 17 - PHARMACISTS

STUDENT	PHARMACISTS Student
Year 1	<p>A <i>Student Pharmacist</i> is a person who is currently studying or has completed a degree that would confer eligibility for general registration as a Pharmacist with AHPRA but is not currently employed in an Intern position.</p> <p>Student Pharmacists work under overall direction and supervision of a Pharmacist (Level 1 or above), however direct supervision may be delegated to other staff as appropriate to the task.</p>
INTERN	PHARMACISTS Intern
Year 1	<p>An <i>Intern Pharmacist</i> holds either provisional or limited registration with AHPRA to permit the completion of a supervised practice program. This also includes overseas qualified Pharmacists or those requiring practice placement after an extended break to satisfy AHPRA registration requirements.</p> <p>The successful completion of these is to enable general registration with AHPRA as a Pharmacist. Overall supervision of an Intern Pharmacist's professional practice and development is provided by their approved preceptor.</p> <p>An Intern Pharmacist's may complete their day to day work under the supervision of a Pharmacist (Level 1 or above) or their appropriate delegate to ensure patient safety and professional development of the following capacities:</p> <ul style="list-style-type: none"> • Application of professional knowledge, skills, and judgement; and • Solve routine professional issues related to the delivery of patient services, work health and safety, and / or quality assurance; and • Working and contributing to the work team / unit, which may involve interaction with other clinical professions / roles. <p>Progression to Entry Level Pharmacist (Level 1) is automatic on the Intern Pharmacist obtaining their general registration from AHPRA.</p>
LEVEL 1	PHARMACISTS Entry Level Pharmacist
Year 1	<p>An <i>Entry Level Pharmacist</i> (Level 1 Pharmacist) has obtained general registration with AHPRA as a Pharmacist. They are in their first years of practice and are developing their professional skills.</p>

Those employees with demonstrated prior service as a Pharmacist will have such service recognised for the purpose of determining their commencing year of service / increment date. This may include overseas service / practice which is considered equivalent to the practice of a Pharmacist with general registration in Australia.

The resolution of any dispute arising to the relevancy of any previous service will in the first instance be managed via Clause 22 Grading Committee.

A Level 1 Pharmacist may perform the following functions:

- Perform routine duties with regular clinical and operational supervision.
- Contribute to services delivered to individuals in routine situations.
- As experience grows, undertake increasingly more complex clinical tasks under clinical supervision.
- Participate in committees and working groups for the purposes of professional development.
- Participate in quality improvement, research and educational activities under direction.
- Provide clinical supervision to Intern Pharmacists, students, and Pharmacy Technicians, commensurate with their level of experience.

Clinical supervision will be available to a Level 1 Pharmacist.

Level 1 Pharmacists do not perform on-call unless:

- A risk assessment has been conducted on them; and
- They have completed designated training, with competencies relevant to the on-call service deemed to have been met; and
- A process of consultation with a more senior Pharmacist is always available to them whilst on-call.

A Level 1 Pharmacist should not provide clinical supervision to other Level 1 Pharmacists unless the following criteria have been met:

- Have been deemed competent and are provided appropriate training; and

	<ul style="list-style-type: none"> The tasks being supervised are routine and not complex in nature. <p>Progression through Level 1 is automatic and occurs annually on their determined anniversary date for incremental progression.</p> <p>A Level 1 Pharmacist will automatically progress to Level 2 Pharmacist on completion of 12 months at Level 1.</p>
LEVEL 2	PHARMACISTS Proficient Pharmacist
Years 1-4	<p>A <i>Proficient Pharmacist</i> (Level 2 Pharmacist) has a proficient level of clinical and professional practice, demonstrated through completion of 12 months service at Pharmacist Level 1.</p> <p>A Level 2 Pharmacist performs all Level 1 Pharmacist duties as required, and in addition, the following functions:</p> <ul style="list-style-type: none"> Provide routine Pharmacy services independently, with a proficient level of knowledge and skill within their scope of practice. Perform complex Pharmacy duties under the clinical supervision of a Level 3 Pharmacist or higher. Manage workload and day-to-day operational work with increasing autonomy commensurate with years of experience. Participate in activities contributing to clinical governance and projects, including committees, working groups and the development of policies and procedures. Participate in education and teaching, research, and committees. Participate in quality and service improvement activities, research and educational activities. May lead quality and service improvement activities for the purposes of professional development and under clinical supervision of a Level 3 Pharmacist or higher. May provide clinical supervision to Level 1 Pharmacists and Intern Pharmacists. Participate in top of scope of practice programs (such as Partnered Pharmacist Medication Charting), subject to meeting credentialing and competency requirements. <p>Clinical supervision will be available to a Level 2 Pharmacist.</p>

	Progression through Level 2 is automatic and occurs annually on their determined anniversary date for incremental progression.
LEVEL 3	PHARMACISTS Highly Proficient Pharmacist
Years 1-5	<p><i>A Highly Proficient Pharmacist</i> (Level 3 Pharmacist) has a highly proficient level of clinical and professional practice, demonstrated by having both:</p> <ul style="list-style-type: none"> (i) Completed a minimum of three years general registration experience; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> (ii) Demonstrated high level clinical skills and knowledge, developed either in a: <ul style="list-style-type: none"> (a) specialty area of practice, including but not limited to those recognised by ANZCAP; and / or (b) via broad generalist experience, such that the Pharmacist is able to practice at a highly developed level across a diverse range of clinical specialty areas. <p>Indicators of high level clinical skills and knowledge can include but are not limited to:</p> <ul style="list-style-type: none"> 1(a) Attainment of a Pharmacist Registrar level (or higher) professional recognition, including but not limited to ANZCAP recognition. <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> 2(a) Demonstrates high-level clinical reasoning skills in relation to complex, novel or critical patients and scenarios, with evidenced ability to independently enact appropriate decisions, recommendations and escalations; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> 2(b) Exercises appropriate professional judgement in managing and prioritising clinical caseloads; <p style="text-align: center;">AND</p> <ul style="list-style-type: none"> 2(c) Provides high-quality clinical advice and supervision to less experienced Pharmacists, particularly with regards to matters of their specialty area(s) or general expertise. <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification or attained recognition which is</p>

	<p>relied upon to demonstrate high level clinical skills and knowledge in points 1(a) above will in the first instance be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes.</p> <p>In addition, a Level 3 Pharmacist will demonstrate one of the following:</p> <ul style="list-style-type: none"> • Actively contributes to clinical research projects, quality improvement initiatives and working groups or committees that are relevant to their practice area(s); or • Regularly contributes to continuing education programs by developing, delivering and evaluating education internally (within the Pharmacy service) and / or externally (such as for nursing or medical staff, university students, community health groups etc); or • Actively contributes to development and review of policy, procedure and guideline documents; or • Actively participates in extended or top of scope of practice programs that require a credentialing or competency assessment process. <p>As part of their role, a Level 3 Pharmacist may provide clinical supervision to Level 2 Pharmacists and below.</p> <p>A Level 3 Pharmacist will have available to them clinical supervision by a Level 4 Pharmacist or higher.</p> <p>A Level 2 Pharmacist can seek a personal regrade to Level 3 Pharmacist, with such progression to be managed via the provisions of Clause 22 Grading Committee.</p> <p>Progression through Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 4	PHARMACISTS Advanced Pharmacist
Years 1-2	<p>An <i>Advanced Pharmacist</i> (Level 4 Pharmacist) has an advanced level of clinical and professional practice with demonstrated extensive knowledge, skills and expertise within a specialty area of practice or as a generalist.</p> <p>Progression to the position of Advanced Pharmacist (Level 4 Pharmacist) will be by appointment, and within the scope of their appointed position, they would be expected to undertake and / or demonstrate the following:</p>

- Provide clinical services of a highly complex and varied nature where principles, procedures, techniques or methods may require adaptation to address clinical requirements; and
- Apply expertise to provide services and advice in complex, unfamiliar or unpredictable circumstances; and
- Establish, review and revise policies and procedures in a practice area within their work group or unit; and
- Ensure legal requirements, accreditation standards and relevant guidelines within their area of responsibility are implemented and adhered to; and
- Provide clinical supervision to Level 3 Pharmacists and below, particularly in the context of their specialty area of practice or generalist expertise.

In addition, a Level 4 Pharmacist may undertake the following activities as required:

- Contribute to and demonstrate leadership within a research team or teams as a supervisor and may manage components of a major clinical research project.
- Plan, supervise and implement new programs or quality improvement projects within a work unit or team.
- Lead or guide the development, delivery and evaluation of education and training programs within their specialty and / or work unit.

A Level 4 Pharmacist will have available to them as required clinical supervision from more senior Pharmacists or from other Level 4 Pharmacists pertaining to specialty areas or generalist practice.

Whilst progressing to a Level 4 Pharmacist role is not by way of a personal regrade, a Level 3 Pharmacist role can be assessed under Clause 24 Positional Misclassification of this Award if it includes the performance of Level 4 Pharmacist responsibilities.

Progression through Level 4 is automatic and occurs annually on the anniversary date of their appointment to the position.

LEVEL 5	<p style="text-align: center;">PHARMACISTS Advanced Leader Pharmacist</p>
<p>Years 1-2</p>	<p>An <i>Advanced Leader Pharmacist</i> (Level 5 Pharmacist) practices at an advanced level as expected of a Level 4 Pharmacist but is, in addition, providing accompanying leadership / supervisory functions under the operational management of the Director of Pharmacy of the overarching Pharmacy Department or Service, or via their delegation from a Pharmacy Services Manager or Deputy Director of Pharmacy.</p> <p>Such leadership / supervisory functions are demonstrated in one of the following ways (or in some combination of the elements identified below):</p> <ul style="list-style-type: none"> (i) Undertake the role of a Team or Unit Lead, whereby they operationally supervise the day-to-day administration, workflow of a team or unit. A Pharmacist undertaking the role of a team or unit Lead may have responsibility for, and undertake some of, the following duties: <ul style="list-style-type: none"> (a) Operational supervision and allocation of the team or unit's caseload. (b) Lead, direct and co-ordinate the team or unit's service delivery within allocated operational and resource parameters. (c) May hold operational supervision responsibilities for other Pharmacists, Pharmacy Technicians, and technical support staff. (d) Lead service development in the team or unit, but not at a Pharmacy Department or Service level. (e) Co-ordinate and facilitate professional supervision in the team / unit. (f) Participate in Departmental functions to assist the Deputy Director / Director of the Pharmacy Department or Service with operational management functions as they relate to the team / unit. (g) Implement service policy and strategy at the team or unit level. (h) Disseminate information to team / unit members. (i) Monitor the use of equipment and other physical capital in the team / unit.

AND / OR

- (ii) Undertake expert-level professional and consultative leadership that extends beyond their immediate work unit / team, which may include such tasks as:
- (a) Provides expert advice to senior management and other internal or external stakeholders that shapes or significantly contributes to complex projects, core policy or matters of clinical governance and service development;
 - (b) Leads or contributes meaningfully to the strategic planning, development, delivery and evaluation of specialised education and training programs, usually at a LHD (or higher) level;
 - (c) Skilfully leads and embeds positive change through innovation and structured improvement initiatives that extend or impact across multiple service areas;
 - (d) Has an established record of published or shared work which has had a demonstrable impact on relevant practice and research;
 - (e) Other activities or advocacy that can be demonstrated to enrich the reputation and impact of Pharmacy services in NSW Health and / or its associated entities.

Notwithstanding the reference to leadership / supervisory duties in the scope of the functions identified and exemplified above, Level 5 Pharmacists **must not** hold operational management accountabilities, including financial and personnel related tasks requiring formal managerial review and sign-off (such as recruitment, final leave approval or rostering as associated with payroll).

In accordance with Clause 17 Staffing Arrangements of this Award, Level 5 Pharmacist roles must be constructed to ensure clinical, operational supervision and / or leadership responsibilities can be reasonably performed within contracted hours. If concerns arise regarding this or that workloads may be exceeding a safe level which cannot be resolved locally, then Clause 18 Workload Review of this Award can be utilised.

It is expected that Level 5 Pharmacists will provide clinical supervision to other Level 5 Pharmacists, as well as Level 4 Pharmacists and below, particularly in the context of their specialty area of practice or generalist / other expertise held.

	<p>A Level 5 Pharmacist will have available to them as required clinical supervision from more senior Pharmacists or from other Level 5 Pharmacists pertaining to specialty areas or generalist practice.</p> <p>A Level 4 Pharmacist can seek a personal regrade to Level 5 Pharmacist, with such progression to be managed via the provisions of Clause 22 Grading Committee.</p> <p>Progression through Level 5 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 6	PHARMACISTS Pharmacy Service Manager
Band 6A Years 1-2 Band 6B Years 1-2	<p>A <i>Pharmacy Service Manager</i> (Level 6 Pharmacist) practices at an advanced level and provides accompanying leadership / supervisory functions as expected of a Level 5 Pharmacist but is, in addition, providing program level operational management accountabilities of a service or clinical stream with the remuneration band available determined by the Pharmacy Service Level as follows:</p> <ul style="list-style-type: none"> • Band 6A for a Pharmacy Service Manager at a facility, LHD or speciality Network or in a statewide role operating independently; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Band 6B for a Pharmacy Service Manager at a facility, LHD or speciality Network or in a statewide role requiring the supervision and oversight of Pharmacists (up to Level 5 only), all Levels of Pharmacy Technicians and / or support staff. <p>A Pharmacy Service Manager can be utilised in a number of operational situations ('locations'), which includes teams or units, satellite facilities, pillars, departments, or services.</p> <p>A Pharmacy Service Manager is responsible for the clinical and / or operational requirements for a service within a department, across facilities in a pillar organisation or in multiple LHDs or specialty Networks or in a statewide capacity.</p> <p>Pharmacy Service Managers must provide strategic and operational management of a service or clinical stream, with such program level management functions demonstrated by providing either:</p> <ul style="list-style-type: none"> • Complex services over multi-faceted areas with extensive clinical, operational and governance responsibilities; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Highly specialised advanced practice services requiring extensive subject matter expertise and exceptional skills.

The overarching Pharmacy Department or Service can have a number of Pharmacy Service Managers in their structure, reflecting factors such as, for example only, the complexity of Pharmacy services being delivered; difficulties associated with managing rural / remote services; the use of multiple locations (as defined above) to deliver Pharmacy services; or the profile and number of Pharmacy staff being managed.

Using the structure and number of Pharmacy Service Managers that ensures the timely delivery of services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

It can be expected that a Pharmacy Service Manager will be required to undertake in part or full some of the following responsibilities at a location, under the delegation / direction of the Deputy Director(s) and / or Director of Pharmacy (who retains ultimate accountability):

- (i) implementation and provision of timely Pharmacy services within their service or stream where:
 - (a) employed in a LHD or specialty Network setting, the Pharmacy Service Manager will assist the Deputy Director(s) and Director of Pharmacy (as well as the Executive Director of Pharmacy as required) with strategic and operational planning for the provision, implementation, and evaluation of Pharmacy services by the Department or Service;
- OR**
- (b) employed in State based, or a multi LHD setting, and assist appropriate managers with the strategic and operational planning for the provision, implementation, and evaluation of Pharmacy related services.
- (ii) professional line of reporting for staff;
 - (iii) clinical Governance relevant to Pharmacy Services;
 - (iv) administrative and operational tasks to ensure day-to-day service delivery;
 - (v) developing and maintaining rosters for staff within their service or stream;
 - (vi) manage leave rosters and relief requirements within their service or stream;

	<p>(vii) assist the Deputy Director(s) and Director of Pharmacy as required with decisions relating to human resources and physical or financial resource allocation.</p> <p>Notwithstanding the reference to leadership / supervisory duties in the scope of the functions identified and exemplified above, a Pharmacy Service Manager must not:</p> <ul style="list-style-type: none"> • hold overall departmental, LHD or speciality Network operational management accountabilities, including financial and personnel related tasks; <p>AND / OR</p> <ul style="list-style-type: none"> • hold or exercise operational responsibilities outside of their service or clinical stream. <p>Progression through Level 6 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment to the Pharmacy Service Manager position.</p> <p>In the first instance, any dispute or disagreement as to the number or utilisation of Pharmacy Service Manager roles within a LHD or Network will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.</p>
LEVEL 7	PHARMACISTS Deputy Director of Pharmacy
Band 7A Years 1-2	A Pharmacist at Level 7 undertakes the role of a Deputy Director of a Pharmacy Department or Service, with the remuneration band available determined by the Pharmacy Service Level as follows:
Band 7B Years 1-2	<ul style="list-style-type: none"> • Band 7A for a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 4 OR a Regional Facility Service Level 1 - 4.
Band 7C Years 1-2	<ul style="list-style-type: none"> • Band 7B for a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 5.
Band 7D Years 1-2	<ul style="list-style-type: none"> • Band 7C for a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above OR regional facilities of any Service Level where the regional Directors are responsible for medication management and governance for multiple facilities over a wide geographical area.
Band 7E Years 1-2	

- **Band 7D** for a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 6.
- **Band 7E** for a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above.

The Deputy Director(s) of Pharmacy will have primary accountability for the physical and human resources of the Department or Service. The Deputy Director(s) of Pharmacy assist the Director of Pharmacy (and where relevant, the Executive Director Pharmacy) with the financial accountability of the Department or Service.

Whilst programs, strategies and priorities may well be determined at an organisational level, the Deputy Director(s) at this Level will have authority to determine how to achieve any identified objectives within allocated and available resources to the Department or Service.

The overarching Pharmacy Department or Service can have a number of Deputy Directors in their structure, reflecting factors such as, for example only, the complexity of Pharmacy services being delivered; difficulties associated with managing rural / remote services; the use of multiple locations (as defined above) to deliver Pharmacy services; or the profile and number of Pharmacy staff being managed.

Using the structure and number of Deputy Directors that ensures the timely delivery of services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

The Deputy Director(s) of a Pharmacy Department or Service will have responsibilities that may include the following:

A. *Delivery of Pharmacy services and professional governance*

- (i) Direction and co-ordination of Pharmacy service delivery.
- (ii) Delivery of Pharmacy projects.
- (iii) Oversee planning for the provision, implementation, and evaluation of Pharmacy services delivered by the Department or Service.
- (iv) Assisting the Director, and where required the Executive Director, with strategic planning, monitoring, and evaluating Pharmacy service delivery.

- (v) Be familiar with, and in turn promote, the broad strategic context of the Department or Service.
- (vi) Co-ordinate and ensure the proper professional and / or clinical governance and supervision within the Department or Service.
- (vii) Ensuring clinical credentialing and registration, as well as the necessary skill mix of staff as needed.
- (viii) Assist the Director with approval and oversight on the Department or Service's performance review and management processes.
- (ix) Assist the Director with ensuring the delivery of Department or Service education programs.
- (x) If requested, undertake representation as a delegate of the Director (or Executive Director) in Ministry, LHD and / or Network discussions on Pharmacists / Pharmacy services.
- (xi) May have professional oversight of Pharmacists at an organisational level. If included in the Deputy Director's responsibilities, then such professional reporting lines will be included in the consideration of the correct grading of the position.

B. *Administrative and operational management*

- (i) Financial governance of the Department or Service under delegation of the Director or Executive Director of Pharmacy.
- (ii) Management of allocated physical and human resources across the Department or Service.
- (iii) Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
- (iv) Primary accountability for workforce functions, with responsibilities including but not limited to:
 - Leave management.
 - Rostering.
 - Performance management and improvement.

Progression through Level 7 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment to the Deputy Director position.

	In the first instance, any dispute or disagreement as to the number or utilisation of Deputy Director of Pharmacy roles within a LHD or Network will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.
LEVEL 8	PHARMACISTS Director of Pharmacy [Hospital or Service]
Band 8A Years 1-2	<p>A Pharmacist at Level 8 undertakes the role of Director of Pharmacy of a Hospital or Service and shall report to an Executive Director Pharmacy (Level 9). The remuneration band available to a Director of Pharmacy is determined by the Pharmacy Service Level as follows:</p> <ul style="list-style-type: none"> • Band 8A for a Director of Pharmacy at a facility of Pharmacy Service Level 4 OR Regional Facility Service Level 1 - 4. • Band 8B for a Director of Pharmacy at a facility of Pharmacy Service Level 5. • Band 8C for a Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line management oversight to on-site pharmacy services at one or more other facilities of SL3 or above OR regional facilities of any Service Levels where the regional Directors are responsible for medication management and governance for multiple facilities over a wide geographical area. • Band 8D for a Director of Pharmacy at a facility of Pharmacy Service Level 6. • Band 8E for a Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above or provides state based services. <p>The Director at this Level will have responsibilities that may include the following:</p> <ul style="list-style-type: none"> • Overall management and coordination of Pharmacy services that fall within their delegated responsibilities in a Hospital or Service. • Participate in and contribute to executive level decision making relating to the operational management of the Hospital or Service.
Band 8B Years 1-2	
Band 8C Years 1-2	
Band 8D Years 1-2	
Band 8E Years 1-2	

	<ul style="list-style-type: none"> • Guiding service delivery development and planning with a high degree of independence to meet key Pharmacy service delivery objectives. • Have final approval and oversight on the Department or Service's performance review and management processes. • Accountable for ensuring the delivery of Department or Service education programs. • In collaboration with relevant Directors of Departments or Services, manage the financial, human, and physical resource allocation, including but not limited to development of budgets, along with the monitoring and analysis of budget reports to ensure efficient and safe provision of Pharmacy services. • Financial management of drug budget and operational cost centres including employee related expenses. • Strategic responsibility for workforce development and planning to ensure safe and adequate staffing levels within Pharmacy services that fall within their delegated responsibilities in a Hospital or Service. • Function as a central point for strategic liaison between staff in Departments or Services that fall within their delegated responsibilities and the Executive Director. • Represent the Hospital or Service on LHD Committees or forums with a demonstrated ability to advocate within them for Pharmacists / Pharmacy services. • Strategic and operational planning responsibilities across Pharmacy services that fall within their delegated responsibilities in a Hospital or Service. • Lead and coordinate professional and clinical governance across Pharmacy services that fall within their delegated responsibilities in a Hospital or Service. <p>Progression through Level 8 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment to the Director position.</p>
LEVEL 9	PHARMACISTS Executive Director, LHD or Network [LHD Director of Pharmacy / Network Director of Pharmacy]

<p>Grade 1 Year 1</p>	<p>Each LHD and Speciality Network will employ an Executive Director of Pharmacy Level 9, which may be titled as an LHD Director of Pharmacy or Network Director of Pharmacy.</p>
<p>Grade 2 Year 1</p>	<p>Directors of Pharmacy (Level 8) employed in the LHD or Network will report to an Executive Director of Pharmacy, who can be expected to perform the following roles:</p>
<p>Grade 3 Year 1</p>	<ul style="list-style-type: none"> • primarily responsible for the overarching strategic and operational direction, accountabilities and management for Pharmacy services that fall within their delegated responsibilities in a LHD or Network; <p>AND</p> <ul style="list-style-type: none"> • primarily responsible for undertaking a peak level advisory role advocating for and assisting Pharmacists / Pharmacy services that fall within their delegated responsibilities in a LHD or Network. <p>Dependent on the nature and requirements of an Executive Director role in a LHD or Network, it can be expected that their responsibilities may include some of the following (which will be determined by the primary focus of their role and delegated responsibilities in a LHD or Specialty Network, mindful to ensure that the range of duties included do not preclude such position holders from appropriately undertaking their responsibilities in a timely and meaningful way):</p> <ul style="list-style-type: none"> • Leadership for strategic policy development and direction for Pharmacists / Pharmacy services that fall within their delegated responsibilities, which may also include leading the strategic implementation of clinical, professional and governance initiatives and objectives. • Providing clinical practice leadership and service improvement in collaboration with Directors and Managers could also be expected as part of these responsibilities. • Contribute to executive level decision making at a LHD or Network level in relation to Pharmacists / Pharmacy services that fall within their delegated responsibilities, and subsequently demonstrating significant and independent decision making and accountability for implementing such decisions. • In collaboration with Directors, oversight the financial and resource allocation provided to Departments, Hospitals or Services to ensure effective financial management and in turn, effective contribution to budget development. This may also include direct involvement in addressing complex budgetary requirements within the LHD or Network, including those that may be affecting a particular Hospital or Service.

- High-level advocacy for Pharmacists / Pharmacy services that fall within their delegated responsibilities, including at a statewide level, for the provision of adequate funding for safe staffing measures and timely service delivery.
- Strategic and operational coordination with other Executive Directors within their LHD or Network, as well as developing and maintaining professional collaboration with Executive Directors outside their LHD or Network.
- Lead the review, development, and implementation of policy / procedures / standards for major complex services.

Progression through Level 9 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment to the Executive Director position.

In the first instance, any dispute or disagreement as to how an Executive Director position is being utilised within a LHD or Network will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.

PART I - CLASSIFICATION STRUCTURES
SCHEDULE 18 - PHARMACY TECHNICIANS

LEVEL 1	ENTRY LEVEL PHARMACY TECHNICIAN
<p>LEVEL 1A Year 1</p>	<p>This is an entry level position.</p> <p>A Pharmacy Technician Level 1A performs routine duties under direct supervision from a Pharmacy Technician Level 2 or Level 3 and are capable of sharing knowledge about basic pharmacy functions with other team members.</p> <p>Duties that can be performed include but are not limited to the following:</p> <ul style="list-style-type: none"> • Pre-packing • Assist with Dispensing • Stocking Automated Dispensing Cabinets • Imprest and Distribution • Basic administrative duties such as filing • Reception duties • Assisting with inventory • Assisting with compounding <p>A Pharmacy Technician Level 1A does not: compound products within the cleanroom; manage inventory / procurement; or provide supervision.</p> <p>A Pharmacy Technician Level 1A who seeks progression to Pharmacy Technician Level 1B needs to complete a relevant Certificate Level 3 qualification (as per the Level 1B definition).</p> <p>Progression from Pharmacy Technician Level 1A to Level 1B occurs automatically on the date that the Pharmacy Technician demonstrates successful completion of such qualification.</p>
<p>LEVEL 1B Year 1</p>	<p>A Pharmacy Technician Level 1B performs the duties as for a Pharmacy Technician Level 1A but additionally has completed a relevant Certificate Level 3 (which includes but is not limited to the Certificate III in Hospital or Health Services Pharmacy Support) or an alternative qualification, which may in some instances include a tertiary qualification in another field or profession, deemed equivalent.</p> <p>Persons who meet these criteria are to be appointed as a Pharmacy Technician Level 1B.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment</p>

	or progression to Pharmacy Technician Level 1B will in the first instance be managed via Clause 22 Grading Committee.
LEVEL 2	PROFICIENT PHARMACY TECHNICIAN
LEVEL 2 Years 1-2	<p>A Pharmacy Technician Level 2 has completed a relevant Certificate Level 3 (which includes but is not limited to the Certificate III in Hospital or Health Services Pharmacy Support) or an alternative qualification, which may in some instances include a tertiary qualification in another field or profession, deemed equivalent.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a qualification held which is relied upon for appointment or progression to Pharmacy Technician Level 2 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>In addition to performing the duties required of a Pharmacy Technician Level 1, a Pharmacy Technician Level 2 must also be:</p> <ul style="list-style-type: none"> • Undertaking a relevant Certificate IV (or above) qualification (which includes but is not limited to the Certificate IV in Hospital or Health Services Pharmacy Support) <p>OR</p> <ul style="list-style-type: none"> • Performing routine Pharmacy Technician duties with increased autonomy and, in addition, is undergoing training and development in specialist or complex duties, which may include but not be limited to: <ul style="list-style-type: none"> ➤ Non-aseptic Compounding ➤ Aseptic / Cytotoxic Compounding ➤ Patient interaction and working with specialist Pharmacists for the purpose of clinical support and professional development ➤ Automated Dispensing Cabinets ➤ Other specialty areas as identified at Pharmacy Technician Level 3 <p>A Pharmacy Technician Level 2 can also provide training to a Pharmacy Technician Level 1A and Level 1B in relation to tasks / duties assigned to them.</p> <p>Progression as a personal regrade to Pharmacy Technician Level 2 will be via Clause 22 Grading Committee.</p> <p>Progression through Level 2 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.</p> <p>The resolution of any question or dispute concerning the relevance or equivalency of a Certificate IV (or above) qualification being</p>

	<p>undertaken by a Pharmacy Technician Level 2 will in the first instance be managed via Clause 22 Grading Committee.</p> <p>The Grading Committee via Clause 22 can also recognise additional specialist or complex duties that may arise during the nominal term of this Award, which may be relevant for progression or appointment to Level 2.</p>
LEVEL 3	HIGHLY PROFICIENT PHARMACY TECHNICIAN
LEVEL 3 Years 1-4	<p>A Pharmacy Technician Level 3 meets one of the following criteria:</p> <p>(i) Completed a relevant Certificate IV (or above) or alternatively holds a qualification deemed equivalent (which may include overseas qualifications). Relevant Australian qualifications include but are not limited to the Certificate IV in Hospital or Health Services Pharmacy Support (including relevant specialisation units);</p> <p>OR</p> <p>(ii) Demonstrates high level knowledge, skills, and experience / expertise in at least one specialty area, which may include but is not limited to the following:</p> <ul style="list-style-type: none"> • Aseptic Compounding • Cytotoxic Compounding • Non-aseptic Compounding • Clinical Trials • Information Systems Management • Automated Dispensing Cabinets - advanced duties such as data management, reporting, maintenance, assigning and validation of new products • Clinical Support and Ward Medication Management • Accuracy Checking of Medications; • Inventory Management and Procurement • Finance and Invoicing • Drug and Alcohol • Rural / Remote settings. <p>(iii) Indicators of performing with high level knowledge, skills, and experience / expertise in one of the specialty areas identified in subclause (ii) above include but are not limited to the following:</p> <p>(a) Completed competency-based assessment including but not limited to:</p> <ul style="list-style-type: none"> ➤ taking best possible medication histories (BPMH) ➤ validated in aseptic technique for aseptic / cytotoxic compounding ➤ accuracy checking of medications

- (b) Undertakes most complex decisions independently without point of care supervision;
- (c) Exercises independent professional judgement in problem solving and managing workflows;
- (d) Provides training to Pharmacy Technicians Level 1 and Level 2 on more complex tasks within a defined scope and under indirect supervision of a Level 4 Pharmacy Technician and / or Pharmacist;
- (e) Participates in the leadership of Quality Improvement and Assurance in collaboration with other team members or health professionals.

- (iv) Pharmacy Technicians Level 3 may be in a rotational role within their department, and performing the tasks assigned to their current rotation which is commensurate with their knowledge, skills, and experience / expertise.

Progression as a personal regrade to Pharmacy Technician Level 3 will be via Clause 22 Grading Committee.

Progression through Level 3 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.

The resolution of any question or dispute concerning the relevance of a Certificate IV (or above) qualification held by a Pharmacy Technician Level 3 will in the first instance be managed via Clause 22 Grading Committee.

The Grading Committee via Clause 22 can also recognise additional specialty areas that may arise during the nominal term of this Award, which may be relevant for progression or appointment to Level 3.

LEVEL 4	PHARMACY TECHNICIAN TEAM LEADER / TECHNICAL LEAD
	<p>A Pharmacy Technician Level 4 performs the duties of a Pharmacy Technician Level 3 and is appointed to undertake either the role of Team Leader or Technical Lead within a specialty.</p>
<p>LEVEL 4 Years 1-2</p>	<p><i>A Pharmacy Technician Level 4 Team Leader</i> undertakes the following responsibilities:</p> <ul style="list-style-type: none"> • Administrative duties; • Day-to-day operational supervision of the specialty area; • Provides mentoring, training, and supervision to other staff within their specialty area of practice; • Completes competency assessments on Pharmacy Technicians Level 3. <p><i>A Pharmacy Technician Level 4 Technical Lead</i> undertakes the following responsibilities:</p> <ul style="list-style-type: none"> • Is a point of contact in the team for complex technical matters; • Has the capacity to provide consultancy within the Department on complex technical matters; • Provides supervision to more junior Pharmacy Technicians, including on complex technical matters and work; • Provides mentoring, training, and supervision to other staff within their specialty area of practice; • Completes competency assessments on Level 3 Pharmacy Technicians; • Leads the provision of technical aspects of service in a specialty area. <p>Pharmacy Technicians Level 4 do not: rotate to different areas of a department; lead a department; design or manage change management processes; or performance manage staff in a specialty area.</p> <p>Progression through Level 4 is automatic and occurs on the anniversary date of appointment to the position.</p> <p>The Grading Committee via Clause 22 can also recognise additional specialty areas that may arise during the nominal term of this Award, which may be relevant for appointment to Level 4.</p>

LEVEL 5	ADVANCED PRACTITIONER PHARMACY TECHNICIAN
<p>LEVEL 5 Years 1-2</p>	<p>A Pharmacy Technician Level 5 performs the duties of a Pharmacy Technician Level 4 and, in addition, are advanced practitioners with expertise in their specialty area such that they demonstrate high level professional leadership beyond their work unit / team.</p> <p>Indicators of demonstrating this high level professional leadership relevant for Pharmacy Technicians include but is not limited to the following:</p> <ul style="list-style-type: none"> • Shapes national, state-wide or LHD higher education practice; or • Develops, delivers, and leads evaluation of specialised education and training programs across the pharmacy department or hospital services; or • Contributes specialised strategic advice on direction of professional development or that aims to enhance technical practice, knowledge, and skills across the Pharmacy Department or hospital services; or • Influences technical practice through the provision of professional advocacy and / or leads systems and processes across the Pharmacy Department or hospital services; or • Leads change through service-wide quality and service improvement activities and the development of better practice; or • Provides advice to senior management and other internal or external stakeholders regarding complex professional standards and technical service development; or • Has a record of published or shared work with a demonstrated impact on relevant practice. <p>Progression as a personal regrade to Pharmacy Technician Level 5 will be via Clause 22 Grading Committee.</p> <p>Progression through Level 5 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.</p> <p>Pharmacy Technicians Level 5 who seek appointment to Pharmacy Technician Level 6 need to complete additional qualifications (including but not limited to, the Certificate IV in Leadership and Management).</p> <p>The Grading Committee via Clause 22 can also recognise additional specialty areas that may arise during the nominal term of this Award, which may be relevant for progression or appointment to Level 5.</p>

LEVEL 6	PHARMACY TECHNICIAN SERVICE MANAGER
<p>LEVEL 6A Years 1-2</p>	<p>A Pharmacy Technician Level 6A undertakes primary responsibility for the management of all Pharmacy Technicians in a Pharmacy Department designated at Service Levels 1 - 4. They will have completed studies and hold an accredited management qualification or can demonstrate having experience / skills deemed equivalent.</p> <p>The resolution of any question or dispute arising to the relevancy of a qualification relied upon for appointment to Pharmacy Technician Level 6A will in the first instance be managed via Clause 22 Grading Committee.</p> <p>A Pharmacy Technician Level 6A may be required to perform the following duties:</p> <ul style="list-style-type: none"> • Effective management and development of pharmacy support services under direction of the Director / Deputy Director of Pharmacy; • Participate on departmental Committees and continuous education / management training programs; • Display competency in performing complex tasks with minimal supervision; • Actively participate in recruitment of Pharmacy Technicians; • Conduct Performance Management and Development of Pharmacy Technicians within the Department. <p>Progression through Level 6A is automatic and occurs on the date of appointment to the position.</p>
<p>LEVEL 6B Years 1-2</p>	<p>A Pharmacy Technician Level 6B performs the duties of a Pharmacy Technician Level 6A and, in addition, has primary responsibility for managing all Pharmacy Technicians in a Pharmacy Department designated at Service Levels 5 - 6 OR regional facilities of any Service Level with responsibility for managing Pharmacy Technicians for multiple facilities over a wide geographical area. They will have completed studies and hold an accredited management qualification.</p> <p>The resolution of any question or dispute arising to the relevancy of a qualification relied upon for appointment to Pharmacy Technician Level 6B will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 6B is automatic and occurs on the date of appointment to the position.</p>

LEVEL 7	DISTRICT PHARMACY TECHNICIAN MANAGER
<p>LEVEL 7 Years 1-2</p>	<p>A Pharmacy Technician Level 7 is a <i>District Pharmacy Technician Manager</i> whose role encompasses duties that may include the following:</p> <ul style="list-style-type: none"> • Provide high-level professional leadership to staff across the LHD Pharmacy service; • Contribute at an executive level to the management of hospital Pharmacies across the LHD; • Strategic management of Pharmacy services, including but not limited to: <ul style="list-style-type: none"> ➢ practice and policy ➢ planning ➢ projects ➢ performance • Participate in patient care activities as required including assisting with dispensing and clinical pharmacy services; • Actively participate in and contribute to Quality and Safety, along with Work Health and Safety processes, including the development and implementation of safety systems, improvement initiatives and related training, ensuring that quality and safety improvement processes are in place and acted upon. <p>Indicators of being able to successfully undertake the high-level professional leadership expected in this role include but are not limited to the following:</p> <ul style="list-style-type: none"> • Extensive experience in hospital Pharmacies in a range of practice settings or services. • Extensive high-level experience in the management of Pharmacy activities across a diverse array of medicine access and funding schemes such as the PBS (Pharmaceutical Benefits Scheme), Clinical trials, Highly Specialised Drugs scheme, and local formulary. • Detailed understanding of Commonwealth and state medication and pharmacy related funding systems, practice standards and legislation. • Demonstrated leadership, management, analytical, and creative skills including experience in developing and implementing policies and procedures for a broad range of health professionals.

	<ul style="list-style-type: none">• An understanding of Pharmacoeconomics and cost-effectiveness, as well as procurement principles and financial management practices as they apply to public hospital pharmacy management.• Demonstrated high-level strategic, conceptual, analytical, and creative skills and the ability to understand the political, social, and organisational environment in which Pharmacy services operate.• Highly developed interpersonal, communication, representation, negotiation, and conflict resolution skills. <p>Progression through Level 7 is automatic and occurs on the date of appointment to the position.</p>
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PART I - CLASSIFICATION STRUCTURES

SCHEDULE 19 - PSYCHOLOGISTS

LEVEL	PSYCHOLOGISTS SPP / Practice placement
Year 1	<p>Employees at this Level hold provisional registration with AHPRA and are engaged in a transitional or remedial program with AHPRA. This includes overseas qualified Psychologists or those requiring practice placement after an extended break to satisfy AHPRA registration requirements. The successful completion of these is to enable general registration with AHPRA as a Psychologist.</p> <p>Employees at this Level will only work under direct supervision of a Board approved supervisor to ensure patient safety and professional development of the following capacities:</p> <ul style="list-style-type: none"> • Application of professional knowledge, skills, and professional judgement; and • Solve routine professional issues related to patient care, work health and safety, manual handling, and / or quality assurance; and • Working and contributing to the work team / unit, which may involve multi-disciplinary team environments. <p>Employees at this Level who obtain general registration will automatically progress to the relevant Level that reflects the classification criteria they meet.</p>
LEVEL 1	PSYCHOLOGISTS
Level 1 Years 1-2	<p>Psychologists at Level 1 have obtained provisional registration with AHPRA. They are completing their provisional registration and will commence at the following increments:</p> <ul style="list-style-type: none"> • Completing 5th year of training by either “4+2”, “5+1”, or an “AoPE” pathway at Level 1, Year 1. • Completing a 6th year of training by either “4+2”, “5+1”, or an “AoPE” pathway at Level 1, Year 2. <p>The resolution of any dispute arising to the correct commencing rate of a Level 1 Psychologist will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Level 1 Psychologists may perform the following functions:</p>

	<ul style="list-style-type: none"> • Perform Psychological practice under clinical supervision in accordance with the Psychology Board of Australia’s guidelines; and • Participate in quality improvement, educational activities and research activities within work unit or team and as appropriate and safe; and • Work in a multi-disciplinary team. <p>A Level 1 Psychologist does not perform on-call unless:</p> <ul style="list-style-type: none"> • A risk assessment has been conducted on the Level 1 Psychologist identified to perform on-call duties; and • Designated training competencies relevant to the on-call service have been completed by the Level 1 Psychologist; and • Consultation with a Board approved supervisor is always available while the Level 1 Psychologist is on-call. <p>Roles at Level 1 Psychologists are focused on professional skill development, safe and appropriate clinical supervision, ensuring highest level clinical governance, patient safety and staff retention. As such, Level 1 Psychologists will undertake their duties in the following manner:</p> <ul style="list-style-type: none"> • Clinical Care time will not exceed 75% of the employee’s contracted hours; and • They will not be a sole practitioner. <p>Progression through Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.</p> <p>Level 1 Psychologists will progress to Level 2 from the date of obtaining general registration with AHPRA.</p>
LEVEL 2	PSYCHOLOGISTS
LEVEL 2 Grade 1 Years 1-3	<p>Psychologists at Level 2 have obtained general registration with AHPRA.</p> <p>Level 2 Psychologists will commence at the following grades:</p>
LEVEL 2 Grade 2 Years 1-3	<ul style="list-style-type: none"> • Psychologists with general registration will commence at Level 2, Grade 1, Year 1. • Psychologists with general registration and undertaking a Registrar program to obtain an Area of Practice Endorsement will commence at Level 2, Grade 2, Year 1.

Level 2 (Grade 1 and 2) Psychologists may be required to perform the following functions:

- Undertake routine psychology practice with decreasing clinical point of care / practice supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience; and
- Apply existing and routine evidence-based treatment techniques and assessment procedures; and
- Make more complex clinical decisions and solve problems under the clinical supervision of a Board approved supervisor of a higher level; and
- Participate in delivering, and if appropriate lead, educational activities to non Psychology staff; and
- Participate in clinical research activities led by a Level 3 Psychologist or higher; and
- Perform on-call within the scope of their Level 2 practice, functions, and role; and
- Participate in the development of local policies, procedures, standards, and practices in their work team / unit; and
- Participate in quality improvement activities in their work team / unit.
- Do not provide clinical supervision to other Psychologists.

Level 2, Grade 2 Psychologists may additionally:

- Provide secondary clinical supervision or participate in facilitating supervision of post-graduate students and provisional psychologists under the oversight of a Board approved supervisor.

Progression through Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 2, Grade 1 Psychologists will progress to Level 2, Grade 2 automatically on the completion of 12 months employment at Level 2, Grade 1, Year 3.

Psychologists at Level 2, Grade 2 with general registration may apply for progression to Level 3 via Clause 22 Grading Committee.

	However, Level 2 Grade 2 Psychologists shall automatically progress to Level 3 from the date of receiving their Area of Practice Endorsement.
LEVEL 3	PSYCHOLOGISTS
Years 1-4	<p>Psychologists at Level 3 demonstrate expertise in either a recognised clinical specialty or alternatively across two or more clinical areas in a generalist capacity. Such expertise will be demonstrated through high-level knowledge, skills, and experience.</p> <p>Psychologists at Level 3 can generally perform most of their tasks of a complex nature with a high degree of independence. As experience grows, a Psychologist at Level 3 can be expected to demonstrate increasing clinical leadership and act as reference point within their work team / unit.</p> <p>Psychologists at Level 3 may take a leadership role in education and research activities within their area of expertise at a team / unit level, which may include the following under the guidance of a Level 4 Psychologist Educator or Researcher:</p> <ul style="list-style-type: none"> • Lead the development, delivery and evaluation of profession specific or multidisciplinary professional development, clinical practice education and training within their work team or unit; and • Actively contributes through application of clinical specialty knowledge, skills and experience to support a broader research program or project. <p>Endorsed Psychologist As previously noted, Psychologists at Level 2 Grade 2 shall progress automatically to Level 3 from the date of receiving their Area of Practice Endorsement.</p> <p>When a Psychologist position at Level 3 is created or a vacancy arises at this Level, it shall be provided to a Grading Committee prior to any recruitment action, who will have the responsibility of determining whether an Area of Practice Endorsement/s are an essential requirement for the role.</p> <p>Psychologists undertaking a Registrar program to obtain an Area of Practice Endorsement (Level 2 Grade 2) may apply for positions advertised at Level 3 prior to obtaining their Endorsement. If successful, they will commence performing Level 3 functions under a Board Approved Supervisor but during the period prior to obtaining their Endorsement, they maintain their substantive Level 2 Grade 2 classification. They will automatically progress to Level 3 and perform functions without a Board Approved Supervisor from the date of receiving their Area of Practice Endorsement.</p> <p>Senior Psychologist</p>

A Psychologist with general registration may apply for progression to Senior Psychologist via Clause 22 Grading Committee.

Senior Psychologists demonstrate higher level expertise in a recognised clinical specialty or across multiple clinical areas through the performance of the following mandatory functions:

- Demonstrate independent professional decision making in the provision of psychological principles and methods, including evaluation; and
- Demonstrated ability to solve complex problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification; and
- Active participation and contribution to education, research, service planning or quality improvement within work unit / team; and
- Independently manage medico-legal and regulatory risk associated with complex caseload; and
- Is a Board Approved Supervisor with demonstrated ability to provide clinical supervision as the primary supervisor to provisionally registered psychologists as required.

NOTE: The requirement for independent application of skills does not diminish and is not mitigated by a presumption and entitlement for Professional supervision / consultation.

Clinical Team Lead

Psychologists at Level 3 can, in addition to their clinical role, undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the high-level knowledge, skills, and experience demonstrated by the Senior Clinician. An example, for illustrative purposes only, would be supervising a small Psychologist Team working within a Hospital Professional Department.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable a Psychologist at Level 3 to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining contracted hours

available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- Co-ordinate and facilitate professional supervision in the Team.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- Disseminate information to Team members.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all Psychologists are professionally and administratively supported is the primary objective.

Project / Policy Officer

Psychologists in this role contribute to policy development, advocacy and project management of professional and / or clinically related policy development, implementation, monitoring and reporting requiring clinical expertise and judgement.

Project and Policy Officers perform, some or all, of the following functions:

- Conducting research to support policy development, drafting and development of policy; and
- Demonstrates high-level knowledge, skills and experience in a health profession or across health professions in a multi-disciplinary capacity; and
- Demonstrated ability to work independently and within a team environment.

Progression as a personal regrade to Senior Psychologist Level 3 will be via Clause 22 Grading Committee. For a Psychologist with an Area of Practice Endorsement, the Grading Committee is only required to determine the relevance of the Endorsement to the Psychologist's practice.

The Grading Committee can also recognise additional areas of clinical specialty in Psychology that may arise during the nominal term of this

	<p>Award, which may be relevant for progression or appointment to Level 3.</p> <p>The resolution of any dispute arising to the relevancy of a non-tertiary certificate or additional training (relied upon in relation to the above indicators) will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 3 is automatic and occurs annually on the anniversary date of the Senior Psychologist or Endorsed Psychologist obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 4	PSYCHOLOGISTS
Years 1-2	<p>Psychology roles at Level 4 may be Clinical, Educational, Research, or Policy focused or may have elements of all four.</p> <p>When a Psychologist position at Level 4 is created or a vacancy arises at this Level, it shall be provided to a Grading Committee prior to any recruitment action, who will have the responsibility of determining whether an Area of Practice Endorsement/s are an essential requirement for the role.</p> <p>Advanced Psychologist Psychologists at Level 4 demonstrate advanced knowledge, skills and experience enabling the independent application of clinical knowledge, skills and experience which improve clinical techniques and provides a reference point for other clinicians, which may influence clinical practice and / or clinical governance systems.</p> <p>The performance of the above criteria may be demonstrated in either a recognised clinical specialty or alternatively across two or more clinical areas in a generalist capacity in the following functions / activities:</p> <ul style="list-style-type: none"> • Providing clinical supervision, guidance and consultation to Level 3 Psychologists on critical or novel cases; or • Acts as a reference point for guidance and / or supervision for complex documentation requirements; or • Provide clinical leadership beyond their work team / unit, which can include at a Department or service level; or • Provide advice to service managers on clinical service delivery, development, practice, and redesign, as well as guidance in the development of clinical services; or • Contribute and support education activities beyond the work team / unit; or

- Provide clinical supervision to staff over a broad geographical area including through the application of technology, such as Telehealth; or
- Provide direction and specialised advice to more senior Health Professionals, nursing and / or medical staff on intervention strategies, practices, and evidence; or
- Identify opportunities for improvement in clinical practice, as well as developing and leading ongoing quality improvement activities within the team / unit; or
- Provide clinical guidance to other Health Professionals and / or other team / unit staff members in a complex regulatory environment; or
- Provide high-level clinical leadership in a complex and critical work environment or program as determined by a Grading Committee established via Clause 22 of this Award.

Clinical Team Lead

Psychologists at Level 4 can, in addition to their clinical role, undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the advanced knowledge, skills, and experience of the Advanced Practitioner. An example, for illustrative purposes only, would be supervising a Team servicing a complex and critical caseload generally requiring a degree of adaptation in clinical principles.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable a Psychologist at Level 4 to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining contracted hours available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.

- May hold operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff.
- Co-ordinate and facilitate professional supervision in the Team.
- Lead team-based service development activities at a clinical level and provide support to the Deputy Manager / Manager for service development at a Department or Service level.
- Implement service policy and strategy at the Team level.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- Disseminate information to Team members.
- Monitor equipment / other physical capital use in the Team.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all Psychologists are professionally and administratively supported is the primary objective.

Educators

A Psychologist Educator demonstrates advanced educational knowledge, skills and experience enabling the independent application of educational and clinical knowledge, skills and experience which improves clinical knowledge and skills and provides a reference point for other educators and clinicians, which may influence clinical practice and / or clinical governance systems.

The scope of Psychologist Educators within a LHD or Network will be determined according to the purpose of their role, which can include:

- Discipline Specific Educators responsible for enhancing the knowledge and skills of Psychologists in a facility or service.
- *Clinical Stream Educators* responsible for enhancing the knowledge and skills across Psychologists working within a defined clinical speciality area.
- *Generalist Educator* responsible for enhancing the knowledge and skills of across multiple and / or smaller health professional disciplines, in most cases this will occur across facilities in a regional, rural or remote setting.

- *Student Educator* responsible for coordinating student clinical placement and enhancing the knowledge of Psychology students during placement.

Districts, Networks, Facilities, Services and Departments may have a number of Psychology Educator roles within their structure. The appropriate mix and number of such Educators will be determined based on factors including the complexity and specialisation of services being delivered, the need for Psychologist specific supervision, education, and training, along with the geographic spread and remoteness of services provide.

The general duties of Psychologist Educators may perform within their above defined scope include:

- Develop, deliver and participate in evaluation of specialised education and training programs.
- Actively participate and contribute to the strategic direction of professional development programs.
- Oversee, coordinate and / or lead educational research, redesign and improvement.
- Assessment of Psychology staff learning and education requirements, particularly in relation to speciality areas.
- Development and coordination of new graduate program education and other early career clinician supports.
- Provide support and be a reference point for clinicians who provide supervision to students, graduates and other clinicians.
- Adapt clinical and education approaches to the context of their roles scope eg adapting educational approaches to regional, rural and remote settings.

Educators at Level 4 are not required to perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances.

If a Psychologist Educator chooses to maintain a clinical caseload, such a caseload will not exceed 20% of their contracted hours.

Psychologist Clinical Researcher

A Psychologist Clinical Researcher demonstrates advanced research knowledge, skills and experience enabling the independent application of clinical research knowledge and outcomes which improves clinical knowledge and skills and provides a reference point for clinicians, educators and other researchers, which may influence clinical practice and / or clinical governance systems.

The duties and functions that a Psychologist Clinical Researcher may perform include some or all aspects of the following within their facility or service:

- Demonstrates specialised research, knowledge, skill and experience in a Psychological practice, service area or clinical speciality;
- Lead research projects locally or significant components of a multisite or major clinical research program with research outcomes influencing clinical processes and standards of clinical practice;
- Supervision of Level 3 Researchers and other research staff, auxiliary supervision of higher degree research students;
- Actively contribute to developing clinical research program strategy and, within their area of expertise, directly supports Strategic Research Lead in implementation of research program strategy;
- Identify research questions and topics from clinical practice whilst promoting, supporting and guiding integration of research and clinical activity;
- Demonstrates high-level communication skills and application of complex clinical research to stakeholders in a clinical service delivery setting;
- Supports, promotes and guides the process of integrating research and clinical activity;
- Developing research track record of peer reviewed publications or grants.

Advanced Psychologist Project / Policy Officer

Psychologists in this role implements, evaluates and reports on complex policy, programs, and / or strategic projects related to Psychology areas requiring applied clinical expertise and knowledge. They perform, some or all, of the following functions:

- Coordinating and managing projects within their portfolio; and
- Ensuring the timely deliverables and reporting for projects according to designated KPIs; and
- Developing implementation plans for new policies; and
- Contribution to the development and review of standards and guidelines; and

	<ul style="list-style-type: none"> • Participating in and contributing to high-level project planning. <p>Progression as a personal regrade to Advanced Psychologist will be via Clause 22 Grading Committee. The Grading Committee will recognise specialty fields in a specific profession that may be relevant for progression or appointment to Level 4 positions / roles.</p> <p>Progression through Level 4 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 5	PSYCHOLOGISTS
Years 1-2	<p>An <i>Expert Psychologist</i> has an expert level of clinical expertise and practice in a specialty field. This expertise is demonstrated by having extensive experience in their specialty field and by actively contributing to it by presenting papers at conferences and contributing to peer reviewed journals.</p> <p>An Expert Psychologist will possess either:</p> <p>(i) Gained peer recognition, as demonstrated by the provision of consultation at state and/or national levels to other psychologists or with other professional bodies and organisations regarding psychological services and models of care and/or the development of policies, procedures or guidelines in areas benefiting from specialist psychological knowledge</p> <p>OR</p> <p>(ii) Have a substantive academic appointment or conjoint appointment.</p> <p>In recognition of their superior clinical expertise, an Expert Psychologist can be responsible for:</p> <ul style="list-style-type: none"> • quality assurance; • development of better practice and clinical research within a facility; • is actively involved in teaching staff and students in their field of expertise; • Clinical and educational support to other health workers or clinicians in the management of patients requiring ongoing specialty treatment across a Service, District or Network; • participate on relevant high-level committees.

They undertake such responsibilities without direct supervision and with some discretion as permitted within their professional guidelines to achieve organisational goals.

Clinical Team Lead

Psychologists at Level 5 can, in addition to their clinical role, undertake the role of a *Clinical Team Lead*. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be commensurate with the expert level of clinical expertise and practice in a specialty field of the Psychologist. An example, for illustrative purposes only, would be supervising a Team providing a highly innovative, critical, and complex LHD, Network or statewide service requiring strategic clinical leadership.

However, such supervision is under the operational management of the Deputy Manager / Manager of the overarching Department or Service, and the Clinical Team Lead will not have line management responsibilities, including the delegation to have final approval for: leave; rostering; recruitment or termination; and decisions relating to human resources and physical or financial resource allocation within the team or unit. These remain the responsibility of the Deputy Manager / Manager of the overarching Department or Service.

To enable a Psychologist at Level 5 to productively and safely undertake the role of a Clinical Team Lead, their clinical workload will be limited to 50% of their contracted hours, with the remaining contracted hours available for supervisory duties. The duties that would be expected of such supervisory duties could include some of the following:

- Operational supervision and allocation of the Team's caseload.
- Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- May hold operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff.
- Co-ordinate and facilitate professional supervision in the Team.
- Lead service development in the Team but not at a Department or Service level.
- Implement service policy and strategy at the Team level.
- Participate in Departmental functions to assist the Deputy Manager / Manager of the Department or Service with operational management functions as they relate to the Team.

- Disseminate information to Team members.
- Monitor equipment / other physical capital use in the Team.

Using the structure and number of Clinical Team Leads within a Department or Service (and the appropriate clinical level they fall within) that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.

Strategic Psychologist Educators

At this Level a Strategic Psychologist Educators perform strategic and advocacy functions to guide the overall direction of Psychology Education within a LHD or Network. Such Educators are expected to maintain being a Board Approved Supervisor and possess either:

- gained peer recognition, as demonstrated by the provision of consultation, teaching or training at state and/or national levels to other psychologists or with other professional bodies and organisations in their clinical specialty field; or

OR

- have a substantive academic appointment or conjoint appointment.

The scope of a Strategic Psychologist Educator within a LHD or Network will be determined according to the purpose of their role, which can include (as per Level 4 Psychologist Educators):

- Discipline Specific Educators.
- Clinical Stream Educators.
- Student Educator.

A Strategic Psychologist Educator at this Level may perform some or all of the following functions:

- Responsible for coordination of the assessment and evaluation of Health Professional learning and education outcomes.
- Develop strategic professional development plans.
- Lead the planning, design, curriculum development and implementation of education and professional development programs within the scope of roles purpose.
- In conjunction with other educators, facilitate and identify opportunity for improved interdisciplinary learning opportunities.

- Oversee the evaluation strategy to ensure programs remain current and compliant with regulatory requirements.
- Develop and maintain relationships with teaching, training and / or educational research institutions.
- Provide supervision and act as a reference point to Advanced Psychologist Educators, and also Level 3 Psychologists undertaking activities related to education.
- Assist the facilitation of access to clinical placement supervision training and support Health Professional staff who provide supervision to students, other clinicians and Allied Health Assistants.

Strategic Psychologist Educator are not required to perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances. If, however such an Educator chooses to maintain a clinical caseload such caseload, it will not exceed 20% of their contracted hours.

Strategic Psychologist Research Lead

A Strategic Psychologist Research Lead coordinates and leads significant clinical research programs across facilities. Such Researchers will:

- Hold a post-graduate degree which includes a research component.
- Made an outstanding contribution to the profession including peer reviewed publications.
- Demonstrated success in leading and / or obtaining research grants as a Researcher.

Strategic Psychologist Research Leads may perform some or all of the following functions:

- Responsible for clinical research programs and strategy across facilities and / or services.
- Demonstrated extensive clinical research methodology knowledge, skills and expertise in a clinical specialty area or across multiple areas.
- Ability to prepare complex grant applications, research methodology and disseminating findings in conferences and peer reviewed journals.
- Leads or develops researcher skill development or capacity building activity within clinical departments.

	<ul style="list-style-type: none"> • Develops and maintains relationships with research institutions as required. <p>Strategic Psychologist Policy / Project Officer Psychologists in this role conducts policy analyses on and leads Psychologist specific or multidisciplinary health programs requiring applied clinical expertise and knowledge. Roles at this Level will have responsibility for:</p> <ul style="list-style-type: none"> • The work of other project / policy officers; and • Participating in high-level stakeholders' negotiations; and • Holds accountability for policy and project outcomes across a LHD or Network portfolio. <p>Progression as a personal regrade to Expert Psychologist will be via Clause 22 Grading Committee. The Grading Committee will recognise specialty fields that may be relevant for progression to or appointment as an Expert Psychologist.</p> <p>The resolution of any dispute arising to the relevancy of a qualification relied upon in relation to the above indicators will in the first instance be managed via Clause 22 Grading Committee.</p> <p>Progression through Level 5 is automatic and occurs annually on the date of the Expert Psychologist obtaining the regrade or the date of their appointment to the position.</p>
LEVEL 6	PSYCHOLOGISTS Deputy Manager of Department or Service
<p>Grade 1 Years 1-4</p> <p>Grade 2 Year 1-2</p> <p>Grade 3 Years 1-2</p>	<p>A Psychologist at this Level undertakes the role of a Deputy Manager, which can be utilised in a number of operational situations ('locations'), which includes teams or units, satellite facilities, Departments or Site Multi-Disciplinary Services ('Service').</p> <p>The overarching Department or Service can have a number of Deputy Managers in their structure, reflecting factors such as, for example only, the complexity of clinical services being delivered; difficulties associated with managing rural / remote services; the use of multiple locations to deliver clinical services; or the profile and number of staff being managed. Using the structure and number of Deputy Managers that ensures the timely delivery of clinical services in a safe working environment in which all staff are professionally and administratively supported is the primary objective.</p> <p>Accordingly, the scope of responsibilities of a Deputy Manager will reflect their location and required activities, which will determine the grade in this Level for the position using the below Award criteria and</p>

processes. However, it can be expected that a Deputy Manager may be required to undertake in part or full some of the following responsibilities at a location, under the delegation / direction of the Manager of a Department or Service (who retains ultimate accountability):

- implementation and provision of timely clinical services,
- assist the Manager as required with planning for the provision, implementation, and evaluation of relevant clinical services in the Department or Service.
- Professional and clinical governance to staff;
- administrative and operational tasks that support day-to-day service delivery;
- developing and maintaining rosters for staff;
- manage leave rosters and relief requirements;
- assist the Manager as required with decisions relating to human resources and physical or financial resource allocation.

Grading Deputy Manager roles / positions shall be determined by the utilisation of either:

(ix) clause 25 of this Award;

OR

(x) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR for Deputy Managers will be calculated and applied as follows.

The weighting of operational reporting lines will be calculated by:

ii. Multiplying each operational reporting line by a factor of 1;

Reporting lines are calculated on the actual number of staff reporting to someone in this role irrespective of their FTE.

Example: A Deputy Manager holds the operational reporting lines of 20 staff members. Some Psychologists / staff within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

	<p>Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: 20 x 1 = 20</p> <p>Accordingly, in this example, the WTR of the position is 20 employee reports, which will be applied to determine the grading of the Deputy Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).</p> <p>Deputy Manager Grade 1 (0-10 employee reports)</p> <p>Grade 2 (11-30 employee reports)</p> <p>Grade 3 (over 30 employees)</p> <p>Progression through Level 6 is automatic and occurs annually on the date of appointment to the Deputy Manager position.</p>
LEVEL 7	PSYCHOLOGISTS Manager and / or Professional Lead of Department or Service
Grade 1 Years 1-2 Grade 2 Years 1-2 Grade 3 Year 1 Grade 4 Year 1	<p>A Psychologist at this Level undertakes the role of a Manager and / or Profession Lead of a Department or Site Multi-Disciplinary Service ('Service').</p> <p>To ensure appropriate professional and clinical governance, Psychologists must have a professional, discipline specific, reporting line.</p> <p>A Manager can have dual responsibility as a Professional Lead for Psychologist staff. If the Manager is from a different profession, a Professional Lead must be available to provide a professional reporting line for Psychologists within the Department or Service. The Professional Lead should wherever possible be located within the Department or Service, or if this is not practicable, it alternatively can be located elsewhere within the LHD or Network provided this does not give rise to any hindrance in Psychologists accessing and being professionally supported.</p> <p>Grading Manager or Professional Lead roles shall be determined by the utilisation of either:</p> <p>(i) clause 25 of this Award;</p> <p style="text-align: center;">OR</p> <p>(ii) the Weighted Total Reports ('WTR'),</p> <p>noting the mechanism above which provides the higher grading for the role / position shall be the one applied.</p> <p>The WTR will be calculated and applied as follows.</p>

The weighting of operational and professional reporting lines will be calculated by:

- i. Multiplying each operational reporting line by a factor of 1;
- ii. Multiplying each professional reporting line by a factor of 0.75

Reporting lines are calculated on the actual number of people reporting to someone in this role irrespective of their FTE.

Example 1: A Manager holds both the operational and professional / discipline specific reporting lines of all 20 Psychologists in a Department. Some Psychologists within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $20 \times 0.75 = 15$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $20 + 15 = 35$

Accordingly, in this example, the WTR of the position is 35 employee reports, which will be applied to determine the grading of the Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

Example 2: Within a Service, a Manager holds the operational reporting lines for 20 staff and the professional / discipline specific reporting lines of 12 of these who are Psychologists in the Service. Some Psychologists / staff within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $12 \times 0.75 = 9$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $20 + 9 = 29$

Accordingly, in this example, the WTR of the position is 29 employee reports, which will be applied to determine the grading of the Manager role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

Example 3: Within a Service, a Professional Lead holds the professional / discipline specific reporting lines of 20 Psychologists in the Service. Some Psychologists within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: Not applicable therefore = 0.

Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $20 \times 0.75 = 15$

Add the weighted operational reporting lines to the weighted professional reporting lines to calculate the WTR as follows:
 $0 + 15 = 15$

Accordingly, in this example, the WTR of the position is 15 employee reports, which will be applied to determine the grading of the Professional Lead role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

**Manager and / or Professional Lead
Grade 1 (0-10 employee reports)**

Grade 2 (11-30 employee reports)

Grade 3 (31-55 employees reports)

Grade 4 (over 55 employees reports)

Professional Leads will have primary responsibility for professional oversight within their Department or Service and report to a District / Network wide Psychologist advisor. Professional Leads provide discipline specific advice and support to Managers within the Department / Service.

Managers will have primary accountability for the financial, physical, and human resources of the Department or Service. Whilst programs, strategies and priorities may well be determined at an organisational level, the Manager at this Level will have authority to determine how to achieve any identified objectives within allocated and available resources to the Department or Service.

Responsibilities for roles at this Level may include the following, noting that if a Psychologist has dual responsibility as the Manager and Professional Lead, it will be an amalgam of such possible responsibilities.

Professional Lead

- i. Provide discipline specific professional input to the planning, provision, implementation, and evaluation of relevant clinical services within the Department or Service.
- ii. Assisting the Manager of the Department or Service (if from a different profession, Director, and where required, the Executive Director), with discipline specific strategic planning, policy development, monitoring, and evaluating clinical service delivery across a Department or Service.
- iii. Be familiar with, and in turn promote, the broad strategic context of the Department or Service.
- iv. Provide discipline specific advice and guidance to ensure the proper professional and / or clinical governance and supervision for Psychologists within the Department or Service.
- v. Provide discipline specific advice in relation to: clinical credentialing, recruitment, registration, student placements, staff retention, as well as the necessary skill mix of staff as needed.
- vi. Provide discipline specific advice in relation to clinical care, professional practice and governance.
- vii. Provide discipline specific advice in relation to scope of practice and models of care.
- viii. Facilitate the provision of Psychologist professional development and clinical / professional supervision.
- ix. If required, undertake representation in Ministry, LHD and / or Network discussions on Psychologists.

AND / OR

Operational Management

- i. Direction and co-ordination of clinical service delivery.
- ii. Delivery of clinical projects.
- iii. Ensure the provision of clinical and professional supervision, and professional development, of Psychologists with support from the Professional Lead.

	<p>iv. Oversee planning for the provision, implementation, and evaluation of relevant clinical services within the Department or Service.</p> <p>v. Oversight of Psychologists fulfillment of key performance indicators as set by the LHD or Service.</p> <p>vi. Financial governance of the Department or Service.</p> <p>vii. Have final approval and oversight on the Department or Service's performance review and management processes.</p> <p>viii. Management of allocated physical and human resources across the Department or Service.</p> <p>x. Accountable for ensuring the delivery of Department or Service education programs.</p> <p>ix. Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.</p> <p>x. Primary accountability for workforce functions, with responsibilities including but not limited to</p> <p>xi. Leave management.</p> <p>xii. Rostering.</p> <p>xiii. Performance management and improvement.</p> <p>Progression through Level 7 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment at this Level.</p>
LEVEL 8	PSYCHOLOGISTS Director of Hospital / Service or Psychologist Specific Director / Advisor
Grade 1 Year 1	A Psychologist at this Level can have one of the following roles:
Grade 2 Year 1	<p>Director of a Hospital or Service</p> <p>In this role, they have responsibilities that may include the following:</p> <ul style="list-style-type: none"> • Overall management and coordination of Psychology services that fall within their delegated responsibilities in a Hospital or Service. • Participate in and contribute to executive level decision making relating to the operational management of the Hospital or Service. • Guiding service delivery development and planning with a high degree of independence to meet key clinical service delivery objectives.
Grade 3 Year 1	
Grade 4 Year 1	

- In collaboration with relevant Managers of Departments or Services, manage the financial, human, and physical resource allocation, including but not limited to development of budgets, along with the monitoring and analysis of budget reports to ensure efficient and safe provision of clinical services.
- Strategic responsibility for workforce development and planning to ensure safe and adequate staffing levels within Psychology services that fall within their delegated responsibilities in a Hospital or Service.
- Function as a central point for strategic liaison between Managers of Departments or Services that fall within their delegated responsibilities and Executive Directors.
- Represent the Hospital or Service on LHD Committees or forums with a demonstrated ability to advocate within them for Psychologists.
- Strategic and operational planning responsibilities across Psychology services that fall within their delegated responsibilities in a Hospital or Service.
- Lead and coordinate professional and clinical governance across Psychology services that fall within their delegated responsibilities in a Hospital or Service.

OR

Psychologist Specific Director / Advisor

The Director in this role will lead, direct, co-ordinate and provide strategic advice on major functions or work areas within an LHD or Network, as it pertains to Psychologists and are responsible for coordinating their specific professional governance within an LHD or Network.

Dependent on the nature and requirements of a Psychologist Specific Director / Advisor role in a LHD or Network, duties may be drawn from the following suite of responsibilities:

- Make a major contribution towards the development and achievement of the strategic directions of the LHD or Network.
- Make independent decisions related to LHD or Network wide expert practice including Psychologist scope of practice in their field and will be responsible for outcomes for clients and the organisation from the practice of other health professionals and staff.
- Participate in strategic management, workforce planning and service development decisions in collaboration with relevant Managers,

Professional Leads, Directors of Hospitals / Services and other Discipline Specific Directors / Advisors.

- Demonstrate expert professional knowledge of methods, principles and practice and skills across client groups and work areas.
- Establish core professional governance responsibilities pertaining to Psychologists.
- Provide Psychologist specific input to recruitment, supervision and profession-specific education and development in partnership with operational managers
- Identify professional specific risk and develop mitigation strategies to support delivery of clinical services
- May have a combination of operational, professional and strategic roles as follows:
 - has professional responsibility regarding strategic workforce and service development and professional practice across the LHD or Network.
 - provides professional co-ordination, governance and leadership across the LHD or Network.
 - acts as a central point of contact for strategic consultation and liaison with Senior Executive management.
 - provide an expert speciality consultancy role in their area of expertise and participate in statewide advisory groups and networks.
 - may be involved in the provision of relevant clinical or leadership training, management development and/or mentoring to staff within the LHD or Network.
 - undertake high level representation, consultation and advocacy for Psychologists, including to the Ministry and other statewide Networks.
 - Provide professional and strategic coordination with other Directors / Advisors within the LHD / Network, as well as developing and maintaining professional and strategic collaboration with other Directors / Advisors, along with other stakeholders outside the LHD / Network eg Universities.
- A Psychologist Specific Director / Advisor may have a dual role and also be a Manager of a Department or Network.

The size, nature, clinical complexity and geographical locations of the Health Professional services within a LHD or Service, and the number of disciplines that constitute the Health Professional services, will determine the appropriate number of either of the Director positions required (and their delegated span of sites / services / Health Professions) to ensure such position holders can appropriately and reasonably undertake their responsibilities in a meaningful way.

Grading either of these Director roles shall be determined by the utilisation of either:

(iii) clause 25 of this Award;

OR

(iv) the Weighted Total Reports ('WTR'),

noting the mechanism above which provides the higher grading for the role / position shall be the one applied.

The WTR will be calculated and applied as follows.

The weighting of operational and professional reporting lines will be calculated by:

- iii. Multiplying each operational reporting line by a factor of 1;
- iv. Multiplying each professional reporting line by a factor of 0.75

Reporting lines are calculated on the actual number of people reporting to someone in this role irrespective of their FTE.

Example 1: A Director holds the operational reporting lines of all 20 Psychologists and additional staff in a Hospital or Service. Some Psychologists / staff within that total number work part time / reduced hours.

To calculate the WTR, complete the following calculation:

Multiply the number of operational reporting lines, irrespective of their FTE, by 1 as follows: $20 \times 1 = 20$

Accordingly, in this example, the WTR of the position is 20 employee reports, which will be applied to determine the grading of the Director role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).

Example 2: A Director holds the professional / discipline specific reporting lines of 56 Psychologists in a Service. Some Psychologists within that total number work part time / reduced hours.

	<p>To calculate the WTR, complete the following calculation:</p> <p>Multiply the number of professional reporting lines, irrespective of their FTE, by 0.75 as follows: $56 \times 0.75 = 42$</p> <p>Accordingly, in this example, the WTR of the position is 42 employee reports, which will be applied to determine the grading of the Director role / position (unless the utilisation of clause 25 of this Award provides for a higher grade).</p> <p>Director or Psychologist Specific Director / Advisor</p> <p>Grade 1 (0-25 employee reports)</p> <p>Grade 2 (26-55 employee reports)</p> <p>Grade 3 (56-100 employee reports)</p> <p>Grade 4 (over 100 employee reports)</p> <p>In the first instance, any dispute or disagreement as to the number or utilisation of Director roles within a LHD or Service will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.</p> <p>Progression through Level 8 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment at this Level.</p>
LEVEL 9	<p>PSYCHOLOGISTS</p> <p>Executive Director, LHD or Network</p>
Year 1	<p>A Psychologist at this Level undertakes the role of an <i>Executive Director</i> in a LHD or Network. They are primarily responsible for the overarching operational direction for Psychology services that fall within their delegated responsibilities in a LHD or Network.</p> <p>The size, nature, clinical complexity and geographical locations of Psychology services within a LHD or Network, and the number of Psychologists with such services, will determine the appropriate number of Executive Director positions required (and their delegated span of sites / services / Psychologists) to ensure such position holders can appropriately and reasonably undertake their responsibilities in a meaningful way.</p> <p>Dependent on the nature and requirements of an Executive Director role in a LHD or Network, it can be expected that their responsibilities may include some of the following (which will be determined by the primary focus of their role and delegated responsibilities in a LHD or Network):</p>

- Leadership for strategic policy development and direction for Psychologists / services that fall within their delegated responsibilities, which may also include leading the strategic implementation of clinical, professional and governance initiatives and objectives. Providing clinical practice leadership and service improvement in collaboration with Directors and Managers could also be expected as part of these responsibilities.
- Contribute to executive level decision making at a LHD or Network level in relation to Psychologists / services that fall within their delegated responsibilities, and subsequently demonstrating significant and independent decision making and accountability for implementing such decisions.
- In collaboration with Directors and Managers, oversight the financial and resource allocation provided to Hospitals, Departments or Services to ensure effective financial management and in turn, effective contribution to budget development. This may also include direct involvement in addressing complex budgetary requirements within the LHD or Network, including those that may be affecting a particular Hospital or Service.
- High-level advocacy for Psychologists / services that fall within their delegated responsibilities, including at a statewide level, for the provision of adequate funding for safe staffing measures and timely service delivery.
- Strategic and operational coordination with other Executive Directors within their LHD or Network, as well as developing and maintaining professional collaboration with Executive Directors outside their LHD or Network.
- Lead the review, development, and implementation of policy / procedures / standards for major complex services.

In the first instance, any dispute or disagreement as to the number or utilisation of Executive Director roles within a LHD or Network will be escalated to a peak level Committee (similar in nature as set out in Clause 23 Personal Regrades of this Award) for the express purpose to manage any such disputed outcomes. The utilisation of this process does not otherwise curtail the rights of either party to this Award from using the disputes resolution procedures available.

Progression through Level 9 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment at this Level.

SECTION B - MONETARY RATES

TABLE 1 - SALARIES - ABORIGINAL HEALTH WORKERS

ABORIGINAL HEALTH WORKER 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 Entry		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 2 Proficient		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6	\$	\$
Year 7	\$	\$
Year 8 and thereafter rate	\$	\$
LEVEL 3 Senior		
Year 1	\$	\$
Year 2	\$	\$
Year 3 and thereafter rate	\$	\$
LEVEL 4 Lead or Specialist		
Year 1	\$	\$
Year 2	\$	\$
Year 3 and thereafter rate	\$	\$
LEVEL 5 Principal		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$

SECTION B - MONETARY RATES

TABLE 2 - SALARIES - ABORIGINAL HEALTH PRACTITIONERS

ABORIGINAL HEALTH PRACTITIONER 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 Registered / newly qualified		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6	\$	\$
Year 7 and thereafter rate	\$	\$
LEVEL 2 Lead or Specialist		
Year 1	\$	\$
Year 2	\$	\$
Year 3 and thereafter rate	\$	\$
LEVEL 3 Principal		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$

SECTION B - MONETARY RATES

TABLE 3 - SALARIES - ABORIGINAL HEALTH EDUCATION OFFICERS GRADUATE

NOTE: As per PART I Classification structures, Schedule 1, these classifications and rates are applicable only to employees engaged under this classification up to 2 September 2015. The classification is not to be applied to employees engaged after this date.

ABORIGINAL HEALTH EDUCATION OFFICERS GRADUATE	From first full pay period on / from 01/07/2024 \$ per week	From first full pay period on / from 01/07/2025* \$ per week
Aboriginal Health Education Officers Graduate		
Year 1	\$1,369.37	
Year 2	\$1,432.36	
Year 3	\$1,517.49	
Year 4	\$1,598.38	
Year 5	\$1,688.43	
Year 6	\$1,772.16	
Year 7	\$1,844.05	
Year 8	\$1,914.57	
Year 9	\$1,994.22	
An Aboriginal Health Education Officer-Graduate who has completed 12 months service at the salary prescribed on the maximum of the scale (Year 9) and has demonstrated to the satisfaction of the employer by the work performed and the results achieved, the aptitude, abilities and qualities of mind warranting such payment, may progress to the following rate:		
Year 10	\$2,091.20	
Year 11	\$2,188.44	
Senior Aboriginal Health Education Officers Graduate		
Year 1	\$2,187.85	
Year 2	\$2,275.59	
Year 3	\$2,363.70	

* Rates of pay to commence on and from 1 July 2025 for this classification will have applied, as set out in clause 4(ix) of this Award, any 'general;' wage increase agreed upon by the parties or determined by the Industrial Relations Commission of NSW.

SECTION B - MONETARY RATES

TABLE 4 - SALARIES - ALLIED HEALTH ASSISTANTS

ALLIED HEALTH ASSISTANTS	From first full pay period on / from 01/07/2024 \$ per annum	From first full pay period on / from 01/07/2025* \$ per week
Level 1		
Year 1	\$1,164.22	
Level 2		
Year 1	\$1,190.51	
Year 2	\$1,211.45	
Year 3	\$1,226.24	
Level 3		
Year 1	\$1,262.30	
Year 2	\$1,286.24	
Year 3	\$1,316.29	

- * Rates of pay to commence on and from 1 July 2025 for this classification, as set out in clause 4(vi) of this Award, will have applied any 'general;' wage increase agreed upon by the parties or determined by the Industrial Relations Commission of NSW.

SECTION B - MONETARY RATES

TABLE 5 - SALARIES

ANAESTHETIC AND OPERATING THEATRE TECHNICIAN

	From first full pay period on / from 01/07/2024 \$ per annum	From first full pay period on / from 01/07/2025* \$ per week
Anaesthetic and Operating Theatre Technician		
Without Diploma	\$1,231.54	
With Diploma	\$1,294.30	
Senior Anaesthetic Technician		
Year 1 and thereafter rate	\$1,333.09	
Senior Anaesthetic Technician (Royal Prince Alfred Hospital)		
Year 1 and thereafter rate	\$1,367.09	

- * Rates of pay to commence on and from 1 July 2025 for this classification, as set out in clause 4(vi) of this Award, will have applied any 'general;' wage increase agreed upon by the parties or determined by the Industrial Relations Commission of NSW.

SECTION B - MONETARY RATES

TABLE 6 - SALARIES - BIOMEDICAL ENGINEERING

BIOMEDICAL ENGINEERING 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		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4 and thereafter rate	\$	\$
LEVEL 2		
Year 1	\$	\$
Year 2	\$	\$
Year 3 and thereafter rate	\$	\$
LEVEL 3		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5 and thereafter rate	\$	\$
LEVEL 4		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5 and thereafter rate	\$	\$
LEVEL 5		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5 and thereafter rate	\$	\$
LEVEL 6		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5 and thereafter rate	\$	\$

LEVEL 7		
Year 1		\$
Year 2		\$
Year 3		\$
Year 4		\$
Year 5 and thereafter rate		\$
LEVEL 8		
Year 1		\$
Year 2		\$
Year 3		\$
Year 4		\$
Year 5 and thereafter rate		\$

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SECTION B - MONETARY RATES

TABLE 7 - SALARIES - CARDIAC PHYSIOLOGISTS

CARDIAC PHYSIOLOGIST 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 Newly Qualified		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 2 Proficient		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
LEVEL 3 Senior		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4 and thereafter rate	\$	\$
LEVEL 4 Lead		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4 and thereafter rate	\$	\$
LEVEL 5 Deputy Chief Grade 1 (less than 5 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 5 Deputy Chief Grade 2 (5-10 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 5 Deputy Chief Grade 3 (> 10 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 6 Chief Grade 1 (less than 5 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$

LEVEL 6 Chief Grade 2 (5-10 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 6 Chief Grade 3 (> 10 FTE)		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$

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SECTION B - MONETARY RATES

TABLE 8 - SALARIES - ENVIRONMENTAL HEALTH OFFICERS

UNDER CONSTRUCTION

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SECTION B - MONETARY RATES

TABLE 9 - SALARIES - HEALTH PROFESSIONALS

HEALTH PROFESSIONAL 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
SPP / Clinical Placement		
Year 1	TBC	
Newly Qualified Clinician / Graduate		
Year 1	\$86,609	\$1,659.86
Year 2 and thereafter rate	\$91,813	\$1,759.60
Proficient Clinician		
Year 1	\$97,806	\$1,874.45
Year 2	\$101,600	\$1,947.16
Year 3	\$106,147	\$2,034.30
Year 4	\$110,689	\$2,121.35
Year 5	\$116,189	\$2,226.76
Year 6 and thereafter rate	\$116,189	\$2,226.76
Senior Clinician		
Year 1	\$128,169	\$2,456.35
Year 2	\$130,843	\$2,507.60
Year 3	\$134,261	\$2,573.11
Year 4 and thereafter rate	\$137,918	\$2,643.19
Advanced Practitioner		
Year 1	\$144,991	\$2,778.75
Year 2 and thereafter rate	\$151,289	\$2,899.45
Expert Practitioner		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71
Deputy Manager Grade 1: (0-10 employees)		
Year 1	\$128,169	\$2,456.35
Year 2	\$130,843	\$2,507.60
Year 3	\$134,261	\$2,573.11
Year 4 and thereafter rate	\$137,918	\$2,643.19
Deputy Manager Grade 2: (11-30 employees)		
Year 1	\$144,991	\$2,778.75
Year 2 and thereafter rate	\$151,289	\$2,899.45

Deputy Manager Grade 3: (over 30 employees)		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71
Manager and / or Professional Lead Grade 1: (0-10 employees)		
Year 1	\$144,991	\$2,778.75
Year 2 and thereafter rate	\$151,289	\$2,899.45
Manager and / or Professional Lead Grade 2: (11-30 employees)		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71
Manager and / or Professional Lead Grade 3: (31-55 employees)		
Year 1 and thereafter rate	\$173,569	\$3,326.44
Manager and / or Professional Lead Grade 4: (over 55 employees)		
Year 1 and thereafter rate	\$179,599	\$3,442.00
Director or Discipline Specific Director / Advisor Grade 1: (0-25 employees)		
Year 1 and thereafter rate	\$173,569	\$3,326.44
Director or Discipline Specific Director / Advisor Grade 2: (26-55 employees)		
Year 1 and thereafter rate	\$179,599	\$3,442.01
Director or Discipline Specific Director / Advisor Grade 3: (56-100 employees)		
Year 1 and thereafter rate	\$184,018	\$3,526.70
Director or Discipline Specific Director / Advisor Grade 4:(over 100 employees)		
Year 1 and thereafter rate	\$197,206	\$3,779.44
Executive Director		
Year 1 and thereafter rate	TBC	

SECTION B - MONETARY RATES

TABLE 10 - SALARIES - HEALTH PROMOTION PRACTITIONER

UNDER CONSTRUCTION

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SECTION B - MONETARY RATES

TABLE 11 - SALARIES - INTERPRETERS

INTERPRETER 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
GRADE 1 Recognised Practicing Interpreter		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 2 Certified Provisional Interpreter		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 3 Certified Interpreter		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 4 Certified Specialist Interpreter – Health		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 5 Manager		
Level 1 (0-5 employee reports)	\$	\$
Level 2 (6-15 employee reports)	\$	\$
Level 3 (> 15 employee reports)	\$	\$

SECTION B - MONETARY RATES

TABLE 12 - SALARIES - LIBRARIANS

LIBRARIAN 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
GRADE 1		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
GRADE 2		
Year 1 ????????	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 3		
Year 1 ????????	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$
GRADE 4		
Year 1 ????????	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6 and thereafter rate	\$	\$

SECTION B - MONETARY RATES

TABLE 13 - SALARIES - LIBRARY ASSISTANTS

LIBRARY ASSISTANT 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
LIBRARY ASSISTANT		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$

Working draft ~ 18.12.2024 ~ 0730hrs

SECTION B - MONETARY RATES

TABLE 14 - SALARIES - LIBRARY TECHNICIANS

LIBRARY TECHNICIAN 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
GRADE 1		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
GRADE 2		
Year 1	\$	\$
Year 2	\$	\$
Year 3		
Year 4 and thereafter rate	\$	\$

Working draft ~ 18.12.2024 ~ 0730hrs

SECTION B - MONETARY RATES

TABLE 15 - SALARIES - LIVED EXPERIENCE (PEER) WORKERS

LIVED EXPERIENCE (PEER) WORKER 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 Entry		
Year 1	\$	\$
Year 2 and thereafter rate	\$	\$
LEVEL 2 Proficient		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6	\$	\$
Year 7 and thereafter rate	\$	\$
LEVEL 3 Senior		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4 and thereafter rate	\$	\$
LEVEL 4 Lead		
Grade 1 (0-5 employee reports)	\$	\$
Grade 2 (6-15 employee reports)	\$	\$
Grade 3 (16-25 employee reports)	\$	\$
Grade 4 (> 25 employee reports)	\$	\$
LEVEL 5 Director		
Grade 1 (0-5 employee reports)	\$	\$
Grade 2 (6-15 employee reports)	\$	\$
Grade 3 (16-25 employee reports)	\$	\$
Grade 4 (> 25 employee reports)	\$	\$

SECTION B - MONETARY RATES

TABLE 16 - SALARIES - PERFUSIONISTS

PERFUSIONIST 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
GRADE 1 Trainee		
Year 1	\$	\$
Year 2		
Year 3 and thereafter rate	\$	\$
GRADE 2 Certified		
Year 1	\$	\$
Year 2	\$	\$
Year 3	\$	\$
Year 4	\$	\$
Year 5	\$	\$
Year 6	\$	\$
Year 7	\$	\$
Year 8 and thereafter rate	\$	\$
GRADE 3 Senior / Deputy		
Grade 3 Senior Year 1	\$	\$
Grade 3 Senior Year 2	\$	\$
Grade 3 Senior Year 3	\$	\$
Grade 3 Deputy Year 4	\$	\$
Grade 3 Deputy Year 5	\$	\$
GRADE 4 Director		
Year 1	\$	\$
Year 2	\$	\$

SECTION B - MONETARY RATES

TABLE 17 - SALARIES - PHARMACISTS

PHARMACIST 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
Student Pharmacist		
Year 1	TBC	
Intern Pharmacist		
Year 1	\$79,051	\$1,515.01
Level 1 Entry Level Pharmacist		
Year 1	\$86,609	\$1,659.86
Level 2 Proficient Pharmacist		
Year 1	\$91,813	\$1,759.60
Year 2	\$97,806	\$1,874.45
Year 3	\$106,147	\$2,034.30
Year 4 and thereafter rate	\$116,189	\$2,226.76
Level 3 Highly Proficient Pharmacist		
Year 1	\$128,169	\$2,456.35
Year 2	\$130,843	\$2,507.60
Year 3	\$134,261	\$2,573.11
Year 4	\$137,918	\$2,643.19
Year 5 and thereafter rate	\$144,991	\$2,778.75
Level 4 Advanced Pharmacist		
Year 1	\$151,289	\$2,899.45
Year 2 and thereafter rate	\$155,289	\$2,976.11
Level 5 Advanced Leader Pharmacist		
Year 1	\$158,394	\$3,035.61
Year 2 and thereafter rate	\$161,540	\$3,095.91
Level 6 Pharmacy Service Manager Band 6A		
Year 1	\$158,394	\$3,035.61
Year 2 and thereafter rate	\$161,540	\$3,095.91
Level 6 Pharmacy Service Manager 6B		
Year 1	\$163,540	\$3,134.24
Year 2 and thereafter rate	\$167,217	\$3,204.71
Level 7 Deputy Director of Pharmacy Band 7A		
Year 1	\$151,289	\$2,899.45
Year 2 and thereafter rate	\$155,289	\$2,976.11
Level 7 Deputy Director of Pharmacy Band 7B		
Year 1	\$158,394	\$3,035.61
Year 2 and thereafter rate	\$161,540	\$3,095.91

Level 7 Deputy Director of Pharmacy Band 7C		
Year 1	\$163,540	\$3,134.24
Year 2 and thereafter rate	\$167,217	\$3,204.71
Level 7 Deputy Director of Pharmacy Band 7D		
Year 1	\$170,561	\$3,268.79
Year 2 and thereafter rate	\$173,973	\$3,334.18
Level 7 Deputy Director of Pharmacy Band 7E		
Year 1	\$175,452	\$3,362.53
Year 2 and thereafter rate	\$177,001	\$3,392.22
Level 8 Director of Pharmacy Band 8A		
Year 1	\$158,394	\$3,035.61
Year 2 and thereafter rate	\$161,540	\$3,095.91
Level 8 Director of Pharmacy Band 8B		
Year 1	\$163,540	\$3,134.24
Year 2 and thereafter rate	\$167,217	\$3,204.70
Level 8 Director of Pharmacy Band 8C		
Year 1	\$170,561	\$3,268.80
Year 2 and thereafter rate	\$173,972	\$3,334.17
Level 8 Director of Pharmacy Band 8D		
Year 1	\$177,452	\$3,400.86
Year 2 and thereafter rate	\$181,001	\$3,468.88
Level 8 Director of Pharmacy Band 8E		
Year 1	\$191,340	\$3,667.02
Year 2 and thereafter rate	\$197,206	\$3,779.44
Level 9 Executive Director of Pharmacy		
Level 9 Grade 1	TBC	
Level 9 Grade 2	TBC	
Level 9 Grade 3	TBC	

SECTION B - MONETARY RATES

TABLE 18 - SALARIES - PHARMACY TECHNICIANS

PHARMACY TECHNICIAN 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 1A		
Year 1	\$67,936	\$1,301.99
Level 1B		
Year 1	\$72,897	\$1,397.07
Level 2 Proficient Pharmacy Technician		
Year 1	\$74,458	\$1,426.98
Year 2 and thereafter rate	\$76,045	\$1,457.40
Level 3 Highly Proficient Pharmacy Technician		
Year 1	\$79,045	\$1,514.89
Year 2	\$82,045	\$1,572.39
Year 3	\$85,778	\$1,643.93
Year 4 and thereafter rate	\$87,568	\$1,678.24
Level 4 Pharmacy Technician Team Leader or Technical Lead		
Year 1	\$89,985	\$1,724.56
Year 2 and thereafter rate	\$93,777	\$1,797.23
Level 5 Advanced Practitioner Pharmacy Technician		
Year 1	\$97,597	\$1,870.44
Year 2 and thereafter rate	\$101,209	\$1,939.67
Level 6A Pharmacy Technician Service Manager		
Year 1	\$97,597	\$1,870.44
Year 2 and thereafter rate	\$101,209	\$1,939.67
Level 6B Pharmacy Technician Service Manager		
Year 1	\$106,957	\$2,049.83
Year 2 and thereafter rate	\$108,608	\$2,081.47
Level 7 District Pharmacy Technician Manager		
Year 1	\$112,116	\$2,148.70
Year 2 and thereafter rate	\$115,144	\$2,206.73

SECTION B - MONETARY RATES

TABLE 19 - SALARIES - PSYCHOLOGISTS

PSYCHOLOGIST 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
SPP / Clinical Placement		
Year 1	TBC	
Level 1 Provisional Registration		
Year 1	\$91,813	\$1,759.60
Year 2 and thereafter rate	\$95,317	\$1,826.75
Level 2 General Registration		
Grade 1 Year 1	\$99,220	\$1,901.55
Grade 1 Year 2	\$102,676	\$1,967.78
Grade 1 Year 3	\$106,131	\$2,033.96
Grade 2 Year 1	\$114,115	\$2,187.01
Grade 2 Year 2	\$127,309	\$2,439.87
Grade 2 Year 3 and thereafter rate	\$140,502	\$2,692.71
Level 3		
Year 1	\$144,991	\$2,778.75
Year 2	\$148,229	\$2,840.80
Year 3	\$151,468	\$2,902.88
Year 4 and thereafter rate	\$154,706	\$2,964.93
Level 4		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71
Level 5		
Year 1	\$175,392	\$3,361.38
Year 2 and thereafter rate	\$181,556	\$3,479.51
Level 6 Deputy Manager Grade 1 (0-10 employees)		
Year 1	\$144,991	\$2,778.75
Year 2	\$148,229	\$2,840.80
Year 3	\$151,468	\$2,902.88
Year 4 and thereafter rate	\$154,706	\$2,964.93
Level 6 Deputy Manager Grade 2 (11-30 employees)		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71

Level 6 Deputy Manager Grade 3 (over 30 employees)		
Year 1	\$175,392	\$3,361.38
Year 2 and thereafter rate	\$181,556	\$3,479.51
Level 7 Manager and / or Professional Lead Grade 1 (0-10 employees)		
Year 1	\$161,540	\$3,095.91
Year 2 and thereafter rate	\$167,217	\$3,204.71
Level 7 Manager and / or Professional Lead Grade 2 (11-30 employees)		
Year 1	\$175,392	\$3,361.38
Year 2 and thereafter rate	\$181,556	\$3,479.51
Level 7 Manager and / or Professional Lead Grade 3 (31-55 employees)		
Year 1 and thereafter rate	\$184,018	\$3,526.70
Level 7 Manager and / or Professional Lead Grade 4 (over 55 employees)		
Year 1 and thereafter rate	\$187,315	\$3,589.88
Level 8 Director or Psychologist Specific Director / Advisor Grade 1 (0-25 employees)		
Year 1 and thereafter rate	\$184,018	\$3,526.70
Level 8 Director or Psychologist Specific Director / Advisor Grade 2 (26-55 employees)		
Year 1 and thereafter rate	\$187,315	\$3,589.88
Level 8 Director or Psychologist Specific Director / Advisor Grade 3 (56-100 employees)		
Year 1 and thereafter rate	\$190,612	\$3,653.07
Level 8 Director or Psychologist Specific Director / Advisor Grade 4 (over 100 employees)		
Year 1 and thereafter rate	\$197,206	\$3,779.44
Level 9 Executive Director		
Year 1 and thereafter rate	TBC	

SECTION B - MONETARY RATES

TABLE 20 - ALLOWANCES

Item No.	Clause No.	Allowance	From first full pay period on / from 01/07/2025
Higher Qualification Allowance (Allowance is calculated and paid on the employee's base rate of pay)			
1	6(i)	(AQF8) Post Graduate Certificate	3.5%
2	6(i)	(AQF8) Post Graduate Diploma	5%
3	6(i)	(AQF9) Masters	7.5%
4	6(i)	(AQF10) PhD or Post Doctoral	10%
Compounding Allowance			
5	7(iii)	Non-Aseptic Compounding and Grade C - D Cleanrooms - one (1) session in a shift	2.50 (per shift)
6	7(iii)	Non-Aseptic Compounding and Grade C - D Cleanrooms - two (2) or more sessions in a shift	5.00 (per shift)
7	7(iii)	Aseptic Compounding (Full PPE - Grade B Cleanroom) - one (1) session in a shift	5.00 (per shift)
8	7(iii)	Aseptic Compounding (Full PPE - Grade B Cleanroom) - two (2) or more sessions in a shift	10.00 (per shift)
Sole Practitioner Allowance			
9	8(iii) & (vi)	Sole practitioner allowance per annum (These reflect 01/07/2024 rates - to be recalculated when Health Professional structure and salaries finalised.)	\$7,948 pa \$152.32 pw
Additional Language Allowance			
10	9(iii)	An Interpreter Grade 1 will receive this allowance for each additional language they provide to the Interpreter Service.	\$1,490 pa \$28.56 pw
11	9(iii)	An Interpreter Grade 2 and above will receive this allowance for each additional language they provide to the Interpreter Service.	\$2,980 pa \$57.12 pw
On Call Allowance			
12	16(xiii)(a)	On call allowance per hour	4.33
13	16(xiii)(a)	On call allowance minimum payment	34.64
14	16(xiii)(b)	On call allowance on RDO per hour	8.63
15	16(xiii)(b)	On call allowance on RDO minimum payment	69.04
Fellowship Allowance (Pharmacists only)			
16		Fellowship Allowance as of 01/07/2024	49.20

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 2023* and is further intended to include any and all future increases that may arise and be applied to these allowances in that award.

Note 2: The nature and future application of the current Fellowship Allowance (Pharmacists only) remains subject of discussion and review.

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 (Clinical, Health and Associated) Professionals (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 / service levels 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.

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 22 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 23 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 only**, a current employee 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. **[Example for illustrative purposes pending finalisation of classification structures and utilising actual examples.]**
- (c) **Further**, for example, a current employee who has been in a Level 6 role for five years will transition to the appropriate Grade within Level 7 at the maximum Year rate within that Grade.

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 22. 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 latter 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].

Working draft ~ 18.12.2022

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 1 - ABORIGINAL HEALTH WORKERS

Previous Award classification	New Award classification
LEVEL 1 Entry	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Aboriginal Health Worker is a provider of flexible, holistic and culturally sensitive health services to the Aboriginal community and holds or aspires to hold a minimum Certificate III qualification in Aboriginal Primary Health Care or a minimum Certificate III health qualification in the area of care in which the Aboriginal Health Worker works.</p>	<p>An Aboriginal Health Worker Level 1 is an entry level position, who with support is able to perform some of the basic activities ordinarily performed by a Proficient Aboriginal Health Worker (Level 2), although they need to have significant supervision and assistance.</p>
LEVEL 2 Proficient	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Aboriginal Health Worker</p>	<p>A Proficient Aboriginal Health Level 2 holds valuable cultural competency that enables them to perform their duties in a culturally sensitive manner.</p> <p>A Proficient Aboriginal Health Worker requires less supervision and assistance than an Aboriginal Health Worker (Level 1).</p>
LEVEL 3 Senior	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Aboriginal Health Worker</p> <p>OR</p> <p>Senior Aboriginal Health Worker means a person who has applied for an advertised Senior Aboriginal Health Worker role and has been</p>	<p>A Senior Aboriginal Health Worker Level 3 can undertake the majority of activities of a Proficient Aboriginal Health Work (Level 2) with a high level of autonomy and skill or has extensive cultural competency. They as a result require minimal supervision.</p> <p>The above demonstrated by:</p> <ul style="list-style-type: none"> • extensive cultural competency;

<p>selected on merit. Senior Aboriginal Health Workers manage resources for the delivery of individual health services or health programs and may be responsible for the supervision and training of Aboriginal Health Workers.</p>		<p>OR</p> <ul style="list-style-type: none"> at least twelve years' experience as an Aboriginal Health Worker with the employer or equivalent experience as an Aboriginal Health Worker elsewhere; <p>OR</p> <ul style="list-style-type: none"> completed a relevant Certificate IV qualification and has either at least four years' experience as a Proficient Aboriginal Health Worker (Level 2) or alternatively equivalent experience as an Aboriginal Health Worker elsewhere.
<p>LEVEL 4 Lead or Specialist</p>		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Aboriginal Health Worker</p> <p>OR</p> <p>Senior Aboriginal Health Worker</p>		<p>An Aboriginal Health Worker Level 4 can undertake either:</p> <p><i>Lead Aboriginal Health Worker</i> Manages the workload and provides supervision to Aboriginal Health Workers within the scope of their role. As a minimum, they meet the criteria of a Proficient Aboriginal Health Worker (Level 2) and would be expected to have completed four years' experience at Level 2 or higher.</p> <p><i>Specialist Aboriginal Health Worker</i> Completes tasks relating to a specialist field that could be of a complex nature consistent with the scope of practice of those holding a Diploma of Aboriginal and / or Torres Strait Islander Primary Health Care. They may hold a relevant educational qualification at Diploma level.</p> <p>As a minimum, they are able to perform the activities of a Senior Aboriginal Health Worker (Level 3) and would be expected to have</p>

		completed six years' experience at Level 2 or higher.
LEVEL 5 Principal		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Principal Aboriginal Health Worker means a person who has applied for an advertised Principal Aboriginal Health Worker role and has been selected on merit. Principal Aboriginal Health Workers develop, implement and review Aboriginal primary health care strategy and policies and may be responsible for the supervision and training of Aboriginal Health Workers. Principal Aboriginal Health Workers hold a relevant degree qualification.</p>		<p>A Principal Aboriginal Health Worker Level 5 is an Aboriginal Health Worker that provides graduate tertiary level clinical / professional services to the Aboriginal community, has advanced skills in Aboriginal primary health care, and manages a specific Aboriginal service or program.</p>

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 2 - ABORIGINAL HEALTH PRACTITIONERS

Previous Award classification	New Award classification
LEVEL 1 Registered / newly qualified	
<p>Aboriginal Health Practitioner is appointed as such and holds a Certificate IV in Aboriginal Primary Health Care (Practice) and is registered with the Australian Health Practitioner Regulation Agency.</p> <p>Aboriginal Health Practitioners perform a range of clinical practice and primary healthcare duties for the community in which they work under direct or indirect supervision at more experienced years.</p>	<p>A Registered Aboriginal Health Practitioner Level 1 has obtained registration with AHPRA as an Aboriginal and Torres Strait Islander Health Practitioner. They are undertaking duties consistent with their scope of practice and developing their professional skills.</p>
LEVEL 2 Lead or Specialist	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Aboriginal Health Practitioner</p>	<p>A Registered Aboriginal Health Practitioner Level 2 undertakes either of the following roles:</p> <p><i>Lead Aboriginal Health Practitioner</i> May undertake the duties of a Registered Aboriginal Health Practitioner (Level 1) but their primary focus is managing the workload and providing supervision and mentoring to the Aboriginal Health workforce within the scope of their role.</p> <p>They would be expected to have completed four years' experience at Level 1 with the employer or equivalent experience as an Aboriginal Health Practitioner elsewhere.</p> <p><i>Specialist Aboriginal Health Practitioner</i> Completes tasks relating to a specialist field that could be of a complex clinical nature consistent with the scope of practice of those holding a Diploma of Aboriginal and /</p>

		<p>or Torres Strait Islander Primary Health Care, and beyond those expected of a Registered Aboriginal Health Practitioner (Level 1).</p> <p>As a minimum, it would be expected that they have completed six years' experience as a Registered Aboriginal Health Practitioner (Level 1) or equivalent experience as an Aboriginal Health Practitioner elsewhere.</p>
LEVEL 3 Principal		
<p>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</p> <p>Aboriginal Health Practitioner</p>		<p>A Principal Aboriginal Health Practitioner Level 3 provides graduate tertiary level clinical / professional services to the Aboriginal community, has advanced skills in Aboriginal primary health care, and manages a specific Aboriginal service or program.</p> <p>Principal Aboriginal Health Practitioners will develop, implement and review Aboriginal primary health care strategies and policies and may be responsible for the supervision and training of Aboriginal Health Workers and / or Aboriginal Health Practitioners.</p>

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 3 - ABORIGINAL HEALTH EDUCATION OFFICERS GRADUATE

NOTE

As per notations in PART I Classification structures Table 1 and SECTION B Monetary Rates Table 3, no change to this classifications structure.

Accordingly, Senior Aboriginal Health Education Officers Graduate and Aboriginal Health Education Officers Graduate employed at the time of this Award commencing remain in their classification Level and years of service, as now set out in SECTION B Monetary Rates Table 3 of this Award.

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 4 - ALLIED HEALTH ASSISTANTS

NOTE

As per Clause 4(vi)-(viii) of this Award, no change to this classifications structure.

Accordingly, Allied Health Assistants employed at the time of this Award commencing remain in their classification Level and years of service, as now set out in Schedule 3 of PART I - Classification structures of this Award.

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 5 - ANAESTHETIC AND OPERATING THEATRE TECHNICIANS

NOTE

As per Clause 4(vi)-(viii) of this Award, no change to this classifications structure.

Accordingly, Anaesthetic and Operating Theatre Technicians employed at the time of this Award commencing remain in their classification Level and years of service, as now set out in Schedule 4 of PART I - Classification structures of this Award.

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 6 - BIOMEDICAL ENGINEERING

Previous Award classification	New Award classification
LEVEL 1 Trainee / Apprentice	
Technical Officer Trainee 1 st year to 4 th year of Training	Biomedical Engineering Trainee / Apprentice
LEVEL 2 Biomedical Engineering Technician OR Biomedical Engineering Intern	
Technical Officer Grade 1 Year 1 to Year 5 inclusive	Biomedical Engineering Technician
<i>No such previous specific classification.</i> <i>Should include those who at the time of the new Award commencing were undertaking a role / education that equates to this classification.</i>	Biomedical Engineering Intern
LEVEL 3 Higher Biomedical Engineering (Biological) Technician OR Biomedical Engineer	
Technical Officer Grade 1 Year 6 to Year 8 inclusive	Higher Biomedical Engineering (Biological) Technician
Technical Officer Grade 2 Year 1 to Year 4 inclusive	
Dialysis Technician Grade 1	
Dialysis Technician Grade 1	
Electronics Technician Year 1 to Year 4 inclusive	
Biomedical Engineer Grade 1 Year 1 to Year 5 inclusive	Biomedical Engineer
LEVEL 4 Senior Biomedical Engineering Technician OR Higher Biomedical Engineer	
Senior Technical Officer Year 1 to Year 3 inclusive	Senior Biomedical Engineering Technician

<p>Biomedical Engineer Grade 2 Year 1 to Year 4 inclusive</p> <p>Biomedical Engineer Grade 3 Year 1 to Year 3 inclusive</p>		<p>Higher Biomedical Engineer</p>
<p>LEVEL 5 State-wide Technical Specialist / Consultant OR Biomedical Engineer Specialist</p>		
<p><i>No such previous specific classification.</i></p> <p>Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.</p>		<p>State-wide Technical Specialist / Consultant</p>
<p>Biomedical Engineer Grade 3 Year 4</p> <p>Biomedical Engineer Grade 4 Year 1 to Year 3 inclusive</p>		<p>Biomedical Engineer Specialist</p>
<p>LEVEL 6 Biomedical Engineering State-wide Specialist / Consultant OR Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities)</p>		
<p><i>No such previous specific classification.</i></p> <p>Should include those who at the time of the new Award commencing were undertaking a role that equates to this classification.</p>		<p>Biomedical Engineering State-wide Specialist / Consultant</p>
<p>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</p> <p>Biomedical Engineer Grade 4 Year 1 to Year 3 inclusive</p> <p>Health Manager Level 1 to Level 3 inclusive</p>		<p>Deputy Director Biomedical Engineering (Local Health District with Primary or Secondary Facilities)</p>

LEVEL 7 Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities) OR Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Biomedical Engineer Grade 5 Year 1 to Year 2 inclusive</p> <p>Health Manager Level 4</p>		<p>Director of Biomedical Engineering (Local Health District with Primary or Secondary Facilities)</p>
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Biomedical Engineer Grade 5 Year 1 to Year 2 inclusive</p> <p>Health Manager Level 4</p>		<p>Deputy Director Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)</p>
LEVEL 8 Director of Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)		
<p>Biomedical Engineer Grade 6 Year 1 to Year 2 inclusive</p> <p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Health Manager Level 5</p>		<p>Director of Biomedical Engineering (Local Health District with Tertiary or Quaternary Facilities)</p>

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 7 - CARDIAC PHYSIOLOGISTS

Previous Award classification	New Award classification
LEVEL 1 Newly Qualified	
<p><i>No such previous specific award classification. Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee)</i></p> <p>Cardiac Technologist Grade 1 has a Bachelor of Science Degree or qualifications or competencies deemed equivalent by the employer. May be required to perform ECGs, Exercise Stress Testing, Holter-Loop event recorders as well as VVI pacemakers, dual chamber pacing / cardiac catheter and Implantable Cardiac defibrillators (ICDs).</p>	<p>A Newly Qualified Clinician Level 1 has an Australian Council of Clinical Physiologist (ACCP) undergraduate degree in their first 2 years of post-qualification practice.</p> <p>They are focused on professional skill development, ensuring the highest level of clinical care and governance, patient safety, and staff retention.</p>
LEVEL 2 Proficient	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee)</i></p> <p>Cardiac Technologist Grade 1</p>	<p>A Proficient Cardiac Physiologist Level 2 has completed 2 years' post qualification experience and are expected to have developed new practitioner competencies.</p>
LEVEL 3 Senior	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee)</i></p> <p>Cardiac Technologist Grade 1</p> <p>OR</p> <p>Cardiac Technologist Grade 2 has a Post Graduate Degree in Sonography or qualifications or competencies deemed equivalent by the employer and performs Cardiac Sonography or Electrophysiological Studies (EPS).</p>	<p>A Senior Cardiac Physiologist Level 3 has high-level knowledge, skills, and experience, demonstrated through competency in Advanced modalities such as CIED (Cardiac Implantable Electronic Device) management, Electrophysiology and Echocardiography but the Senior Cardiac Physiologist does not hold accreditation with Australian Sonographer Accreditation Registry.</p>

LEVEL 4 Lead	
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee)</p> <p>Senior Cardiac Technologist performs all duties of Cardiac Technologist Grade 1 and assists the Chief Cardiac Technologist with management, either through: 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.</p>	<p>A Lead Cardiac Physiologist Level 4 holds an Advanced modality as identified in Senior Cardiac Physiologist and in addition, has responsibilities as a:</p> <ul style="list-style-type: none"> • <i>Clinical Team Leader</i> in charge of providing clinical and operational supervision of a discreet function. OR • Holds two or more Advanced Modalities in areas in which they provide <i>clinical leadership</i> to other Cardiac Physiologists. OR • A <i>Cardiac Physiologist Educator</i> responsible for the provision of specialised staff and clinician education within an area of expertise. OR • A <i>Cardiac Physiologist Researcher</i> with responsibility for coordination and delivery of professional practice and / or applied clinical research within an area of expertise.
LEVEL 5 Deputy Chief	
<p>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</p> <p>Senior Cardiac Technologist</p>	<p>A Deputy Chief Cardiac Physiologist Level 5 hold an Advanced modality as identified in Senior Cardiac Physiologist and in addition, are responsible as the Deputy for a Department, providing professional supervision and / or operational management.</p> <ul style="list-style-type: none"> • Level 1 for Departments with less than 5 FTE • Level 2 for Departments more than 5-10 FTE • Level 3 for Departments of more than 10 FTE

LEVEL 6 Chief

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.

Chief providing professional supervision and / or operational management.

- **Level 1** for Departments with less than 5 FTE
- **Level 2** for Departments more than 5-10 FTE
- **Level 3** for Departments of more than 10 FTE

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 8 - ENVIRONMENTAL HEALTH OFFICERS

UNDER CONSTRUCTION

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 9 - HEALTH PROFESSIONALS

Previous Award classification	New Award classification
SPP / Clinical Placement	
<i>No such previous specific award classification.</i>	Employees who hold either <i>provisional or limited registration with AHPRA</i> to permit the completion of a supervised practice program or to undertake postgraduate training requiring a clinical component. This also includes overseas qualified professionals or those <i>requiring practice placement</i> to satisfy AHPRA registration requirements.
Newly Qualified Clinician / Graduate	
Level 1 Health professionals are newly qualified employees. Health professionals at this level are beginning practitioners who are developing their skills and competencies.	<p>A Newly Qualified Clinician has either obtained <i>general registration with AHPRA</i> (as and <u>if required</u> for their profession) or have <i>become qualified professionals</i> as identified in PART H, Table 2 of this Award. They are in their first two years of practice and developing professional skills.</p> <p>Genetic Counsellors at this clinical level are in training and completing a relevant post-graduate degree for the purpose of obtaining membership of the Human Genetics Society of Australasia ('HGSA').</p>
Proficient Clinician	
Level 2 Health professionals have completed 12 months satisfactory service at Level 1 Year 4. Expected to have obtained new practitioner competencies and perform duties in addition to those at Level 1.	A Proficient Clinician has completed <i>two years' experience</i> in their profession and are expected to have developed new practitioner competencies. Genetic Counsellors who are eligible for membership of the HGSA will also progress to being a Proficient Clinician.
Senior Clinician	
Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):	A Senior Clinician has <i>high-level knowledge, skills, and experience</i> , demonstrating this in either:

<p>Level 3 and Level 4 Health professionals may have a clinical, education or management focus or may have elements of all three features.</p> <p>They are experienced clinicians who possess extensive specialist knowledge or a high level of broad generalist knowledge within their discipline.</p> <p>Senior Clinician Level 3</p> <p>A Level 3 Senior Clinician <i>may have</i> an operational / supervisory role in a small facility. This would be under the direction of a Department Head with responsibilities across a zone, region or cluster.</p> <p>Unit Head or Team Leader (various Levels) (although dependent on whether they hold line management responsibilities, and if so, not a Clinical Team Leader).</p>		<p>(ii) <i>a recognised clinical specialty;</i> OR</p> <p>(iii) <i>alternatively, across two or more clinical areas in a generalist capacity.</i></p> <p>Genetic Counsellors (only) who are a Fellow of the HGSA will automatically progress to being a Senior Clinician.</p> <p>Clinical Team Lead A Senior Clinician, in addition to their clinical role, can undertake the role of a Clinical Team Lead. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be <i>commensurate with the high-level knowledge, skills, and experience</i> demonstrated by the Senior Clinician. They <u>do not</u> have line management responsibilities.</p> <p>Dedicated Educator Senior Clinicians may be Dedicated Educators who spend a set proportion of contracted hours <i>providing clinical and / or student education.</i></p> <p>Dedicated Researcher Senior Clinicians may be Dedicated Researchers who spend <i>a significant proportion</i> of their contracted hours engaged in <i>research activity.</i></p> <p>Project / Policy Officer Senior Clinicians may be Project / Policy Officers who contribute to policy development, advocacy and project management of Health Professional related policy development / implementation <i>requiring clinical expertise and judgement.</i></p>
Advanced Practitioner		
<p><i>Possibly may include the following (based on experience, attributes, job</i></p>		<p>An Advanced Practitioner demonstrates <i>advanced knowledge, skills and experience</i> enabling the</p>

requirements, and qualifications of the employee):

Senior Clinician Level 4

In addition to applying high level clinical skills as expected for a Senior Clinician, Level 4 Senior Clinicians may be specialists or generalists.

Unit Head or Team Leader (various Levels) (although dependent on whether they hold line management responsibilities, and if so, not a Clinical Team Leader).

Student Educator Level 4

A student educator is responsible for the discipline specific clinical supervision, teaching and co-ordination of educational activities for students on clinical placements within one or more health facilities.

independent application of clinical knowledge, skills and experience which improve clinical techniques and provides a reference point for other clinicians, which may influence clinical practice and / or clinical governance systems.

The above criteria may be demonstrated in either *a recognised clinical specialty* or alternatively *across two or more clinical areas* in a generalist capacity.

Genetic Counsellors (only) demonstrate meeting the above indicators by providing certification supervision to MHGSA (or HGSA equivalent) Genetic Counsellors.

Clinical Team Lead

An Advanced Practitioner, in addition to their clinical role, can undertake the role of a Clinical Team Lead. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be *commensurate with the advanced knowledge, skills, and experience of the Advanced Practitioner*. They do not have line management responsibilities.

Advanced Educator

Demonstrates *advanced educational knowledge, skills and experience* enabling the independent application of educational and clinical knowledge, skills and experience which improves clinical knowledge and skills and provides a reference point for other educators and clinicians.

The scope of Advanced Educators will be determined according to the purpose of their role:

- *Discipline Specific Educators*
- *Clinical Stream Educators*

	<ul style="list-style-type: none"> • <i>Generalist Educator</i> • <i>Student Educator</i> <p>Advanced Researcher Demonstrates <i>advanced research knowledge, skills and experience</i> enabling the independent application of clinical research knowledge and outcomes which improves clinical knowledge and skills and provides a reference point for clinicians, educators and other researchers.</p> <p>Roles at this level will generally require a relevant postgraduate research qualification and recent track record of contributions to the professional body of knowledge.</p> <p>Advanced Health Professional Project / Policy Officer <i>Implements, evaluates and reports on complex policy, programs, and / or strategic projects related to Health Professional areas requiring applied clinical expertise and knowledge.</i></p>
Expert Practitioner	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Senior Clinician Level 4</p> <p>Health Professional Educator Level 5 This position facilitates learning and professional development for health professionals, technical and support staff. The Health Professional Educator may work across a geographic region, zone or clinical network.</p> <p>Clinical Specialist Level 6 Recognised as experts in their field at an advanced level of clinical expertise and practice.</p>	<p>An Expert Practitioner is a <i>discipline specific clinician</i> with an expert level of clinical expertise and practice in a <i>specialty field</i>, with extensive experience in their specialty field.</p> <p>Clinical Team Lead An Expert Practitioner, in addition to their clinical role, can undertake the role of a Clinical Team Lead. Such a role at this clinical level would reflect the clinical complexity, role and caseload expected of the Team which would be <i>commensurate with the expert level of clinical expertise and practice in a specialty field of the Expert Practitioner</i>. They <u>do not</u> have line management responsibilities.</p>

<p>Unit Head or Team Leader (various Levels) (although dependent on whether they hold line management responsibilities, and if so, not a Clinical Team Leader).</p>	<p>Strategic Health Professional Educator Performs <i>strategic and advocacy functions</i> to guide the overall direction of Allied Health Education within a LHD or Network. They will have a discipline specific, clinical stream, general Health Professional, or student educator as per the Advanced Educator level:</p> <p>Strategic Research Lead Coordinates and leads <i>significant clinical research programs</i> across facilities and will meet the following criteria. They hold a <i>Doctor of Philosophy</i> and have made an outstanding contribution to their profession.</p> <p>Strategic Policy / Project Officer Conducts <i>policy analysis and leads</i> profession specific or multidisciplinary health programs requiring applied clinical expertise and knowledge.</p>
<p>Deputy Manager</p>	
<p>NOTE: <i>New Award relies upon employee numbers (head count) and role complexities to determine appropriate Grade, and not FTE.</i></p> <p>Possibly may include the following (based on experience, attributes, job requirements, span of managerial responsibilities, including employee numbers and role complexities):</p> <p>Deputy Level 3 Deputy to a Department Head at Level 5 as well as maintaining a clinical load.</p> <p>Deputy Level 4 Deputy to a Department Head at Level 6, as well as maintaining a clinical load.</p>	<p>A Deputy Manager can be utilised in a number of operational situations, which includes teams or units, satellite facilities, Departments or Site Multi-Disciplinary Services. They are required to undertake in part or full responsibilities at a location, under the delegation / direction of the Manager of a Department or Service.</p> <p>Grading of a Deputy Manager will be as follows (or via clause 25 of this Award):</p> <ul style="list-style-type: none"> • Grade 1 (0-10 employee reports) • Grade 2 (11-30 employee reports)

<p>Deputy Level 5 Deputy to a Department Head at Level 7, Grade 1, as well as maintaining a clinical load.</p> <p>Deputy Level 6 Deputy to a Department Head at Level 7, Grade 2, as well as maintaining a clinical load.</p> <p>Deputy Level 7 Grade 1 Deputy to a Department Head at Level 7, Grade 3, as well as maintaining a clinical.</p> <p>Unit Head or Team Leader (various Levels) (although dependent on whether they hold line management responsibilities, and if so, whether under delegation or not).</p>		<ul style="list-style-type: none"> • Grade 3 (over 30 employee reports)
Manager and / or Professional Lead		
<p>NOTE: <i>New Award relies upon employee numbers (head count) and role complexities to determine appropriate Grade, and not FTE.</i></p> <p>Possibly may include the following (based on experience, attributes, job requirements, span of managerial responsibilities, including employee numbers and role complexities):</p> <p>Unit Head or Team Leader (various Levels) (although dependent on whether they hold line management responsibilities, and if so, whether under delegation or not).</p> <p>Department Head Level 4 The department contains up to 5 full-time equivalent health professionals or other technical or support staff.</p> <p>Department Head Level 5</p>		<p>A Manager and / or Profession Lead of a Department or Site Multi-Disciplinary Service. A Manager can have dual responsibility as a Professional Lead for staff from the same profession.</p> <p>Grading of a Manager and / or Professional Lead will be as follows (or via clause 25 of this Award):</p> <ul style="list-style-type: none"> • Grade 1 (0-10 employee reports) • Grade 2 (11-30 employee reports) • Grade 3 (31-55 employee reports) • Grade 4 (over 55 employee reports)

<p>The department contains 5-15 full-time equivalent health professionals or other technical or support staff.</p> <p>Department Head Level 6 The department contains up to 15-25 full-time equivalent health professionals or other technical or support staff.</p> <p>Department Head Level 7 Grade 1 The department contains more than 25 - 40 other full-time equivalent health professionals or technical and other support staff.</p> <p>Department Head Level 7 Grade 2 The department contains more than 40 - 55 other full-time equivalent health professionals or technical and other support staff.</p> <p>Department Head Level 7 Grade 3 The department contains more than 55 other full-time equivalent health professionals or technical and other support staff.</p>		
Director or Discipline Specific Director / Advisor		
<p><i>NOTE:</i> <i>New Award relies upon employee numbers (head count) and role complexities to determine appropriate Grade, and not FTE.</i></p> <p><i>Possibly may include the following (based on experience, attributes, job requirements, span of managerial responsibilities, including employee numbers and role complexities):</i></p> <p>Department Head Level 7</p> <p>Discipline Specific Director / Advisor Level 8 Grade 1 Area of responsibility includes up to 25 full-time equivalent health professionals or technical and other support staff.</p>		<p>A Director of a Hospital or Service has responsibilities that include overall management and coordination of Health Professional services that fall within their delegated responsibilities in a Hospital or Service.</p> <p>A Discipline Specific Director / Advisor leads, directs, co-ordinates and provides strategic advice on major functions or work areas within an LHD or Service, as it pertains to a specific Health Professional discipline or a group of disciplines and are responsible for coordinating discipline-specific professional governance in an LHD or Network.</p>

<p>Discipline Specific Director / Advisor Level 8 Grade 2 Area of responsibility includes more than 25 - 55 full-time equivalent health professionals or technical and other support staff.</p> <p>Discipline Specific Director / Advisor Level 8 Grade 3 Area of responsibility includes more than 55 - 100 other full-time equivalent health professionals or technical and other support staff.</p> <p>Discipline Specific Director / Advisor Level 8 Grade 4 Area of responsibility includes more than 100 other full-time equivalent health professionals or technical other support staff.</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classifications at this level.</i></p>		<p>Grading of a Director or Discipline Specific Director / Advisor will be as follows (or via clause 25 of this Award):</p> <ul style="list-style-type: none"> • Grade 1 (0-25 employee reports) • Grade 2 (26-55 employee reports) • Grade 3 (56-100 employee reports) • Grade 4 (over 100 employee reports)
Executive Director		
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Discipline Specific Director / Advisor</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at this level.</i></p>		<p>A Health Professional who undertakes the role of an Executive Director in a LHD / Network. They are primarily responsible for the overarching operational direction for Health Professional services that fall within their delegated responsibilities in a LHD / Network.</p>

NOTE:

The reference generally to “*other classifications*” includes those from other awards (for example, the *Health Managers (State) Award*), in which Health Professionals have been alternatively classified due to the deficiencies in their pre-existing classification structure but undertaking duties and roles now contemplated by the new, modernised Award structure.

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 10 - HEALTH PROMOTION PRACTITIONERS

UNDER CONSTRUCTION

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 11 - INTERPRETERS

Previous Award classification	New Award classification
GRADE 1 Recognised Practicing Interpreter	
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Interpreter Grade 1</p>	<p>An Interpreter Grade 1 satisfies one of the following criteria:</p> <p>The language that the Interpreter provides services in is required but currently:</p> <ul style="list-style-type: none"> • does not have a test available to determine the Interpreter’s language ability via a certifying authority, such as NAATI; or • they have no recognition from an equivalent international body. <p align="center">OR</p> <p>The Interpreter does not currently hold a Certified Provisional Interpreter (‘CPI’) status or above for a language that has testing available and is filling an Interpreter role that the Interpreter Service / LHD has not been able to employ with an Interpreter with the required qualifications / recognition, which for example, may be due to lack of suitably qualified Interpreters in regional / rural / remote locations.</p>
GRADE 2 Certified Provisional Interpreter	
<p>Interpreter Grade 1 who achieves NAATI certification as a Certified Provisional Interpreter shall subject to certain conditions be promoted to Interpreter Grade 2.</p>	<p>An Interpreter Grade 2 has attained CPI status from a recognised Interpreting certifying authority, such as NAATI. At Grade 2, the Interpreter can be engaged in non-specialised community dialogue interpreting assignments.</p>
GRADE 3 Certified Interpreter	
<p>Progression to Interpreter Grade 3 shall be dependent upon achieving NAATI certification as a Certified Interpreter; and the Officer having</p>	<p>An Interpreter Grade 3 has attained Certified Interpreter (‘CI’) status from a recognised Interpreting certifying authority, such as NAATI. At Grade</p>

<p>completed 12 months' service as an interpreter with the employer or such other service deemed by the employer as being equivalent.</p>		<p>3, the Interpreter demonstrates higher level generalist interpreting skills.</p>
<p>GRADE 4 Certified Specialist Interpreter - Health</p>		
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Interpreter Grade 3</p>		<p>An Interpreter Grade 4 has attained Certified Specialist Interpreter ('CSI') status in the field of health from a recognised Interpreting certifying authority, such as NAATI.</p> <p>At Grade 4, the Interpreter has a sophisticated understanding of their role as a member of a healthcare team including, for example, supporting a medical handover, research consultations between international partners or in training sessions.</p>
<p>GRADE 5 Manager</p>		
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Interpreter In Charge - An employee appointed to the position of Interpreter in Charge</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Grade 5.</i></p>		<p>An Interpreter Grade 5 manages the Interpreter workforce in a number of operational situations, which may include a team or teams, rural / regional sites, a larger Department or those working in multi-disciplinary teams within a LHD or Network.</p> <ul style="list-style-type: none"> • Level 1 (0-5 employee reports) • Level 2 (6-15 employee reports) • Level 3 (> 15 employee reports)

NOTE:

The reference generally to “*other classifications*” includes those from other awards (for example, the *Health Managers (State) Award*), in which Interpreters have been alternatively classified due to the deficiencies in their pre-existing classification structure but undertaking duties and roles now contemplated by the new, modernised Award structure.

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 12 - LIBRARIANS

Previous Award classification	New Award classification
LIBRARIAN	
<p>Librarian Grade 1 is a professional practitioner and provides professional library and information services and/or assists in the development of library and information services and systems.</p>	<p>A Librarian Grade 1 is a newly qualified practitioner in their first two years of practice and are developing their professional skills and competencies.</p>
<p>Librarian Grade 2 is an experienced professional practitioner and / or developing specialist at this level.</p> <p><i>Could include the following who at the time of the new Award commencing holds the requisite skills and experience, and undertaking a role that equates to this classification:</i></p> <p>Librarian Grade 1</p>	<p>A Librarian Grade 2 has completed two years of experience as a Librarian Grade 1 (or holds equivalent Librarian service). They are an experienced Librarian practitioner and / or developing Librarian specialist.</p>
<p>Librarian Grade 3 is senior professional practitioner, manager and / or specialist.</p> <p><i>Could include the following who at the time of the new Award commencing holds the requisite skills and experience, and undertaking a role that equates to this classification:</i></p> <p>Librarian Grade 2</p>	<p>A Librarian Grade 3 has completed seven years of Librarian experience and is required to have undertaken the duties and responsibilities of a Librarian Grade 2 (or hold equivalent Librarian service). A Librarian Grade 3 performs duties within or across one or more of the following areas of expertise, being:</p> <ul style="list-style-type: none"> • <i>Managerial</i>; and / or • <i>Electronic services</i>.
<p>Librarian Grade 4 is a principal professional practitioner and/or senior manager and/or senior specialist.</p> <p><i>Could include the following who at the time of the new Award commencing holds the requisite skills and experience, and undertaking a role that equates to this classification:</i></p> <p>Librarian Grade 3</p>	<p>A Librarian Grade 4 has completed at least ten years of Librarian experience and is required to have undertaken the duties and responsibilities of a Librarian Grade 3 (or equivalent Librarian service).</p> <p>At Grade 4, a Librarian may be a principal Librarian practitioner and / or senior manager and / or senior Librarian specialist.</p>

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 13 - LIBRARY ASSISTANT

Previous Award classification	New Award classification
LIBRARY ASSISTANT	
<p>Library Assistant means an employee appointed as such who is eligible for enrolment in a course of study that leads to a qualification acceptable for either professional or library technician membership of the Australian Library and Information Association (ALIA).</p>	<p>A Library Assistant means an employee appointed as such who is eligible for enrolment in a course of study that leads to a qualification acceptable for either professional or library technician membership of the Australian Library and Information Association (ALIA).</p>

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SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 14 - LIBRARY TECHNICIAN

Previous Award classification	New Award classification
LIBRARY TECHNICIAN	
<p>Library Technician means an employee appointed as such who possesses qualifications acceptable for library technician membership of the Australian Library and Information Association (ALIA) or other combination of qualifications and experience deemed by the employer to be equivalent that meets the minimum standard of skill and knowledge inherent in the ALIA standard.</p> <p><i>Possibly may include the following, dependent on scope of role, duties required, qualification obtained and extent of responsibilities:</i></p> <p>Library Assistant</p>	<p>A Library Technician Grade 1 is a newly qualified practitioner and has completed an ALIA accredited Library Technician qualification.</p>
<p><i>No such previous specific classification.</i></p> <p><i>Could include the following who at the time of the new Award commencing were undertaking a role that equates to this classification:</i></p> <p>Library Technician Grade 1</p>	<p>A Library Technician Grade 2 is an experienced practitioner or specialist. At Grade 2, they have the skills and experience as outlined for a Library Technician Grade 1, but in addition can undertake additional competencies and skills as identified in the Award.</p>

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 15 - LIVED EXPERIENCE (PEER) WORKERS

Previous Award classification	New Award classification
LEVEL 1 Entry	
	<p>Level 1 employees are commencing their practice as a Lived Experience (Peer) Worker and have less than two years' experience in this profession.</p>
LEVEL 2 Proficient	
	<p>A Proficient Lived Experience (Peer) Worker Level 2 has Lived Experience practitioner competencies developed through the completion of two years of Level 1 service (or equivalent service).</p>
LEVEL 3 Senior	
	<p>A Senior Lived Experience (Peer) Worker Level 3 demonstrates high-level knowledge, skills and experience in their practice. They have a minimum of three years' service as at Level 2 (or equivalent service) and have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent).</p>
LEVEL 4 Lead	
<p>No such previous specific award classification.</p> <p>Possibly may include the following (based on experience, attributes, job requirements, span of managerial responsibilities, including employee numbers and role complexities):</p> <p>Other Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 4.</p>	<p>A Lead Lived Experience (Peer) Worker Level 4 provides supervision to Levels 1 to 3 inclusive. They have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent). They may have a specific focus on one of the following:</p> <ul style="list-style-type: none"> (i) leadership / operational; (ii) educational; (iii) advanced practice; or (iv) they can undertake duties from across some / all three of the above.

		<p>Grades available as follows (or alternatively using role complexity):</p> <ul style="list-style-type: none"> • Grade 1 (0-5 employee reports) • Grade 2 (6-15 employee reports) • Grade 3 (16-25 employee reports) • Grade 4 (> 25 employee reports)
LEVEL 5 Director		
<p><i>No such previous specific award classification.</i></p> <p><i>Possibly may include the following, dependent on scope of role, duties required, number of employee reports, and extent of responsibilities:</i></p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 5.</i></p>		<p>A Director Lived Experience (Peer) Worker Level 5 leads, co-ordinates, and provides strategic advice on the Lived Experience (Peer) workforce. They have completed a Certificate IV Mental Health Peer Work (or qualifications deemed equivalent).</p> <p>The scope and responsibilities of this role is across a LHD or Network.</p> <p>Grades available as follows (or alternatively using role complexity):</p> <ul style="list-style-type: none"> • Grade 1 (0-5 employee reports) • Grade 2 (6-15 employee reports) • Grade 3 (16-25 employee reports) • Grade 4 (> 25 employee reports)

NOTE:

The reference generally to “*other classifications*” includes those from other awards (for example, the *Health Managers (State) Award*), in which Lived Experience (Peer) Workers have been alternatively classified due to the deficiencies in their pre-existing classification structure but undertaking duties and roles now contemplated by the new, modernised Award structure.

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 16 - PERFUSIONISTS

Previous Award classification	New Award classification
GRADE 1 Trainee	
<p>Perfusionist - Grade 1 (Trainee Perfusionist) means a person appointed as such who holds, or is qualified to hold, an appropriate tertiary qualification (Bachelor of Science, Bachelor of Applied Science or equivalent qualification) and who is training in perfusion.</p>	<p>A Grade 1 Trainee Clinical Perfusionist holds an appropriate tertiary qualification (Bachelor of Science, Bachelor of Applied Science or equivalent qualification) and meets the trainee entry requirements as set by the Australian and New Zealand Board of Perfusion ('ANZBP').</p> <p>A Trainee Clinical Perfusionist is undertaking on-the-job training and additional post graduate studies to become eligible for certification by the ANZBP.</p>
GRADE 2 Certified	
<p>Perfusionist - Grade 2 (Certified Perfusionist) means a person who has obtained the qualification of Certification in Perfusion of the Australasian Board of Cardiovascular Perfusion or having qualifications deemed by the employer to be equivalent, who is capable of performing perfusion duties of a complex nature including research and development tasks.</p> <p><i>Note possible translation also to Grade 3 (as identified below).</i></p>	<p>A Grade 2 Certified Clinical Perfusionist has been certified by the ANZBP as a Certified Clinical Perfusionists (or is otherwise deemed to hold equivalent qualifications / experience by the employer).</p>
GRADE 3 Senior / Deputy	
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Perfusionist - Grade 3 (In-Charge Perfusionist) means a person who complies with all duties of a Trained</p>	<p>A Grade 3 Perfusionist can be in one of the following roles:</p> <p>(A) <i>Senior Clinical Perfusionist</i> (Grade 3, Years 1-3); or</p> <p>(B) <i>Deputy Clinical Perfusionist</i> (Grade 3, Years 4-5).</p>

<p>Certified Perfusionist but in addition manages the everyday operation of the department in conjunction with a medical officer.</p> <p>OR</p> <p>Perfusionist - Grade 2 (Certified Perfusionist)</p>		
<p>LEVEL 4 Director</p>		
<p>Perfusionist - Grade 4 (Director of Perfusion Services) means a person appointed as such who is the most senior Perfusionist within the Hospital and who is solely responsible for the direction and supervision of other Perfusionists within the Hospital.</p> <p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of employees):</i></p> <p>Perfusionist - Grade 3 (In-Charge Perfusionist)</p>		<p>A Grade 4 Director of Clinical Perfusion undertakes the management of clinical perfusion within a Hospital. They are responsible for the direction and supervision of other Perfusionists within the Hospital.</p>

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 17 - PHARMACISTS

Previous Award classification <i>(NOTE: This refers to the Health Employees' Pharmacists (State) Award 2023)</i>	New Award classification <i>(NOTE: This refers to the proposed new Award and Pharmacist classifications)</i>
STUDENT	
<i>No such previous specific award classification.</i>	Student Pharmacist is studying or has completed a degree that would confer eligibility for general registration as a Pharmacist with AHPRA but is not currently employed in an Intern position. Works under direction and supervision.
INTERN	
Graduate Pharmacist Unregistered	Intern Pharmacist holds either provisional or limited registration with AHPRA to permit the completion of a supervised practice program, including practice placement. Successful completion enables general registration with AHPRA.
LEVEL 1	
Pharmacist Grade 1 Year 1	Entry Level Pharmacist (Level 1 Pharmacist) has obtained general registration with AHPRA as a Pharmacist. In their first years of practice and skill development.
LEVEL 2	
Pharmacist Grade 1 Years 2-5	<p>Proficient Pharmacist (Level 2 Pharmacist) has a proficient level of clinical and professional practice, demonstrated by having either:</p> <ul style="list-style-type: none"> (i) A minimum of 3 years general registration experience; <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> (ii) Alternatively, 2 years general registration experience if they have completed an accredited Pharmacist Resident Training Program or attained Resident level recognition, for example only, with ANZCAP.

LEVEL 3	
<p><i>Possibly may include the following (based on experience, attributes, job requirements and qualifications of the employee):</i></p> <p>Pharmacist Grade 2</p>	<p>Highly Proficient Pharmacist (Level 3 Pharmacist) has a highly proficient level of clinical and professional practice, demonstrated by having both: (i) completed a minimum of 3 years general registration experience; and (ii) demonstrated high level clinical skills and knowledge, developed either in:</p> <p>(c) specialty area of practice, including but not limited to those recognised by ANZCAP;</p> <p>AND / OR</p> <p>(d) via broad generalist experience, such that the Pharmacist can practice at a highly developed level across a diverse range of clinical specialty areas.</p>
LEVEL 4	
<p><i>No such previous specific award classification.</i></p> <p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Pharmacist Grade 2</p> <p>OR</p> <p>Pharmacist Grade 3 (Non Deputy roles) Pharmacist responsible to Director of Pharmacy or Deputy Director of Pharmacy for the management and efficient performance of a specific unit or function of the hospital's pharmacy Department. Such appointment shall only be made where the hospital employs at least 5 Pharmacists or a Director of Pharmacy Group 5 Hospitals and Deputy Director of Pharmacy Group 3 Hospitals.</p>	<p>Advanced Pharmacist (Level 4 Pharmacist) has an advanced level of clinical and professional practice with demonstrated extensive knowledge, skills and expertise within a specialty area of practice or as a generalist. Progression to this position will be by appointment only.</p> <p>They would be expected to undertake and / or demonstrate a range of duties identified in the Award, noting that a Level 4 Pharmacist may also undertake the following activities as required:</p> <ul style="list-style-type: none"> • Contribute to and demonstrate leadership within a research team or teams. • Plan, supervise and implement new programs or quality improvement projects. • Lead or guide the development, delivery and evaluation of education and training programs.

LEVEL 5		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Pharmacist Grade 3 (non Deputy roles)</p> <p>OR</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 5.</i></p>		<p>Advanced Leader Pharmacist (Level 5 Pharmacist) practices as a Level 4 Pharmacist but is, in addition, providing accompanying leadership / supervisory functions under oversight / delegation. They don't hold operational management accountabilities. Such leadership / supervisory functions demonstrated in one of the following ways (or in some combination):</p> <ul style="list-style-type: none"> • Undertake the role of Team or Unit Lead, operationally supervising day-to-day administration, workflow of a team or unit. <p>AND / OR</p> <ul style="list-style-type: none"> • Undertake expert professional and consultative leadership that extends beyond their immediate work unit / team as identified.
LEVEL 6		
<p><i>No such previous specific award classification.</i></p>		<p>Pharmacy Service Manager (Level 6 Pharmacist) practices at an advanced level and provides accompanying leadership / supervisory functions as expected of a Level 5 Pharmacist but is, in addition, providing program level operational management accountabilities of a service or clinical stream. They do not hold departmental, LHD or speciality Network operational management accountabilities or hold operational responsibilities outside of their service or clinical stream.</p>
<p><i>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</i></p> <p>Pharmacist Grade 3 (non-Deputy roles)</p>		<p>Level 6 Pharmacist Band 6A is a Pharmacy Service Manager at a facility, LHD or speciality Network or in a statewide role operating independently.</p>

<p>OR</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 6 Band 6A.</i></p>		
<p><i>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</i></p> <p>Pharmacist Grade 3 (non Deputy roles)</p> <p>OR</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 6 Band 6B.</i></p>		<p>Level 6 Pharmacist Band 6B is a Pharmacy Service Manager at a facility, LHD or speciality Network or in a statewide role requiring the supervision and oversight of Pharmacists (up to Level 5 only), all Levels of Pharmacy Technicians and / or support staff.</p>
LEVEL 7		
<p>Deputy Director of Pharmacy A pharmacist who is appointed as such to an established position and whose function is to assist the Director of Pharmacy in the administration of the Department.</p> <p><i>The following grades of Deputy Director will need to be allocated to the new Level 7 Bands based upon scope of duties and responsibilities, although primarily the Pharmacy Service Level applicable to the facility (as opposed to using the award based 'Groups' of hospitals):</i></p> <p>Senior Pharmacist Grade 3 Deputy Director - Group 3 Hospital</p> <p>Senior Pharmacist Grade 4 Deputy Director - Group 2 Hospital</p> <p>Senior Pharmacist Grade 5 Deputy Director - Group 1 Hospital</p>		<p>Deputy Director of Pharmacy (Level 7 Pharmacist) in a Pharmacy Department or Service. They have primary accountability for the physical and human resources of the Department or Service. They assist the Director of Pharmacy (and where relevant, the Executive Director Pharmacy) with financial accountability of a Department or Service.</p>

		Level 7 Band 7A is a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 4 OR a Regional Facility Service Level 1 - 4.
		Level 7 Band 7B is a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 5.
		Level 7 Band 7C is a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above OR regional facilities of any Service Level where the regional Directors are responsible for medication management and governance for multiple facilities over a wide geographical area.
		Level 7 Band 7D is a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 6.
		Level 7 Band 7E is a Deputy Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above.
LEVEL 8		
<p>Director of Pharmacy A pharmacist who has been appointed as such in a pharmacy department of a hospital.</p> <p><i>The following grades of Director will need to be allocated to the new Level 8 Bands based upon scope of duties and responsibilities, although primarily the Pharmacy Service Level applicable to the facility (as opposed to using the award based 'Groups' of hospitals):</i></p>		<p>Director of Pharmacy (Level 8 Pharmacist) of a Hospital or Service. The Director has wide ranging responsibilities as itemised in the Award, which may include overall management / coordination of Pharmacy services that fall within their delegated responsibilities, and / or participate in / contribute to executive level decision making re the operational management of the Hospital / Service.</p>

<p>Senior Pharmacist Grade 3 Director - Group 5 Hospital</p> <p>Pharmacist Grade 4 Director of Pharmacy Group 4 Hospitals and Deputy Director of Pharmacy Group 2 Hospitals.</p> <p>Pharmacist Grade 5 Director of Pharmacy Group 3 Hospitals and Deputy Director of Pharmacy Group 1 Hospitals.</p> <p>Pharmacist Grade 6 Director of Pharmacy Group 2 Hospitals.</p> <p>Pharmacist Grade 7 Director of Pharmacy Group 1 Hospitals; Group A</p> <p>Pharmacist Grade 7 Director of Pharmacy Group 1 Hospitals; Group B</p>		
		<p>Level 8 Band 8A is a Director of Pharmacy at a facility of Pharmacy Service Level 4 OR Regional Facility Service Level 1 - 4.</p>
		<p>Level 8 Band 8B is a Director of Pharmacy at a facility of Pharmacy Service Level 5.</p>
		<p>Level 8 Band 8C is a Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line management oversight to on-site pharmacy services at one or more other facilities of SL3 or above OR regional facilities of any Service Levels where the regional Directors are responsible for medication management and governance for multiple facilities over a wide geographical area.</p>
		<p>Level 8 Band 8D is a Director of Pharmacy at a facility of Pharmacy Service Level 6.</p>

		<p>Level 8 Band 8E for a Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above or provides state based services.</p>
LEVEL 9		
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Other Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 9.</p>		<p>Executive Director of Pharmacy (Level 9 Pharmacist) may be titled as an LHD Director of Pharmacy or Network Director of Pharmacy. They can be expected to be primarily:</p> <ul style="list-style-type: none"> • responsible for the overarching strategic and operational direction, accountabilities and management for Pharmacy services that fall within their delegated responsibilities; <p>AND</p> <ul style="list-style-type: none"> • responsible for undertaking a peak level advisory role advocating for and assisting Pharmacists / Pharmacy services that fall within their delegated responsibilities.

NOTE:

The reference generally to “*other classifications*” includes those from awards outside the *Health Employees’ Pharmacists (State) Award* (for example, the *Health Managers (State) Award*), in which Pharmacists have been alternatively classified due to the deficiencies in the Pharmacist classification structure but undertaking duties and roles now contemplated by the new, modernised Award structure.

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 18 - PHARMACY TECHNICIANS

Previous Award classification	New Award classification
LEVEL 1 (Entry Level)	
<p>Pharmacy Assistant Grade 1 Appointed as such and engaged in drug distribution duties, hospital pharmacy production and dispensing activities under supervision.</p>	<p>Pharmacy Technician Level 1A Entry level. Only perform identified routine duties under supervision.</p>
<p>Pharmacy Assistant Grade 2 Performs Pharmacy Assistant Grade 1 duties and <i>holds a qualification</i> in a <i>relevant field</i> recognised by the Pharmaceutical Society of Australia or up to the level of <i>Certificate III</i> in Community Pharmacy issued by a Registered Training Organisation or has qualifications deemed by the employer to be equivalent.</p>	<p>Pharmacy Technician Level 1B Performs Pharmacy Technician Level 1A duties and holds / has completed a relevant <i>Certificate III</i>.</p>
LEVEL 2 (Proficient)	
<p><i>Possibly may include the following (based on experience, attributes, and qualifications of the employee):</i></p> <p>Pharmacy Assistant Grade 2</p> <p><i>Otherwise, the following:</i></p> <p>Pharmacy Technician Grade 1 Completed a qualification in a relevant field recognised by the Pharmaceutical Society of Australia or up to the level of <i>Certificate III</i> or has qualifications deemed by the employer to be equivalent.</p>	<p>Pharmacy Technician Level 2 Has completed a relevant <i>Certificate Level 3</i>, performs the duties required of a Pharmacy Technician Level 1, and are:</p> <ul style="list-style-type: none"> • <i>Undertaking a relevant Certificate IV (or above) qualification</i> <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • <i>Performing routine Pharmacy Technician duties with increased autonomy and additionally undergoing training / development in specialist or complex duties.</i>
LEVEL 3 (Highly Proficient)	
<p><i>Possibly may include the following (based on experience, attributes, and qualifications of the employee):</i></p>	<p>Pharmacy Technician Level 3 Pharmacy Technicians at this Level meet one of the following criteria:</p>

<p>Pharmacy Technician Grade 1</p> <p>OR</p> <p>Pharmacy Technician Grade 2 Completed a recognised Pharmacy Technician Certificate Course (<i>Certificate IV</i>) or has qualifications deemed by employer to be equivalent. Remains under supervision of Pharmacist / senior Pharmacy Technician.</p>		<p>(v) Has completed a relevant <i>Certificate IV</i> (or above) or alternatively holds a qualification deemed equivalent</p> <p>OR</p> <p>(vi) Has demonstrated <i>high level knowledge, skills, and expertise</i> in at least one <i>specialty</i>.</p>
<p>LEVEL 4 (Team Leader or Technical Lead)</p>		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Pharmacy Technician Grade 2</p> <p><i>Otherwise, the following:</i></p> <p>Pharmacy Technician Grade 3 Completed a recognised Pharmacy Technician Certificate Course (<i>Certificate IV</i>) or has qualifications deemed by the employer to be equivalent. Has relevant experience and displays competency in <i>performing complex tasks</i> under supervision of a Pharmacist <i>in specialist areas of practice</i>. May operate in a <i>supervisory capacity</i> such as in a Deputy Senior/Second-in-Charge position.</p>		<p>Pharmacy Technician LEVEL 4 A Pharmacy Technician Level 4 <i>performs</i> the duties of a Pharmacy Technician Level 3 (<i>Certificate IV and / or specialty area</i>) and is appointed to undertake within a specific specialty either the role of:</p> <p>Pharmacy Technician Team Leader</p> <p>OR</p> <p>Pharmacy Technician Technical Lead</p>
<p>LEVEL 5 (Advanced Practitioner)</p>		
<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Pharmacy Technician Grade 2</p> <p><i>Otherwise, the following:</i></p> <p>Pharmacy Technician Grade 3</p>		<p>Pharmacy Technician LEVEL 5 A Pharmacy Technician Level 5 <i>performs the duties</i> of a Pharmacy Technician Level 4 (<i>Team Leader or Technical Lead</i>) and, <i>in addition</i>, are <i>advanced practitioners with expertise in their specialty</i> such that they demonstrate high level professional leadership <i>beyond</i> their work unit / team.</p>

LEVEL 6 (Manager)	
<p><i>Includes the following, dependent on scope of role and Service Level of the Pharmacy Department:</i></p> <p>Pharmacy Technician Grade 4 Completed a recognised Pharmacy Technician Certificate (<i>Certificate IV</i>) or qualifications deemed by employer to be equivalent. Has <i>extensive experience</i> working in a pharmacy as a Pharmacy Technician Grade 2 and/or Grade 3 and has accredited <i>qualifications in management studies</i>.</p> <p>Primarily responsible for the <i>management</i> of all Pharmacy Technicians / Pharmacy Assistants in a large unit, and the <i>management and development</i> of pharmacy support services under direction of a Deputy / Director of Pharmacy.</p>	<p>Pharmacy Technician Level 6A has primary responsibility for the <i>management</i> of all Pharmacy Technicians in a <i>Pharmacy Department</i> designated at <i>Service Levels 1 - 4</i>. Has an accredited <i>management qualification</i> or can demonstrate having <i>experience / skills deemed equivalent</i>.</p>
<p><i>Includes the following, dependent on scope of role and Service Level of the Pharmacy Department:</i></p> <p>Pharmacy Technician Grade 4</p>	<p>Pharmacy Technician Level 6B meets the <i>criteria and performs</i> the duties of a Pharmacy Technician Level 6A but has <i>responsibility for managing</i> Pharmacy Technicians in a Pharmacy Department designated at <i>Service Levels 5 - 6 OR</i> regional facilities of any Service Level over multiple facilities over a wide geographical area.</p>
LEVEL 7 (District Manager)	
<p><i>No such previous specific classification.</i></p>	<p>Pharmacy Technician Level 7 is a <i>District Pharmacy Technician Manager</i> whose role may include:</p> <ul style="list-style-type: none"> • Provide <i>high-level professional leadership</i> to staff across the LHD Pharmacy service; • <i>Contribute at an executive level</i> to the management of hospital Pharmacies across the LHD; • <i>Strategic management</i> of Pharmacy services.

SECTION C - TRANSITIONAL ARRANGEMENTS

TABLE 19 - PSYCHOLOGISTS

Previous Award classification	New Award classification
PSYCHOLOGISTS SPP / Practice placement	
	Hold provisional registration with AHPRA and are <i>engaged in a transitional or remedial program</i> with AHPRA. This includes overseas qualified Psychologists or those requiring practice placement <i>after an extended break</i> to satisfy AHPRA registration requirements.
PSYCHOLOGISTS LEVEL 1	
Psychologist in Training with a four year degree in psychology, being a three year degree with a fourth year honours in psychology; or who has qualifications deemed equivalent by the employer, and who is <i>eligible for provisional registration</i> with the Psychology Board of Australia.	Psychologists Level 1 have obtained <i>provisional registration</i> with AHPRA. They are <i>completing their provisional registration</i> .
PSYCHOLOGISTS LEVEL 2	
<p>Psychologist with full registration with the Psychology Board of Australia.</p> <p>Psychologists employed at years 3-5 will transfer to Level 2, Grade 1 at the corresponding year level.</p> <p>Psychologist employed at years 6-9 will transfer to Level 2, Grade 2 at the corresponding year level.</p>	<p>Psychologists Level 2 have obtained AHPRA <i>general registration</i> and they will commence at the following grades:</p> <p><i>Level 2 Grade 1</i></p> <ul style="list-style-type: none"> • Psychologists with general registration. <p><i>Level 2 Grade 2</i></p> <ul style="list-style-type: none"> • Psychologists with general registration and undertaking a Registrar program to obtain an Area of Practice Endorsement.
PSYCHOLOGISTS LEVEL 3	
Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):	Psychologists Level 3 demonstrate <i>expertise in either a recognised clinical specialty or alternatively across two or more clinical areas</i> in a generalist capacity. Such expertise will be

<p>Senior Psychologist has a high degree of experience as a Psychologist, with breadth and depth of experience in psychological methods and the provision of psychological services. The Senior Psychologist is able to provide a psychology service with the attribute of initiative, and to exercise independent judgment.</p> <p><i>May also include other employees in Psychologist classifications who hold competencies and / or undertaking duties that now align to the new roles contemplated at Psychologist Level 3:</i></p> <p>Clinical Psychologist; or Psychologist.</p>	<p>demonstrated through high-level knowledge, skills, and experience.</p> <p>Psychologists at Level 3 may take a leadership role in education and research activities under guidance. Other roles include:</p> <p><i>Endorsed Psychologist</i> Has Area of Practice Endorsement.</p> <p><i>Senior Psychologist</i> Has higher level expertise in a recognised clinical specialty or across multiple clinical areas via Award identified functions:</p> <p><i>Clinical Team Lead</i> In addition to a clinical role, undertakes the role of a Clinical Team Lead. The role reflects the clinical complexity, role and caseload expected of the Team which would be commensurate with the high-level knowledge, skills, and experience demonstrated by the Senior Clinician.</p> <p><i>Project / Policy Officer</i> Contribute to policy development, advocacy and project management of professional and / or clinically related policy development, implementation, monitoring and reporting requiring clinical expertise and judgement.</p>
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**PSYCHOLOGISTS
LEVEL 4**

<p><i>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</i></p> <p>Clinical Psychologist has a Masters degree or higher in Clinical Psychology, Clinical Neuropsychology or some other recognised clinical area in psychology that the employer deems relevant to the functions of the position.</p>	<p>Psychologist Level 4 may be <i>Clinical, Educational, Research, or Policy</i> focused or may have elements of all four. Roles include:</p> <p><i>Advanced Psychologist</i> Demonstrate advanced knowledge, skills and experience enabling the independent application of clinical knowledge, skills and experience which improve clinical techniques and provides a reference point for other</p>
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Clinical Psychologists are trained in the scientific study and application of psychological knowledge and principles for the purpose of diagnosing, understanding, preventing, treating and advising on psychopathological distress or dysfunction and to promote subjective wellbeing.

May also include other employees in Psychologist classifications who hold competencies and / or undertaking duties that now align to the new roles contemplated at Psychologist Level 4. For example only;

Senior Psychologist

clinicians, which may influence clinical practice and / or clinical governance.

Clinical Team Lead

In addition to a clinical role, undertake the role of a Clinical Team Lead. The role reflects the clinical complexity, role and caseload expected of the Team which would be commensurate with the advanced knowledge, skills, and experience demonstrated by the Advanced Practitioner.

Educators

A Psychologist Educator demonstrates advanced educational knowledge, skills and experience enabling the independent application of educational and clinical knowledge, skills and experience which improves clinical knowledge and skills and provides a reference point for other educators and clinicians, which may influence clinical practice and / or clinical governance systems. Roles may include:

- *Discipline Specific Educators*
- *Clinical Stream Educators*
- *Generalist Educator*
- *Student Educator*

Psychologist Clinical Researcher

Demonstrates advanced research knowledge, skills and experience enabling the independent application of clinical research knowledge and outcomes which improves clinical knowledge and skills and provides a reference point for clinicians, educators and other researchers, which may influence clinical practice and / or clinical governance systems.

Advanced Psychologist Project / Policy Officer

Role implements, evaluates and reports on complex policy, programs, and / or strategic projects related to Psychology areas requiring applied clinical expertise and knowledge.

PSYCHOLOGISTS LEVEL 5	
<p>Possibly may include the following (based on experience, attributes, job requirements, and qualifications of the employee):</p> <p>Senior Clinical Psychologist discharge the duties as described for Clinical Psychologist and in addition must demonstrate additional clinical expertise.</p> <p>OR</p> <p>Principal Psychologist have substantial knowledge, skills and experience; be able to demonstrate significant expertise in the delivery of psychological services; is a recognised leader in their clinical field and has contributed to the body of psychological knowledge, and/or the development and education of psychologists. These are beyond those prescribed for a Senior Clinical Psychologist.</p> <p>May also include other employees in Psychologist classifications who hold competencies and / or undertaking duties that now align to the new roles contemplated at Psychologist Level 5. For example only;</p> <p>Clinical Psychologist</p>	<p>An Expert Psychologist Level 5 has an expert level of clinical expertise and practice in a specialty field. This expertise is demonstrated by having extensive experience in their specialty field and by actively contributing to it by presenting papers at conferences and contributing to peer reviewed journals. Roles include:</p> <p><i>Clinical Team Lead</i> In addition to a clinical role, undertake the role of a Clinical Team Lead. The role reflects the clinical complexity, role and caseload expected of the Team which would be commensurate with the expert level of clinical expertise and practice in a specialty field of the Psychologist.</p> <p><i>Strategic Psychologist Educators</i> A Strategic Psychologist Educators perform strategic and advocacy functions to guide the overall direction of Psychology Education within a LHD or Network. Such Educators are expected to maintain being a Board Approved Supervisor and possess either: (i) gained peer recognition; or (ii) have a substantive academic appointment or conjoint appointment.</p> <p><i>Strategic Psychologist Research Lead</i> A Strategic Psychologist Research Lead coordinates and leads significant clinical research programs across facilities.</p> <p><i>Strategic Psychologist Policy / Project Officer</i> Role conducts policy analyses on and leads Psychologist specific or multidisciplinary health programs requiring applied clinical expertise and knowledge.</p>
PSYCHOLOGISTS	

LEVEL 6	
Deputy Manager of Department or Service	
<p>Possibly include employees in Psychologist classifications who hold relevant competencies and are undertaking duties that now align to the new role of Deputy Manager at Psychologist Level 6.</p>	<p>A Psychologist Level 6 undertakes the role of a <i>Deputy Manager</i>, which can be utilised in a number of operational situations ('locations'), which includes teams or units, satellite facilities, Departments or Site Multi-Disciplinary Services ('Service').</p> <p>The scope of responsibilities of a Deputy Manager will reflect their location and required activities, which will determine the grade in this Level for the position using Award criteria and processes.</p> <p>Deputy Manager Grade 1</p> <p>Deputy Manager Grade 2</p> <p>Deputy Manager Grade 3</p>
PSYCHOLOGISTS	
LEVEL 7	
Manager and / or Professional Lead of Department or Service	
<p>Possibly include employees in Psychologist classifications who hold relevant competencies and are undertaking duties that now align to the new role of Manager and / or Professional Lead at Psychologist Level 7. For example only:</p> <p>Senior Clinical Psychologist</p> <p>OR</p> <p>Principal Psychologist</p>	<p>A Psychologist Level 7 undertakes the role of a Manager and / or Profession Lead of a Department or Site Multi-Disciplinary Service.</p> <p>A Manager can have dual responsibility as a Professional Lead for Psychologist staff. If the Manager is from a different profession, a Professional Lead must be available for Psychologists in the Department or Service.</p> <p>The scope of responsibilities of a Manager and / or Professional Lead will determine the grade in this Level for the position using Award criteria and processes.</p> <p>Manager and / or Professional Lead</p> <p>Grade1</p> <p>Grade 2</p>

		<p>Grade 3</p> <p>Grade 4</p>
<p>PSYCHOLOGISTS LEVEL 8 Director of Hospital / Service or Psychologist Specific Director / Advisor</p>		
<p>Principal Psychologist</p> <p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Principal Psychologist</p> <p>OR</p> <p>Other <i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 8.</i></p>		<p>A Psychologist Level 8 can have one of the following roles:</p> <p>Director of a Hospital or Service</p> <p>OR</p> <p>Psychologist Specific Director / Advisor</p> <p>The scope of responsibilities of a Director or Psychologist Specific Director / Advisor will determine the grade in this Level for the position using Award criteria and processes.</p> <p>Director or Psychologist Specific Director / Advisor</p> <p>Grade 1</p> <p>Grade 2</p> <p>Grade 3</p> <p>Grade 4</p>
<p>PSYCHOLOGISTS LEVEL 9 Executive Director, LHD or Network</p>		
<p><i>No such previous specific award classification.</i></p> <p>Possibly may include the following, dependent on scope of role, duties required, and extent of responsibilities:</p> <p>Other</p>		<p>A Psychologist Level 9 undertakes the role of an Executive Director in a LHD or Network. They are primarily responsible for the overarching operational direction for Psychology services that fall within their delegated responsibilities in a LHD or Network.</p>

<i>Other classifications utilised to accommodate / recognise the functions / role that now align to the new classification at Level 9.</i>		
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NOTE:

The reference generally to “*other classifications*” includes those from awards outside the *Health and Community Employees Psychologists (State) Award 2024* (for example, the *Health Managers (State) Award*), in which Psychologists have been alternatively classified due to the deficiencies in the Psychologist classification structure but undertaking duties and roles now contemplated by the new, modernised Award structure.

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