

**NSW HEALTH SERVICE CLINICAL AND ASSOCIATED PROFESSIONALS (STATE)
AWARD 2025**

INDUSTRIAL RELATIONS COMMISSION OF NEW SOUTH WALES

AWARD

Arrangement

| Clause No. | Subject Matter | Clause No. | Subject Matter |
|-----------------------------------------------------------|----------------|--------------------------------------------------------------------------|----------------|
| 1. APPLICATION AND OPERATION | | 19. Classifications | |
| 1. Title of Award | | Stream 1: Medical Imaging and Radiation Workforce | |
| 2. Commencement and Duration | | Stream 2: Allied Health Professionals Workforce | |
| 3. Parties to the Award | | Stream 3: Clinical Assistants and Technician Support Workforce | |
| 4. Coverage | | Stream 4: Aboriginal Health Workforce | |
| 5. Conditions of Employment | | Stream 5: Health Education, Promotion, Protection and Literacy Workforce | |
| 6. Anti-Discrimination | | Stream 6: Health Information Workforce | |
| 7. No extra claims | | Stream 7: Biomedical Workforce | |
| 8. Inadvertent Change for Employees | | Stream 8: Dental Workforce | |
| 9. Dictionary | | Stream 9: Scientific Workforce | |
| 2. DISPUTE RESOLUTION | | Stream 10: Leadership | |
| 10. Consultation and Dispute Resolution | | SCHEDULES | |
| 3. WAGES, CLASSIFICATIONS AND ALLOWANCES | | Salaries | |
| 11. Sole Practitioner Allowance | | Stream 1: Medical Imaging and Radiation Workforce | |
| 12. Grading Committee and Statewide Grading Working Party | | Stream 2: Allied Health Professionals Workforce | |
| 13. Personal Regrades | | Stream 3: Clinical Assistants and Technician Support Workforce | |
| 14. Grading of Certain Positions | | Stream 4: Aboriginal Health Workforce | |
| 15. Classification Review | | Stream 5: Health Education, Promotion, Protection and Literacy Workforce | |
| 16. Scope of practice | | Stream 6: Health Information Workforce | |
| 17. Supervision Entitlements | | Stream 7: Biomedical Workforce | |
| 18. Supervision and Work Level Standards Definitions | | Stream 8: Dental Workforce | |
| | | Stream 9: Scientific Workforce | |
| | | Stream 10: Leadership | |
| | | Allowances | |

DRAFT

1. APPLICATION AND OPERATION

1. Title of Award

This award will be known as the *NSW Health Service Clinical and Associated Professionals (State) Award 2025* ('Award')

2. Commencement and Duration

This Award will take effect from 1 July 2025 and remain in force until **30 June 2027 / 30 June 2028**.

3. Parties to the Award

The parties to this Award are as follows:

- (a) The Health Services Union NSW ('Union'); and
- (b) The Secretary of the Ministry of Health exercising employer functions on behalf of the Government of New South Wales ('employer').

4. Coverage

- (i) This Award applies to all persons in classifications as included and defined in clause 12 of this Award and employed in or in connection with the New South Wales Health Service as defined in section 115 of the Health Services Act 1997 (NSW) or its successors, assignees or transmittees, excluding the County of Yancowinna.
- (ii) In relation to the exclusion of the County of Yancowinna contained in this Award, such a provision is not intended to include any classification in this Award who prior to **1 July 2025 [or commencement date of this Award]** were not subject to such an exclusion.
- (iii) This Award rescinds and replaces the following:

Health and Community Employees Psychologists (State) Award 2025

Health Employees Dental Officers (State) Award 2025

Health Employees Dental Prosthetists and Dental Technicians (State) Award 2025

Health Employees Oral Health Therapists (State) Award 2025

NSW Health Service Health Professionals (State) Award 2025

Public Hospital Dental Assistants (State) Award 2025

Public Hospital Library Staff (State) Award 2025

Public Hospital Medical Record Librarians (State) Award 2025

Public Hospital Professional Engineers (Biomedical Engineers) (State) Award 2025

Health Employees Pharmacists (State) Award 2025

Health Employees Medical Radiation Scientists (State) Award 2025

Health Employees Interpreters (State) Award 2025

NSW Health Service Allied Health Assistants (State) Award 2025

Hospital Scientists (State) Award 2025

Public Hospital Medical Physicists (State) Award 2025.

Health Employees' Technical Officer to Hospital Scientist Conversion Interim Award

- (i) It also supersedes and replaces the following provisions contained in other awards or determinations for the identified classifications as follows:

For 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 2025*.

For Diversional Therapists with Diploma, the Salaries set out in Part B Table 1 of the *Health Employees (State) Award 2025*,

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; Health Education Officer Non-Graduates Education Officer Non-Graduates; Librarians; Library Assistants; and Library Technicians, the Salaries set out in Part B Table 1 of the *Health Professional Salaries (State) Award 2025*,

for Dialysis Technicians; Senior Dialysis Technicians; Electronic Technicians; Senior Electronic Technicians; Perfusionists; Technical Officers; and Senior Technical Officers (engaged within the scope of Biomedical Engineering in this Award), the Definitions set out in Clause 1 and the Salaries set out in Part B Table 1 of the *Health Employees Technical (State) Award 2025*.

For Clinical Coders *IB2019_021* Clinical Coders – Recommended Salary Levels

Environmental Health Officers Determination

Health Education Officers Determination

Grading Committees – Social Workers and Dietitians Determination

Determination 21 of 2018 ~ Rates of pay and conditions of employment – various Allied Health Assistants classifications

Determination No. 37 of 2023 ~ Aboriginal Health Practitioner classification - commencement rate of pay

- (ii) It does not supersede and the provisions contained determinations for the identified for Dental Specialists as defined in Schedule 8.5, Dental Officers and Dental Specialists are incorporated into this Award:

Determination Dental Staff Specialists 2nd and 3rd Schedule Hospitals 1989

Determination No 23 of 2008 Determination for Westmead Dental Specialists Right of Private Practice Scheme.

5. Conditions of Employment

- (i) Except as otherwise provided in this Award, employees covered by this Award are entitled to the conditions of employment set out in *NSW Health Employees (HSU and Ministry of Health) Conditions of Employment (State) Award 2026* ('Conditions Award').
- (ii) However, conditions of employment set out in this Award will prevail over those contained in the Conditions Award to the extent necessary to resolve any conflict or ambiguity.

6. Anti-Discrimination

- (i) 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 Conditions Award to achieve such outcomes.

7. No Extra Claims

The parties have agreed to a Memorandum of Understanding on 18 September 2025 in relation to claims impacting this Award. Consequently, this clause does not preclude the parties from pursuing arbitrated outcomes in the Industrial Relations Commission, consistent with the terms of the MoU, which can take effect as determined by the Industrial Relations Commission.

The Industrial Relations Commission recognises that other than the matters dealt with in, or contemplated by the agreed MOU, or as otherwise provided for in the Industrial Relations Act 1996, parties have given an undertaking not to pursue further claims/demands or proceedings instituted before the NSW Industrial Relations Commission for extra or reduced wages, salaries, rates of pay, allowances or conditions of employment with respect to the Employees covered by the Award that take effect prior to the nominal expiry of the Award unilaterally made by a party to the Award unless otherwise agreed by the parties.

This clause does not prevent the Parties from continuing collaborative discussions during the life of the Award to deliver additional enhancements to remuneration and/or conditions of employment, and to achieve additional industry wide and systemic efficiencies and productivity improvements to the delivery of Government services to the public. Changes to conditions or salaries may be jointly progressed and, if agreed, an application to vary the Award may be made by consent prior to the nominal expiry of the Award.

8. Inadvertent Change for Employees

If at any time during the life of this Award it becomes apparent that through an inadvertent error or omission:

- (a) an employee in an HSU classification is identified who has not been appropriately included (and otherwise should have been) or appears within the incorrect Stream / Schedule within this Award, or
- (b) a rate of pay is applied that is detrimental to an employee or employees to that which they were in receipt of prior to the making of this Award,

the parties will discuss and commit to resolving the error or omission in relation to an employee or a classification included in this Award.

9. Dictionary

NOTE: This will need to be done in conjunction with the consolidated conditions of employment work ie occupational / classification definitions and relevant terms associated with their classification / professional practice and the like could reside within this (occupational) Award although others may better reside within any new consolidated conditions award(s).

Albeit both Awards may need to contain or duplicate certain definitions that are applicable to both, and it seems a little cumbersome to seek another award to verify definitions that may be applicable to another

Perhaps err on side of caution and include more and leave the rest for settlement of the awards (or refinement during the process).

Anniversary date means 12 months calendar year service, regardless of whether full time or part time, and being the anniversary of appointment or personal regrading to the role.

Anniversary date means 12 months Full Time Equivalent (FTE) service and being the anniversary of appointment or personal regrading to the role.

2. DISPUTE RESOLUTION

10. Consultation and Dispute Resolution

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 the Union, via the provisions contained in the Conditions Award, in addition to any complementary procedures available in this Award.

DRAFT

3. WAGES AND ALLOWANCES

11. Sole Practitioner

Health Professionals

- (i) A Health Professional (a Newly Qualified Clinician and a Proficient Clinician), as defined and employed under Schedule 2.1, Health Professionals 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 (as defined above) 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 Health Professional **in the same discipline** who has expertise and knowledge relevant to their discipline for the purpose of providing informal consultation, assistance and advice; or
 - (c) undertake administrative or other related responsibilities that would otherwise not be expected of their Health Professional classification (Level 1 or Level 2).
- (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 Table 2 Allowances of this Award.

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 Schedules 4.1, Aboriginal Health Workers or 4.2, Aboriginal Health Practitioners 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 allowances are set and out in Table 2, Allowances of this Award and are determined as follows.
 - (a) Aboriginal Health Worker: equal to the difference between the maximum annual salary of an Aboriginal Health Worker Level 2 and the minimum annual salary of an Aboriginal Health Worker Level 3.
 - (b) Aboriginal Health Practitioner: equal to the difference between the maximum annual salary of an Aboriginal Health Practitioner Level 1 and the minimum annual salary of an Aboriginal Health Practitioner Level 2.

Dental Officer

- (vii) A Dental Officer Level 1 and Level 2 employed under Schedule 8.4, Dental Officer and Specialist, can undertake and consequently receive an allowance for being a sole practitioner under this Award.
- (viii) A sole practitioner for the purposes of this subclause and allowance, is a Dental Officer who meets the following criteria / circumstances:
 - (a) Are the only Dental Officer 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 Dental Officer 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 classification.
- (ix) The sole practitioner allowance is equal to the difference between the maximum Dental Officer Level 2 annual salary and the minimum Dental Officer Level 3 annual salary. The allowance is set out in Table 2 Allowances of this Award.

Oral Health Therapist

- (x) An Oral Health Therapist Level 1 and Level 2 employed under Schedule 8.3, Oral Health Therapist of this Award, can undertake and consequently receive an allowance for being a sole practitioner under this Award.
- (xi) A sole practitioner for the purposes of this subclause and allowance, is an Oral Health Therapist who meets the following criteria / circumstances:
 - (a) Are the only Oral Health Therapist, Dental Officer, or Dental Specialist 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 Dental Clinician in for the purpose of providing informal consultation, assistance and advice; or
 - (c) undertake administrative or other related responsibilities that would otherwise not be expected of their classification (Level 1 or Level 2).
- (xii) The sole practitioner allowance is equal to the difference between the maximum Oral Health Therapist Level 2 annual salary and the minimum Oral Health Therapist Level 3 annual salary. The allowance is set out in Table 2 Allowances of this Award.

Psychologists

- (xiii) A Psychologist Level 2 (Grade 1 and Grade 2) employed under Schedule 2.2, Psychologists of this Award, can undertake and consequently receive an allowance for being a sole practitioner under this Award.
- (xiv) A sole practitioner for the purposes of this subclause and allowance, is a Psychologist Level 2 (Grade 1 and Grade 2) who meets the following criteria / circumstances:
- (a) Are the only Psychologist 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 Psychologist who has expertise and knowledge relevant to their role for the purpose of providing informal consultation, assistance and advice.
- (xv) The sole practitioner allowance is equal to the difference between the maximum Psychologist Level 2 Grade 2 annual salary and the minimum Psychology Level 3 annual salary. The allowance is set out in Table 2 Allowances of this Award.

Cardiac Physiologist

- (xvi) A Cardiac Physiologist Level 1 or Level 2 employed under Schedule 1.5, Cardiac Physiologist of this Award, can undertake and consequently receive an allowance for being a sole practitioner under this Award.
- (xvii) A sole practitioner for the purposes of this subclause and allowance, is a Cardiac Physiologist Level 1 or Level 2 who meets the following criteria / circumstances:
- (a) Are the only Cardiac Physiologist 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 Cardiac Physiologist who has expertise and knowledge relevant to their role for the purpose of providing informal consultation, assistance and advice.

- (xviii) The sole practitioner allowance is equal to the difference between the maximum Cardiac Physiologist Level 2 (Proficient Clinician) annual salary and the minimum Cardiac Physiologist Level 3 (Senior Clinician) annual salary. The allowance is set out in Table 2 Allowances of this Award.

12. Grading Committee and Statewide Grading Working Party

The Full Bench decision included the below note under Wages and Salaries, hence including Grading Committee etc here.

Note: An award may provide a classification structure and contain provisions for progression: [emphasis added]

Grading Committee: Scope

- (i) A Grading Committee will be convened to consider and make recommendations to the employer in relation to:
- (a) Any proposal by the employer to establish new positions or alter the grading of existing positions covered by this Award; or
 - (b) Any application for personal regrade in accordance with Clause 13, Personal Regrades; or
 - (c) Any application by the Union or employer in relation to progression of an employee classified under Stream 9, Scientific if personal progression is available for the relevant classification. Applications under this subclause will otherwise be managed in accordance with Clause 13, Personal Regrades.
 - (d) Any application for a classification review in accordance with Clause 15, Classification Review; or
 - (e) Any application by the Union or employer to determine the appropriate grading of certain classifications or roles; or
 - (f) Any application by the Union or employer for an assessment of Award criteria such as speciality area, qualification, credentialing for the purpose of determining the appropriate classification for an employee or class of employees; or
 - (g) Any application by the Union or employer to review whether an employee is entitled to the further qualifications allowance (clause 6).

Grading Committee: Composition

- (ii) The employer will be the recipient of any applications under subclause (i). Upon receipt of an application, the employer has 7 days to notify the Union of that application and the need to convene a Grading Committee.
- (iii) The Grading Committee must comprise of at least two employer representatives and two Union representatives.
- (iv) Unless agreed between the Union and the Employer all Committee members must be:
 - (a) Drawn from the same profession (or applicable discipline within it) relevant the matter being considered; and
 - (b) employed in a classification equal to or higher than the matter being assessed.
- (v) The Committee may comprise of more than two employer representatives and two Union representatives subject to agreement between the employer and Union.
- (vi) Any additional Committee member(s) may include employees and/or union representatives that bring specific industrial or Award expertise to assist in the resolution of the matter.
- (vii) Medical Physics and Radiopharmaceutical Science Grading Committee: The provisions (ii)-(vii) of this clause do not apply to employees of Schedule 9.3, Medical Physics and Schedule 9.4, Radiopharmaceutical Science. A grading committee for the purpose of these shall be consisted of three Directors or Principal Specialists, at least two of whom are from the same specialty as the applicant. At least one of the three members of the committee shall be a Union representative.

Grading Committee: Responsibilities

- (viii) The Committee must:
 - (a) Make any recommendation in a reasonable time and no later than 60 calendar days from the date of the Grading Committee; and
 - (b) Disclose any conflicts of interest and adjust processes as necessary;
 - (c) Assess the application or proposal based on the Award criteria; and
 - (d) Where an application is not supported by the Committee, provide the applicant with written reasons and guidance on the steps they may take to strengthen future applications.

- (ix) The Committee may extend the maximum consideration period of 60 calendar days if more time is required to reach a recommendation. An extension may only occur if the Committee:
 - (a) agrees to extend the timeframe; and
 - (b) specifies a new consideration period.
- (x) A Statewide Grading Working Party may be constituted at a peak-level, for the purpose of developing and agreeing to guidance material for Grading Committees in the exercise of their functions within the scope of subclause (i).
- (xi) The Statewide Grading Working Party will comprise equal representation from the employer and the Union. Members will be drawn from the relevant classification or profession or will otherwise have appropriate industrial or Award expertise.

13. Personal Regrades

- (i) Employees may make an application to the employer for personal regrading as may be permitted under the relevant classification structure.
- (ii) Employees under **Stream 9, Scientific** may make applications only through the Union or employer in accordance with Clause 12(i), (c). Applications under this stream will be otherwise dealt with in the same manner as other personal regrades.
- (iii) Applications for personal regrading must demonstrate the employee is consistently meeting the criteria as set out for a personal regrade in the relevant classification structure.

Application Process:

- (iv) STAGE 1: Before applying for a personal regrade, an employee may:
 - (a) consult their direct line manager and / or professional lead for feedback and advice on a prospective application.
 - (b) request documents accessible by the employer that is required or beneficial for their application.
- (v) STAGE 2: The application for a personal regrade is made when the employee provides the application form to their direct line manager. The effective date of any approved personal regrading will be the first full pay period on or after the date of the application.
- (vi) STAGE 3: The direct line manager is responsible for submitting the application to the employer. The direct line manager will submit the application to the employer within

10 working days of receipt of the application. The direct line manager must submit the application to the employer regardless of:

- (a) whether the direct line manager supports the application.
- (b) whether the employer has provided the documents requested under subclause (iii)(b).
- (vii) STAGE 4: The employer will inform the union of the application within 10 working days of receipt of the application from the direct line manager.
- (viii) STAGE 5: Within a reasonable time, the union and employer will establish a Grading Committee in accordance with clause 24 of this Award for the purposes of determining the application for personal regrade.
- (ix) The Grading Committee or employer may request further information or supporting documentation from the employee or relevant persons to assist in making a recommendation or decision. To avoid doubt, requests for information by the Grading Committee or employer will not change the effective date of the application.
- (x) STAGE 6: As soon as reasonably practicable and should be no later than 28 days of the Grading Committee's recommendation, the Chief Executive, or nominated delegate, will:
 - (a) make a decision on the Grading Committee's recommendation; and
 - (b) advise the employee of the outcome. If the application is refused, the Chief Executive, or nominated delegate, will provide written advice to the employee on the reasons for refusal and any additional information which may assist future applications.
 - (c) If the application is approved, the employer will provide the employee with a revised position description and the requirement to maintain practice at the new classification level.
- (xi) For the avoidance of doubt, lack of funding cannot be used as a reason to deny a recommendation of the Grading Committee or to discourage or prevent an application for personal regrade.

Appeal Process

- (xii) An employee whose application is declined may refer the matter to the Union. The Union may utilise the dispute resolution procedures to address any appeal relating to the outcome of an application.

Transfer of Personal Regrade

- (xiii) Personal gradings will not automatically transfer with an employee should they be successful in gaining employment in another position within NSW Health.
 - (xiv) An employee who wishes to transfer their personal grading must raise the matter during the selection process. The selection panel must consider the request and make a specific recommendation on transferability as part of its assessment.
 - (xv) A personal regrade is presumed to transfer with an employee when they take up another position under the Award in the following circumstances:
 - (a) the employee applies for a position one Level / Grade below that of the personal regrade held, and the basis of the personal regrade held will be utilised in the new workplace.
- OR**
- (b) the basis of the personal regrade are professional attributes and / or achievements that can reasonably continue in the new role.
 - (xvi) The Chief Executive, or nominated delegate, will determine whether or not the personal grading will transfer following consideration of the applicability of the skill areas acknowledged in the grading and those required for the new role.
 - (xvii) Any disputes about the transfer of personal regrade shall be discussed and resolved during the recruitment process.

Transfer of Personal Regrade Scientific

- (xviii) Personal regrades for Scientific Employees in accordance with this clause are personal and attach to the person and not the position. Classifications transfer with the employee if they take up a like position with the Employer.

14. Grading of certain positions

- (i) This Clause must be applied by the Grading Committee ('Committee') when an application has been made to the Committee by an employee or employer requesting a recommendation as to the appropriate grading for a classification/role ('position'), provided that:
 - (a) the relevant Classification within Clause 19, Classifications of this Award identifies that the quantity of staff management or reports determines the grade of the position; and/or
 - (b) the relevant Classification Schedule at Part 1 of this Award stipulates that this clause will be applied by the Committee.

- (ii) Affected positions will usually be those that undertake a supervisory or managerial function, and include, for example, Team or Unit Leads; Assistant Managers; Managers; or Directors.
- (iii) If the circumstances outlined at subclause 14 (i)(a) apply, the Committee must follow the process outlined below at subclause 14 (v) 'A – Assessing positions using Weighted FTE Reports' and subclause 14 (vi) 'B – Assessing positions for further complexity' when assessing a recommendation as to the appropriate grading of the position.
- (iv) If only the circumstances outlined at subclause 14(i)(b) above apply, the Grading Committee must follow the process outlined below at subclause 14(vi) 'B – Assessing positions for further complexity' when determining the appropriate grading of the position.

A – Assessing Positions Using Weighted FTE Reports

- (v) Weighted Full Time Equivalent Reports (Weighted FTE Reports) are determined using the following formula:

| Reporting Lines | Weighted FTE | Weight Head Count |
|---------------------------------------------------------------------------|--------------------|----------------------|
| Operational and Professional/ Clinical/ Scientific Reporting Lines | 125% of FTE worked | 125% of staff member |
| | 100% of FTE worked | 100% of staff member |
| Operational Reporting Lines Only | 100% of FTE worked | 100% of staff member |
| | 75% of FTE work | 75% of staff member |
| Professional/ Clinical/ Scientific Reporting Line Only | 75% of FTE worked | 75% of staff member |
| | 50% of FTE worked | 50% of staff member |

- (vi) The Grading Committee applies the above table to determine the numerical value of the Weighted FTE Report to validate and/or assess the recommendation as to the appropriate grading to be applied.

- (vii) In addition to the Weighted FTE Report, the following must be considered by the Grading Committee when determining the appropriate grading to be applied to the position include:
- (a) If there is a difference between the Weighted FTE Report (as determined per the formula outlined in the above table) and the weighted head count of staff members reporting to the position that is equal to or more than 30% along the next classification band and it is expected to be consistently at that level or higher, the Committee will recommend the position be graded at the higher level.
 - (b) By way of example, if an employee is graded as a manager for less than 10 weighted FTE, and the next grade is for 11-20 weighted FTE, if the position's weighted head count as determined by the Committee is 13, they will be recommended for the 11-20 level.

B – Assessing Positions for Further Complexity:

- (viii) In the first instance, the Grading Committee will assess a recommendation as to the appropriate grading to be applied to the position in accordance with any specific determinants prescribed in the relevant Classification Schedule Clause 19, Classifications of this Award.
- (ix) In addition to the specific determinants prescribed in the relevant Classification Schedule at Clause 19, Classifications of this Award. The following factors will be considered by the Grading Committee when assessing a recommendation as to the appropriate grading to be applied to the position:
- (a) The impact on the role and its functions of the geographical spread of employees supervised and / or managed and of the service provision which impacts the role and its function.
 - (b) Professional caseload including the percentage of hours spent on caseload where the complexity of caseload would indicate a higher classification than the Manager role (e.g. An expert clinician who is also a Manager of a small department which resulted in a lower level where the employee performed a significant clinical role).
 - (c) The spread and structure of funding and cost arrangements, including the number of services that Managers interact with in the course of regular operational management or administrative responsibilities.
 - (d) The impact on the out of hours demands on the role, including where the service provides shift work and / or an on call service.
 - (e) Any context, factors, aspects, and demands of the position that the Grading Committee considers relevant.

- (x) An employee in a role to which this clause applies who in addition performs work as a clinician within the same team, unit, department or service (dual role), will be paid at the higher of the two rates applicable for the clinician or management role as a minimum, and not precluding a higher grading in accordance with this clause.
- (xi) The process to be followed in relation to the convening and process of a Grading Committee is otherwise as outlined in Clause 12 of this Award.

15. Classification Review

- (i) Where an employee or the Union believes a position has been previously or is currently incorrectly classified, they may request the formation of a Grading Committee in accordance with Clause 12, Grading Committee and Statewide Grading Working Party be established to conduct a review of the classification by a written notification to the employer.
- (ii) This review does not preclude the employee or Union from pursuing alleged incorrect classification or underpayment through the dispute resolution procedures of this Award or by way of court or commission proceedings.
- (iii) The Grading Committee will consider the work performed and recommend the appropriate classification and Level / Grade for the role.
- (iv) If the Grading Committee recommends that the position has been incorrectly classified, the reclassification, including any backpay, will apply from the earlier of:
 - (a) The date from which the employees work was incorrectly classified; or
 - (b) The date the classification review request was notified to the employer.
- (v) If the Grading Committee recommends that the position is correctly classified, the employer will provide the Union and employee written reasons for the decision.
- (vi) In conducting a classification review, the Grading Committee may have regard to whether the employer was aware that an employee was performing work that was not expressly required of their position and did not advise the employee the work is not required. In such circumstances, this work will be deemed to have been required by the employer.

16. Scope of practice

- (i) The employer and Union will convene at a minimum twice a year at a peak (Ministry of Health) level, to review and discuss changes to scope of practice of the professions under this Award and the impact on classifications, including:
 - (a) Workforce planning and service provision matters that may arise due to proposed or actual changes to scope of practice considered as part of subclause (i).

- (b) The outcomes of pilots and trials involving changes in scope of practice within NSW Health professions and the proposed actions as a result of the Trial/ Pilot with a focus on workforce implications.
- (ii) Peak level meetings as described in subclause (i) above can be convened on the request of either the Union or employer. Such a request to meet by either party will identify the basis for such a meeting.

17. Supervision Entitlements

A – All Employees

- (i) It is the responsibility of the employer to ensure the availability of appropriate structured clinical and professional supervision within work hours with an appropriately trained and experienced / accredited (where applicable) supervisor for all employees. The employer must ensure compliance with supervision requirements prescribed by the Australian Health Practitioners Regulation Agency ('Ahpra') or applicable professional organisation.

Note: definition of supervision and variations on its delivery are contained in Clause 18(i), Supervision and Work Level Standards Definitions.

B - Psychologists (Only)

- (ii) Psychologists eligible to complete PBA supervisor training will, on their request, or if alternatively required of their position, be approved and provided with time to complete the supervisor training course and maintain this with the Masterclass as per PBA requirements for BAS.
- (iii) 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.
- (iv) Requests to complete the supervisor training course will be determined within 14 days of the request.

C - Lived Experience (Peer) Workers (Only)

- (v) Lived Experience specific professional supervision and support (to specifically enable self and supported reflective practice) in addition to operational supervision are required for the ongoing development of Lived Experience (Peer) Workers at all levels. This reflects their distinctive professional attribute of holding lived experience which is a defining feature of their role.
- (vi) Lived Experience professional supervision must occur in accordance with clause 23 A Supervision, All Employees.

- (vii) The intensity and modality of the supervision / support must be negotiated with the Lived Experience (Peer) Worker to ensure a supportive and trusting environment is established and that it is appropriate to the needs, skills and experience of the employee. Agreed supervision arrangements must include:
- (a) The total hours of supervision during paid time.
 - (b) The appropriateness of any agreed supervisor, noting they must be independent of direct operational and performance management.
 - (c) The use of external supervision where an appropriate internal (employee of the Secretary of Health) employee supervisor cannot be agreed.
 - (d) The intensity and breakdown of individual and group-based reflective supervision modalities.
 - (e) Any other matters relevant to the supervision arrangement.
- (viii) The facilitation and administration of Lived Experience specific professional supervision will be in accordance with the Elevating Lived Experience Expertise Framework 2025 (or other Lived Experience Frameworks as developed or as varied from time to time).

18. Supervision and Work Level Standards Definitions

(i) Work Level Standards

Advanced:

TBC

Basic:

Fundamental or elementary at a level where most simple tasks of the classification are performed.

Clinical speciality area:

A work area with a more focused scope of practice where practitioners work with a discrete consumer/population group in a defined setting.

Competent:

Achieving an agreed level of adequate performance at a given classification level.

Complex:

Complicated and generally involving multiple influences. Work in which the range of options is imprecise, requires high-level application of general principles and may requires

adaptation of accepted practices and procedures. May involve elements or interrelationships between tasks. May also refer to the intersection between the care needs of consumers and carers.

High-level: A level beyond expectations for day-to-day practice with autonomous application of skills to complex matters

Novel: An area, issue or matter where there is limited existing protocol or precedent.

Routine: An area, issue or matter where there is well-established protocol with precise options and standard level of general principles without need for adaptation.

(ii) Supervision standards and definitions

Clinical Governance: means ensuring the standard of clinical performance of a healthcare service and the compliance of the service in relation to maintaining good quality service provision. This includes activities at the individual and professional level involving:

- (a) Endorsement (clear standards, for example credentialing, competency assessment);
- (b) Development (for example professional support);
- (c) Monitoring / reporting processes (for example registration checks, clinical audit).

Clinical Work: means specialised or therapeutic care requiring ongoing assessment, planning and / or intervention by employees.

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).

Direct Supervision: (Assistant and Technical classifications) means that a supervising Allied Health Professional or other relevant professional is physically present to observe and direct the activities of an Assistant/Technician.

| | |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group / peer supervision: | means the delivery of clinical supervision components within a group setting with other employees. |
| Indirect Supervision: (Assistant and Technical classifications) | Means the supervising Allied Health Professional or other relevant professional is on-site, yet not physically present whilst the Assistant/Technician 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. |
| Operational management: | This relates to roles and responsibilities that support the day-to-day management of services, including recruitment, service planning and development, employee management, service reporting, budget management etc. It may or may not include financial delegation. |
| Operational supervision: | means formal reporting arrangements relating to the day-to-day management of workload and workflow of health services. |
| Point of care / practice: | This is supervision related to supervision occurring for direct patient care at the point of clinical decision making. |
| Professional governance: | <p>is profession / discipline specific. Governance are roles and responsibilities that are attributed to maintaining and being accountable for professional standards and quality. Elements of professional governance may include (but are not limited to):</p> <ul style="list-style-type: none">(a) Profession specific supervision framework.(b) Competency assessment and review.(c) Performance and development.(d) Professional development and training.(e) Clinical audit processes. |
| Professional supervision: | <p>facilitates learning and professional development, promotes employee wellbeing, assists employees to deliver high quality and safe patient care and treatment and ensures accountability in professional governance and professional practice decision making. Professional supervision is a structured process of professional support for employees and may include:</p> <ul style="list-style-type: none">(a) Advice and feedback on clinical matters relating to the relevant profession. |

- (b) Reflection on the employee's own practice in a safe, confidential, and supportive environment to enable teaching and learning at the point of care.
- (c) Clinical teaching and learning (both direct and indirect) at point-of-care / service.
- (d) Reflective practice supervision.
- (e) Facilitation of professional development and skills.
- (f) Where a relevant Ahpra National Board or applicable professional organisation providing accreditation or placement on a register for a profession, prescribes certain conditions relating to professional and / or clinical supervision or otherwise defines supervision, the employer must ensure employees can meet this requirement.

Professional supervision is not:

- (a) An operational or line management tool.
- (b) A method of surveillance.
- (c) A formal performance review.
- (d) Counselling on non-professional matters.

Reflective supervision:

means the identification of an employee's strengths and areas for growth, determining actions to improve their skills and developing clinical reasoning skills to ensure the delivery of safe patient care within a formalised supervision structure.

Remote Supervision: (Assistant and Technical workforce)

Allied Health Professional is off-site whilst an Assistant/Technician undertakes activities previously delegated by the Allied Health Professional. Procedures are to be in place to ensure that the supervising Allied Health Professional or other relevant professional is contactable to provide further direction if required. This may include the use of technologies such as teleconferencing or videoconferencing.

Scientific Assistance:

means the following the duties performed in the support of scientific work:

- (a) Patient identification and specimen collection.
- (b) Specimen identification, logistics, and environmental control.
- (c) Specimen triaging and data entry.
- (d) Liaising with referrers in regard to inaccurate or incomplete collections.
- (e) Triaging and packing specimens for testing at other sites.

- (f) Collating results from testing performed off site.
- (g) Basic instrument maintenance.
- (h) Preparation of materials to be used in the analytical process.

Scientific Work:

- (a) Work in a pathology, forensic or research laboratory including (but not limited to) any one or more of the following:
 - 1) producing, interpreting, analysing, reporting, verifying, validating, and/or releasing results; or
 - 2) microscopic examination and evaluation of clinical or forensic specimens; or
 - 3) identifying, selecting, and issuing blood and blood products for clinical use, or
 - 4) sole responsibility for specimen reception including troubleshooting issues with samples, or
 - 5) histological and histochemical preparation of human tissue including cut up for use by pathologists.
- (b) Work in a research capacity.
- (c) Work in sleep, respiratory, cardiac, neurophysiology or other discipline including, but not limited to:
 - 1) diagnostic clinical services, or
 - 2) basic research, or
 - 3) clinical research.
- (d) Work in a Medical Physics or Radiopharmaceutical capacity.
- (e) Any further or other work agreed between the Union and employer or determined by a Credentials Committee constituted for that purpose, including work in research, sleep, respiratory, cardiac, neurophysiology or other discipline.

Scientific Supervision:

means in the performance of their duties the employee is responsible for (where applicable to the area of scientific work):

- (a) ensuring quality control is up to date and satisfactory.
- (b) ensuring reliability, accuracy and validity of research outputs or clinical or forensic case reports.

- (c) ensuring quality assurance requirements are met.
- (d) addressing scientific issues with quality.
- (e) troubleshooting technical and scientific issues (including technical competence).
- (f) verification of testing.
- (g) being the first point of contact for non-scientific staff including medical staff or forensic personnel.
- (h) performing professional development reviews, in relation to conducting particular methods, discovery or development of new methods, products or services, or establishing new or existing methods.

Universal presumption of supervision:

It is recognised that all employees require supervision / support in the execution of their roles. The fact that an employee receives clinical supervision will not be considered as a reason to deny an employee progression. Classifications recognise that all employees have supervision in the execution of their roles regardless of level. This includes professional, clinical and operational supervision.

19. Classifications

Table 1: Classifications Overview:

| Stream | Schedule | Page |
|---------------------------------------------------------|-----------------------------------------------------|-------------|
| 1. Medical Imaging and Radiation Workforce | 1.1 Diagnostic Radiographers | |
| | 1.2 Radiation Therapists | |
| | 1.3 Nuclear Medicine Technologists | |
| | 1.4 Sonographers | |
| | 1.5 Cardiac Physiologists / Mammography Technicians | |
| 2. Allied Health Professionals Workforce | 2.1 Health Professionals | |
| | 2.2 Psychologist | |
| | 2.3 Pharmacists | |
| | 2.4 Perfusionists | |
| 3. Clinical Assistants and Technician Support Workforce | 3.1 Allied Health Assistants | |
| | 3.2 Pharmacy Technicians | |
| | 3.3 Surgical Dressers | |
| 4. Aboriginal Health Workforce | 4.1 Aboriginal Health Workers | |
| | 4.2 Aboriginal Health Practitioners | |
| 5. Health Education, Promotion, | 5.1 Interpreters | |
| | 5.2 Lived Experience (Peer Workers) | |
| | 5.3 Health Education and Promotion Officers | |

| | | |
|-----------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--|
| Protection and Literacy Workforce | 5.4 Environmental Health Officers | |
| 6. Health Information Workforce | 6.1 Clinical Coders | |
| | 6.2 Health Information Administrators and Managers | |
| | 6.3 Librarians | |
| | 6.4 Library Assistants | |
| | 6.5 Library Technicians | |
| 7. Biomedical Workforce | 7.1 Biomedical Engineers | |
| | 7.2 Biomedical Technicians | |
| | 7.3 Biomedical Engineering Managers | |
| 8. Dental Workforce | 8.1 Dental Assistants | |
| | 8.2 Dental Prosthetist and Technician Workforce | |
| | 8.3 Oral Health Therapists | |
| | 8.4 Dental Officers and Specialists | |
| 9. Scientific Workforce | 9.1 Scientific Assistants <ul style="list-style-type: none"> • Degree qualified • Non-degree qualified | |
| | 9.2 Scientists | |
| | 9.3 Post Mortem and Forensic Post Mortem Support Workforce (MOH Proposal) | |
| | 9.4 Medical Physicists | |
| | 9.5 Radiopharmaceutical Scientists | |
| 10. Leadership | 10.1 Leadership | |

Stream 1: Medical Imaging and Radiation

Schedule 1.1 – Nuclear Medicine Technologists

[Nuclear Medicine Technologist](#) holds current general registration with Ahpra as a Nuclear Medicine Technologist and a NSW Environmental Protection Authority ('EPA') Radiation Licence.

[Sonographer \(Nuclear Medicine\)](#) meets the definition of Nuclear Medicine Technologist and in addition holds general accreditation with the Australian Sonographers ('ASAR') Accreditation Registry.

Transition to General Registration

(i) Definition, requirements and scope:

- (a) Classification at this level is reserved for short-term remuneration of staff members who have been successful in a merit-based recruitment process, hold provisional or limited registration with Ahpra for the purpose of completing requirements for general registration.

- (b) Roles have an active focus on building toward the attainment of a recognised level of knowledge and skill in their given domain.
- (c) These staff work under the supervision and direction of an appropriate experienced/ accredited supervisor.
- (d) The successful completion of this appointment is to enable general registration with Ahpra in their profession.
- (e) Employees at this level must hold a full NSW EPA radiation license.

Level 1 Nuclear Medicine Technologist

(i) Definition:

(a) A Level 1 Nuclear Medicine Technologist:

- 1) Holds general registration with Ahpra;
- 2) Are required to hold a full NSW EPA radiation licence to perform assigned duties.
- 3) Are in their first two years of clinical practice; and
- 4) Are developing their professional skills.

(ii) Functions:

(a) A Level 1 Nuclear Medicine Technologist may perform the following functions:

- 1) perform routine duties with regular clinical and operational supervision;
- 2) contribute to services delivered to patients;
- 3) as experience grows, undertake increasingly more complex clinical tasks under clinical supervision;
- 4) participate in professional development activities; and
- 5) participate in QA / QI research and educational activities under direction/supervision.

(iii) Practice arrangements:

(a) Nuclear Medicine Technologist at this Level may provide clinical supervision to student Nuclear Medicine Technologist if all the following requirements are met:

- 1) they are in their second year of practice; and

- 2) have been provided support on the provision of student supervision and mentoring; and
 - 3) supervision of students is limited to tasks allocated to the Level 1 Nuclear Medicine Technologist.
- (b) Nuclear Medicine Technologists may perform on call if all the following conditions are met:
- 1) They have completed designated training competencies relevant to the on-call service; and
 - 2) Consultation with a more experienced Nuclear Medicine Technologist is always available to them whilst on-call.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on:
- 1) the employee's date of Ahpra registration (if the employee progressed into level 1 after prior employment directly with the same employer); or
 - 2) the date of employment if the employee commenced with Ahpra registration but with no prior experience as a Nuclear Medicine Technologist; or
 - 3) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Nuclear Medicine Technologist.
- (b) Progression from Level 1 to Level 2 is automatic on completion of 12 months at Level 1 Year 2.

Level 2 Nuclear Medicine Technologist

(i) Definition:

- (a) A Level 2 Nuclear Medicine Technologist:
- 1) Has 2 years' experience at Level 1 or equivalent;
 - 2) Holds general registration as a Nuclear Medicine Technologist with Aphra; and
 - 3) Hold a full NSW EPA radiation licence to perform assigned duties.

(ii) Functions:

- (a) Employees at this Level may perform the following functions commensurate with years of experience:

- 1) Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice.
- 2) Increasingly perform complex clinical tasks and duties reflective of experience.
- 3) Take an increasingly active role in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to:
 - (i) Quality improvement / assurance programs; and
 - (ii) Work health and safety issues (such as manual handling and infection control); and
 - (iii) Radiation Safety.
- 4) Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided.
- 5) Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education / training.

(iii) Progression:

- (a) Progression within this level is automatic and occurs on the employee's anniversary date.
- (b) Progression to Level 3 occurs:
 - 1) In accordance with Clause 13, Personal Regrade for Nuclear Medicine Technologists.
 - 2) Automatically for Nuclear Medicine Technologists who obtain general accreditation with ASAR as a Sonographer.

Level 3 Nuclear Medicine Technologist

(i) General:

- (a) Level 3 positions are clinical roles but will participate and contribute to education and research functions as required in accordance with their classification.
- (b) For the purpose of this classification, clinical or professional specialisation may include:
 - 1) MRI;

- 2) Radionuclide therapy;
- 3) QA / QI;
- 4) WHS;
- 5) Radiation Safety;
- 6) RIS / PACs;
- 7) Hot Lab;
- 8) Education;
- 9) Research;
- 10) IT;
- 11) CT;
- 12) Research performed in the department that may include multicentre clinical trials, internal department trials, or external department trials; or
- 13) Modality specialised development.

(c) In considering progression or appointment to Level 3, the Grading Committee will recognise evolving areas of clinical specialty within a profession that may be relevant.

(ii) Progression:

- (a) Progression within Level 3 increments is automatic and occurs on the employee's anniversary date.
- (b) Progression within Level 3 through grades is in accordance with Clause 13, Personal Regrade.

Level 3 Grade 1 Senior Clinical Nuclear Medicine Technologist

(i) Definition:

(a) A Level 3 Grade 1 Nuclear Medicine Technologists will:

- 1) Have a minimum of three years general registration experience; and
- 2) Demonstrate high standards in Nuclear Medicine professional practice and clinical competency.

(ii) Indicators:

(a) A Level 2 Medicine Technologists demonstrate high standards in professional practice and clinical competency through meeting a minimum of 2 of the 5 criteria below:

- 1) Active involvement in areas such as conferences, lectures, seminars, continuing education, or professional development.
- 2) Contributes to the establishment of clinical protocols and development of techniques.
- 3) Contributes to department quality management activities, including audits, accreditation, and QA compliance.
- 4) Contributes to research performed in the department that may include multicentre clinical trials, internal department-initiated trials, or external department trials.
- 5) Demonstrated high-level clinical skills and knowledge enabling independent clinical reasoning on complex clinical decisions within their area of speciality.

Level 3 Grade 2 Nuclear Medicine Technologist Specialist

(i) Definition:

(a) A Level 3 Grade 2 Nuclear Medicine Technologist Specialist will:

- 1) Have a minimum of 12 months experience at Level 3 Grade 1; and
- 2) Consistently demonstrated high-level level clinical competency, knowledge and standards of professional practice beyond their Level 3 Grade 1 practice.

(ii) Indicators:

(a) A Level 3 Grade 2 Nuclear Medicine Technologist demonstrates their consistency high-level clinical competency, knowledge and standards of professional practice through meeting 4 of the 7 criteria below:

- 1) Actively contribute to continuing education and professional development internally and / or externally.
- 2) Actively participates in ongoing clinical and procedural reviews that may include but is not limited to protocol updates, assessment of compliance with best practice, departmental policy reviews.
- 3) Actively participate in department quality management activities including but not limited to manual handling / infection control audits and compliance hospital

accreditation requirements under the supervision of a Chief of Nuclear Medicine Department.

- 4) Active participation in research undertaken in the department including but not limited to oversight of multicentre clinical trials, sub-investigator for internal department-initiated and/or external department trials.
- 5) Extended periods acting higher grade responsibilities of a Level 5 Nuclear Medicine Technologist Modality Supervisor.
- 6) Significant contribution to relevant professional workplace committees Examples of these include but are not limited to radiation safety, WHS or National Quality committees.
- 7) Expanded advanced level skills, and competency in the area/s of specialty demonstrated in the criteria of a Level 3 Grade 1.

Level 3 Grade 3 Senior Clinical Nuclear Medicine Technologist (Diploma)

(i) Definition:

(a) A Level 3 Grade 3 Nuclear Medicine Technologist will:

- 1) Have a minimum of five years post general registration experience;
- 2) Is a minimum of Level 3 Grade 1; and
- 3) Holds a recognised post-graduate diploma relevant to their clinical or professional speciality area.

(ii) Progression:

(a) Progression to Level 3 Grade 3 as a personal regrade requires the employee to demonstrate their post-graduate qualification contributes to the clinical needs of the department and supports the department's capacity to deliver services.

Level 3 Grade 3 Early Career Accredited (Nuclear Medicine) Sonographer

(i) Definition:

(a) A Level 3 Grade 3 (Early Career Accredited Sonographer) meets the following requirements:

- 1) General registration with Ahpra as a Nuclear Medicine Technologist;
- 2) General accreditation as a Medical Sonographer with ASAR;
- 3) Is in the first three years post-ASAR accreditation practice; and

4) Works in a department which offers ultrasound.

(b) Note: employees who on the commencement of this award hold a Bachelor of Medical Radiation Science qualification but without current Apha general registration and are employed at this level are maintained on this level.

(ii) Functions:

(a) Early Career Sonographers perform the following functions:

- 1) Perform competently in core skills and have demonstrated knowledge relevant to their clinical context.
- 2) undertake duties within a defined scope of practice commensurate with experience, developing skills, knowledge and competence across a wider skill set or with less direct supervision.
- 3) Actively participate within their multidisciplinary work unit / team.

(b) Sonographers at this Level may supervise students on core tasks once deemed competent. However, an Early Career Sonographer cannot function as an authorised clinical practice supervisor in accordance with ASAR requirements.

(c) Employees will be provided sufficient span of work to ensure they can maintain recency of practice as a Nuclear Medicine Technologist and a Sonographer.

(iii) Progression:

(a) Progression to Level 4 Grade 1 Advanced Practice (Nuclear Medicine) Sonographer is in accordance with Clause 13, Personal Regrade.

Level 4 Nuclear Medicine Technologist

(i) General:

(a) Level 4 roles are:

- 1) Positional appointments; or
- 2) In relation to Early Career Sonographer (Nuclear Medicine) and Advanced Sonographer (Nuclear Medicine) only, in accordance with Clause 13, Personal Regrade.

(b) Level 4 roles may be clinical, education, research or a professional portfolio. However, they will generally not be expected to perform in multiple portfolios simultaneously.

Level 4 Grade 1 (Nuclear Medicine) Senior Clinical Sonographer

(i) Definition:

(a) Level 4 Grade 1 Sonographers (Nuclear Medicine) work in a department that offers ultrasound, have general registration with Ahpra as a Nuclear Medicine Technologist and three years post accreditation experience as a Medical Sonographer with ASAR.

(b) Level 4 Grade 1 Sonographers demonstrate:

- 1) Sonographers at this level will demonstrate:
- 2) Competency in general ultrasound;
- 3) Higher-level skills and knowledge specific to their clinical area with the capacity to practice independently, provide authorised clinical practice supervision;
- 4) Active participation in teaching and learning.

(ii) Indicators:

(a) Indicators of meeting the requirements of subclause (ii) are:

- 1) Present and participates in departmental educational meetings.
- 2) Conducted a Protocol Review for the department.
- 3) Participates in the education and supervision of students within the department
- 4) Presented at conferences.
- 5) Has published papers and / or research.
- 6) Has demonstrated high-level skills and knowledge in a technical /clinical area of sonography practice within their department such as but not limited to:
 - (i) Advanced obstetrics / gynaecology;
 - (ii) Transplant imaging (renal / liver); or
 - (iii) Neonatal Imaging or Musculoskeletal Imaging.

(b) For the purpose of personal progression to this level a Sonographer (Nuclear Medicine) will satisfy the requirements of subclause (ii) of this level if they meet 2 of the 6 indicators above – subclause (ii),(a).

Level 4 Grade 2 Clinical Specialist Nuclear Medicine Technologist

(i) Definition (applicable to all roles in Level 4 Grade 2)

- (a) A Level 4 Grade 2 Nuclear Medicine Technologist is a specialist or advanced practitioner with demonstrated advanced clinical or specialist skills with the majority of their duties performed within their specialist area.
- (b) Indicators of demonstrated advanced clinical or specialist skills or competencies would include but not be limited to:
 - 1) expertise in the area of speciality such that they provide clinical leadership across their work group.
 - 2) performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy.
 - 3) perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals.
- (c) Level 4 Grade 2 specialised roles are defined below:

Level 4 Grade 2 Clinical Educator

(i) Definition:

- (a) Clinical Educators are responsible for the identification, provision and delivery of continuing education to all Nuclear Medicine staff. They must hold:
 - 1) A clinically relevant post-graduate qualification (AQF8); or
 - 2) A minimum of a certificate IV in adult education and / or training.
- (b) In addition, they are responsible for the co-ordination and oversight of student clinical placement program and liaising with the university program coordinators.

Level 4 Grade 2 Clinical Trials/Research Coordinator

(i) Functions:

- (a) Clinical Trials / Research Co-ordinators are responsible for the co-ordination and development of research projects within the department.
- (b) They are required to liaise with related groups such as clinical departments, university faculties or private companies.

Level 4 Grade 2 IT and/or RIS/PACs Specialist

(i) Functions:

- (a) IT / RIS / PACs Specialists are responsible for overseeing the department imaging integrated software packages and tools as well as being the advanced user for all nuclear medicine and / or PET medical imaging and processing equipment.
- (b) They have demonstrated expertise in:
 - 1) image processing including high level image analysis skills; and / or
 - 2) RIS / PACs administration responsibilities.

Level 4 Grade 2 Theranostics Specialist

(i) Functions:

- (a) Theranostics specialists are responsible for:
 - 1) the development of policy/procedures relevant to the Theranostics service;
 - 2) scheduling, purchasing of the radioisotopes;
 - 3) liaison with other multi-disciplinary teams involved with providing the service.

Level 4 Grade 2 Hot Lab Specialist

- (i) Hot Lab Specialists are responsible for:
 - (a) protocols (maintaining, drafting and review);
 - (b) Hot Lab (reconstitution, routine quality control, procurement); software program management (if applicable);
 - (c) liaising with relevant suppliers / Departments.
 - (d) training and competency assessment of Nuclear Medicine Technologists in general Hot Lab responsibilities.
- (ii) This position must be working in a Department that includes a variety of Hot Lab services.
- (iii) The Hot Lab Specialist may work with a Radiopharmaceutical Science Specialist where available.
- (iv)

Level 4 Grade 2 Advanced Sonographer (Nuclear Medicine)

- (i) A Level 4 Grade 2 Advanced Sonographer (Nuclear Medicine) have:

- (a) General registration with Ahpra as a Nuclear Medicine Technologist;
- (b) Five years post accreditation experience as a Medical Sonographer with ASAR; and
- (c) Demonstrate the skills, knowledge and attributes identified for either a Generalist Advanced Sonographer or Clinical Specialist Advanced Sonographer as follows:

Generalist Advanced Sonographer:

- (ii) Generalist Advanced Sonographers demonstrate high level knowledge and skills in general practice in the following sonography areas:
 - (d) General (abdominal and pelvic);
 - (e) Small parts;
 - (f) Musculoskeletal Imaging;
 - (g) Obstetrics & Gynaecology Imaging;
 - (h) Vascular Imaging;
 - (i) Paediatric Imaging;
 - (j) Foetal medicine.
- (iii) For the purpose of demonstrating progression via personal regrade, a Sonographer must demonstrate high level knowledge and skills in four of the seven criteria listed in sub-clause (ii)

Advanced Specialist Sonographer:

- (iv) Clinical Specialist Advanced Sonographers must demonstrate advanced level skills, knowledge, expertise, and clinical leadership in one clinical sonography speciality area, with indicators of such advanced practice to include:
 - (k) Expertise in area of specialty such that they provide clinical leadership and education across their work group;
 - (l) Performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy;
 - (m) Providing advanced supervision to Sonographers on highly complex clinical procedures;
 - (n) Perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals;

- (o) Application of advanced and innovative evidence-based problem solving to guide and support other clinicians in the provision of clinical services; or
- (p) Clinical co-ordination of service delivery.

Level 5 Nuclear Medicine Section Supervisor

(i) Definition:

- (a) A Nuclear Medicine Technologist Section Supervisors are responsible for the operational supervision of a section or functional unit including associated administrative tasks. They generally will not perform operational management functions but may assist the Assistant Director or Director with operational management tasks under delegation.
- (b) Key functions may involve:
 - 1) staff rostering;
 - 2) coordinate leave coverage;
 - 3) managing workload distribution.
- (c) The role requires demonstrated excellence in leadership, communication, and interpersonal skills.

(ii) Grading criteria

- (a) **Grade 1:** Responsible for managing the operations of a section or functional unit within a Nuclear Medicine Department. This would include General Nuclear Medicine OR PET services, within departments comprising 1–5 FTE professional, scientific or technical staff.
- (b) **Grade 2:** Responsible for managing the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine OR PET where the Department comprises a total of more than 5 FTE professional, scientific or technical staff.
- (c) **Grade 3:** Responsible for managing the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine AND PET where the Department comprises a total of 2-5 FTE professional, scientific or technical staff.
- (d) **Grade 4:** Responsible for managing the operations of a section or functional unit within a Nuclear Medicine Department with General Nuclear Medicine AND PET where the Department comprises a total of >5 FTE professional, scientific or technical staff.

Level 6 Assistant Director Nuclear Medicine Technology

(i) Definition:

(a) A Level 6 Assistant Director (Nuclear Medicine Technologist) is responsible for the operational management including physical, human and financial resources of the Department under the Delegation of the Director of Nuclear Medicine Technology.

(b) Assistant Director functions may include:

- 1) policy/procedure development and implementation;
- 2) developing and maintaining rosters;
- 3) assisting with schedule/rosters;
- 4) continuing education;
- 5) recruitment; and
- 6) assisting with providing feedback and performance appraisals of staff.

(ii) Practice arrangements

(a) The structure and number of Assistant Managers will be influenced by:

- 1) the size of the Department or Service.
- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of employees being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading:

(a) **Grade 1:** A department that includes General Nuclear Medicine OR PET services, within departments comprising 1–5 FTE professional, scientific or technical staff.

(b) **Grade 2:** A department that includes General Nuclear Medicine OR PET services, within departments comprising more than 5 FTE professional, scientific or technical staff.

- (c) **Grade 3:** A department that includes General Nuclear Medicine AND PET services, within departments comprising 2-5 FTE professional, scientific or technical staff.
- (d) **Grade 4:** A department that includes General Nuclear Medicine AND PET services, within departments comprising more than 5 FTE professional, scientific or technical staff.

Level 7 Director Nuclear Medicine Technology

(i) Definition:

(a) A Level 7 Director (Nuclear Medicine Technology) is responsible for the operational management including physical, human and financial resources of the Department.

(b) Their functions may include:

- 1) maintenance and compliance to service standards;
- 2) patient services delivery;
- 3) continuing education;
- 4) research;
- 5) training of Nuclear Medicine staff;
- 6) clinical duties;
- 7) HR Management including recruitment and selection of staff;
- 8) complaint handling;
- 9) departmental accreditation to national standards such as NATA or DIAS;
- 10) QA compliance;
- 11) financial, expenditure and resource management; and
- 12) development and implementation of policies / procedures and strategic business plans.

(ii) Grading:

- (a) **Grade 1:** A Department with General Nuclear Medicine OR PET comprising 1-5 FTE professional, scientific or technical staff.
- (b) **Grade 2:** A Department with General Nuclear Medicine OR PET comprising more than 5 FTE professional, scientific or technical staff.

- (c) **Grade 3:** A Department with General Nuclear Medicine AND PET comprising 2-5 FTE professional, scientific or technical staff.
- (d) **Grade 4:** A Department with General Nuclear Medicine AND PET comprising 6-10 FTE professional, scientific or technical staff.
- (e) **Grade 5:**
 - 1) Manages the operations of two or more Medical Imaging / Nuclear Medicine Departments within an LHD with the combined Nuclear Medicine FTE from all Departments being 3-10 FTE professional, scientific or technical staff; or
 - 2) A Department with General Nuclear Medicine AND PET comprising 11-15 FTE professional, scientific or technical staff.
- (f) **Grade 6:**
 - 1) Manages the operations of two or more Medical Imaging / Nuclear Medicine Departments within an LHD with the combined Nuclear Medicine FTE from all Departments being more than 10 FTE professional, scientific or technical staff; or
 - 2) A Department with General Nuclear Medicine AND PET comprising more than 15 FTE professional, scientific or technical staff.

Schedule 1.2 Radiation Therapy

Radiation Therapist holds current general registration with Ahpra as a Radiation Therapist and a NSW Environmental Protection Authority (EPA) Radiation Licence.

Transition to General Registration

- (ii) Definition, requirements and scope:
 - (a) Classification at this level is reserved for short-term remuneration of staff members who have been successful in a merit-based recruitment process, hold provisional or limited registration with Ahpra for the purpose of completing requirements for general registration.
 - (b) Roles have an active focus on building toward the attainment of a recognised level of knowledge and skill in their given domain.
 - (c) These staff work under the supervision and direction of an appropriate experienced/ accredited supervisor.
 - (d) The successful completion of this appointment is to enable general registration with Ahpra in their profession.

(e) Employees at this level must hold a full NSW EPA radiation license.

Level 1 – Radiation Therapist

(i) Definition and requirements:

(a) A Level 1 Radiation Therapist:

- 1) holds general registration with Ahpra;
- 2) They are required to hold a full NSW EPA radiation licence to perform assigned duties.
- 3) are in their first two years of clinical practice; and
- 4) are developing their professional skills.

(ii) Functions:

(a) A Level 1 Radiation Therapist may perform the following functions:

- 1) perform routine duties with regular clinical and operational supervision;
- 2) contribute to services delivered to patients;
- 3) as experience grows, undertake increasingly more complex clinical tasks
- 4) under clinical supervision;
- 5) participate in professional development activities; and
- 6) participate in QA / QI research and educational activities under direction/supervision.

(iii) Practice Arrangements:

(a) Radiation Therapists at this Level may provide clinical supervision to student Radiation Therapists if all the following requirements are met:

- 1) they are in their second year of practice; and
- 2) have been provided support on the provision of student supervision and mentoring; and
- 3) supervision of students is limited to tasks allocated to the Level 1 Radiation Therapist.

(b) Radiation Therapists may perform on call if:

- 1) They have completed designated training competencies relevant to the on-call service; and
- 2) Consultation with a more experienced Radiation Therapist is always available to them whilst on-call.

(iv) Progression:

- (a) Progression through Level 1 and from Level 1 to Level 2 is automatic and occurs annually on:
 - 1) the employee's date of Ahpra registration (if the employee progressed into level 1 after prior employment directly with the same employer); or
 - 2) the date of employment if the employee commenced with Ahpra registration but with no prior experience as a Radiation Therapist; or
 - 3) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Radiation Therapist.
- (b) Level 1 Radiation Therapists will progress to Level 2 Year 1 upon completion of 12 months service at Level 1 Year 2.

Level 2 – Radiation Therapist

(i) Definition:

- (a) Employees at Level 2 have general registration as a Radiation Therapist with Ahpra. They are required to hold a full NSW EPA radiation licence to perform assigned duties.

(ii) Functions:

- (a) Employees at this Level may perform the following functions commensurate with years of experience:
 - 1) Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice.
 - 2) Increasingly perform complex clinical tasks and duties reflective of experience.
 - 3) Participate in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to:
 - (i) Quality improvement / assurance programs; and

- (ii) Work health and safety issues (such as manual handling and infection control); and
 - (iii) Radiation Safety.
- 4) Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided.
 - 5) Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education /training.
- (iii) Progression:
- (a) Progression within Level 2 is automatic and occurs on the employee's anniversary date.
 - (b) Progression to Level 3 is in accordance with Clause 13, Personal Regrade.

Level 3 – Radiation Therapist

- (i) General:
- (a) Level 3 positions are clinical roles but will participate and contribute to education and research functions in accordance with their classification.
 - (b) Progression from Level 2 to Level 3 and through the grades of Level 3 can occur:
 - 1) By appointment; or
 - 2) As a personal regrade in accordance with Clause 13, Personal Regrade (excluding Assistant Clinical Educator roles).
 - (c) In considering progression or appointment to Level 3, the Grading Committee will recognise areas of clinical specialty within a profession that may be relevant.
 - (d) For the purpose of this classification the following definitions apply:
 - 1) Core clinical areas are:
 - (i) Treatment delivery; and
 - (ii) CT-Simulation; and
 - (iii) Imaging; and
 - (iv) Treatment Planning.

2) Clinical speciality areas, for the purpose of Level 3 means non-core areas which may include:

- (i) Advanced CT-simulation, planning, imaging or treatment techniques
- (ii) Roles which support the functioning of the RTs within the department such as, but not limited to:
 - (a) Scripting.
 - (b) advanced mould room.
 - (c) Auto Intelligence (AI).
 - (d) advanced imaging techniques.
- (iii) Developing and future technologies.
- (iv) Tumour stream specialisation.
- (v) paediatric specialties.
- (vi) stereotactic radiosurgery.
- (vii) Stereotactic Ablative Body radiotherapy (SABR)
- (viii) site-specific cancer specialisation.

(ii) Progression:

- (a) Progression within this level is automatic and occurs annually on the Level 3 Radiation Therapists anniversary date, being the date of their appointment or the date the personal regrade took effect.

Level 3 Grade 1 - Senior Clinician Radiation Therapist

(i) Definition and requirements:

- (a) A Level 3 Grade 1 Radiation Therapist have more than three years post registration experience and who possess high level clinical skills, knowledge and experience in:
 - 1) a clinical speciality area; or
 - 2) across all core clinical areas.
- (b) A Radiation Therapist at this level demonstrates high-level skills, knowledge and experience through:

- 1) Performing complex tasks with a high degree of independent clinical reasoning and requires only occasional supervision.
- 2) Identifying risk to the delivery of safe practice, and the capacity to critically assess and problem solve issues arising across all clinical areas.
- 3) Applying evidence based clinical skills and contributes to decision making of complex cases.
- 4) Strong teamwork and the interpersonal skills to be a proactive team-member, ensuring a consistent high level of care is provided.
- 5) Participating in the development and review of department level policies and procedures as required

(ii) Indicators and evidence:

(a) A Radiation Therapist must have completed Level 2 Year 1 and produce evidence of the following:

- 1) Endorsement by **at least 1** senior Radiation Therapist (Level 4 Grade 1 or above) outlining that the applicant meets criteria identified; and
- 2) Mentorship of students and Level 2 Radiation Therapists. This can be in the form of direct supervision, tutorials and / or departmental in-services; and
- 3) Evidence of competence across all areas as mentioned above via a departmental competency-based assessment (CBA) program; or
- 4) Evidence of demonstrated competence within clinical speciality area via a departmental competency-based assessment (CBA) program.

(iii) Progression to Level 3 Grade 1:

(a) Progression to Level 3 Grade 2 is in accordance with Clause 13, Personal Regrade.

Level 3 Grade 2 – Radiation Therapist Specialist

(i) Definition and requirements:

(a) Radiation Therapists who have completed not less than 12 months at Level 3 Grade 1 and who possess high level specialist skills in two clinical specialty areas can apply for a personal regrade to Level 3 Grade 2.

(b) A Radiation Therapist at Level 3 Grade 2 will:

- 1) Demonstrated advanced knowledge, skills, and experience enabling independent clinical practice, serving as a reference for other clinicians, and influencing

clinical practice and governance within specialty areas. provides clinical supervision to Radiation Therapists up to and including Level 3 Grade 1 on critical and complex cases within their speciality areas.

- 2) Provides clinical leadership across their speciality areas.
- 3) Contributes to and supports education within their area of work.

(ii) Indicators and evidence:

(iii) A Radiation Therapist at this level must have developed a comprehensive portfolio of work supported by letters of recommendation from a minimum of two Radiation Therapist Level 4 Grade 1 and above. The following evidence is generally recommended:

- (a) Active participation in specialty groups / tumour streams
- (b) Demonstrated knowledge of relevant published literature/research
- (c) Active participation in departmental research activities/clinical trials/ case studies
- (d) Active participation at conferences and / or venter user meetings
- (e) Development and review of departmental policies and procedures
- (f) Training and participation in departmental education and credentialing activities
- (g) Implementation of new technique and / or technology as required.

(i) *Note:* the above evidence recommendations do not require each item in all circumstances and each application should be reviewed on its merit.

(iv) Functions:

- (a) A Level 3 Grade 2 Radiation Therapist may perform the following functions:
 - 1) Contribute to the development and review of policies and procedures relevant to their specialties.
 - 2) Quality Assurance (QA) and quality improvement activities relevant to their specialties.
 - 3) Mentoring and teaching within the scope of specialty.
 - 4) Undertake delegated duties to assist Team Coordinators and/or Supervisors relevant to their areas of speciality and skills

- 5) Maintain the level of experience/skill of the acquired grading, not exclusively limited to the original specialty; and continue to perform at a level greater than a Level 2 Radiation Therapist as evidenced through performance appraisals.
 - 6) Continuing commitment to participation and facilitation of CPD through teaching programs within and/or outside the workplace.
 - 7) Supervise Radiation Therapy students and Level 1, Level 2, Level 3 Grade 1 practitioners.
 - 8) Assess the clinical experience of Radiation Therapists within their speciality clinical areas.
 - 9) using knowledge and skills to contribute to and / or undertake research activities under the direct supervision and guidance of an appropriate research professional.
- (v) Progression to Level 3 Grade 2:
- (a) Progression to Level 3 Grade 3 is in accordance with Clause 13, Personal Regrade.

Level 3 Grade 2 – Assistant Clinical Educator

(i) Definition

- (a) A Radiation Therapist Assistant Clinical Educator is a facility based role and is generally responsible to a Clinical Educator for the following:
 - 1) Clinical education of students and staff; and
 - 2) Appropriate monitoring and reporting of educational outcomes; and
 - 3) Contributing to discipline research or clinical placement improvement initiatives.

Level 3 Grade 3 – Radiation Therapist Expert

(i) Definition and requirements:

- (a) Radiation Therapists who have expert skills, expertise, and knowledge in a singular clinical specialty area, may provide a consultancy role in that specialty within their department.
- (b) Clinical speciality area is as defined in Level 3 General.
- (c) Level 3 Grade 3 Radiation Therapist will:

- 1) Work in multi-disciplinary team (including medical physics, medicine, other health professions and nursing) to develop, implement and maintain new technologies and techniques relevant to their area of expertise.
- 2) Provide expert consultancy on the most complex and critical clinical cases.
- 3) Coordinate the development of protocols, new techniques, training and education within specialised areas.
- 4) Provide clinical leadership for QI and QA within their speciality.
- 5) Using knowledge and skills contribute to and / or undertake research activities under the direct supervision and guidance of an appropriate research professional.

(ii) Indicators and evidence:

(a) A Level 3 Grade 3 Radiation Therapist will demonstrate the above criteria through a comprehensive portfolio and a minimum of 3 letters of recommendation from:

- 1) Radiation Therapists Level 4 Grade 1 and above; and
- 2) Radiation Therapist Level 5 and above; and
- 3) Radiation Oncologist; or
- 4) Senior Medical Physicist Specialist; or
- 5) Supervisor relevant to their area of expertise.

(b) The following evidence is generally recommended:

- 1) Participation and collaboration in publishing research.
- 2) Presentation at relevant conferences or user vendor meetings.
- 3) Demonstration of ongoing teaching and mentoring within the speciality.
- 4) Development and review of specialty-based protocols and procedures.
- 5) Leading quality improvement and process review within the speciality.
- 6) Leading focus group/s and/or working parties within the speciality.
- 7) Demonstrate their expertise and judgement by providing advice to the broader Multi-Disciplinary Team and to the service / facility.

- (i) *Note:* the above evidence recommendations do not require each item in all circumstances and each application should be reviewed on its merit.

Level 4 – Radiation Therapist

(i) General:

- (a) Level 4 roles are positional gradings only.
- (b) Level 4 roles may be clinical, operational supervision, education, research or a professional portfolio. However, they will generally not be expected to perform in multiple portfolios simultaneously.

Level 4 Grade 1 – Radiation Therapist

Level 4 Grade 1 – Radiation Therapist Team Coordinator

(i) Definition:

- (a) Radiation Therapy Team Coordinators are responsible for the operational supervision, ensuring adequate safety and performance of administrative requirements within the following areas:
- 1) Team Coordinator: A single functional unit or small planning team; or
 - 2) Specialist Coordinator: A single portfolio or speciality in a radiation therapy department.
- (b) Radiation Therapy Team Coordinators generally do not perform operational management functions but may, under direction and delegation, assist Section Supervisors, Assistant Directors and Directors with operational management functions.

(ii) Functions:

- (a) Radiation Therapy Team Coordinators may perform the following functions as required:
- 1) Operational supervision of:
 - (i) Radiation safety.
 - (ii) Daily operations.
 - (iii) Patient throughput and care.
 - (iv) Patient scheduling.

- (v) Clinical staffing allocation.
 - 2) Ensure compliance with safety and administrative requirements.
 - 3) Actively participates in quality management and improvement activities.
 - 4) Provision of complex and varied clinical services through operational and clinical supervision of their allocated team
- (b) Specialist Radiation Therapy Team Coordinators in addition may perform the following functions within their portfolio or speciality area:
- 1) Engage in research and development to advance radiation therapy techniques and technologies.
 - 2) Contribute to clinical trials and research as part of a multi-disciplinary team.
 - 3) Provide specialised leadership and operational supervision to innovation programs.

Level 4 Grade 1 – Clinical Care Coordinator

(i) Definition:

(a) Clinical Care Coordinators are responsible for the coordination, operational supervision and associated duties of multidisciplinary team care functions.

(b) Key responsibilities include:

- 1) Conducting patient assessments.
- 2) Explaining procedures and potential side effects.
- 3) Monitoring patient response to radiation treatment.
- 4) Ensuring co-ordination of multi-modality appointments.
- 5) Co-ordinate appropriate and timely referral pathways.

Level 4 Grade 1 – Radiation Therapist Clinical Educator

(i) Definition:

(a) Radiation Therapist Clinical Educators are responsible for organisation, co-ordination, evaluation and facilitation of clinical education across one radiation therapy department in a single facility.

- (b) Clinical Educators at this level will demonstrate clinical expertise, knowledge and skills in clinical service delivery and education.

(ii) Functions:

- (a) Radiation Therapy Clinical Educators at this level may perform the following functions across one radiation therapy facility:
 - 1) Responsibility for the facilitation of learning, education and professional development of Radiation Therapists, Radiation Therapist students, Junior medical, Technical and support staff, on an ongoing basis.
 - 2) Responsibility for organisation, co-ordination, evaluation, and facilitation of education.
 - 3) Responsible for the design, development, delivery, and evaluation of specialised clinician education programs within the Radiation Therapy service.
 - 4) Actively contributes to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Radiation Therapy service.
 - 5) Work effectively and provide educational advice within the Radiation Oncology multi-disciplinary team.
 - 6) Development, coordination and implementation of radiation oncology learning and development programs which may directed to Radiation Oncology registrars, Medical Physics registrars and other multi-disciplinary teams.

Level 4 Grade 1 – Radiation Therapist Whole of Systems Support Officer

(i) Definition:

- (a) Radiation Therapists Whole of Systems Support Officer specialised roles with equivalent operational supervision and administrative responsibilities as a Radiation Therapy Team Coordinator.

(ii) Functions:

- (a) They are appointed to perform duties assisting Radiation Therapists Whole of Systems Supervisors responsible for co-ordinating complex whole of system functions including but not limited to:
 - 1) Information Technology; or
 - 2) Clinical Trials; or
 - 3) Quality Improvement / Quality Assurance; or

4) Clinical Care Coordinator.

(b) This specialised position is a dedicated role, carrying senior portfolio and operational supervision responsibilities equivalent to those of a senior position, specifically focused on the whole of systems function.

Level 4 Grade 1 – Research Radiation Therapist

(i) Definition:

(a) Research Radiation Therapists are responsible for providing research support to a facility in a designated research role.

(b) Research Radiation Therapists will have:

- 1) a relevant post graduate research qualification at AQF8 or higher.
- 2) demonstrated clinical expertise knowledge and skills.
- 3) Demonstrated high-level research skills.

(ii) Indicators and Functions:

(a) Research Radiation Therapists generally perform the following functions:

- 1) Collecting and analysing data.
- 2) Drafting protocols.
- 3) Securing funding through grant writing.
- 4) Publishing in peer reviewed journals and conference presentations.
- 5) Actively contributing to the development of new treatment protocols and technologies.
- 6) Assessing and exploring new techniques and technologies to enhance treatment precision and patient outcomes.
- 7) Administrative duties associated with the role, including ensuring compliance with ethical standards and regulatory requirements.

Level 4 Grade 2 – Radiation Therapist

(i) Definition:

(a) Advanced Practice Radiation Therapists are Australian Society of Medical Imaging and Radiation Therapy ('ASMIRT') accredited as an Advanced Practitioner.

(ii) Practice arrangements and appointment process:

(a) Radiation Therapists Level 3 Grade 3 may seek appointment to this grade through the following mechanism:

- 1) A Level 3 Grade 3 employee makes an application to the employer for the support of an Advanced Practice role within a specified radiation therapy department. Alternatively, the employer may establish Advanced Practice roles.
- 2) The employer determines whether to support an Advanced Practice role within a specified radiation department. If the employer determined to support the role, a scope of practice is determined, suitable clinical mentors are determined, a learning contract compiled and the practitioner is supported in their application for accreditation
- 3) The successful applicant must be:
 - (i) A Level 3 Grade 3 Radiation Therapist who has department support to complete the ASMIRT advanced practice pathway.
 - (ii) An existing accredited advanced practice Radiation Therapist.
- 4) If the employer supports the creation of a position and establishes and an agreed scope and learning contract, the employee is automatically appointed into the Level 4 Grade 2 Advanced Practice role on completing the requirements for Advanced Practice accreditation.

(b) Remaining in the role of Accredited Advanced Practitioner requires the Radiation Therapist to maintain ASMIRT accreditation as an Advanced Practitioner. If accreditation lapses, the Radiation Therapist will revert to Level 3 Grade 3.

Level 4 Grade 2 – Radiation Therapist Lead Researcher

(i) Definition:

(a) Radiation Therapist Lead Researchers coordinates and lead significant clinical research programs and strategic planning and delivery of research working across multi-disciplinary teams and facilities. Roles at this level will:

- 1) Lead and hold operational supervision for research programs;
- 2) Demonstrates outstanding contribution to the profession including peer reviewed publications on complex clinical and/or professional practice topics;
- 3) Demonstrates success in obtaining research grants.
- 4) Demonstrate post-doctoral level clinical research methodology knowledge, skills and expertise in a clinical specialty area or across multiple areas; and

- 5) Hold a relevant post-graduate research qualification, generally at an AQF10 level.

(ii) Functions:

(b) Radiation Therapist Lead Researchers will generally be responsible for:

- 1) Responsible for clinical research programs and strategy.
- 2) Research guidance and training for Radiation Therapists.
- 3) Ethics submissions.
- 4) Identification, sourcing of research funding.
- 5) Resource co-ordination and operational supervision for research employees.
- 6) Review and submission of departmental research with intention for publishing.

Level 5 – Radiation Therapist

(i) Definition:

(a) A Level 5 Radiation Therapist holds operational supervision and delegated operational management responsibility in one of the following roles:

- 1) Section Supervisor: a section of a facility covering multiple work areas; or
- 2) Whole of System Supervisor: across a whole of systems area.

(b) A work area includes but is not limited to:

- 1) An MRI Linear Accelerator
- 2) A Specialised Radiation Therapy Machine (including but not limited to: Gamma Knife, Cyberknife, Tomotherapy, etc.)
- 3) A Simulator/CT machine (one Simulator/CT equates to one work area)
- 4) A CT/PET machine
- 5) An MRI Simulator
- 6) An Orthovoltage Treatment Unit
- 7) A Brachytherapy Service
- 8) A Planning Service meaning multiple Planning Teams (each of which comparable to a linear accelerator in staffing, for example only: one Level 4 Team

Coordinator and multiple Level 1/2/3 Radiation Therapists). Each Planning Team equates to one work area.

9) A Linear Accelerator (one linear accelerator equates to one work area)

(ii) Functions:

(a) Level 5 Supervisors are generally responsible for:

- 1) Monitoring and reporting of workflow.
- 2) Maintaining compliance to quality standards through audit reporting.
- 3) Collaboration with multi-disciplinary team to ensure safe implementation of department protocols and procedures, ensuring compliance with regulations, accreditation standards and legal requirements.
- 4) Management of risk across relevant work areas.

(iii) Grading criteria:

(a) Level 5 Section Supervisors will be graded according to the following:

- 1) **Grade 1:** responsible for 1-2 work areas across a facility.
- 2) **Grade 2:** responsible for 3-4 work areas across a facility.
- 3) **Grade 3:** responsible for 5-6 work areas across a facility or 3-4 work areas across multiple facilities.

Level 6 – Assistant Director Radiation Therapy

(i) Definition:

(a) A Level 6 Radiation Therapist is an Assistant Director Radiation Therapist who assists in the clinical, financial and human resource management of a Radiation Therapy Department and will be graded in accordance with the criteria identified.

(ii) Practice arrangements:

(a) The structure and number of Assistant Managers will be influenced by:

- 1) the size of the Department or Service.
- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.

- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of Professional, Scientific and Technical staff being managed being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading criteria:

(a) Level 6 Grade 1:

- 1) An Assistant Director Radiation Therapist who assists in the management of up to 21 FTE in an individual facility.

(b) Level 6 Grade 2:

- 1) An Assistant Director Radiation Therapist who assists in the management of between 22-39 FTE within an individual facility. OR
- 2) An Assistant Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE.

(c) Level 6 Grade 3:

- 1) An Assistant Director Radiation Therapist who assists in the management of between 40-55 FTE within an individual facility. OR
- 2) An Assistant Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE.

(d) Level 6 Grade 4:

- 1) An Assistant Director Radiation Therapist who assists in the management of 56+ FTE in an individual facility. OR
- 2) An Assistant Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE

(e) Level 7 Grade 5:

- 1) An Assistant Director Radiation Therapist who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total 55+ FTE.

Level 7 – Director of Radiation Therapy

(i) Definition:

- (a) A Level 7 Radiation Therapist is a Director in charge of a Radiation Therapy Department including clinical, financial and human resources and will be graded in accordance with the criteria identified.

(ii) Grading criteria:

(a) Level 7 Grade 1

- 1) A Director in charge of a facility with up to 21 FTE.

(b) Level 7 Grade 2

- 1) A Director in charge of an individual facility with between 22-39 FTE; **OR**
2) A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs up to a combined total of 21 FTE.

(c) Level 7 Grade 3

- 1) A Director in charge of an individual facility with between 40-55 FTE; **OR**
2) A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 22-39 FTE.

(d) Level 7 Grade 4

- 1) A Director in charge of an individual facility with 55+ FTE; **OR**
2) A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total between 40-55 FTE.

(e) Level 7 Grade 5:

- 1) A Director who has responsibility across more than one facility within or across a LHD and / or multiple LHDs of a combined total of 55+ FTE

Schedule 1.3 – Diagnostic Radiography

Diagnostic Radiographer holds general registration with Ahpra as a Diagnostic Radiographer and a NSW Environmental Protection Authority (EPA) Radiation Licence.

Sonographer (Diagnostic Radiography) means a person who meets the definition of Diagnostic Radiographer and in addition holds general accreditation with the Australian Sonographers Accreditation Registry.

Transition to General Registration

(iii) Definition:

- (a) Classification at this level is reserved for short-term remuneration of staff members who have been successful in a merit-based recruitment process, hold provisional or limited registration with Ahpra for the purpose of completing requirements for general registration.
- (b) Roles have an active focus on building toward the attainment of a recognised level of knowledge and skill in their given domain.
- (c) These staff work under the supervision and direction of an appropriate experienced/ accredited supervisor.
- (d) The successful completion of this appointment is to enable general registration with Ahpra in their profession.
- (e) Employees at this level must hold a full NSW EPA radiation license.

Level 1 Diagnostic Radiographer

(i) Definition:

- (a) A Level 1 Diagnostic Radiographer:
- 1) Holds general registration as a Radiographer with Ahpra;
 - 2) Are required to hold a full NSW EPA radiation licence to perform assigned duties.
 - 3) Are in their first two years of clinical practice; and
 - 4) Are developing their professional skills.

(ii) Functions:

- (a) A Level 1 Radiographer may perform the following functions:
- 1) perform routine duties with regular clinical and operational supervision;
 - 2) contribute to services delivered to patients;
 - 3) as experience grows, undertake increasingly more complex clinical tasks under clinical supervision;
 - 4) participate in professional development activities; and

- 5) participate in QA / QI research and educational activities under direction/supervision.

(iii) Practice arrangements:

- (a) Radiographers at this Level may provide clinical supervision to student Radiographers if all the following requirements are met:
 - 1) they are in their second year of practice;
 - 2) have been provided support on the provision of student supervision and mentoring; and
 - 3) supervision of students is limited to tasks allocated to the Level 1 Radiographers.
- (b) Radiographers may perform on call if all the following conditions are met:
 - 1) They have completed designated training competencies relevant to the on-call service; and
 - 2) Consultation with a more experienced Radiographer is always available to them whilst on-call.

(iv) Progression:

- (a) Progression within Level 1 and from Level 1 to Level 2 is automatic and occurs annually on:
 - 1) the employee's date of Ahpra registration (if the employee progressed into level 1 after prior employment directly with the same employer); or
 - 2) the date of employment if the employee commenced with Ahpra registration but with no prior experience as a Radiographer; or
 - 3) the employee's anniversary date for incremental progression that has been determined through the recognition of prior service as a Radiographer.
- (b) Progression to Level 2 is automatic on completion of 12 months service at Level 1 Year 2.

Level 2 Diagnostic Radiographer

(i) Definition:

- (a) A level 2 Radiographer:
 - 1) Has 2 years' experience at Level 1 Radiographer or equivalent;

- 2) Holds general registration as a Diagnostic Radiographer with Ahpra; and
- 3) Hold a full NSW EPA radiation licence to perform assigned duties.

(ii) Functions:

- (a) Employees at this Level may perform the following functions commensurate with years of experience:
- 1) Demonstrate increasing independence and professional knowledge for application in routine clinical tasks that are within scope of practice.
 - 2) Perform increasingly complex clinical tasks and duties reflective of experience with ready access to supervision.
 - 3) Take an increasingly active role in multi-disciplinary teams and gain experience working in complex modalities of the department with professional supervision available but decreasing commensurate with experience, including but not limited to:
 - (i) Quality improvement / assurance programs; and
 - (ii) Work health and safety issues (such as manual handling and infection control); and
 - 4) Radiation Safety.
 - 5) Provide student supervision, subject to being deemed competent in the work area(s) where supervision is being provided.
 - 6) Demonstrate ongoing commitment to continuing professional education and development, including participation in undergraduate student education and departmental education / training.

(b) Progression:

- 1) Progression within this level is automatic and occurs on the employee's anniversary date.
- 2) Progression to Level 3 will occur:
 - (i) To Level 3 Diagnostic Radiographer in accordance with Clause 13, Personal Regrade.
 - (ii) Automatically for Diagnostic Radiographers who obtain general accreditation with ASAR as a Sonographer.

Level 3 Diagnostic Radiographer

(i) General:

- (a) Level 3 positions are clinical roles but will participate and contribute to education and research functions in accordance with their classification.
- (b) Progression from Level 2 to Level 3 and through the grades of Level 3 can occur:
 - 1) By appointment; or
 - 2) As a personal regrade in accordance with Clause 13, Personal Regrade (excluding Clinical Imaging Tutor roles).
- (c) In considering progression or appointment to Level 3, the Grading Committee will recognise areas of clinical specialty within a profession that may be relevant.
- (d) For the purpose of this classification, clinical or professional specialisation may include:
 - 1) Computed tomography; or
 - 2) Magnetic Resonance Imaging; or
 - 3) Breastscreen NSW Certificate Clinical Proficiency in Mammography; or
 - 4) Breast ultrasound; or
 - 5) Mammography; or
 - 6) PACS / RIS support; or
 - 7) General / Trauma radiography
 - 8) Vascular imaging; or
 - 9) Angiography; or
 - 10) Interventional imaging; or
 - 11) Paediatrics; or
 - 12) Dental imaging (where employed in a specialised dental department, facility or service); or
 - 13) Clinical supervision practice; or
 - 14) Workflow coordination (however the role / task may be titled); or
 - 15) Image interpretation; or

- 16) Quality improvement / assurance; or
- 17) Data analytics; or
- 18) Artificial intelligence.

(e) Progression within this level is automatic and occurs annually on the Level 3 Radiographers anniversary date, being the date of their appointment or the date the personal regrade took effect.

Level 3 Grade 1 Diagnostic Radiographer - Senior Clinician

(i) Definition:

(a) A Level 3 Grade 1 Diagnostic Radiographer will:

- 1) Have a minimum of three years post general registration experience; and
- 2) Demonstrate high level of professional and clinical competency in an area of clinical practice and/or specialisation, through either:
 - (i) holding an appropriate recognised postgraduate certificate relevant to their area or clinical speciality;
 - (a) OR
 - (ii) performs complex tasks with a high degree of independence and only requires occasional point of care supervision;
 - (iii) demonstrates professional decision making and judgement on a day-to-day basis with a high degree of independence, when performing most tasks and duties;
 - (iv) effectively and independently manages clinical caseloads; and
 - (v) applies evidence based clinical skills and decision making to complex cases

(ii) Functions:

- (a) A Level 3 Grade 1 Diagnostic Radiographer may be required to perform the following functions:
- 1) Participate in teaching and education programs within a Department; or
 - 2) Supervise Diagnostic Radiographers Levels 1 and 2; or
 - 3) Supervise and assess clinical experience in Diagnostic Radiographers, undergraduate students, and Diagnostic Radiography Students; or

- 4) Participate in the development of techniques; or
- 5) Contribute to quality assurance activities.

(iii) Progression:

- (a) Progression to Level 3 Grade 2, Level 3 Grade 3, or Level 4 Grade 1 is in accordance with Clause 13, Personal Regrade.

Level 3 Grade 2 Diagnostic Radiographer – Clinical Specialist

(i) Definition:

- (a) A Level 3 Grade 2 Diagnostic Radiographer will:

- 1) Have a minimum of 12 months experience at level 3 Grade 1;
- 2) Demonstrated extensive clinical expertise related to a clinical or professional speciality area;
- 3) Demonstrated high-level competency when performing Level 3 Grade 1 functions.

(ii) Indicators and evidence:

- (a) A Level 3 Grade 2 Diagnostic Radiographer demonstrates meeting the criteria in (i)(2) by:

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

- (b) Applications for progression to Level 3 Grade 2 must include a minimum of two reports from:

- 1) A Senior Radiographer Level 5 or above; or
- 2) A Senior Medical Officer.

- (c) Reports must reflect the expertise, judgement and provision of advice by the applicant together with the impact to services provided by the Department arising from the work performed as a Level 3 Grade 1.

Level 3 Grade 2 Diagnostic Radiographer – Assistant Clinical Educator

(i) Definition:

- (a) Assistant Clinical Educators are generally responsible to a Diagnostic Radiographer Clinical Educator to assist with some or all the following:
- 1) Identification, provision, and delivery of continuing education for Diagnostic Radiographers;
 - 2) Co-ordinating service delivery of tutor function for undergraduate students on clinical placement and Level 1 employees;
 - 3) Assist in the evaluation and assessment of education programs within work unit / team;
 - 4) Act as a reference point and support for more junior staff;
 - 5) Participate in clinical and educational redesign and clinical practice improvement; and
 - 6) Demonstrates and applies educational knowledge and skills in the provision of specific educational activities.

Level 3 Grade 3 Clinical Diagnostic Radiographer – Senior Clinician with Diploma

(i) Definition:

- (a) A Level 3 Grade 3 Diagnostic Radiographer will:
- 1) Have a minimum of four years post general registration experience;
 - 2) Meets the requirements of a Level 3 Grade 1; and
 - 3) Holds a recognised post-graduate diploma relevant to their clinical or professional speciality area and demonstrates their post-graduate qualification contributes to the clinical needs of the department and supports the department's capacity to deliver services

Level 3 Grade 3 Early Career Sonographer (Diagnostic Radiography)

(i) Definition:

- (a) A Level 3 Grade 3 early career Sonographer:

- 1) Has general registration with Ahpra as a Diagnostic Radiographer;
- 2) Has general accreditation as a Medical Sonographer with ASAR; and
- 3) Is in the first three years post-ASAR accreditation practice.

(ii) Functions:

(a) A Level 3 Grade 3 Early Career Sonographer:

- 1) Is competent in a set of core skills and have demonstrated knowledge relevant to their clinical context.
- 2) Undertakes duties within a defined scope of practice commensurate with experience, developing skills, knowledge and competence across a wider skill set or with less direct supervision.
- 3) Is an active participant within their multidisciplinary work unit / team.

(iii) Practice arrangements:

- (a) Sonographers at this Level may supervise students on core tasks once deemed competent. However, an Early Career Sonographer cannot function as an authorised clinical practice supervisor in accordance with ASAR requirements.
- (b) Employees will be provided sufficient span of work to ensure they can maintain recency of practice as a Diagnostic Radiographer and a Sonographer.

Level 4 Diagnostic Radiographer

(i) General:

(a) Level 4 Grade 1 roles are:

- 1) Senior Clinical Radiographer (masters).
- 2) Sonographer (Radiographer).
- 3) Diagnostic Radiographer Clinical Educator.

(b) Progression from Level 3 to Level 4 Grade 1 can occur:

- 1) By appointment; or
- 2) As a personal regrade in relation to Senior Clinician (Masters) and Sonographer (Radiographer) in accordance with Clause 13, Personal Regrade (excluding Clinical Educator roles).

Level 4 Grade 1 Diagnostic Radiographer – Senior Clinician (Masters)

(i) Definition:

(a) A Level 4 Grade 1 Clinical Radiographer:

- 1) Has a minimum of five years post general registration experience;
- 2) Meets the requirements of a Level 3 Grade 1;
- 3) Holds a recognised post-graduate masters relevant to their clinical or professional speciality area and demonstrate their post-graduate qualification contributes to the clinical needs of the department and supports the department's capacity to deliver services.

Level 4 Grade 1 Sonographer (Diagnostic Radiographer)

(i) Definition:

(a) A Level 4 Grade 1 Sonographer (Radiographer) have general registration with Ahpra as a diagnostic radiographer and three years post accreditation experience as a Medical Sonographer with ASAR.

(b) A Level 4 Grade 1 Sonographer will demonstrate:

- 1) Competency in general ultrasound;
- 2) Higher-level skills and knowledge specific to their clinical area with the capacity to practice independently, provide authorised clinical practice supervision; and
- 3) Active participation in teaching and education.

(ii) Progression:

(a) Progression to Level 4 Grade 2 Advanced Sonographer is in accordance Clause 13, Personal Regrade

Level 4 Grade Diagnostic Radiographer – Clinical Educator

(i) Definition:

(a) A Diagnostic Radiographer Clinical Educators are:

- 1) Responsible for radiography education and learning in a single radiography facility; and
- 2) Hold a clinically relevant post-graduate education or a minimum of a certificate IV in adult education and / or training.

(ii) Functions:

(a) Clinical educators at this level may perform the following functions:

- 1) facilitation of learning, education and professional development of Diagnostic Radiographers, including Radiography students on an ongoing basis; and
- 2) design, development, delivery, and evaluation of specialised clinician education programs within the Diagnostic Radiography service; and
- 3) Contributes to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Diagnostic Radiography service; and
- 4) Demonstrates evidence of ongoing active participation in tailored presentations and/or conveying of education activities within and / or outside their Diagnostic Radiography department.

Level 4 Grade 2

(i) Definition:

- (a) Level 4 Grade 2 roles are positional gradings only with the exception of Advanced Sonographer (Radiographer).
- (b) Level 4 Grade 1 Sonographers (Radiography) may apply for personal progression to Level 4 Grade 2 Advanced Sonographer (Radiographer).
- (c) Level 4 roles may be clinical, managerial, or professional portfolio. However, they will generally not be expected to perform in multiple portfolios simultaneously.

Level 4 Grade 2 Advanced Clinical Diagnostic Radiographer

(i) Definition:

- (a) Level 4 Grade 2 Diagnostic Radiographers demonstrate advanced clinical or specialist competencies in their role. They demonstrate ability to perform highly complex work which may include clinical, educational or research.
- (b) Roles at this level may be established for the following purposes:
 - 1) ASMIRT Accredited Advanced Practice;
 - 2) Department established Advanced Practice roles.

(ii) ASMIRT Accredited Advanced Practice Definition

- (a) Advanced Practice Radiographers are ASMIRT accredited as an Advanced Practitioner.
- (b) Radiographers at a minimum of Level 3 Grade 2 may seek appointment to this grade through the following mechanism:
 - 1) The employee makes an application to the employer for appointment to and the support of an Advanced Practice role within a specified Radiography department. Alternatively, the employer may establish Advanced Practice roles.
 - 2) The employer determines whether to support an Advanced Practice role within a specified radiation department. If a role is supported, a scope of practice is determined, suitable clinical mentors are determined, a learning contract compiled and the practitioner is supported in their application for accreditation.
 - 3) The successful applicant must be:
 - (i) A Level 3 Grade 2 Radiographer who has department support to complete the ASMIRT advanced practice pathway; or
 - (ii) An existing accredited advanced practice Radiographer.
 - 4) An applicant under subclause (ii)(b), 1 above is deemed as appointed and upon completion of the advanced practice accreditation will progress to Level 4 Grade 2.
 - 5) Remaining in the role of Accredited Advanced Practitioner requires the Radiographer to maintain ASMIRT accreditation as an Advanced Practitioner. If accreditation lapses, the Radiographer will revert to Level 3 Grade 2.

(iii) Department established Advanced Practice role:

- (a) The employer may establish Advanced Radiographer roles which perform the following functions:
 - 1) Expertise in area of specialty such that they provide clinical leadership and education across their work group; or
 - 2) Performing highly complex, novel, or critical discipline specific clinical work with a high degree of autonomy; or
 - 3) Providing advanced supervision to Diagnostic Radiographer Levels 2 and 3 on highly complex clinical procedures; or
 - 4) Perform innovative clinical work within boundaries of broad guidelines to achieve organisational goals; or

- 5) Application of advanced and innovative evidence-based problem solving to guide and support other clinicians in the provision of advanced clinical services; or
 - 6) Clinical co-ordination of advanced service delivery.
- (b) Roles will generally perform their responsibilities in an area of speciality, which may include:
- 1) Radiation Safety; or
 - 2) Clinical Research; or
 - 3) Work Health Safety; or
 - 4) Clinical Practice Improvement and Accreditation; or
 - 5) Any other such responsibilities as are required.

Level 4 Grade 2 Advanced Sonographer (Diagnostic Radiography)

(i) Definition:

(a) An Advanced Sonographer Level 4 Grade 2 Sonographers:

- 1) have general registration with Ahpra as a diagnostic radiographer;
- 2) five years post accreditation experience as a Medical Sonographer with ASAR;
- 3) demonstrate the skills, knowledge and attributes identified for either a Generalist Advanced Sonographer or Clinical Specialist Advanced Sonographer.

(ii) Indicators – Generalist Advanced Sonographer:

(a) Generalist Advanced Sonographers will demonstrate high level knowledge and skills in general practice in the following sonography areas:

- 1) General (abdominal and pelvic);
- 2) Small parts;
- 3) Musculoskeletal Imaging;
- 4) Obstetrics & Gynaecology Imaging;
- 5) Vascular Imaging;
- 6) Paediatric Imaging; or

7) Foetal medicine.

(b) For the purpose of demonstrating progression via personal regrade, a Sonographer must demonstrate high level knowledge and skills in four of the seven criteria listed in sub-clause (ii)(a).

(iii) Indicators Clinical Specialist Advanced Sonographer

(a) Clinical Specialist Advanced Sonographers must demonstrate advanced level skills, knowledge, expertise, and clinical leadership in one clinical sonography speciality area, with indicators of such advanced practice to include:

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

(b) Clinical co-ordination of advanced service delivery.

Level 4 Grade 2 Diagnostic Radiographer Clinical Educator

(i) Definition:

(a) A Diagnostic Radiographer Clinical Educator Level 4 Grade 2 has the same responsibilities as a Diagnostic Radiographer Clinical Educator Level 4 Grade 1 and in addition will meet one of the following criteria:

- 1) Holds a relevant clinical post graduate qualification or education qualification (Certificate IV or higher); and
- 2) Holds responsibility for organisation, co-ordination, evaluation, and facilitation of education across more than one Diagnostic Radiography facility; or
- 3) Holds responsibility for organisation, co-ordination, evaluation and facilitation of education across a Diagnostic Radiography Department at a in a tertiary level or greater hospital.

Level 4 Grade 3 Research Radiographer

(i) Definition:

(a) A Level 4 Grade Research Radiographer:

- 1) Has not less than seven years post general registration experience;
- 2) Demonstrates elevated skills and knowledge specific to medical imaging practice research; and
- 3) Holds an appropriate research AQF10 qualification directly relevant to their area of expertise and specialisation.

(ii) Functions:

(a) Diagnostic Radiographers at Level 4 Grade 3 may be required to:

- 1) Be an independent researcher and / or team member in collaborative research; and / or
- 2) Support the dissemination of research outcomes through appropriate channels and participate in and / or present at conferences and / or workshops; and / or
- 3) Demonstrate high-level leadership in contributing to a culture of research excellence and collegiality; and / or
- 4) As necessary, lead research teams and collaborate with researchers from national and international institutions; and/or
- 5) Supervise research students and mentor staff

Level 5 - Diagnostic Radiography Section Supervisors

(i) Definition:

- (a) Radiography Section Supervisors are responsible for the operational supervision of imaging sections, speciality units or a combination of both. They generally do not perform operational management but may assist with operational management under delegation and direction of the Assistant Director or Director.

(ii) Functions:

- (a) They have responsibility for the operational supervision of the designated area and be responsible for tasks such as:
- 1) coordinated implementation of existing and new techniques;
 - 2) creation of protocols for scheduling and training;

- 3) overall waiting list and workflow management;
- 4) quality assurance of clinical and diagnostic practice;
- 5) ensuring all resources are used in the most effective manner.

(iii) Practice arrangements:

(a) The structure and number of Section Supervisors will be influenced by:

- 1) the size of the Department or Service.
- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of Radiographers being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

(a) Imaging sections for the purpose of this clause are:

- 1) General Radiography
- 2) Mobile Radiography
- 3) Dental Radiography (in units supporting a specialist dental unit)
- 4) Mobile Fluoroscopy / X-ray

(b) Speciality Units for the purpose of this clause are:

- 1) Computed Tomography (CT),
- 2) Magnetic Resonance Imaging (MRI),
- 3) Ultrasound,
- 4) Angiography/Fluoroscopy (fixed),
- 5) Mammography (including biopsy service),
- 6) Cardiac Angiography,

- 7) Multimodality sector – means an arrangement of units from imaging sections (as defined in subclause (iii)(a)) supervised within a contained sector of a health facility or satellite site for an imaging department.
- (c) Level 5 Section Supervisors may also be responsible for coordinating a whole of systems function across a medical imaging department such as quality assurance or RIS/PACs for a facility. These roles hold similar functions in the performance of operational supervision for their allocated areas as Section Supervisors.
- (d) The Grading Committee under this Award can recognise additional areas of imaging sections or speciality units to those identified above that may arise during the nominal term of this Award.
- (e) **Level 5 Grade 1:**
- 1) Level 5 Grade 1 will operationally supervise the operations of 1 imaging section or specialist unit.
- (f) **Level 5 Grade 2:**
- 1) 2 Specialist imaging units (same unit or combination thereof); or
 - 2) 2 or more imaging sections or services; or
 - 3) 1 imaging section and 1 specialist unit;
 - 4) RIS / PACs Administrator responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of the RIS / PACS system at a single hospital within an LHD.
 - 5) Quality assurance responsible across all modalities within a department.
- (g) **Level 5 Grade 3:**
- 1) 3 or more Specialist imaging units; or
 - 2) 3 or more combined imaging sections and specialist units; or
 - 3) A whole of systems function and operational supervision across an LHD or Network;
 - 4) a RIS / PACS Senior / Supervisor who is responsible for the day-to-day operations, testing, configuration, and ongoing maintenance of the RIS / PACS system at more than one facility (multi-site) within an LHD.

Level 6 - Assistant Director Diagnostic Radiography

- (i) Definition:

- (a) A Level 6 Assistant Directors of Radiography is responsible for the physical, human and financial resources of the Department under the Delegation of the Director of Radiography.

(ii) Practice arrangements:

- (a) The structure and number of Assistant Managers will be influenced by:
- (b) the size of the Department or Service.
- (c) the complexity and variety of clinical services being delivered.
- (d) the geographical complexity of managing rural or remote services.
- (e) the use of multiple locations to deliver clinical services.
- (f) the profile and number of employees being managed.
- (g) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading:

- (a) **Grade 1:** Responsibility for 4-8 FTE professional, scientific and technical staff.
- (b) **Grade 2:** Responsibility for 9-20 FTE professional, scientific and technical staff.
- (c) **Grade 3:** Responsibility for 21-30 FTE professional, scientific and technical staff.
- (d) **Grade 4:** Responsibility for 31-50 FTE professional, scientific and technical staff.
- (e) **Grade 5:** Responsibility for 51-70 FTE professional, scientific and technical staff.
- (f) **Grade 6:** Responsibility for 71+ FTE professional, scientific and technical staff.

Level 7 – Director Radiography

(i) Definition:

- (a) A Level 7 Director of Radiography is responsible for the human, physical, financial and clinical management of the Department.
- (b) Radiographers at this level includes District or Network managers of RIS / PACs if they are responsible for:
 - 1) Directing service delivery and monitoring system performance;
 - 2) implementing policies and procedures;

- 3) overseeing medical imaging billing processes and configuration;
- 4) managing integrations with LHD / state / inter-state / external third party clinical applications or systems, ensuring business continuity;
- 5) providing data to assist with meeting LHD business and reporting requirements;
- 6) maintaining disaster management plans;
- 7) liaising with RIS / PACS vendors, eHealth and external reporting partners to provide continuous service availability.
- 8) Operational supervision and management of RIS/PACS employees Level 4 and Level 5.

(ii) Multiple site arrangements:

- (a) A Chief MRS (Diagnostic Radiographer) who provides services and/or management to the operations of two or more medical imaging departments within or across LHD/s will have automatic advancement to the next higher Grade available within their pre-existing level.

(iii) Grading

- (a) **Grade 1:** A Radiography Department with 1 FTE professional, scientific and technical employees.
- (b) **Grade 2:** A Radiography Department with 2-8 FTE professional, scientific and technical employees.
- (c) **Grade 3:** A Radiography Department with 9-20 FTE professional, scientific and technical employees.
- (d) **Grade 4:**
 - 1) A Radiography Department with 21-30 FTE professional, scientific and technical employees.
 - 2) A State-wide Director of Radiography services, including but not limited to: Justice Health or Forensic Health, will be a Director (Diagnostic Radiographer) at Level 7 Grade 5.
- (e) **Grade 5:**
 - 1) A Radiography Department with 31-50 FTE professional, scientific and technical employees.

- 2) A RIS / PACS Manager is a Diagnostic Radiographer managing the LHD operations of a complex RIS / PACS solution, providing services to multiple medical imaging departments including (but not limited to): Radiology; Nuclear Medicine; Molecular Imaging; Cardiology; Maternofoetal Medicine; Oncology; and Oral Health, as well as point-of-care imaging services such as ultrasound.
- (f) **Grade 6:** A Radiography Department with 51-70 FTE professional, scientific and technical employees.
- (g) **Grade 7:** A Radiography Department with 71+ FTE professional, scientific and technical employees.
- (h) **Grade 8:** A Radiography Department with 71+ FTE professional, scientific and technical employees and an additional medical imaging department.

Schedule 1.4 – Sonography (Non-Medical Radiation Science)

Sonographer holds tertiary qualifications (Peak Body recognised AQF Level 8 or higher) and general accreditation with the Australian Sonographer Accreditation Registry.

Level 1 – Undergraduate Sonographer Student

(i) **Definition**

(a) **TBC**

Level 2 – Postgraduate Student Sonographer

(i) Definition:

- (a) Level 2 Sonographers hold student or provisional student registration with ASAR and are enrolled in an ASAR accredited course at a graduate diploma level. There is an active focus on learning and the development of defined core skills within their given discipline.
- (b) Level 2 Graduate Student Sonographers perform basic and routine sonography tasks only under the direct professional supervision of an Accredited Medical Sonographer (AMS).

(ii) Practice arrangements:

- (a) An Employee who is employed under an alternate health classification who commences Postgraduate Sonography education will continue to be paid as their primary classification agreed by the Employer if their study to become a sonographer:

- 1) Occurs within the department they are substantively employed in; and

- 2) The practice of sonography is connected to the practice of their substantive role;
or
- 3) (a) and (b) do not apply but the employer chooses to maintain the employee's salary for the purpose of increasing the supply of Sonographers.

(b) Subclause (ii)(a)(3) does not apply where the rate of pay in the employees' substantive role is less than for Level 2 Year 1 Sonographer.

(iii) Progression:

- (a) Progression through Level 2 is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) A Level 2 Sonographer progresses to Level 3 Accredited Sonographer automatically upon obtaining ASAR general accreditation.

Level 3 – Early Career Sonographer

(i) Definition:

- (a) A Level 3 Sonographer holds accreditation with ASAR as an Accredited Medical Sonographer (AMS) and is in the first three years of their practice.

(ii) Functions:

- (a) Level 3 Sonographers are developing skills, knowledge and competence across clinical areas with supervision commensurate with experience and individual scope of practice.
- (b) Level 3 Sonographers performs the following functions:
 - 1) competent in a set of core skills and have demonstrated knowledge relevant to their clinical context.
 - 2) undertake duties within a defined scope of practice commensurate with experience.
 - 3) Actively participate in multi-disciplinary work unit or team.

(iii) Practice arrangements:

- (a) Level 3 Sonographers may supervise students on core tasks if:
 - 1) They perform supervision under the delegation of the relevant authorised clinical practice supervisor.
 - 2) They are deemed competent in relevant supervision tasks.

- (b) Level 3 Sonographers must not act as the authorised clinical practice supervisor in accordance with ASAR requirements.

(iv) Progression:

- (a) Progression to Level 4 Senior Clinical Sonographer is in accordance with Clause 13, Personal Regrade.

Level 4 – Senior Clinical Sonographer

(i) Definition:

- (a) Level 4 Grade 1 Sonographers have three years post accreditation experience as a Medical Sonographer with ASAR and demonstrate:
 - 1) Higher-level skills and knowledge specific to their clinical area with the capacity to practice independently;
 - 2) Can act as an authorised clinical practice supervision when required;
 - 3) Active participation in teaching and education.

(ii) Progression:

- (a) Progression to Level 5 Grade 1 Advanced Sonographer Practitioner is in accordance with Clause 13, Personal Regrade.

Level 5 Advanced Sonographer

Level 5 Grade 1 – Advanced Sonographer Practitioner

(i) A Level 5 Grade 1 Advanced Sonographer Sonographers:

- (a) five years post accreditation experience as a Medical Sonographer with ASAR;
- (b) demonstrate the skills, knowledge and attributes identified for either a Generalist Advanced Sonographer or Clinical Specialist Advanced Sonographer.

(ii) Generalist Advanced Sonographer indicators

- (a) Generalist Advanced Sonographers demonstrate high level knowledge and skills in general practice in the following sonography areas:
 - 1) General (abdominal and pelvic);
 - 2) Small parts;
 - 3) Musculoskeletal Imaging;

- 4) Obstetrics & Gynaecology Imaging;
- 5) Vascular Imaging;
- 6) Paediatric Imaging;
- 7) Foetal medicine.

(b) To achieve progression via personal regrade, a Sonographer must demonstrate high level knowledge and skills in four of the seven criteria listed in sub-clause (ii) (a).

(iii) Clinical Specialist Advanced Sonographer indicators:

(a) Clinical Specialist Advanced Sonographers demonstrate advanced level skills, knowledge, expertise, and clinical leadership in one clinical sonography speciality area.

(b) Indicators of working at Advanced practice within one clinical speciality are include:

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

Level 5 Grade 1 – Clinical Specialist (Portfolio)

(i) Definition:

(a) Clinical Specialist (Portfolio) is responsible for clinical leadership, education and operational supervision across one or more function. Functions may be:

- 1) Clinical research coordinator;
- 2) Work health and safety;
- 3) Lead quality assurance / quality improvement;

- 4) IT / RIS / PACs specialist.
- 5) Any function required by the service.

Level 5 Grade 1 – Sonographer Clinical Educator

(i) Definition:

(a) Sonographer Clinical Educator hold either a:

- 1) a certificate IV in adult learning / teaching; or
- 2) a clinically relevant post graduate minimum of AQF9;

(b) and perform the following functions:

- 1) Hold responsibility for the facilitation of learning, education, and professional development of Sonographers, including Sonography students on an ongoing basis;
- 2) Responsible for the design, development, delivery, and evaluation of specialised clinician education programs within the Sonography service;
- 3) Contribute to the strategic direction of professional development programs that contribute to enhanced clinical practice knowledge and skills across a Sonography service; and
- 4) Demonstrate evidence of ongoing active participation in tailored presentations and / or conveying of education activities outside their department.

Level 5 Grade 2 – Post Doctoral Sonography Fellow

(i) Definition:

(a) A Level 5 Grade 2 Post Doctoral Sonography Fellow demonstrates:

- 1) Holds a research post-graduate doctorate in Sonography;
- 2) expert skills and knowledge specific to sonography evidenced through conducting research after the completion of their doctoral studies.

(ii) Functions:

- (a) Be an independent researcher and / or a team member in collaborative ultrasound research; and
- (b) Contribute to scholarly output, evidenced by citation and publication in recognised journals; and

- (c) Support the dissemination of research outcomes through appropriate channels and participate in and / or present at conferences and / or workshops; and
- (d) Demonstrate high-level leadership in contributing to a culture of research excellence and collegiality; and / or- Participate where applicable in national and international funding initiatives; and / or
- (e) As necessary, lead research teams and collaborate with researchers from national and international institutions; and / or- Supervision of research students and mentoring staff.

Level 6 – Assistant Director Sonography (Non-Medical Radiation Science)

(i) Definition:

- (a) A Level 6 Assistant Director (Sonography) is responsible for the operational management including physical, human and financial resources of the Department under the delegation of the Director of Sonography.

(ii) Practice arrangements:

- (a) The structure and number of Assistant Directors will be influenced by the:
 - 1) the size of the Department or Service.
 - 2) the complexity and variety of clinical services being delivered.
 - 3) the geographical complexity of managing rural or remote services.
 - 4) the use of multiple locations to deliver clinical services.
 - 5) the profile and number of Radiographers being managed.
 - 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading:

- (a) **Grade 1:** Responsible for 6-10 FTE professional, scientific and technical staff.
- (b) **Grade 2:** Responsible for 10 or more FTE professional, scientific and technical staff.

Level 7 – Sonography (Non-Medical Radiation Science)

(i) Definition:

- (a) A Level 7 Director (Sonography) is responsible for the operational management including physical, human and financial resources of the Department.

(ii) Grading:

- (a) **Grade 1:** A department of 1-5 FTE professional, scientific and technical staff.
- (b) **Grade 2:** A department of 5-10 FTE professional, scientific and technical staff.
- (c) **Grade 3:** A Department of 10 or more FTE professional, scientific and technical staff.
- (d) **Grade 4:**
 - 1) A Department of 10 or more FTE professional, scientific and technical staff; and
 - 2) A Sonography service at a tertiary level hospital which supports a minimum of three of the following services / departments:
 - (i) Level 5 Maternity
 - (ii) Level 3 Intensive Care / Neonate Intensive Care;
 - (iii) Level 5 Emergency Department;
 - (iv) Interventional procedure support;
 - (v) Invasive ultrasound procedures,
 - 3) Note: Levels for the purpose of this clause means NSW Health Guide to the Role Delineation of Clinical Services as varied from time to time.

Schedule 1.5 – Cardiac Physiologist / Mammography Technologist

Cardiac Physiologist holds a tertiary qualification (Peak Professional Body Recognised AQF level 7 or above) and who is eligible for membership (as a Cardiac Physiologist) of the Australian Council of Clinical Physiologist, as amended or replaced from time to time.

Technologist holds an appropriate tertiary Science or Biomedical Science qualification (AQF level 7 or above) and Peak Body recognised qualifications resulting in eligibility for Credential for Mammography Practice (CMP) and who is eligible for membership (as a qualified Mammography Technologist) of the Australian Society of Medical Imaging and Radiation Therapy, as amended or replaced from time to time.

Level 1 – Cardiac Physiologist

(i) Definition:

- (a) A Level 1 Cardiac Physiologist holds a relevant qualification and is in their first 2 years of post-qualification practice.

(ii) Functions:

(a) A Level 1 Cardiac Physiologist may perform the following functions:

- 1) Perform basic and routine non-invasive cardiac investigations with ready access to point of care supervision, exercising increasing professional judgement commensurate with years of experience;
- 2) Demonstrate professional knowledge and expertise obtained through relevant tertiary education; and
- 3) Participate in quality or service improvement activities under the clinical and / or operational supervision of a Level 2 or above;
- 4) Participate in multidisciplinary teams;
- 5) Participate in the provision of student education under operational supervision of a Level 3 Senior Cardiac Physiologist or higher; and
- 6) Manage their professional standards / accreditation / registration requirements.

(iii) Practice Arrangements:

(a) Supervision and clinical time:

- 1) A Level 1 Cardiac Physiologist role is focused on professional skill development, clinical governance, patient safety and practice arrangements supporting early career staff. As such, they undertake their duties in the following manner:
 - (i) receive ongoing clinical supervision when performing clinical duties; and
 - (ii) have duties allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and employer-provided professional development, access to supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(b) Sole Practitioner: A Level 1 is not generally required to undertake the role of sole practitioner, as defined in Clause 11, Sole Practitioner Allowance of this Award. This level is primarily focused on developing and enhancing the skills and knowledge of these new and emerging clinicians in a safe and supportive environment.

(c) A Level 1 may undertake the role of a sole practitioner, if:

- 1) The employee demonstrates competency in providing safe and appropriate clinical care within their expected scope of basic and routine clinical practice with competency assessed through profession specific point of care supervision.

- 2) The employer has conducted a risk assessment that the clinical care that the employee is expected to provide is within their competency, experience and commensurate with the needs of the location in which they will be undertaking the role of sole practitioner.
- 3) Consultation with a Level 3 Senior Clinician or above is always available while the employee is performing in the role of sole practitioner.

(d) Working with students:

- 1) A Level 1 may work with students in a clinical setting, but may only provide students with clinical supervision if the following requirements are met:
 - (i) The employee has progressed to Year 2 of Level 1; and
 - (ii) The supervision of students is limited to allocated tasks to the Level 1; and
 - (iii) The employer has conducted a risk assessment on their capacity to provide safe and appropriate supervision to students.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Progression to Level 2 is automatic on the completion of 12 months service at Level 1 Year 2.

Level 2 – Cardiac Physiologist

(i) Definition:

- (a) A Level 2 Cardiac Physiologist has completed 2 years' post qualification experience and is expected to have developed new practitioner competencies.

(ii) Functions:

- (a) A Level 2 Cardiac Physiologist may perform the following functions:
 - 1) Undertake routine clinical practice, cardiac intervention, cardiac catheter laboratory and non-invasive diagnostic tests, with decreasing clinical point of care / practice supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience;
 - 2) Make more complex clinical decisions and solve problems under the clinical supervision of a Level 3 Senior Cardiac Physiologist or higher;

- 3) Provide supervision to Level 1 Cardiac Physiologists, students, assistants and clinical support staff and participate in delivering, but not leading, educational activities;
- 4) Participate in delivering, but not solely responsible for developing, educational activities to non-health professional staff.
- 5) Participate in clinical research activities;
- 6) Perform on-call within the scope of their practice, functions, and role;
- 7) Participate in quality improvement activities in their work team or unit.
- 8) Use approved technology as part of routine clinical practice, including Telehealth, to support the delivery of clinical services as directed.

(b) Level 2 Cardiac Physiologists may commence and undertake advanced modality training.

(iii) Practice arrangements:

- (a) Sole practitioner: A Level 2 Cardiac Physiologist may be a sole practitioner as defined under Clause 11, Sole Practitioner Allowance.
- (b) Supervision of other Level 2 Cardiac Physiologists: A Level 2 with demonstrated competencies in their caseload may commence providing clinical supervision to less experienced clinicians within this level for the purpose of skill development to enable working towards progression Senior Clinician

(c) Clinical time:

- 1) The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, access to supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(iv) Progression:

(a) Progression within Level 2 is automatic and occurs annually on their determined anniversary date for incremental progression.

(b) Progression to Level 3 is in accordance with Clause 13, Personal Regrade.

Level 3 – Cardiac Physiologist

(i) Definitions and requirements:

(a) A Level 3 Cardiac Physiologist has high-level knowledge, skills, and experience, demonstrated through competency in advanced modalities such as CIED (Cardiac Implantable Electronic Device) management, or Electrophysiology or as otherwise defined by PiCSA.

(b) A Level 3 Cardiac Physiologist will:

- 1) Perform tasks of a complex nature with a high degree of independence and only require occasional supervision;
- 2) Demonstrates 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 speciality;
- 3) Effectively and independently managing clinical caseloads; and
- 4) Applies evidence based clinical skills and decision making to complex cases.

(ii) Indicators:

(a) The indicators of meeting the requirements of Level 3 Senior Cardiac Physiology include, but are not limited to, the following (**Note:** employee is not required to meet all indicators):

- 1) Holding a qualification or certification in advanced clinical modality speciality;
- 2) Exercising independent professional judgement as required when solving problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification;
- 3) Demonstrating skills, knowledge, and expertise in the provision of complex clinical services using new forms of technology, including but not limited to Telehealth;
- 4) Demonstrating practice that complies with legal, regulatory, professional, and organisational requirements relating to complex matters;
- 5) Ability 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;
- 6) Participating in identifying opportunities for improvement in clinical practice and develop, deliver ongoing quality improvement activities with other staff;
- 7) Consistently applying clinical practice relevant to the specific needs of clients in rural, remote or community settings;

- 8) Providing clinical supervision and acting as a reference point for Newly Qualified and Proficient Cardiac Physiologists on difficult situations; or
- 9) Participating in profession specific professional development and clinical practice education activities to within work unit or team.

(iii) Practice arrangements:

- (a) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, access to supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(iv) Progression:

- (a) Progression within Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.
- (b) Progression to Level 4 Advanced Clinical Cardiac Physiologist is in accordance with Clause 13, Personal Regrade.
- (c) The Grading Committee will recognise areas of Advanced modality that may be relevant for progression or appointment to Level 3.

Level 4 – Cardiac Physiologist

(i) Definition and General:

- (a) A Level 4 Advanced Cardiac Physiologist:
 - 1) 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.
 - 2) Provides clinical supervision to clinicians up to and including Senior Clinician level on critical and complex cases;
 - 3) Provides clinical leadership across speciality caseload;
 - 4) Provides advice to service managers on clinical service delivery, development, practice, or redesign;
 - 5) Contributes to and supports education within their area of work.

- (b) Level 4 roles are positional. However, [a Level 3 Senior Cardiac Physiologist may apply for progression to Level 4 Advanced Clinical Cardiac Physiologist in accordance with Clause 13, Personal Regrade.](#)
- (c) Progression within Level 4 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.

Level 4 Clinical Team Coordinator

(i) Functions:

- (a) Clinical Team Coordinator in charge of providing clinical and operational supervision of a discrete function or operational supervision responsibilities for a multi-disciplinary function.

Level 4 Advanced Clinical Cardiac Physiologist

(i) Indicators:

- (a) Advanced Clinical Cardiac Physiologists demonstrate either:
 - 1) Holds multiple qualifications or certifications in advanced clinical modality specialities and is capable of providing clinical leadership in these advanced modalities to other Cardiac Physiologists if required as a generalist; or
 - 2) Holds competency and expertise in a single advanced modality over and above that required to be demonstrated at Senior Cardiac Physiologist (Level 3) and are capable of providing clinical leadership in this advanced modality to other Cardiac Physiologists including outside their team if required.

Level 4 Cardiac Physiology Educator

(i) Functions:

- (a) Responsible for the provision of specialised staff and clinician education within an area of expertise usually across facilities or modalities within a Local Health District.
- (b) Holds either:
 - 1) Relevant clinical post-graduate qualification (AQF8 or higher); or
 - 2) A certificate IV in adult education or training.

Level 4 Cardiac Physiology Researcher

(i) Functions:

- (a) Responsible for co-ordination and delivery of professional practice and / or applied clinical research within an area of expertise usually across a Local Health District or modality.

Level 5 – Assistant Manager Cardiac Physiologist

(i) Definition:

- (a) A Level 5 Cardiac Physiologist Assistant Manager is responsible under the delegation and operational management of a Chief Cardiac Physiologist, for the following:
 - 1) Implementation and provision of timely clinical services;
 - 2) Assisting the Manager as required with planning for the provision, implementation, and evaluation of relevant clinical services in the Department or Service;
 - 3) Professional and clinical governance to staff;
 - 4) Administrative and operational tasks that support day-to-day service delivery;
 - 5) Developing and maintaining rosters for staff;
 - 6) Managing leave rosters and relief requirements; and
 - 7) Assisting the Manager as required with decisions relating to human resources and physical or financial resource allocation.

(ii) Grading:

- (a) A Level 5 Cardiac Physiologist is graded according to the following:
 - 1) **Grade 1:** responsible for less than 5 FTE Professional, technical or scientific staff.
 - 2) **Grade 2** responsible for 5-10 FTE Professional, technical or scientific staff.
 - 3) **Grade 3** responsible for more than 10 FTE Professional, technical or scientific staff.
- (b) Progression within Level 5 is automatic and occurs annually on the date of appointment to the position.

Level 6 – Manager Cardiac Physiology

(i) Definition:

(a) A Level 6 Chief Cardiac Physiologist is the Manager of a Department (including multi-disciplinary departments).

(ii) Functions

(a) 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.

(iii) Grading:

(a) Managers will be graded at the following levels:

- 1) **Grade 1** responsible for less than 5 FTE Professional, technical or scientific staff.
- 2) **Grade 2** responsible for 5-10 FTE Professional, technical or scientific staff.
- 3) **Grade 3** responsible for more than 10 FTE Professional, technical or scientific staff.

(b) Progression within Level 6 is automatic and occurs annually on the date of appointment at this Level.

Stream 2: Allied Health Workforce

Schedule 2.1 Health Professionals

Health Professional includes following professions: Audiologist, Art Therapist, Child Life Therapist (previously referred to as Play Therapist), Counsellor, Dietitian, Exercise Physiologist, Genetic Counsellor, Music Therapist, Occupational Therapist, Orthoptist, Orthotist / Prosthetist, Physiotherapist, Podiatrist, Recreational Therapist (previously referred to as Diversional Therapist), Sexual Assault Worker, Social Worker, Speech Pathologist, and Community worker:

Art Therapist holds tertiary qualifications (Peak Professional Body Recognised AQF Level 9 or above) and who is eligible for membership (as an Art Therapist) of the Australian, New Zealand and Asian Creative Arts Therapies Association, as amended or replaced from time to time.

Audiologist holds a tertiary qualification (Peak Professional Body Recognised AQF level 9 or above) and who is eligible for membership (as an audiologist) of Audiology Australia, as amended or replaced from time to time.

Counsellor holds tertiary qualifications (Peak Body Recognised AQF Level 7 or above) and who is eligible for clinical membership (as a counsellor) with the Psychology and Counselling Federation of Australia, as amended or replaced from time to time.

Dietitian holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as a Dietitian) of Dietitians Australia, as amended or replaced from time to time.

Recreational Therapist holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as a Recreational Therapist) of the Australian Recreational Therapy Association, as amended or replaced from time to time.

Exercise Physiologist who holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as an Exercise Physiologist) of Exercise and Sports Science Australia, as amended or replaced from time to time.

Genetic Counsellors holds postgraduate qualifications (Peak Professional Body Recognised AQF Level 9 or above) and who is eligible for membership (as a Genetic Counsellor) of the Human Genetics Society of Australasia, as amended or replaced from time to time.

Music Therapist means holds tertiary qualifications (Peak Professional Body Recognised AQF Level 9 or above) and who is eligible for registration (as a Music Therapist) of the Australian Music Therapy Association, as amended or replaced from time to time.

Occupational Therapist holds general registration with Ahpra as an Occupational Therapist.

Orthoptist means holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as an Orthoptist) of Orthoptics Australia.

Orthotist /Prosthetist holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as an Orthotist /Prosthetist) of the Australian Orthotic Prosthetic Association as amended or replaced from time to time.

Physiotherapist holds current general registration with Ahpra as a Physiotherapist.

Child Life Therapist holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for membership (as a Child Life Therapist) of the Association of Child Life Therapists Australia as amended or replaced from time to time.

Podiatrist holds current general registration with APRHA as a Podiatrist.

Sexual Assault Worker has tertiary qualifications (AQF Level 7 or above) in a relevant field such as:

- (a) counselling or social work and be eligible for full membership of the relevant professional association;
- (b) Psychology but is not required to hold registration with Aphra; or
- (c) the Aboriginal Qualification Pathway – 'Graduate Certificate in Human and Community Services.

Social Worker holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) who is eligible for full membership (as a Social Worker) of the Australian Association of Social Workers, as amended or replaced from time to time.

Speech Pathologist holds tertiary qualifications (Peak Professional Body Recognised AQF Level 7 or above) and who is eligible for full membership (as a speech pathologist) of Speech Pathology Australia, as amended or replaced from time to time.

Community Worker holds a tertiary degree (Peak Professional Body Recognised Level 7 or above) in community welfare or social sciences and who is eligible for membership (as a Community Worker) of the Australian Community Workers Association, as amended or replaced from time to time.

Transition to General Registration

- (i) Definition:

- (a) Classification at this level is reserved for short-term remuneration of staff members who have been successful in a merit-based recruitment process, hold provisional or limited registration with Ahpra or other registration/accreditation to enable the commencement in the role under offer.

(ii) Practice arrangements:

- (a) Roles have an active focus on building toward the attainment of a recognised level of knowledge and skill in their given domain.
- (b) These staff work under the supervision and direction of an experienced/ accredited supervisor.
- (c) The successful completion of this appointment is to enable general registration with Ahpra or other registration/accreditation body in their profession.

Level 1 – Newly Qualified Clinician

(i) Definition and requirements:

- (a) A Newly Qualified Clinician has either:
 - 1) Obtained general registration with Ahpra (where required for their profession); or
 - 2) Become a qualified professional as identified in this schedule; and
 - 3) Is in their first two years of practice and developing their professional skills.
- (b) Genetic Counsellors (only) will commence at Level 1 Year 2 of this classification.

(ii) Functions:

- (a) Newly Qualified Clinicians may perform the following functions:
 - 1) Perform basic and routine clinical practice with ready access to profession specific point of care supervision, with professional judgement increasing with skills and experience. and
 - 2) Demonstrate recognised knowledge and expertise obtained through relevant tertiary education; and
 - 3) Participate in quality or service improvement activities under the clinical practice and/or operational supervision of a Senior Clinician or above;
 - 4) Manage their professional standards / accreditation / registration requirements.

(iii) Practice arrangements:

- (a) Supervision and clinical time: A Newly Qualified Clinician role is focused on professional skill development, clinical governance, patient safety and practice arrangements supporting early career staff retention. As such, a Newly Qualified Clinician will undertake their duties in the following manner:
- 1) receive ongoing clinical supervision with access to point of care/practice supervision when performing clinical duties; and
 - 2) have duties allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and employer-provided professional development, supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.
- (b) Sole practitioner: A Newly Qualified Clinician is primarily focused on developing and enhancing their skills and knowledge in a safe and supportive environment. Consequently, this role is not generally required to undertake the role of sole practitioner, as defined in Clause 11, Sole Practitioner Allowance of this Award.
- (c) A Newly Qualified Clinician may undertake the role of a sole practitioner, and receive the sole practitioner allowance specified in Section B Monetary Rates, Table 20 Allowances provided all the following circumstances are met:
- 1) the employee demonstrates competency in providing safe and appropriate clinical care within their expected scope of basic and routine clinical practice with competency having been assessed through profession-specific point-of-care supervision.
 - 2) the employer has conducted a risk assessment that the clinical care the employee is expected to provide is within their competency and experience and commensurate with the needs of the location in which they will be undertaking the role of sole practitioner.
 - 3) consultation with a Senior Clinician or above is always available while the employee is performing the role of sole practitioner.
- (d) Working with students: A Newly Qualified Clinician may work with students in a clinical setting, but may provide clinical supervision to students if all the following requirements are met:
- 1) the employee has progressed to Year 2 of the Newly Qualified Clinician and have met any required professional association standards;
 - 2) supervision of students is limited to tasks allocated to the Newly Qualified Clinician; and

- 3) The employer has conducted a risk assessment on their capacity to provide safe and appropriate supervision to students.
- (e) On call: A Newly Qualified Clinician may perform on call if all the following requirements are met:
- 1) The employer has conducted a risk assessment considering the Newly Qualified Clinician's capacities; and
 - 2) They have completed designated training competencies relevant to the on-call service; and
 - 3) Consultation with a Senior Clinician or above is always available to them whilst on-call.

(iv) Progression:

- (a) Progression within this clinical level is automatic and occurs annually on their determined anniversary date.
- (b) A Newly Qualified Clinician will automatically progress to the classification of Clinician upon the completion of 12 months service at Level 1 Year 2.

Level 2 – Clinician

(i) Definition and requirements:

- (a) A Clinician has completed two years' experience in their profession and is expected to have developed new practitioner competencies.
- (b) In the case of Genetic Counsellors (only) they will have completed one year of experience.

(ii) B. Functions:

- (a) Clinicians may be required to perform the following functions:
- 1) 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.
 - 2) Make more complex clinical decisions and solve problems under the clinical supervision of a Senior Clinician or higher.
 - 3) 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.

- 4) Participate in delivering, but not solely responsible for developing, educational activities to non-health professional staff.
- 5) Participate in clinical research activities led by a Senior Clinician or higher.
- 6) Perform on-call within the scope of their practice, functions, and role.
- 7) Participate in the development of local policies, procedures, standards, and practices in their work team / unit.
- 8) Participate in quality improvement activities in their work team / unit.
- 9) Participate in an interdisciplinary team under the direction of a Senior Clinician or higher.
- 10) Using approved technology as part of routine clinical practice, including Telehealth, to support the delivery of clinical services as directed.

(iii) Practice arrangements:

- (a) Sole practitioner: A 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.
- (b) Supervision of other clinicians: A Clinician with demonstrated competencies in their caseload may commence providing clinical supervision to less experienced clinicians within this level for the purpose of skill development to enable working towards progression Senior Clinician.
- (c) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(iv) Progression:

- (a) Progression within this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Progression to Senior Clinician will be in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Clinician

(i) Progression - General:

- (a) Progression to the Senior Clinician Level can occur:

- 1) By appointment; or
 - 2) As a personal regrade to Senior Clinician in accordance with Clause 13, Personal Regrade.
- (b) In considering progression or appointment to the Senior Clinician Level, the Grading Committee will recognise relevant areas of clinical specialty within a profession.
- (c) An employee at the Senior Clinician Level must meet the definition and requirements of a Senior Clinician.
- (d) Where a Senior Clinician is appointed to a role that includes responsibility for additional or specialised functions (including education, research, project and policy, or clinical team coordination), those functions are undertaken in addition to, and not instead of, the employee's role as a Senior Clinician within the scope set by each classification.
- (e) In the case Genetic Counsellors, a Clinician will automatically progress to the classification of Clinician upon attainment of Fellow of the HGSA (**FHGSA**) status or equivalent.
- (f) Progression within Level 3 is automatic and occurs on the employee's anniversary date.

Level 3 Senior Clinician

(i) Definition and requirements:

- (a) A Senior Clinician has high-level knowledge, skills, and experience, demonstrated in either:
- 1) a recognised clinical specialty; or
 - 2) work across two or more clinical areas in a generalist capacity.
- (b) A Senior Clinician:
- 1) generally performs complex tasks of with a high degree of independence and only requires occasional point of care supervision;
 - 2) demonstrates professional decision making and judgement on a day-to-day basis with a high degree of independence, when performing most tasks and duties;
 - 3) effectively and independently manages clinical caseloads; and
 - 4) applies evidence based clinical skills and decision making to complex cases

- 5) Participates in identifying opportunities for improvement in clinical practice, develops, delivers ongoing quality improvement activities with other staff.

(ii) Functions and indicators:

- (a) The indicators of meeting the requirements of a Senior Clinician include, but are not limited to, the following (**Note:** an employee is not required to meet all indicators):
- (b) Exercising independent professional judgement as required when solving problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification.
- (c) Working in an interdisciplinary manner; or
- (d) Demonstrating skills, knowledge, and expertise in the provision of complex clinical services using new forms of technology, including but not limited to Telehealth; or
- (e) Having obtained a relevant qualification, certificate or other training in a recognised clinical specialty or across multiple clinical areas which is commensurate for a Senior Clinician; or
- (f) Demonstrating practice that complies with legal, regulatory, professional, and organisational requirements relating to complex matters; or
- (g) Providing clinical supervision and acting as a reference point for students, Newly Qualified Clinicians and Clinicians in complex matters or difficult situations; or
- (h) Ability 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

(iii) Practice arrangements:

- (a) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(iv) Progression:

- (a) Progression to Level 4 Advanced Clinician is in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Clinician with a Clinical Team Coordinator Role

(i) Definition and functions:

- (a) A Senior Clinician, in addition to their clinical role, can undertake the role of a Clinical Team Coordinator.
- (b) A Clinical Team Coordinator at this level would reflect both the clinical complexity, role and caseload expected of the Team and the high-level knowledge, skills, and experience demonstrated by the Senior Clinician. For illustrative purposes only, a person in this role would be supervising a small profession-specific Team.
- (c) A Clinical Team Coordinator:
 - 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
 - 2) performs a clinical and operational supervision role and does not have operational management responsibilities.
 - 3) this position does not have delegations as a manager within the organisation Delegations Manual.
- (d) The duties of a Clinical Team Coordinator at the Senior level may include:
 - 1) Providing operational supervision and allocation of the Team's caseload in accordance with relevant policies, procedures and clinical governance frameworks.
 - 2) Leading, directing and coordinating the Team's patient and clinical delivery within allocated operational and resource parameters.
 - 3) Coordinating and facilitating professional supervision in the Team in accordance with applicable policies and procedures.
 - 4) Participating in Departmental functions to assist the Assistant Manager and/or Manager of the Department or Service with operational management of the Team.
 - 5) Disseminating and implementing essential clinical information and updates to Team members as required.
 - 6) Ensuring compliance with relevant organisational policies and professional standards within scope of role.

(ii) Practice arrangements:

- (a) To enable a Clinical Team Coordinator at the Senior level to productively and safely undertake the role of a Clinical Team Lead, duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

(iii) Progression:

- (a) Progression to Level 4 Advanced Clinician (Team Coordinator) is in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Clinician with a Dedicated Educator Function

(i) Definition and functions:

- (a) A Senior Clinician may be a Dedicated Educator who spends a set proportion of contracted hours providing clinical and/or student education. The hours set will be agreed upon the commencement of the Dedicated Educator functions.
- (b) A Dedicated Educator may have responsibility for, and undertake some or all, of the following duties:
 - 1) Developing, delivering and participating in profession specific professional development and clinical practice education activities within a work unit / team.
 - 2) Develop, deliver and participate in multidisciplinary professional development and clinical practice education within work unit / team in a rural or remote area.
 - 3) Evaluation and assessment of education programs within work unit / team.
 - 4) Demonstrates and applies educational knowledge and skill in the provision of profession specific educational activities.
 - 5) Provides high-level clinical supervision to staff within team and provide support to other clinicians involved in clinical supervision.
 - 6) Actively participate in clinical and educational redesign and clinical practice improvement.
 - 7) Evaluate and assess the clinical specialty areas educational and professional development needs of staff within work unit / team.
 - 8) The provision of regular student education, feedback and assessment forming a consistent part of their role.

(c) The Dedicated Educator role:

- 1) is focused on direct education delivery and supporting Advanced and Expert Educators.

- 2) does not include education coordination beyond team, unit or department contracting or strategic governance functions, which are addressed at higher classification levels.

(ii) Practice arrangements:

- (a) To enable an Educator at the Senior level to productively and safely undertake the role of an Educator, duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and education functions of the role.

Level 3 – Senior Clinician with a Dedicated Research Function

(i) Definition and functions:

- (a) Senior Clinicians may be Dedicated Researchers who spends a set proportion of their contracted hours engaged in research activity. The hours set will be agreed upon the commencement of the Dedicated Researcher functions.
- (b) A Dedicated Researcher has responsibility for, and undertake some or all, of the following duties:
 - 1) Demonstrates knowledge, expertise and skill in research methodology relevant to a health practitioner practice and / or clinical specialty area; and
 - 2) Actively contributes to and supports a broader research program or project; and
 - 3) Demonstrates communication skills in disseminating research findings and reports to stakeholders; and
 - 4) Applies knowledge, skills and experience to formal research programs and projects within and across clinical specialty area; and
 - 5) Applies research findings and clinical experience to support continuous improvements of local service delivery; and
 - 6) Contribute to and support the monitoring and reporting on the application of appropriate research methodology and clinical practicality of research findings.

(ii) Practice arrangements:

- (a) To enable a Researcher at the Senior level to productively and safely undertake the role of a Researcher, duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and research functions of the role.

Level 3 Senior Clinician with a Dedicated Project and Policy Function

(i) Definition and functions:

(a) Senior Clinicians may be also hold a Project / Policy function that contribute to policy development, advocacy and project management of Health Professional related policy development and implementation requiring clinical expertise and judgement.

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

- 1) Coordinating project work that supports service improvement, policy development, drafting and development of information/data systems to enable monitoring and further improvement; and
- 2) Demonstrates high-level knowledge, skills and experience in a health profession or across health professions in a multi-disciplinary capacity; and
- 3) Demonstrated ability to work independently and within a team environment; and
- 4) Demonstrated high level written and verbal communication and engagement skills.

(ii) Practice arrangements:

(a) To enable a Senior Clinicians to productively and safely undertake the role of a Project/Policy functions must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and project functions of the role.

Level 4 - Advanced Level

(i) Progression - General:

(a) Progression to the Advanced Level can occur:

- 1) By appointment; or
- 2) As a personal regrade in accordance with Clause 13, Personal Regrade. The possible personal regrades pathways are:
 - (i) Senior Clinician to Advanced Clinician.
 - (ii) Senior Clinician with a Clinical Team Coordinator role to Advanced Clinician with a Clinical Team Coordinator role.

(b) An employee at the Advanced Level must meet the requirements of the classification in which they are appointed or personally graded to for the following classifications:

- (i) Advanced Clinician
- (ii) Advanced Clinician with a Clinical Team Coordinator role.

- (c) Appointments to Advanced Educator, Advanced Researcher and Advanced Policy and Project Officer are positional appointments and do not also need to qualify as an Advanced clinician.
- (d) In considering progression or appointment to the Advanced Level, the Grading Committee will recognise areas of relevant clinical specialty within a profession
- (e) Progression within this level is automatic and occurs annually on the Advanced Practitioner's anniversary date.

Level 4 – Advanced Clinician

(i) Definition and requirements:

(a) An Advanced Clinician:

- 1) 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.
- 2) provides clinical supervision to clinicians up to and including Senior Clinician level on critical and complex cases;
- 3) provides clinical leadership across speciality caseload
- 4) provides advice to service managers on clinical service delivery, development, practice, or redesign;
- 5) Contributes to and supports education within their area of work; and
- 6) Identifies opportunities for improvement in clinical practice, as well as develops and leads ongoing quality improvement activities within the team / unit.

(b) The performance of the above criteria may be demonstrated in either:

- 1) a recognised clinical specialty; or
- 2) work across two or more clinical areas in a generalist capacity.

(ii) Indicators:

(a) Indicators of meeting the requirements above include but are not limited to the following:

- 1) Acts as a reference point for guidance and / or supervision for complex documentation requirements; or

- 2) Provides clinical supervision to staff over a broad geographical area including through the application of technology, such as Telehealth; or
- 3) Provides direction and specialised advice to more senior Health Professionals, nursing and / or medical staff on intervention strategies, practices, and evidence; or
- 4) Provides clinical guidance to other Health Professionals and / or other team / unit staff members in a complex regulatory environment; or
- 5) Provides clinical leadership to influence, improve, expand or implement rural generalist service delivery models and / or the strategies or policies relevant for its delivery; or
- 6) Provides clinical leadership for implementation, expansion or review of virtual and / or digital services as part of the model of care available; or
- 7) In the case of Genetic Counsellors completing HGSA-approved training and experience requirements to supervise MHGSA or equivalent genetic counsellors undergoing certification and commence these certification supervisory responsibilities.
- 8) Provides high-level clinical leadership in a complex and critical work environment or program as determined by a Grading Committee established via Clause 12, Grading Committee and Statewide Grading Working Party of this Award.

(iii) Practice arrangements:

- (a) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(iv) Progression:

- (a) Progression to Level 5 Expert is in accordance with Clause 13, Personal Regrade.

Level 4 – Advanced Clinician with Clinical Team Coordinator Functions

(i) Definition

- (a) An Advanced Clinician, in addition to their clinical role, can undertake the role of a Clinical Team Coordinator.
- (b) A Clinical Team Coordinator at the Advanced at this level would reflect both the clinical complexity, role and caseload expected of the Team and the advanced knowledge, skills, and experience of the Advanced Clinician. For illustrative

purposes only, a person in this role would be supervising a Team servicing a complex and critical caseload generally requiring a degree of adaptation in clinical principles.

(c) A Clinical Team Coordinator:

- 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
- 2) performs a clinical and operational supervision role and does not have operational management responsibilities.
- 3) this position does not have delegations as a manager within the organisation Delegations Manual. Leads team-based service development activities at a clinical level and provides support to the Assistant Manager / Manager for service development at a department or service level.

(ii) Duties and functions:

(a) The duties a Clinical Team Coordinator at the Advanced level may include:

- 1) Providing operational supervision and allocation of the Team's caseload in accordance with relevant policies, procedure and clinical governance frameworks
- 2) Leading, directing and coordinating the Team's patient and clinical delivery within allocated operational and resource parameters.
- 3) Providing operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff e.g. administrative or food services.
- 4) Co-ordinating facilitating and / or providing professional supervision in the Team in accordance with applicable policies and procedures
- 5) Implementing service policy and strategy at the Team level.
- 6) Participating in Departmental functions to assist the Assistant Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- 7) Disseminating and implementing essential clinical information and updates to Team members as required.
- 8) Overseeing appropriate clinical use of equipment in accordance with existing policies and procedures.

(iii) Practice arrangements:

- (a) To enable a Clinical Team Coordinator at the Advanced level to productively and safely undertake the role of a Clinical Team Lead, their clinical duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

(iv) Progression:

- (a) Progression to Level 5 Expert Clinician (Clinical Team Coordinator) is in accordance with Clause XX.

Level 4 – Health Professional Educator

(i) Definition and scope of role:

(a) A Health Professional Educator:

- 1) demonstrates advanced educational knowledge, skills and experience;
- 2) applies educational and clinical knowledge, skills and experience to improve the clinical knowledge and skills of other clinicians; and
- 3) acts as a reference point for other educators and clinicians and may influence clinical practice and/or clinical governance systems.

(b) The scope of Health Professional Educators within a District or Network will be determined according to the purpose of their role:

- 1) Discipline-specific Educators, responsible for enhancing the knowledge and skills of a specific Health Professional discipline in a facility or service.
- 2) Clinical Stream Educators, responsible for enhancing the knowledge and skills across Health Professional disciplines working within a defined clinical speciality area.
- 3) 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.
- 4) Student Educator, responsible for enhancing the knowledge of Health Professional students during placement and/or coordinating student clinical placement.

(c) Generalist Educator roles must not be used to substitute Discipline-specific or Clinical Stream Educators where discipline-specific or clinical stream expertise is required.

(d) The Health Professional Educator role:

- 1) focuses on coordinating education and student placement activities beyond direct delivery; and
- 2) does not include organisation-wide education strategy or governance functions, which are addressed at the Expert Educator level.
- 3) Maintain clinical practice in their area of practice

(ii) Duties and functions:

- (a) The general duties Health Professional Educators may perform within their defined scope include:
- 1) Develop, deliver and participate in evaluation of specialised education and training programs.
 - 2) Actively participate in and contribute to the strategic direction of professional development programs.
 - 3) Oversee, coordinate and/or lead educational research, redesign and improvement.
 - 4) Assess Health Professional staff learning and education requirements, particularly in relation to speciality areas.
 - 5) Develop and coordinate new graduate program education and other early career clinician supports.
 - 6) Provide support and act as a reference point for clinicians who provide supervision to students, graduates and other clinicians.
 - 7) Adapt clinical and education approaches to the context of their roles scope, e.g., adapting educational approaches to regional, rural and remote settings.
 - 8) Maintaining records for training and competency within sphere of function.

(iii) Practice arrangements:

- (a) Educators at this level are generally not required to perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances, or by negotiation between the Educator and Employer.

Level 4 – Health Professional Clinical Researcher

(i) Definition and requirements:

- (a) A Health Professional Researcher:

- 1) demonstrates advanced research knowledge, skills and experience
- 2) independently applies clinical research knowledge and outcomes to improve clinical knowledge and skills
- 3) acts as a reference point for clinicians, educators and other researchers and may influence clinical practice and/or clinical governance systems.

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

(ii) Duties and functions:

(a) The duties and functions of a Health Professional Researcher may perform include some or all aspects of the following within their facility or service:

- 1) Demonstrates specialised research, knowledge and skill in a Health Professional practice, service area or clinical speciality;
- 2) Leads 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;
- 3) Provides supervision of up to and including Senior level Researchers and other research staff, and/or provides auxiliary supervision of higher degree research students;
- 4) 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;
- 5) Demonstrates high-level communication skills and application of complex clinical research to stakeholders in a clinical service delivery setting;
- 6) Identifies research questions and topics from clinical practice whilst promoting, supporting and guiding integration of research and clinical activity; and
- 7) Developing research track record of peer reviewed publications and grants in collaboration with senior researchers.

(iii) Practice arrangements:

(a) A Health Professional Researcher may carry a clinical caseload where relevant to their role, scope of practice and research activities.

Level 4 – Advanced Policy and Project Officer

(i) Definition and requirements:

(a) An Advanced Project and Policy Officer:

- 1) Implements, evaluates and reports on complex policy, programs, and/or strategic projects related to Health Professional areas requiring applied clinical expertise and knowledge.
- 2) Demonstrates knowledge, and/or qualifications in project management methodology.
- 3) Demonstrates recognised skills and experience/expertise in project management.
- 4) Mentors and supports other clinicians in managing projects.

(ii) Duties and functions:

(a) An Advanced Project and Policy Office will perform some or all of the following functions:

- 1) Coordinating and managing projects within their portfolio.
- 2) Ensuring the timely deliverables and reporting for projects according to designated KPIs.
- 3) Developing implementation plans and monitoring systems for new policies
- 4) Contribution to the development and review of standards, guidelines and models of care.
- 5) Participating in and contributing to high-level project planning.

Level 5 – Expert Level

(i) Progression - General:

(a) Progression to the Expert Level can occur:

- 1) By appointment; or
- 2) As a personal regrade in accordance with Clause 13, Personal Regrade. The possible personal regrades pathways are:

(i) Advanced Clinician to Expert Clinician.

(ii) Advanced Clinician with a Clinical Team Coordinator role to Expert Clinician with a Clinical Team Coordinator role.

(b) An employee at the Expert Level must meet the requirements of the classification in which they are appointed or personally graded for the following classifications:

- 1) Expert Clinician
 - 2) Expert Clinician with a Clinical Team Coordinator role.
- (c) Appointments to Expert Educator and Expert Researcher are positional appointments and do not also need to qualify as an Expert clinician.
- (d) In considering progression or appointment to the Expert Level, the Grading Committee will recognise areas of clinical specialty within a profession that may be relevant.
- (e) Progression within this level is automatic and occurs annually on the employee's anniversary date.

Level 5 – Expert Clinician

(i) Definition and requirements:

- (a) An Expert Clinician is a clinician recognised as having an expert level of clinical expertise and practice in a specialty field. This level of expertise will be demonstrated by the fact that the Expert Practitioner has extensive experience in their specialty field. For the purposes of this clause, practice in rural healthcare settings may constitute a specialty field.
- (b) An Expert Clinician will possess:
- 1) a clinically relevant post graduate qualification or have completed additional training that may be available and pertinent to their discipline / specialty field; and
 - 2) either:
 - (i) gained peer recognition by a panel of discipline colleagues, professional association, or professional registration body in their clinical specialty field; or
 - (ii) have a substantive academic appointment
- (c) An Expert Clinician demonstrates their clinical expertise and practice in a specialty field by undertaking particular activities, which may include one of the following:
- 1) a demonstrated history as a named author on published papers in peer reviewed journals and/or as an invited speaker at conferences; or
 - 2) demonstrated consultative leadership, which may include undertaking advanced or extended scope of practice or performing novel approaches to care within their discipline; or
 - 3) the provision of consultation at state and/or national levels to other like professionals, professional bodies or organisations regarding professional /

clinical services, models of care, the development of policies, procedures or guidelines in areas benefiting from specialist knowledge.

(ii) Scope:

(a) In recognition of their superior clinical expertise, an Expert Clinician can lead work in the following areas:

- 1) quality improvement;
- 2) development of better practice and clinical research;
- 3) active involvement in the teaching staff and/or students in their field of expertise;
- 4) clinical and professional consultation and/or supervision to other health workers or clinicians in the management of patients requiring ongoing specialty treatment within a geographic network, region, or zone; or
- 5) represent the profession/clinical area on relevant high-level committees.

(iii) Practice arrangements:

- (a) An Expert Clinician undertakes their responsibilities without direct supervision and with a level of discretion permitted by applicable professional guidelines and local Delegation Manual to support organisational goals.
- (b) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, provision of and participation in supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

Level 5 – Expert Clinician with Clinical Team Coordinator Functions

(i) Definition and requirements:

- (a) An Expert Clinician, in addition to their clinical role, can undertake the role of a Clinical Team Coordinator, with responsibility for the operational supervision for a highly complex clinical service.
- (b) A Clinical Team Coordinator at this level would reflect both the clinical complexity, role and caseload expected of the Team and the expert level of clinical expertise and practice of the Expert Clinician. For illustrative purposes only, a person in this role would be supervising a Team providing a highly innovative, critical, and complex LHD, Network or statewide service requiring strategic clinical leadership.
- (c) A Clinical Team Coordinator:

- 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
- 2) performs a clinical and operational supervision role and does not have operational management responsibilities.
- 3) does not have delegations as a manager within the organisation Delegations Manual.

(ii) Duties and functions:

(a) The duties of a Clinical Team Coordinator at the Expert level may include:

- 1) Providing operational supervision and allocation of the Team's caseload in accordance with relevant policies, procedure and clinical governance frameworks.
- 2) Leading, directing and coordinating the Team's patient and clinical delivery within allocated operational and resource parameters.
- 3) Providing operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff e.g. administrative or food services.
- 4) Coordinating and facilitating professional supervision in the Team.
- 5) Lead service development in the Team but not at a Department or Service level.
- 6) Implementing service policy and strategy at the Team level.
- 7) Participating in Departmental functions to assist the Assistant Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- 8) Disseminating and implementing essential clinical information and updates to Team members as required.
- 9) Overseeing appropriate clinical use of equipment in accordance with existing policies.

(iii) Practice arrangements:

(a) To enable a Clinical Team Coordinator at the Expert level to productively and safely undertake the role of a Clinical Team Coordinator, their clinical duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

Level 5 – Expert Educator

(i) Definition and scope of role:

(a) An Expert Educator performs strategic and advocacy functions to guide the overall direction of Allied Health Education within a District or Network.

(b) An Expert Educator role will operate within one or more of the following educator scopes, as defined at the Advanced Educator level: discipline-specific, clinical stream, general Health Professional, or student educator.

(c) Generally, Expert Educators will:

- 1) maintain clinical practice in their area of practice;
- 2) hold an education-related qualification;
- 3) possess recognised experience, skills and abilities for education and adult learning in their field; and
- 4) either:
 - (i) have gained peer recognition by a panel of discipline colleagues, professional association, or professional registration body in their clinical specialty field; or
 - (ii) hold a substantive academic appointment.

(ii) Duties and functions:

(a) An Expert Educator may perform the following functions:

- 1) Support the systems and process for development and maintenance of clinical competencies.
- 2) Actively engage with Allied Health education leadership to ensure staff organisational needs are met.
- 3) Coordinate the assessment and evaluation of Health Professional learning and education outcomes.
- 4) Coordinate the development of strategic professional development plans for Allied Health in conjunction with Allied Health Leadership and Expert Clinicians.
- 5) Lead the planning, design, curriculum development and implementation of education and professional development programs within the scope and purpose of the role.
- 6) Participate in the evaluation of multi-disciplinary education activities and plans.

- 7) In conjunction with other educators, facilitate and identify opportunity for improved interdisciplinary learning.
- 8) Oversee the evaluation strategy to ensure education programs remain current and compliant with regulatory requirements.
- 9) Develop and maintain relationships with teaching, training and/or educational research institutions.
- 10) Provide supervision and act as a reference point to Advanced Educators and Senior Clinician / Dedicated Educators.
- 11) Assist in facilitating access to clinical placement supervision training and support Health Professional staff who provide supervision to students, other clinicians and Allied Health Assistants.

(iii) Practice arrangements:

- (a) An Expert Educator is generally not required perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances, or by agreement between the Educator and Employer.

Level 5 – Expert Researcher

(i) Definition and requirements:

- (a) An Expert Researcher coordinates and leads significant clinical research programs within occupations contained within this Schedule, and will meet the following criteria:
 - 1) Holds a qualification at a doctorate level (AQF10); and
 - 2) Demonstrates outstanding contribution to the profession including peer reviewed publications on complex clinical and/or professional practice topics; and
 - 3) Demonstrates success in obtaining research grants.
 - 4) Demonstrate post-doctoral level clinical research methodology knowledge, skills and expertise in a clinical specialty area or across multiple areas;

(ii) Duties and functions:

- (a) An Expert Researcher may perform some or all of the following functions:
 - 1) Be responsible for clinical research programs and strategy (including coordination and development of Allied Health Research Plan) across facilities and/or services;

- 2) Prepare complex grant applications, develop research methodology and disseminate research findings in conferences and peer reviewed journals;
- 3) Lead or develop researcher skill development or capacity building activity within clinical departments;
- 4) Develop and maintains relationship with research institutions as required.

(iii) Practice arrangements:

- (a) An Expert Researcher may carry a clinical caseload where relevant to their role, scope of practice and research activities.

Level 6 – Assistant Manager

(i) Definition and scope:

- (a) A Health Professional who undertakes the role of an Assistant Manager can be utilised in operational management and professional / clinical governance for a unit, team or function within a department or service under the direction and delegation of a manager (in accordance with local Delegations Manual and practices).

(ii) Functions:

- (a) An Assistant Manager may perform the following duties and responsibilities:
 - 1) implementation and provision of timely clinical services,
 - 2) assist the Manager as required with planning for the provision, implementation, and evaluation of relevant clinical services in the Department or Service.
 - 3) Operational management of and professional and clinical governance to staff;
 - 4) administrative and operational tasks that support day-to-day service delivery;
 - 5) developing and maintaining rosters for staff;
 - 6) manage leave rosters and relief requirements;
 - 7) assist the Manager as required with decisions relating to human resources and physical or financial resource allocation.

(iii) Practice arrangements:

- (a) The structure and number of Assistant Managers will be influenced by:
 - 1) the size of the Department or Service.

- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of Health Professionals being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

(a) Assistant Manager roles are graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for Assistant Manager roles are:

- 1) **Grade 1:** 0-10 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 10-20 Professional, Scientific and Technical FTE.
- 3) **Grade 3:** 20-30 FTE Professional, Scientific and Technical FTE.
- 4) **Grade 4:** 30-45 Professional, Scientific and Technical FTE.
- 5) **Grade 5:** 45-60 Professional, Scientific and Technical FTE.
- 6) **Grade 6:** 60 or more Professional, Scientific and Technical FTE.

(v) Progression:

(a) Progression between year increments within this level are automatic and occur on the employee's anniversary date.

Level 7 – Manager and/or Professional Lead

(i) Definition and scope:

- (a) A Health Professional at this Level undertakes the role of a Manager and/or Profession Lead for a unit, team or function within a department or service.
- (b) To ensure appropriate professional and clinical governance, Health Professionals must have access to a discipline-specific professional reporting line.

- (c) A Manager may have dual responsibility as a Professional Lead for staff from the same profession. Where a Manager is from a different profession, a professional reporting line to a suitably qualified and experienced senior clinician for each specific discipline must be identified.

(ii) Functions:

(a) A Manager:

- 1) has primary accountability for the operational management of the unit, team or function, including financial, physical, and human resources of the Department or Service; and
- 2) has authority to determine how organisationally determined programs, strategies and priorities are achieved within allocated and available resources to the department or service in accordance with the local Delegations Manual.

(b) A Professional Lead:

- 1) Is an established position within the services leadership team
- 2) is a role who has primary responsibility and accountability is for discipline-specific professional oversight within a matrix structure for a team/ service/District.
- 3) reports to a District or Network-wide Discipline-specific Advisor (where such a position exists) on professional matters.
- 4) provides discipline-specific advice and support to Managers within a matrix organisational model.

- (c) The Professional Lead should, wherever possible, be located within the multi-disciplinary team or service. Where this is not practicable, the Professional Lead may be located elsewhere within the LHD or Network, provided this does not hinder the Health Professional's access to professional support.

(iii) Duties and responsibilities:

- (a) Responsibilities for roles at this level will depend on whether the role is singly classified as a Manager or Professional Lead or dually classified as both. Where a Health Professional holds dual classification as both the Manager and Professional Lead, it will be an amalgam of the responsibilities set out below.

(b) A Manager's responsibilities may include the following:

- 1) Direction and co-ordination of clinical service delivery, projects and initiatives;

- 2) Oversee planning for the provision, implementation, and evaluation of relevant clinical services within the Department or Service;
- 3) Accountable for ensuring the delivery of Department or Service education programs;
- 4) Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service; and
- 5) Operational, Clinical, Strategic and Financial governance as outlined in the local delegations manual, policies and procedures.

(c) A Professional Lead's responsibilities may include the following:

- 1) Provide discipline specific professional input to the planning, provision, implementation, and evaluation of relevant clinical services within the Department or Service;
- 2) 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;
- 3) Be familiar with, and in turn promote, the broad strategic context of the Department or Service;
- 4) 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;
- 5) 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;
- 6) Provide discipline specific advice in relation to clinical care, professional practice and governance; and
- 7) Provide discipline specific advice in relation to scope of practice and models of care.

(iv) Grading:

(a) Manager/Professional Lead roles are graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for Manager/Professional Lead roles are:

- 1) **Grade 1:** 0-5 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 5-15 Professional, Scientific and Technical FTE.
- 3) **Grade 3:** 15-25 Professional, Scientific and Technical FTE.
- 4) **Grade 4:** 25-40 Professional, Scientific and Technical FTE.
- 5) **Grade 5:** 40-55 Professional, Scientific and Technical FTE.
- 6) **Grade 6:** 55-75 Professional, Scientific and Technical FTE.
- 7) **Grade 7:** 75-100 Professional, Scientific and Technical FTE.
- 8) **Grade 8:** 100 or more Professional, Scientific and Technical FTE.

(v) Progression:

- (a) Progression between year increments within this level are automatic and occur on the employee's anniversary date.

Level 8 – Discipline Director/Advisor

(i) Definition and scope:

- (a) 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.

(ii) Functions:

- (a) 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:
 - 1) Make a major contribution towards the development and achievement of the strategic directions of the LHD or Service.
 - 2) Make decisions within delegated scope 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.

- 3) 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.
 - 4) Demonstrate expert professional knowledge of methods, principles and practice and skills across client groups and work areas.
 - 5) Establish core professional governance responsibilities pertaining to their specific Health Professional discipline.
 - 6) Provide discipline specific input to recruitment, supervision and profession-specific education and development in partnership with operational managers
 - 7) Identify professional specific risk and develop mitigation strategies to support delivery of clinical services
 - 8) May have a combination of operational and strategic roles as follows:
 - (i) has professional responsibility regarding strategic workforce and service development and professional practice across the LHD or Service.
 - (ii) provides professional co-ordination, governance and leadership across the LHD or Service.
 - (iii) acts as a central point of contact for strategic consultation and liaison with Senior Executive management.
 - (iv) provide an expert speciality consultancy role in their area of expertise and participate in statewide advisory groups and networks.
 - (v) may be involved in the provision of relevant clinical or leadership training, management development and/or mentoring to staff within the LHD or Service.
- (b) A Discipline Specific Director / Advisor may have a dual role and also be a Manager of a Department or Service.
- (iii) Practice arrangements:
- (a) The structure and number of Discipline Directors/Advisors will be influenced by:
 - 1) the size of the Department or Service.
 - 2) the complexity and variety of clinical services being delivered.
 - 3) the geographical complexity of managing rural or remote services.

- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of Health Professionals being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

(a) Discipline Advisor roles are graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for Discipline Advisor roles are:

- 1) **Grade 1:** 0-25 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 25-55 Professional, Scientific and Technical FTE.
- 3) **Grade 3:** 55-100 Professional, Scientific and Technical FTE.
- 4) **Grade 4:** 100 or more Professional, Scientific and Technical FTE.

(v) Progression:

(a) Progression between year increments within this level are automatic and occur on the employee's anniversary date.

Schedule 2.2 Psychology

Psychologist holds general registration with Ahpra as a Psychologist.

Transition to General Registration

(i) Definition and Scope:

(a) Classification at this level is reserved for short-term remuneration for staff members who have been successful in a merit-based recruitment process and:

- 1) hold provisional registration with Ahpra; and
- 2) are engaged in a transitional or remedial program with Ahpra.

(b) This applies to:

- 1) overseas qualified Psychologists or

- 2) those requiring practice placement after an extended break to satisfy Ahpra registration requirements.
- (c) The TPP Level does not apply to employees who are progressing through their initial provisional registration pathway with Ahpra following completion of an Australian psychology accredited qualification.
 - (d) The successful completion of these is to enable general registration with Ahpra as a Psychologist.
 - (e) 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:
 - 1) Application of professional knowledge, skills, and professional judgement; and
 - 2) Solve routine professional issues related to patient care, work health and safety, manual handling, and / or quality assurance; and
 - 3) Working and contributing to the work team / unit, which may involve multi-disciplinary team environments.

Level 1 – Provisional Psychologist

- (i) Definition:
 - (a) Level 1 Psychologists have obtained provisional registration with Ahpra and are completing their provisional registration.
 - (b) Employees will commence at the following increments:
 - 1) Completing 5th year of training by either “4+2”, “5+1”, or an “AoPE” pathway at Level 1, Year 1.
 - 2) Completing a 6th year of training by either “4+2”, “5+1”, or an “AoPE” pathway at Level 1, Year 2.
 - (i) (Note: The “4+2” pathway is a legacy pathway that is being phased out.)
 - (c) B. Functions
 - (d) Level 1 Psychologists may perform the following functions:
 - 1) Perform Psychological practice under clinical supervision in accordance with the Psychology Board of Australia’s guidelines; and
 - 2) Participate in quality improvement, educational activities and research activities within work unit or team and as appropriate and safe; and

3) Work in a multi-disciplinary team.

(ii) Practice arrangements:

(a) On call: A Level 1 Psychologist may perform on call if all of the following requirements are met:

- 1) The employer has conducted a risk assessment considering the capacities of the Level 1 Psychologist; and
- 2) The employee has completed designated training competencies relevant to the on-call; and
- 3) Consultation with a Board approved supervisor is always available while the Level 1 Psychologist is on-call.

(b) Supervision and clinical time: Roles at Level 1 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 have duties allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and employer-provided professional development, supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

(c) Sole practitioner: A Level 1 Psychologist will not act as a sole practitioner.

(iii) Progression within this level and to the next level:

(a) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.

(b) Level 1 Psychologists will progress to Level 2 from the date of obtaining general registration with Ahpra.

Level 2 – Psychologist

(i) Definition and requirements:

(a) A Level 2 Psychologist holds general registration with Ahpra.

(b) Level 2 Psychologists will commence at the following grades:

- 1) Psychologists with general registration will commence at Level 2, Grade 1, Year 1.

- 2) 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.

(ii) Functions:

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

- 1) 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
- 2) Apply existing and routine evidence-based treatment techniques and assessment procedures; and
- 3) Make more complex clinical decisions and solve problems under the clinical supervision of a Board approved supervisor of a higher level; and
- 4) Participate in delivering, and if appropriate lead, educational activities to non Psychology staff; and
- 5) Participate in clinical research activities led by a Level 3 Psychologist or higher; and
- 6) Perform on-call within the scope of their Level 2 practice, functions, and role; and
- 7) Participate in the development of local policies, procedures, standards, and practices in their work team / unit; and
- 8) Participate in quality improvement activities in their work team / unit.
- 9) Do not provide clinical supervision to other Psychologists.
- 10) Participate in an interdisciplinary team under the direction of a Level 3 Psychologist or higher.
- 11) Using approved technology as part of routine clinical practice, including Telehealth, to support the delivery of clinical services as directed.

- (b) Level 2, Grade 2 Psychologists may additionally:

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

(iii) Progression within this level and to the next level:

- (a) Progression within Level 2 is automatic and occurs annually on the determined anniversary date. A Level 2, Grade 1 Psychologist will progress to Level 2, Grade 2 automatically on the completion of 12 months' employment at Level 2, Grade 1, Year 3.
- (b) Progression to Level 3:
 - 1) A Level 2, Grade 2 Psychologist with general registration may apply for progression to Level 3 via Clause 13, Personal Regrade.
 - 2) A Level 2 Grade 2 Psychologist with an Area of Practice Endorsement will automatically progress to Level 3 from the date of receiving their Area of Practice Endorsement.

Level 3 – Psychologist

(i) Definition and requirements:

- (a) Psychologists at Level 3 demonstrate expertise either:
 - 1) in a recognised clinical specialty. For the purposes of this clause, practice in rural healthcare settings may constitute a specialty field; or
 - 2) across two or more clinical areas in a generalist capacity.
- (b) Such expertise will be demonstrated through high-level knowledge, skills, and experience.
- (c) Psychologists at Level 3 perform the majority of complex tasks with a high degree of independence.
- (d) Psychologists at Level 3 may take a leadership function in education and research activities within their area of expertise at a team or unit level. This may include, under the guidance of a Level 4 Psychologist Educator or Researcher:
 - 1) Leading the development, delivery and evaluation of profession specific or multidisciplinary professional development, clinical practice education and training within their work team or unit; and
 - 2) Actively applies clinical specialty knowledge, skills and experience to support a broader research program or project.

(ii) Progression to Level 3:

- (a) Level 3 comprises the following four classifications:
 - 1) Senior Psychologist.

- 2) Endorsed Psychologist.
- 3) Clinical Team Coordinator.
- 4) Project / Policy Officer.

(b) Progression to each Level 3 classification will occur in accordance with the provisions set out under that classification.

(iii) Recognition of additional clinical specialty:

(a) The Grading Committee may recognise additional areas of clinical specialty in Psychology that arise during the nominal term of this Award for the purposes of progression or appointment to Level 3.

(iv) Review of Level 3 positions:

(a) 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.

Level 3 – Senior Psychologist

(i) Indicators:

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

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

(b) Note: for the purpose of this classification 'clinical speciality area' is distinct to clinical speciality endorsement.

(ii) B. Progression to Senior Psychologist:

(a) Progression to Senior Psychologist may occur:

1) by personal regrade in accordance with Clause 13, Personal Regrade. A Level 2, Grade 2 Psychologist with general registration may apply for progression to Senior Psychologist; or

2) by appointment.

(b) Nothing in this clause prevents a Level 2, Grade 2 Psychologist undertaking a Registrar program leading to an Area of Practice Endorsement from applying for personal regrade or appointment as a Senior Psychologist.

(c) A person who is a Senior Psychologist who subsequently obtains an Area of Practice Endorsement will retain their original Level 3 incremental anniversary date.

Level 3 – Endorsed Psychologist

(i) Definition:

(a) An Endorsed Psychologist is a Psychologist who holds an Area of Practice Endorsement issued by Ahpra

(ii) Progression to Endorsed Psychologist:

(a) Progression to Endorsed Psychologist may occur:

1) by automatic progression. A Level 2 Grade 2 Psychologist with an Area of Practice Endorsement will automatically progress to Level 3 from the date of receiving their Area of Practice Endorsement; or

2) by appointment.

(b) A Level 2 Grade 2 Psychologist undertaking a Registrar program to obtain an Area of Practice Endorsement may apply for positions advertised at Level 3 prior to obtaining their Endorsement. However, successful applicants can only assume the level 3 position upon receipt of Endorsement.

Level 3 – Senior Psychologist with a Clinical Team Coordinator Function

(i) Definition:

(a) A Level 3 Senior Psychologist, in addition to their clinical role, can undertake the role of a Clinical Team Coordinator.

- (b) A Clinical Team Coordinator at this level would reflect both the clinical complexity, role and caseload expected of the Team, and with the high-level knowledge, skills, and experience demonstrated by a Psychologist at Level 3. For illustrative purposes only, a person in this role would be supervising a small Psychologist Team working within a Profession specific Department.

(ii) Functions

- (a) A Clinical Team Coordinator:

- 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
- 2) performs a clinical and operational supervision role and does not have operational responsibilities as a manager within the organisations Delegation Manual.

- (b) The duties of a Clinical Team Coordinator at Level 3 may include:

- 1) Providing operational supervision and allocation of the Team's caseload in accordance with relevant policies, procedures and clinical governance frameworks.
- 2) Leading, directing and coordinating the Team's patient and clinical delivery within allocated operational and resource parameters.
- 3) Coordinating and facilitating professional supervision in the Team in accordance with applicable clinical policies and procedures.
- 4) Participating in Departmental functions to assist the Assistant Manager and/or Manager of the Department or Service with operational management of the Team.
- 5) Disseminating and implementing essential clinical information and updates to Team members as required.
- 6) Ensuring compliance with relevant organisational policies and professional standards.

(c) Practice arrangements

- (d) To enable a Clinical Team Coordinator at Level 3 to productively and safely undertake the role of a Clinical Team Coordinator, duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

Level 3 – Senior Psychologist with Project and Policy Functions

(i) Definition:

- (a) Psychologists in this role may also hold Project/Policy functions that 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.

(ii) Functions:

- (a) Project and Policy Officers perform, some or all, of the following functions:

- 1) Conducting project work that supports service improvement, policy development, drafting and development of information/ data systems to enable monitoring and further improvement; and
- 2) Demonstrates high-level knowledge, skills and experience in a health profession or across health professions in a multi-disciplinary capacity; and
- 3) Demonstrated ability to work independently and within a team environment.
- 4) Demonstrated high level written and verbal communication and engagement skills.

(iii) Practice arrangements:

- (a) To enable a Senior Clinicians to productively and safely undertake the role of a Project/Policy functions must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and project and policy functions of the role.

Level 4 – Advanced Psychologist

(i) Progression - General:

- (a) Progression to Level 4 can occur:

- 1) By appointment; or
- 2) As a personal regrade in accordance with Clause 13, Personal Regrade.

1. The possible personal regrade pathways are:

- (ii) Level 3 to Advanced Psychologist (Level 4)

- (iii) Level 3 Psychologist with Clinical Team Coordination role to Level 4 Advanced Psychologist with Clinical Team Coordination role.

- (b) Employee personally progressing to advanced level must meet the requirements of the classification in which they are appointed or personally graded for the following classifications:
 - 1) Advanced Psychologist
 - 2) Advanced Psychologist with Clinical Team Coordinator role
- (c) Appointments to Psychologist Educator, Psychologist Researcher and Advanced Policy and Project officer are positional appointments and do not also need to qualify as an Advanced clinician.
- (d) Progression within this level is automatic and occurs annually on the Level 4 Psychologist's anniversary date, being the date of their appointment or the date the personal regrade took effect.

Level 4 – Advanced Psychologist

(i) Definition and requirements:

(a) A Level 4 Psychologist:

- 1) 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.
- 2) provides clinical supervision, guidance and consultation up to and including Level 3 Psychologists on critical or novel cases.
- 3) provides clinical leadership across speciality caseload.
- 4) provides advice to service managers on clinical service delivery, development, practice, and redesign.
- 5) contributes and support education activities beyond the work team / unit.
- 6) Identifies opportunities for improvement in clinical practice, as well as developing and leading ongoing quality improvement activities within the team / unit;

(b) The performance of the above criteria may be demonstrated in either:

- 1) a recognised clinical specialty; or
- 2) work across two or more clinical areas in a generalist capacity.

(c) Indicators:

- (d) Indicators of meeting the requirements above include but are not limited to the following:
- 1) Acts as a reference point for guidance and / or supervision for complex documentation requirements; or
 - 2) Provides clinical supervision to staff over a broad geographical area including through the application of technology, such as Telehealth; or
 - 3) Provides direction and specialised advice to more senior Health Professionals, nursing and / or medical staff on intervention strategies, practices, and evidence; or
 - 4) Provides clinical guidance to other Psychologists or Health Professionals and / or other team / unit staff members in a complex regulatory environment; or
 - 5) Provides high-level clinical leadership in a complex and critical work environment or program as determined by a Grading Committee established via Clause 12, Grading Committee and Statewide Grading Working Party.
- (e) Progression:
- 1) Progression to Level 5 Expert Psychologist Clinical is in accordance with Clause 13, Personal Regrade.

Advanced Psychologist Clinical Team Coordinator

- (i) Definition:
- (a) A Level 4 Psychologist can, in addition to their clinical role, undertake the role of an Advanced Clinical Team Coordinator.
 - (b) A Clinical Team Coordinator at the Advanced 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 Psychologist at Level 4. For illustrative purposes only, a person in the role would be supervising a Team servicing a complex and critical caseload generally requiring a degree of adaptation in clinical principles.
 - (c) A Clinical Team Coordinator:
 - 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
 - 2) performs a clinical and operational supervision role and does not have operational management responsibilities.

- 3) This position does not have delegations as a manager within the organisation Delegations Manual.
- 4) Actively leads team-based service development activities at a clinical level and provides specialised advice to managers on department or service level development activities.

(ii) Functions:

(a) The duties a Clinical Team Coordinator at the Advanced level may include:

- 1) Providing operational supervision and allocation of the Team's caseload in accordance with relevant policies, procedure and clinical governance frameworks in with accordance with relevant
- 2) Leading, directing and co-ordinating the Team's patient and clinical delivery within allocated operational and resource parameters.
- 3) providing operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff.
- 4) Co-ordinating, and facilitating and/or providing professional supervision in the Team in accordance with applicable policies and procedures
- 5) Implementing service policy and strategy at the Team level.
- 6) Participating in Departmental functions to assist the Assistant Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- 7) Disseminating and implementing essential clinical information and updates to Team members as required.
- 8) Overseeing appropriate clinical use of equipment in accordance with existing policies and procedures.

(iii) Practice arrangements:

- (a) To enable an Advanced Clinical Team Coordinator to productively and safely undertake the role of a Clinical Team Coordinator, their clinical duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

Level 4 – Psychologist Educator

(i) Definition and scope of role:

- (a) A Psychologist Educator:

- 1) demonstrates advanced educational knowledge, skills and experience
 - 2) applies educational and clinical knowledge, skills and experience to improve the clinical knowledge and skills of other clinicians; and
 - 3) acts as a reference point for other educators and clinicians and may influence clinical practice and/or clinical governance systems.
- (b) The scope of Psychologist Educators within a LHD or Network will be determined according to the purpose of their role, which can include:
- 1) Discipline-specific Educators, responsible for enhancing the knowledge and skills of Psychologists in a facility or service.
 - 2) Clinical Stream Educators, responsible for enhancing the knowledge and skills across Psychologists working within a defined clinical speciality area.
 - 3) 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.
 - 4) Student Educator, responsible for teaching Psychology students during placement and/or coordinating student clinical placement.
- (c) Districts, Networks, Facilities, Services and Departments may have several 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.
- (ii) Duties and functions:
- (a) The general duties of Psychologist Educators may perform within their above defined scope include:
- 1) Develop, deliver and participate in evaluation of specialised education and training programs.
 - 2) Actively participate in and contribute to the strategic direction of professional development programs.
 - 3) Oversee, coordinate and / or lead educational research, redesign and improvement.
 - 4) Assess Psychology staff learning and education requirements, particularly in relation to speciality areas.

- 5) Development and coordination of new graduate program education and other early career clinician support.
- 6) 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.
- 7) Maintaining records for training and competency within sphere of function.

(iii) Practice arrangements:

- (a) Educators at this level are generally not required to perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances or by agreement between the Educator and Employer.

Level 4 – Psychologist Clinical Researcher

(i) Definition and requirements:

(a) A Psychologist Clinical Researcher:

- 1) demonstrates advanced research knowledge, skills and experience
- 2) independently applies clinical research knowledge and outcomes to improve clinical knowledge and skills
- 3) acts as a reference point for clinicians, educators and other researchers and may influence clinical practice and / or clinical governance systems.

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

(ii) Duties and functions:

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

- 1) Demonstrates specialised research, knowledge, skill and experience in a psychological practice, service area or clinical speciality;
- 2) Leads 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;
- 3) Provides supervision of Level 3 Researchers and other research staff, auxiliary supervision of higher degree research students;

- 4) Actively contributes to developing clinical research program strategy and, within their area of expertise, directly supports Strategic Research Lead in implementation of research program strategy;
- 5) Identifies research questions and topics from clinical practice whilst promoting, supporting and guiding integration of research and clinical activity;
- 6) Demonstrates high-level communication skills and application of complex clinical research to stakeholders in a clinical service delivery setting;
- 7) Supports, promotes and guides the process of integrating research and clinical activity;
- 8) Developing research track record of peer reviewed publications or grants.

(iii) Practice arrangements:

- (a) An Advanced Researcher may carry a clinical caseload where relevant to their role, scope of practice and research activities.

Level 4 – Advanced Psychology Project and Policy Officer

(i) Definition and requirements

(a) Advanced Psychologist Project / Policy Officer:

- 1) Implements, evaluates and reports on complex policy, programs, and/or strategic projects related to Psychology areas requiring applied clinical expertise and knowledge.
- 2) Demonstrates knowledge, and/or qualifications in project management methodology.
- 3) Demonstrates recognised skills and experience/expertise in project management.
- 4) Mentors and supports other clinicians in managing projects.

(ii) Duties and functions:

(a) An Advanced Psychologist Project / Policy Officer will perform, some or all, of the following functions:

- 1) Coordinating and managing projects within their portfolio; and
- 2) Ensuring the timely deliverables and reporting for projects according to designated KPIs; and
- 3) Developing implementation plans and monitoring systems for new policies; and

- 4) Contribution to the development and review of standards, guidelines and models of care; and
- 5) Participating in and contributing to high-level project planning.

Level 5 – Psychologist

(i) Progression - General:

(a) Progression to Level 5 Psychologist can occur:

- 1) By appointment; or
- 2) As a personal regrade in accordance with Clause 13, Personal Regrade.

(i) The possible personal regrade pathways are:

- (a) Level 4 Advanced Psychologist to Level 5 Expert Psychologist.
- (b) Level 4 Psychologist with Clinical Team Coordination role to Level 5 Advanced Psychologist with Clinical Team Coordination role.

(b) Employee personally progressing to expert level must meet the requirements of the classification in which they are appointed or personally graded for the following classifications:

- 1) Expert Psychologist
- 2) Expert Psychologist with Clinical Team Coordinator role

(c) Appointments to Expert Educator and Expert Researcher are positional appointments and do not also need to qualify as an Advanced clinician.

(d) Progression within this level is automatic and occurs annually on the Level 5 Psychologist's anniversary date, being the date of their appointment or the date the personal regrade took effect.

Level 5 – Expert Psychologist

(i) Definition and requirements:

(a) A Level 5 Expert Psychologist has an expert level of clinical expertise and practice in a specialty field. This level of expertise will be demonstrated by the fact that the Expert Psychologist has extensive experience in their specialty field. For the purposes of this clause, practice in rural healthcare settings may constitute a specialty field.

(b) An Expert Clinician will possess:

- 1) a clinically relevant post graduate qualification or have completed additional training that may be available and pertinent to their discipline / specialty field; and
 - 2) either:
 - (i) gained peer recognition by a panel of discipline colleagues, professional association, or professional registration body in their clinical specialty field; or
 - (ii) have a substantive academic appointment
 - (c) An Expert Psychologist demonstrates their specific clinical expertise and practice in a specialty field by undertaking particular activities, which may include one of the following:
 - 1) a demonstrated history as a named author on published papers and/or as an invited speaker at conferences; or
 - 2) demonstrated consultative leadership, which may include undertaking advanced / extended scope of practice or performing novel approaches to care within their discipline; or
 - 3) the provision of consultation at state and/or national levels to other like professionals, professional bodies or organisations regarding professional / clinical services, models of care, the development of policies, procedures or guidelines in areas benefiting from specialist knowledge.
- (ii) Scope:
- (a) In recognition of their superior clinical expertise, an Expert Psychologist can be responsible for:
 - 1) quality improvement;
 - 2) development of better practice and clinical research within a facility;
 - 3) active involvement in teaching staff and students in their field of expertise;
 - 4) 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;
 - (b) represent the profession/clinical area on relevant high-level committees.
- (iii) Practice arrangements:
- (a) An Expert Clinician undertakes their responsibilities without direct supervision and with a level of discretion permitted by applicable professional guidelines and local Delegation Manual to support organisational goals.

- (b) Clinical time: The duties must be allocated in a manner that ensures that the employee is provided with sufficient and appropriate levels of non-clinical time so they can participate in education and professional development, provision of and participation in supervision, clinical governance activities, and administrative functions of their role, having regard to the classification level of the employee.

Level 5 – Expert Psychologist with a Clinical Team Coordinator Role

(i) Definition and requirements:

- (a) A Level 5 Psychologist can, in addition to their clinical role, undertake the role of a Clinical Team Coordinator.
- (b) A Clinical Team Coordinator at the Expert Psychologist Level would reflect the clinical complexity, role and caseload expected of the Team and is commensurate with the expert level of clinical expertise and practice of the Expert Psychologist. For illustrative purposes only, a person in this role would be supervising a Team providing a highly innovative, critical, and complex LHD, Network or statewide service requiring strategic clinical leadership.
- (c) A Clinical Team Coordinator:
- 1) works under the operational management of the Assistant Manager and/or Manager of the overarching Department or Service.
 - 2) performs a clinical and operational supervision role and does not have operational management responsibilities.
 - 3) does not have delegation to have final approval for:
 - (i) leave
 - (ii) rostering
 - (iii) recruitment or termination
 - (iv) decisions relating to human resources and physical or financial resource allocation within the team or unit.
- (d) For the avoidance of doubt, operational management responsibility remains with the Assistant Manager(s) and Manager of the Department or Service.

(ii) Functions:

- (a) The supervisory duties of a Clinical Team Coordinator at the Expert Psychologist level may include:
- 1) Operational supervision and allocation of the Team's caseload

- 2) Lead, direct and co-ordinate the Team's patient and clinical delivery within allocated operational and resource parameters.
- 3) May hold operational supervision responsibilities for multi-disciplinary Health Professionals, technical support staff, assistants, and other health services staff.
- 4) Co-ordinate and facilitate professional supervision in the Team.
- 5) Lead service development in the Team but not at a Department or Service level.
- 6) Implement service policy and strategy at the Team level.
- 7) Participate in Departmental functions to assist the Assistant Manager / Manager of the Department or Service with operational management functions as they relate to the Team.
- 8) Disseminating essential clinical information and updates to Team members as required.
- 9) Overseeing appropriate clinical use of equipment in accordance with existing policies.

(iii) Practice arrangements:

- (a) To enable a Psychologist at Level 5 to productively and safely undertake the role of a Clinical Team Coordinator, their clinical duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

Level 5 - Expert Psychologist Educator

(i) Definition and scope of role:

- (a) An Expert Psychologist Educator performs strategic and advocacy functions to guide the overall direction of Psychology Education within a LHD or Network.
- (b) An Expert Psychologist Educator is expected to:
 - 1) maintain being a Board Approved Supervisor; and
 - 2) possess either:
 - (i) 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
 - (ii) have a substantive academic appointment or conjoint appointment.

(c) 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):

- 1) Discipline Specific Educators.
- 2) Clinical Stream Educators.
- 3) Student Educator.

(ii) Duties and functions:

(a) An Expert Psychologist Educator may perform the following functions:

- 1) Support systems and process for development and maintenance of clinical competencies.
- 2) Participate in evaluation of multi-disciplinary practice.
- 3) Actively engage with Allied Health education leadership to ensure staff organisational needs are met.
- 4) Responsible for coordination of the assessment and evaluation of Health Professional learning and education outcomes.
- 5) Develop strategic professional development plans.
- 6) Lead the planning, design, curriculum development and implementation of education and professional development programs within the scope of roles purpose.
- 7) In conjunction with other educators, facilitate and identify opportunity for improved interdisciplinary learning opportunities.
- 8) Oversee the evaluation strategy to ensure programs remain current and compliant with regulatory requirements.
- 9) Develop and maintain relationships with teaching, training and / or educational research institutions.
- 10) Provide supervision and act as a reference point to Advanced Psychologist Educators, and Level 3 Psychologists undertaking activities related to education.
- 11) 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.

(iii) Practice arrangements:

- (a) An Expert Educator is generally not required perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances. or by agreement between the Educator and Employer.

Level 5 – Expert Psychologist Researcher

(i) Definition and requirements:

- (a) An Expert Psychologist Research Lead coordinates and leads significant clinical research programs across facilities and will meet the following criteria:
 - 1) Hold a post-graduate degree which includes a research component.
 - 2) Demonstrates outstanding contribution to the profession including peer reviewed publications.
 - 3) Demonstrates success in leading and / or obtaining research grants as a Researcher.

(ii) Duties and functions:

- (a) An Expert Psychologist Research Leads may perform some or all of the following functions:
 - 1) Be responsible for clinical research programs and strategy across facilities and / or services.
 - 2) Demonstrate extensive clinical research methodology knowledge, skills and expertise in a clinical specialty area or across multiple areas.
 - 3) Prepare complex grant applications, research methodology and disseminate research findings in conferences and peer reviewed journals.
 - 4) Lead or develop researcher skill development or capacity building activity.
 - 5) Develop and maintain relationships with research institutions.

(iii) Practice arrangements:

- (a) An Expert Researcher is generally not required perform direct clinical duties or hold a caseload except in emergency or unforeseen circumstances.

Level 6 – Assistant Manager Psychology

(i) Definition and scope:

- (a) A Psychologist who undertakes the role of a Assistant Manager can be utilised in operational management and professional / clinical governance for a unit, team or

function within a department or service under the direction and delegation of a Manager.

(ii) Functions:

(a) An Assistant Manager may perform the following duties and responsibilities:

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

(iii) Practice arrangements:

(a) The structure and number of Assistant Managers will be influenced by:

- 1) the size of the Department or Service.
- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of Psychologists being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

(a) Assistant Manager roles are graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for Assistant Manager roles are:

- 1) **Grade 1:** 0-10 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 10-20 Professional, Scientific and Technical FTE.
- 3) **Grade 3:** 20-30 Professional, Scientific and Technical FTE.
- 4) **Grade 4:** 30-45 Professional, Scientific and Technical FTE.
- 5) **Grade 5:** 45-60 Professional, Scientific and Technical FTE.
- 6) **Grade 6:** 60 or more Professional, Scientific and Technical FTE.

(v) Progression:

(a) Progression between year increments within this level are automatic and occur on the employee's anniversary date.

Level 7 – Manager and/or Professional Lead

(i) Definition and scope:

(a) A Psychologist at this Level undertakes the role of a Manager and/or Profession Lead of for a unit, team or function within a department or service.

(b) A Level 7 Manager:

- 1) has primary accountability for the operational management including financial, physical, and human resources of the Department or Service; and
- 2) has authority to determine how organisationally determined programs, strategies and priorities are achieved within allocated and available resources to the department or service.

(c) A Professional Lead:

- 1) has primary accountability for discipline-specific professional oversight within their department or service
- 2) reports to a District- or Network-wide Discipline-specific Advisor.
- 3) provides discipline-specific advice and support to Managers within a department or service.

(d) To ensure appropriate professional and clinical governance, Psychologist must have access to a discipline-specific professional reporting line.

- (e) A Manager may have dual responsibility as a Professional Lead for staff from the same profession. Where a manager is from a different profession, a Professional Lead must be available to provide a professional reporting line for each specific discipline within the department or service.
- (f) The Professional Lead should, wherever possible, be located within the department or service. Where this is not practicable, the Professional Lead may be located elsewhere within the LHD or Network, provided this does not hinder the Psychologist's access to professional support.

(ii) Duties and functions:

- (a) Responsibilities for roles at this level will depend on whether the role is singly classified as a Manager or Professional Lead or dually classified as both may include the following. Where a psychologist holds dual classification as both the Manager and Professional Lead, it will be an amalgam of the responsibilities set out below.
- (b) A Manager's responsibilities may include the following:
 - 1) Direction and co-ordination of clinical service delivery.
 - 2) Delivery of clinical projects.
 - 3) Oversee planning for the provision, implementation, and evaluation of relevant clinical services within the Department or Service.
 - 4) Financial governance of the Department or Service.
 - 5) Have final approval and oversight on the Department or Service's performance review and management processes.
 - 6) Accountable for ensuring the delivery of Department or Service education programs.
 - 7) Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
 - 8) Primary accountability for workforce functions, with responsibilities including but not limited to:
 - (i) Leave management.
 - (ii) Rostering.
 - (iii) Performance management and improvement.

- (c) A Professional Lead's responsibilities may include the following:

- 1) Provide discipline specific professional input to the planning, provision, implementation, and evaluation of relevant clinical services within the Department or Service.
- 2) 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.
- 3) Be familiar with, and in turn promote, the broad strategic context of the Department or Service.
- 4) 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.
- 5) 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.
- 6) Provide discipline specific advice in relation to clinical care, professional practice and governance.
- 7) Provide discipline specific advice in relation to scope of practice and models of care.
- 8) If required, undertake representation in Ministry, LHD and / or Network discussions on Psychologists.
- 9) May have professional oversight of discipline specific Psychologists 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.

(iii) Grading:

(a) A Manager and/or Professional Lead role is graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for a Manager and/or Professional Lead are:

- 1) **Grade 1:** 0-5 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 5-15 Professional, Scientific and Technical FTE.

- 3) **Grade 3:** 15-25 Professional, Scientific and Technical FTE.
- 4) **Grade 4:** 25-40 Professional, Scientific and Technical FTE.
- 5) **Grade 5:** 40-55 Professional, Scientific and Technical FTE.
- 6) **Grade 6:** 55-75 Professional, Scientific and Technical FTE.
- 7) **Grade 7:** 75 or more Professional, Scientific and Technical FTE.

Level 8 – Psychology Advisor/Director

(i) Definition and scope:

- (a) The Advisor/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.

(ii) Functions:

- (a) 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:
 - 1) Make a major contribution towards the development and achievement of the strategic directions of the LHD or Network.
 - 2) Make decisions within delegated scope 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.
 - 3) 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.
 - 4) Demonstrate expert professional knowledge of methods, principles and practice and skills across client groups and work areas.
 - 5) Establish core professional governance responsibilities pertaining to Psychologists.
 - 6) Provide Psychologist specific input to recruitment, supervision and profession-specific education and development in partnership with operational managers

- 7) Identify professional specific risk and develop mitigation strategies to support delivery of clinical services
- 8) May have a combination of operational, professional and strategic roles as follows:
 - (i) has professional responsibility regarding strategic workforce and service development and professional practice across the LHD or Network.
 - (ii) provides professional co-ordination, governance and leadership across the LHD or Network.
 - (iii) acts as a central point of contact for strategic consultation and liaison with Senior Executive management.
 - (iv) provide an expert speciality consultancy role in their area of expertise and participate in statewide advisory groups and networks.
 - (v) may be involved in the provision of relevant clinical or leadership training, management development and/or mentoring to staff within the LHD or Network.
 - (vi) undertake high level representation, consultation and advocacy for Psychologists, including to the Ministry and other statewide Networks.
 - (vii) 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 e.g. Universities.
- (b) A Psychologist Specific Director / Advisor may have a dual role and also be a Manager of a Department or Network.
- (iii) Practice arrangements:
 - (a) The structure and number of Psychology Directors/Advisors will be influenced by:
 - 1) the size of the Department or Service.
 - 2) the complexity and variety of clinical services being delivered.
 - 3) the geographical complexity of managing rural or remote services.
 - 4) the use of multiple locations to deliver clinical services.
 - 5) the profile and number of Psychologists being managed.

- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

- (a) A Psychologist Advisor/Director role is graded in accordance with:
 - 1) The weighted total FTE for the role; and
 - 2) Clause 14, Grading of Certain Positions of this Award.
- (b) The weighed total FTE gradings for a Psychologist Advisor/Director are:
 - 1) **Grade 1:** 0-25 Professional, Scientific and Technical FTE.
 - 2) **Grade 2:** 25-55 Professional, Scientific and Technical FTE.
 - 3) **Grade 3:** 55-100 Professional, Scientific and Technical FTE.
 - 4) **Grade 4:** 100 or more Professional, Scientific and Technical FTE.

Schedule 2.3 Pharmacists

Pharmacist holds general registration with Ahpra as a Pharmacist.

Transition to General Registration

- (i) Definition and scope:
 - (a) Classification at this level is reserved for short-term remuneration of staff members who have been successful in a merit-based recruitment process, hold provisional or limited registration with Ahpra for the purpose of completing requirements for general registration.
 - (b) Roles have an active focus on building toward the attainment of a recognised level of knowledge and skill in their given domain.
 - (c) These staff work under the supervision and direction of an appropriate experienced/ accredited supervisor.
 - (d) The successful completion of this appointment is to enable general registration with Ahpra in their profession.

Intern Pharmacist

- (i) Definition:

- (a) An **Intern Pharmacist** holds either provisional or limited registration with Ahpra to permit the completion of a supervised practice program. The successful completion of these is to enable general registration with Ahpra as a Pharmacist.

(ii) Practice arrangements:

- (a) Overall supervision of an Intern Pharmacist's professional practice and development is provided by their approved preceptor.
- (b) An Intern Pharmacist complete their day-to-day work under the supervision of a generally registered Pharmacist to ensure patient safety and professional development of the following capacities:
 - 1) Application of professional knowledge, skills, and judgement; and
 - 2) Solve routine professional issues related to the delivery of patient services, work health and safety, and / or quality assurance; and
 - 3) Working and contributing to the work team / unit, which may involve interaction with other clinical professions / roles.

(iii) Progression:

- (a) Progression to Entry Level Pharmacist (Level 1) is automatic on the Intern Pharmacist obtaining their general registration from Ahpra

Level 1 - Pharmacist

(i) Definition:

- (a) A Level 1 Pharmacist has obtained general registration with Ahpra as a Pharmacist. They are in their first year of practice and are developing their professional skills.

(ii) Functions:

- (a) A Level 1 Pharmacist may perform the following functions:
 - (b) Perform routine duties with regular clinical and operational supervision.
 - (c) Contribute to services delivered to individuals in routine situations.
 - (d) As experience grows, undertake increasingly more complex clinical tasks under clinical supervision.
 - (e) Participate in committees and working groups for the purposes of professional development.

- (f) Participate in quality improvement, research and educational activities under direction.
- (g) Provide clinical supervision to Intern Pharmacists and Pharmacy students , commensurate with their level of experience.

- 1) May operationally supervise the work of pharmacy technicians.

(iii) Practice arrangements:

(a) Level 1 Pharmacists may perform on-call if all the following criteria are met:

- 1) The employer has conducted a risk assessment on the performance of on-call.
- 2) They have completed designated training, with competencies relevant to the on-call service deemed to have been met.
- 3) A process of consultation with a more senior pharmacist is always available to them whilst on-call.

(b) A Level 1 Pharmacist may not supervise other generally registered pharmacists.

(iv) Progression:

(a) A Level 1 Pharmacist will automatically progress to Level 2 Pharmacist on completion of 12 months at Level 1.

Level 2 – Pharmacist

(i) Definition:

(a) has a proficient level of clinical and professional practice, demonstrated through completion of 12 months service at Pharmacist Level 1.

(ii) Functions:

(a) A Level 2 Pharmacist performs all Level 1 Pharmacist duties as required, and in addition, the following functions:

- 1) Provide routine Pharmacy services independently, with a proficient level of knowledge and skill within their scope of practice.
- 2) Perform complex Pharmacy duties under the clinical supervision of a Level 3 Pharmacist or higher.
- 3) Manage workload and day-to-day operational work with increasing autonomy commensurate with years of experience.

- 4) Participate in activities contributing to clinical governance and projects, including committees, working groups and the development of policies and procedures.
 - 5) Participate in quality and service improvement activities, research and educational and teaching activities.
 - 6) May provide clinical supervision to Level 1 Pharmacists, Intern Pharmacists and Pharmacy students.
 - 7) May operationally supervise the work of pharmacy technicians.
 - 8) Participate in top of scope of practice programs (such as Partnered Pharmacist Medication Charting), subject to meeting credentialing and competency requirements.
- (b) In addition, Level 2 Pharmacists may lead quality and service improvement activities. The parties recognise opportunities to lead such activities is an important professional development factor and may be considered in progression applications to higher classifications.

(iii) Progression:

- (a) Those employees with demonstrated prior service as a generally registered pharmacist will have such service recognised for the purpose of determining their commencing year of service and anniversary date. This may include overseas service / practice which is considered equivalent to the practice of a pharmacist with general registration in Australia.
- (b) Progression through Level 2 is automatic and occurs annually on their determined anniversary date for incremental progression.
- (c) Progression to Level 3 Pharmacist is in accordance with Clause 13, Personal Regrade.

Level 3 – Pharmacist

(i) Definition and requirements:

- (a) A level 3 Pharmacist has a highly proficient level of clinical and professional practice, demonstrated by having both:
 - 1) Completed a minimum of three years relevant general registration experience; and
 - 2) Demonstrated higher level clinical skills and knowledge in either:
 - (i) specialty area of practice, including but not limited to those recognised by ANZCAP; or

- (ii) 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.

(ii) In addition, a Level 3 Pharmacist must demonstrate at least one of the following:

- (a) Actively contributes to clinical research projects, quality improvement initiatives and working groups or committees that are relevant to their practice area(s); or
- (b) 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
- (c) Actively contributes to development and review of policy, procedure and guideline documents; or
- (d) Actively participates in extended or top of scope of practice programs that require a credentialing or competency assessment process.

(iii) Indicators and Functions:

- (a) A Level 3 Pharmacist may demonstrate high-level clinical skills and knowledge though:
 - 1) Attainment of a Pharmacist Registrar level (or higher) professional recognition, including but not limited to ANZCAP recognition.
 - (i) OR
 - 2) 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; and
 - 3) Exercises appropriate professional judgement in managing and prioritising clinical caseloads; and
 - 4) Provides high-quality clinical advice and supervision to less experienced pharmacists, particularly with regards to matters of their specialty area(s) or generalist expertise.
- (b) Level 3 Pharmacists provide clinical supervision to Level 2 Pharmacists and below as required.

(iv) Progression:

- (a) Progression within Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.

Level 4 – Pharmacist

(i) Definition and functions:

- (a) A 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.
- (b) Level 4 Pharmacists generally perform the following responsibilities within the scope of their appointed role:
 - 1) Provide clinical services of a highly complex and varied nature where principles, procedures, techniques or methods may require adaptation to address clinical requirements.
 - 2) Apply expertise to provide services and advice in complex, unfamiliar or unpredictable circumstances.
 - 3) Establish, review and revise policies and procedures in a practice area within their work group or unit.
 - 4) Ensure legal requirements, accreditation standards and relevant guidelines within their area of responsibility are implemented and adhered to; and
 - 5) Provide clinical supervision to Level 3 Pharmacists and below, particularly in the context of their specialty area of practice or generalist expertise.
- (c) In addition, a Level 4 Pharmacist may undertake the following activities as required:
 - 1) Contribute to and demonstrate leadership within a research team or teams as a supervisor and may manage components of a major clinical research project.
 - 2) Plan, supervise and implement new programs or quality improvement projects within a work unit or team.
 - 3) Lead or guide the development, delivery and evaluation of education and training programs within their specialty and / or work unit.

(ii) Progression:

- (a) Level 4 Pharmacists are positional roles.
- (b) Progression within Level 4 is automatic and occurs annually on the anniversary date of their appointment to the position.
- (c) Progression to Level 5B Expert Pharmacist is in accordance with Clause 13, Personal Regrade.

Level 5 – Pharmacist

(i) General:

- (a) Level 5 Pharmacists perform the responsibilities of a Level 4 Pharmacist and in addition demonstrate:
 - 1) Level 5A: Operational leadership and supervision for a team or unit.
 - 2) Level 5B: Expert level clinical skills and knowledge in a clinical speciality enabling consultancy level leadership extending beyond their team or unit.
- (b) Level 5A roles are positional roles.
- (c) Progression to Level 5B can occur:
 - 1) By appointment; or
 - 2) [As a personal regrade in accordance with Clause 13, Personal Regrade.](#)
- (d) 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.

Level 5A – Pharmacist Clinical Team Coordinator

(i) Definition and Functions:

- (a) Level 5A Pharmacists perform the responsibilities of a Level 4 Pharmacist and in addition undertake the role of team or unit leader and coordinator, responsible for the operational supervision of a team or unit.

(ii) Functions:

- (a) Level 5A Pharmacists may perform the following functions:
 - 1) Operational supervision and allocation of the team or unit's caseload.
 - 2) Lead, direct and co-ordinate the team or unit's service delivery within allocated operational and resource parameters.
 - 3) May hold operational supervision responsibilities for other Pharmacists, Pharmacy Technicians, and technical support staff.
 - 4) Lead service development in the team or unit, but not at a Pharmacy Department or Service level.
 - 5) Co-ordinate and facilitate professional supervision in the team / unit.

- 6) Participate in Departmental functions to assist the Assistant Director / Director of the Pharmacy Department or Service with operational management functions as they relate to the team / unit.
- 7) Implement service policy and strategy at the team or unit level.
- 8) Disseminate information to team / unit members.
- 9) Monitor the use of equipment and other physical capital in the team / unit.

(b) Level 5A Pharmacists do not routinely hold operational management responsibilities.

(iii) Practice Arrangements:

- (a) To enable a Coordinator Pharmacist to perform their supervision functions of their allocated role, duties must be allocated so that the clinical workload is appropriately limited, with sufficient hours for clinical and operational supervision functions of the role.

Level 5B – Expert Pharmacist

(i) Definition:

- (a) Level 5B Demonstrate expert level clinical skills, knowledge and practice in their speciality field.

(ii) Indicators and functions:

- (a) Level 5B pharmacists may provide clinical supervision to Level 4 pharmacists and below, and to other Level 5 Pharmacists (in the context of their specialty area of practice or generalist / other experience held).
- (b) A level 5B clinical Leader Pharmacist demonstrates such expert level professional and/or consultative leadership in the following ways:
 - 1) 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.
 - 2) 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.
 - 3) Skilfully leads and embeds positive change through innovation and structured improvement initiatives within their clinical area of expertise.
 - 4) Has an established record of published or shared work which has had a demonstrable impact on relevant practice and research.

- 5) 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.

Level 6 – Pharmacy Service Lead

(i) Definition and scope:

- (a) Level 6 Pharmacists are responsible for program level operational supervision and management accountabilities of a service or clinical stream.
- (b) Level 6 Pharmacists coordinate clinical and / or operational requirements within their area of operation for a service in a department, across facilities, in a pillar organisation, across a speciality network or across multiple LHDs.
- (c) Level 6 Pharmacists undertake strategic and operational management of a service or clinical stream demonstrated by providing:
 - 1) Complex services over multi-faceted areas with extensive clinical, operational and governance responsibilities; or
 - 2) Highly specialised advanced practice services requiring extensive subject matter expertise.

(ii) Functions:

- (a) Level 6 Pharmacists will be expected to undertake the following responsibilities, under the delegation and direction of the Assistant Director(s) and / or Director of Pharmacy:
 - 1) implementation and provision of timely Pharmacy services within their service or stream where:
 - (i) employed in a LHD or specialty Network setting, the Pharmacy Service Manager will assist the Assistant Director(s) and Director of Pharmacy (as well as a District or Network 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
 - (ii) 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.
 - 2) professional line of reporting for staff;
 - 3) administrative, operational and clinical governance tasks relevant to Pharmacy Services and staff as per local governance policies and procedures, professional standards and delegation manual;

- 4) to ensure day-to-day service delivery;
- 5) assist the Assistant Director(s) and Director of Pharmacy as required with decisions relating to human resources and physical or financial resource allocation.

(iii) Practice Arrangements:

- (a) The structure and number of Pharmacy Service Leads will be influenced by:
- 1) the size of the clinical stream or Service.
 - 2) the complexity and variety of clinical services being delivered.
 - 3) the geographical complexity of managing rural or remote services.
 - 4) the use of multiple locations to deliver clinical services.
 - 5) the profile and number of employees being managed.
 - 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iv) Grading:

- (a) Level 6 Pharmacists are graded according to the scope of responsibilities:
- 1) **Level 6A:** Pharmacy Service Lead operating independently across two or more facilities, an LHD or a speciality network, or in a statewide role. At this level the Pharmacy Service Lead will not hold operational management reporting lines for other pharmacists.
 - 2) **Level 6B:** Pharmacy Service Lead at a facility, an LHD or a speciality network, or in a statewide role. In addition, they will hold operational supervision and management of pharmacists, pharmacy technicians or support staff.

Level 7 – Assistant Director of Pharmacy

(i) Definition:

- (a) Level 7 Pharmacists undertake the role of Assistant Director of a Pharmacy Department or Service.
- (b) Level 7 Pharmacists are responsible for the physical and human resources of the Department or Service under the delegation of the Director of Pharmacy. They may assist the Director of Pharmacy with the financial responsibilities of the Department.

- (c) The Assistant Director(s) at this Level will, under delegation of the Director of Pharmacy, have authority to determine how to achieve any identified objectives within allocated and available resources to the Department or Service.

(ii) Functions:

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

- 1) Delivery of Pharmacy services and professional governance:

- (i) Direction and co-ordination of Pharmacy service delivery.
- (ii) Delivery of Pharmacy projects.
- (iii) Oversight of planning for the provision, implementation, and evaluation of Pharmacy services delivered by the Department or Service.
- (iv) strategic planning, monitoring, and evaluating Pharmacy service delivery.
- (v) Being familiar with, and in turn promoting, the broad strategic context of the Department or Service.
- (vi) Co-ordinating and ensuring 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) approval and oversight on the Department or Service's performance review and management processes.
- (ix) ensuring the delivery of Department or Service education programs.
- (x) If requested, undertaking 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 Assistant 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

- 1) Financial governance of the Department or Service.

- 2) Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
- 3) Management of allocated physical and human resources.
- 4) Authority and capacity to liaise with other LHD or Network services as the representative of the Department or Service.
- 5) Accountability for workforce functions, with responsibilities including but not limited to (under Director's delegation as per local Delegations Manual):
 - (i) Leave management.
 - (ii) Rostering.
 - (iii) Performance management and improvement.

(iii) Grading:

- (a) For the purposes of Level 7 grading band, facility service level means the service level identified in *Guide to the Role Delineation of Clinical Services (2024)* or any subsequent versions agreed between the parties.
- (b) Level 7 Pharmacists are graded according to the following:
 - 1) **Band 7A** for an Assistant Director of Pharmacy at a facility of Pharmacy Service Level 4 OR a Regional Facility Service Level 1 - 4.
 - 2) **Band 7B** for an Assistant Director of Pharmacy at a facility of Pharmacy Service Level 5.
 - 3) **Band 7C** for an Assistant Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line operational 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.
 - 4) **Band 7D** for an Assistant Director of Pharmacy at a facility of Pharmacy Service Level 6.
 - 5) **Band 7E** for an Assistant Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line operational management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above.

(iv) Practice Arrangements:

(a) The overarching Pharmacy Department or Service can have a number of Assistant Directors in their structure, reflecting factors with the numbers influenced by such as, for example only:

- 1) the size of the Department or Service.
- 2) the complexity of Pharmacy services being delivered;
- 3) difficulties associated with managing rural / remote services;
- 4) the use of multiple locations (as defined above) to deliver Pharmacy services; or
- 5) the profile and number of Pharmacy staff being managed.

(v) Progression:

(a) Progression within Level 7 is automatic and occurs annually on the determined anniversary date.

Level 8 – Director of Pharmacy

(i) Definition:

(a) Level 8 Pharmacists undertake the role of Director of a Pharmacy Department or Service and are responsible for the clinical, professional and operational governance of the Department of Service.

(ii) Functions:

(a) Level 8 Pharmacists may be responsible for:

- 1) Overall management and coordination of Pharmacy services that fall within their delegated responsibilities in a Hospital or Service.
- 2) Participating in and contributing to executive level decision making relating to the operational management of the Hospital or Service.
- 3) Guiding service delivery development and planning with a high degree of independence to meet key Pharmacy service delivery objectives.
- 4) Final approval and oversight on the Department or Service's performance review and management processes.
- 5) Ensuring the delivery of Department or Service education programs.
- 6) Advise on and advocate for the financial and resource allocation provided to the Department, Hospital or Service to ensure effective financial management and in turn, effective contribution to budget development.

- 7) Financial management of drug budget and operational cost centres including employee related expenses.
- 8) Strategic 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.
- 9) Function as a central point for strategic liaison between staff in Departments or Services that fall within their delegated responsibilities.
- 10) Represent the Hospital or Service on LHD Committees or forums with a demonstrated ability to advocate within them for Pharmacists / Pharmacy services.
- 11) Strategic and operational planning responsibilities across Pharmacy services that fall within their delegated responsibilities in a Hospital or Service.
- 12) Lead and coordinate professional and clinical governance across Pharmacy services that fall within their delegated responsibilities in a Hospital or Service.

(iii) Grading:

- (a) For the purposes of Level 7 grading band, facility service level means the service level identified in *Guide to the Role Delineation of Clinical Services (2024)* or any subsequent versions agreed between the parties.
- (b) Level 8 Pharmacists are graded according to the following:
 - 1) **Band 8A** for a Director of Pharmacy at a facility of Pharmacy Service Level 4 OR Regional Facility Service Level 1 - 4.
 - 2) **Band 8B** for a Director of Pharmacy at a facility of Pharmacy Service Level 5.
 - 3) **Band 8C** for a Director of Pharmacy at a facility of Pharmacy Service Level 5 with additional line operational 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.
 - 4) **Band 8D** for a Director of Pharmacy at a facility of Pharmacy Service Level 6.
 - 5) **Band 8E** for a Director of Pharmacy at a facility of Pharmacy Service Level 6 with additional line operational management oversight to on-site Pharmacy services at one or more other facilities of Service Level 3 or above or provides state-based services.

(iv) Progression:

- (a) Progression within Level 8 is automatic and occurs annually on the determined anniversary date for incremental progression or the date of appointment to the Director position.

Level 9 – District Director of Pharmacy

(i) Definition:

(a) Level 9 Pharmacists are primarily responsible for:

- 1) the overarching strategic and / or operational direction, accountabilities and management for Pharmacy services that fall within their delegated responsibilities in a LHD or Network; and
- 2) undertaking a peak level advisory role advocating for and assisting Pharmacists / Pharmacy services that fall within their delegated responsibilities in a LHD or Network.

(ii) Functions:

(a) A Level 9 Pharmacist may perform the following functions:

- 1) 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.
- 2) Providing clinical practice leadership and service improvement in collaboration with Directors and Managers could also be expected as part of these responsibilities.
- 3) Decision making at a LHD or Network level in relation to Pharmacists / Pharmacy services that fall within their delegated responsibilities.
- 4) In collaboration with Directors, advise on and advocate for 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.
- 5) High-level advocacy for Pharmacists / Pharmacy services that fall within their delegated responsibilities.
- 6) Strategic and operational coordination with other Directors.
- 7) Lead the review, development, and implementation of policy / procedures / standards for major complex services.

Schedule 2.4 Perfusionists

A perfusionist means a person who:

- (a) holds an appropriate tertiary qualification (level 7 or above) in a relevant science discipline; and
- (b) Has obtained certification awarded or recognised by the Australian and New Zealand Board of Perfusion; or
- (c) Has obtained certification awarded or recognised by equivalent overseas peak body for perfusion and is eligible for membership of ANZBP.

Level 1 – Trainee Perfusionist

(i) Definition:

- (a) A Level 1 Trainee 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').
- (b) A Level 1 Perfusionist is undertaking on-the-job training and in addition, has either:
 - 1) commenced additional postgraduate perfusion studies; or
 - 2) demonstrated they meet the prerequisites and are eligible to enrol in such perfusion studies, to become eligible for certification by the ANZBP.

(ii) Practice arrangements:

- (a) The employer will provide all reasonable workplace support and assistance to a Level 1 Perfusionist to enable their timely completion of studies and meeting eligibility requirements for certification by the ANZBP.

(iii) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) On becoming eligible for certification with the ANZBP, a Level 1 Perfusionist will automatically progress to Level 2 Perfusionist.

Level 2 – Perfusionist

(i) Definition:

- (a) A Level 2 Certified Clinical Perfusionist;

- 1) Holds certification with the ANZBP as a Certified Clinical Perfusionist or equivalent.
- 2) Is a competent practitioner who performs routine and, with increasing experience, more complex clinical perfusion work with professional judgement and a level of supervision commensurate with their experience

(ii) Functions and Indicators:

(a) Competencies and indicators of practice at this level include, but are not limited to, the following:

- 1) independently preparing, priming, operating and troubleshooting cardiopulmonary bypass and associated perfusion equipment for routine procedures;
- 2) applying professional knowledge of anatomy, physiology, pharmacology, biochemistry, physics and perfusion principles to clinical practice;
- 3) safely performing perfusion cases, including anticoagulation management, myocardial protection, blood conservation, temperature management, haemodynamic and gas exchange management;
- 4) recognising and responding to routine perfusion-related problems, with appropriate escalation where required;
- 5) maintaining accurate compliant perfusion records and documentation;
- 6) complying with departmental protocols, safety standards, infection prevention requirements and clinical governance processes;
- 7) participating in on-call, emergency and after-hours perfusion services consistent with departmental requirements and the practitioner's level of competence;
- 8) maintaining continuing professional development and ongoing eligibility for certification and recertification as required by the ANZBP.

(iii) Progression:

(a) Progression within Level 2 is automatic and occurs annually on the date of receiving initial certification or at the date of employment at this level.

(b) Progression to Level 3 Senior Clinical Perfusionist will occur in accordance with Clause 13, Personal Regrade.

Level 3- Senior Clinical Perfusionist

(i) Definition:

(a) A Level 3 Senior Clinical Perfusionist:

- 1) Has obtained certification by the ANZBP as a Certified Clinical Perfusionist or equivalent; and
- 2) Demonstrates a high-level of clinical expertise; and
- 3) Has at least five years' experience at Level 2 or equivalent.

(ii) indicators:

(a) Indicators of working at a high level of clinical expertise include:

- 1) Providing clinical leadership in the delivery of perfusion services
- 2) Contributing to research, service development, innovation and evaluative tasks relevant to perfusion practice;
- 3) Leading, supervising and supporting perfusionists-in-training;
- 4) Contributing to the professional development and education of perfusionists and other health professionals.
- 5) Leading or coordinating specialist perfusion services, including Mechanical Circulatory Support devices such as ECMO (extracorporeal membrane oxygenation), VADS (ventricular assist devices) or IABP (intra-aortic balloon pump);
- 6) Leading the development, implementation and, review of clinical perfusion guidelines, protocols and quality improvement initiatives;
- 7) Coordination and communication with other health professionals, including biomedical engineers, and with suppliers to maintain perfusion services/optimal patient outcomes;
- 8) Undertaking Inter-hospital or interstate organ/patient retrieval;
- 9) Performs solo on-call responsibilities and responding independently to urgent perfusion requirements; or
- 10) Independently performs complex cases and undertaking advanced clinical-decision making, demonstrating a high level of clinical expertise.

(iii) Progression:

- (a) Progression within Level 3 for a Senior Clinical Perfusionist is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 4 – Assistant Director Clinical Perfusion

(i) Definition:

- (a) A Level 4 Assistant Director Clinical Perfusion can undertake the requirements and duties of a Senior Clinical Perfusionist (Level 3) and supports the operational management of the Department under the delegation of the Director.

(ii) Progression:

- (a) Progression within Level 4 Assistant Director Clinical Perfusion is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 5 – Director of Clinical Perfusion

(i) Definition:

- (a) A Level 5 Perfusionist (Director of Clinical Perfusion) undertakes the operational management of clinical perfusion within a hospital. They are responsible for the direction and supervision of other Perfusionists within the hospital.

(ii) Functions:

- (a) The Director of Clinical Perfusion can be expected to:
- 1) Be responsible for the day-to-day operational management of the department and the departmental employees who contribute to the provision of perfusion services.
 - 2) Exercise organisational, supervisory and management skills.
 - 3) Demonstrate advanced technical and clinical knowledge, and is able to make highly professional decisions, as it relates to the operation and testing of equipment.
 - 4) Continue to develop expertise with advances in the relevant body of technical and clinical knowledge.
 - 5) Seek and utilise other specialist advice when required.

(iii) Progression:

- (a) Progression within Level 5 for a Director of Clinical Perfusion is automatic and occurs annually on the determined anniversary date for incremental progression.

Stream 3: Clinical Assistants and Technician Support Workforce

Schedule 3.1 Allied Health Assistants

Allied Health Assistant is a person works under the supervision and direction of an allied health professional 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.

Clinical duties include therapeutic and program related activities and may include the identification and reporting of changes in the client's condition.

Non-Clinical Duties include administrative and support activities.

Disciplines which utilise Allied Health Assistants

Dietetics

Recreational Therapy

Exercise Physiology

Mental Health

Occupational Therapy

Orthotics/Prosthetics

Physiotherapy

Podiatry

Radiography

Social Work

Speech Pathology

Provided that additional classifications for which the Union has constitutional coverage may be added to this list by agreement between the Union and the Employer.

Level 1 - Allied Health Assistant

(i) Definition and requirements:

- (a) A Level 1 Allied Health Assistant engages in basic patient care, clinical duties and/or administrative support under the supervision of the designated Allied Health Professional. The Level 1 Allied Health Assistant is developing skills and progressing

from working under direct supervision to undertaking tasks under indirect or remote supervision. An Allied Health Assistant at this level:

- 1) has completed less than 12 months' service as an Allied Health Assistant; and
- 2) does not hold the qualifications of a Level 2 or Level 3 Allied Health Assistant.

Level 2 - Allied Health Assistant

(i) Definition and requirements:

(ii) A Level 2 Allied Health Assistant undertakes clinical duties and/or administrative tasks under direct, indirect or remote supervision. An Allied Health Assistant at this level, either:

- (a) has completed 12 or more months' service as an Allied Health Assistant at level 1; or
- (b) has 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.

(iii) Progression:

- (c) 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.

Level 3 – Allied Health Assistant

(i) Definition and requirements:

- (a) A Level 3 Allied Health Assistant 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.

(ii) Progression:

- (a) 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.

Schedule 3.2 Pharmacy Technicians

A Pharmacy Technician has relevant qualifications and / or training and experience (reflecting the scope and responsibilities of their role) to carry out functions and activities that do not require the exercise of professional judgement by a pharmacist in a hospital or health service.

Trainee Pharmacy Technician

(i) Definition and requirements:

- (a) A Trainee Pharmacy Technician is an employee who is undertaking the relevant qualifications (which includes but is not limited to the Certificate III in Hospital or Health Services Pharmacy Support or a relevant alternative qualification) and work experience to become a Pharmacy Technician.
- (b) No previous direct experience in the provision of health services as a Pharmacy Technician is required at this level.
- (c) Skills and capabilities developing in line with participation in the qualification and on the job learning

(ii) Functions:

(a) Trainee Pharmacy Technicians may perform the following:

- 1) Pre-packing;
- 2) Assist with Dispensing;
- 3) Stocking Automated Dispensing Cabinets;
- 4) Imprest and Distribution;
- 5) Basic administrative duties such as filing;
- 6) Reception duties;
- 7) Assisting with inventory;
- 8) Assisting with compounding.

(b) A Trainee Pharmacy Technician must not:

- 1) compound products within the cleanroom;
- 2) manage inventory / procurement; or
- 3) provide supervision.

(iii) Practice arrangements:

- (a) Provide these services under high levels of supervision while completing qualifications and as developing appropriate skills and competencies.

- (b) The employer supports and assists a Trainee Pharmacy Technician as they undertake relevant qualification during their employment.

(iv) Progression:

- (a) A Trainee Pharmacy Technician progresses to Level 1 automatically on completion of a relevant Certificate III for Pharmacy Technicians.

Level 1 Pharmacy Technician

(i) Definition:

- (a) A Level 1 Pharmacy Technician:

- 1) performs the duties as for a Trainee Pharmacy Technician; and
- 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 deemed equivalent.

- (b) Persons who meet these criteria are to be appointed as a Level 1 Pharmacy Technician Level.

(ii) Progression:

- (a) Progression From Level 1 to Level 2 Pharmacy Technician is in accordance with Clause 13, Personal Regrade.

Level 2 – Pharmacy Technician

(i) Definition:

- (a) A Level 2 Pharmacy Technician has completed a relevant Certificate Level 3 in accordance with Level 1 and in addition is either:

- 1) 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);

(a) OR

- 2) Is performing routine Level 1 Pharmacy Technician duties with increased autonomy and is undergoing training and development in specialist or complex duties through a formal in-house competency-based assessment program, which may include but not be limited to:

- (i) Non-aseptic Compounding;

- (ii) Aseptic / Cytotoxic Compounding;
- (iii) Patient interaction and working with specialist Pharmacists for the purpose of clinical support and professional development;
- (iv) Automated Dispensing Cabinets;
- (v) Other specialty areas as identified at Level 3 Pharmacy Technician.

(ii) Functions:

- (a) In addition to those duties identified in Clause A Definition, a Level 2 Pharmacy Technician can also provide training to a Trainee Pharmacy Technician and Level 1 Pharmacy Technician in relation to tasks / duties assigned to them.

(iii) Progression:

- (a) Progression to Level 2 is in accordance with Clause 13, Personal Regrade and will be demonstrated by either undertaking:
 - 1) a relevant qualification as identified in Clause A Definitions above; OR
 - 2) performing routine Level 1 Pharmacy Technician duties with increased autonomy whilst undergoing training and development in specialist or complex duties as identified in Clause A Definitions above.
- (b) Progression within Level 2 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.
- (c) Progression to Level 3 is in accordance with Clause 13, Personal Regrade.

Level 3 – Pharmacy Technician

(i) Definition:

- (a) A Level 3 Pharmacy Technician meets one of the following criteria:
 - 1) 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); OR
 - 2) Demonstrates high level knowledge, skills, and experience / expertise via a formal in-house competency assessment program in at least one specialty area, which may include but is not limited to the following:
 - (i) Aseptic Compounding

- (ii) Cytotoxic Compounding
- (iii) Non-aseptic Compounding
- (iv) Clinical Trials
- (v) Information Systems Management
- (vi) Automated Dispensing Cabinets - advanced duties such as data management, reporting, maintenance, assigning and validation of new products
- (vii) Clinical Support and Ward Medication Management
- (viii) Accuracy Checking of Medications;
- (ix) Inventory Management and Procurement
- (x) Finance and Invoicing
- (xi) Drug and Alcohol
- (xii) Rural / Remote settings.

(ii) Indicators and functions:

(a) 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:

- 1) Completed a formal in-house competency-based assessment program including but not limited to:
 - (i) taking best possible medication histories (BPMH).
 - (ii) validated in aseptic technique for aseptic / cytotoxic compounding.
 - (iii) accuracy checking of medications.
- 2) Undertakes most complex decisions independently without point of care supervision;
- 3) Exercises independent professional judgement in problem solving and managing workflows;
- 4) Provides training to Trainee, Level 1 and Level 2 Pharmacy Technicians on more complex tasks within a defined scope and under indirect supervision of a Level 4 Pharmacy Technician and / or Pharmacist;

5) Participates in the leadership of Quality Improvement and Assurance in collaboration with other team members or health professionals.

(b) Level 3 Pharmacy Technicians 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.

(iii) Progression:

(a) Progression to Level 3 is in accordance with Clause 13, Personal Regrade and will be demonstrated by either:

- 1) having completed a relevant qualification as identified in Clause A Definitions above; OR
- 2) Having demonstrated high level knowledge, skills, and experience / expertise via a formal in-house competency assessment program in one of the speciality areas as identified in Clause A Definitions above.

(b) Progression within Level 3 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.

Level 4 – Pharmacy Technician

(i) General:

(a) A Level 4 Pharmacy Technician holds as a minimum a Certificate IV as identified for a Level 3 Pharmacy Technician.

(b) Level 4 roles are positional only and may be:

- 1) Pharmacy Technician Team Coordinator; or
- 2) Pharmacy Technician Technical Lead.

(c) Level 4 Pharmacy Technicians do not:

- 1) rotate to different areas of a department;
- 2) lead a department;
- 3) design or manage change management processes; or
- 4) performance manage staff in a specialty area.

(ii) Progression:

- (a) Progression within Level 4 is automatic and occurs on the anniversary date of appointment to the position.
- (b) A Level 4 Pharmacy Technician can progress to Level 5 in accordance with Clause 13, Personal Regrade.

Level 4 – Pharmacy Technician Team Coordinator

(i) Definition:

- (a) A Level 4 Pharmacy Technician Team Coordinator undertakes the following responsibilities:
 - 1) Administrative duties;
 - 2) Day-to-day operational supervision of the specialty area;
 - 3) Provides mentoring, training, and supervision to other staff within their specialty area of practice;
 - 4) Completes competency assessments on Pharmacy Technicians Level 3.

Level 4 – Pharmacy Technician Technical Lead

(i) Definition:

- (a) A Level 4 Pharmacy Technician Technical Lead undertakes the following responsibilities:
 - 1) Is a point of contact in the team for complex technical matters;
 - 2) Has the capacity to provide consultancy within the Department on complex technical matters;
 - 3) Provides supervision to more junior Pharmacy Technicians, including on complex technical matters and work;
 - 4) Provides mentoring, training, and supervision to other staff within their specialty area of practice;
 - 5) Completes competency assessments on Level 3 Pharmacy Technicians;
 - 6) Leads the provision of technical aspects of service in a specialty area.

(ii) Progression:

- (a) Progression to Level 5 Advanced Leader Pharmacy Technician is in accordance with Clause 13, Personal Regrade.

Level 5 – Advanced Leader Pharmacy Technician

(i) Definition:

- (a) A Level 5 Advanced Leader Pharmacy Technician holds as a minimum a Certificate IV as identified for a Level 3 Pharmacy Technician.
- (b) At Level 5 they perform the duties of a Level 4 Pharmacy Technician Technical Lead and are advanced leaders with expertise in their specialty area such that they demonstrate high level professional leadership beyond their work unit / team.

(ii) Functions:

- (a) Indicators of demonstrating this high-level professional leadership relevant for Pharmacy Technicians includes but is not limited to the following:
 - 1) Shapes national, state-wide or LHD higher education practice; or
 - 2) Develops, delivers, and leads evaluation of specialised education and training programs across the pharmacy department or hospital services; or
 - 3) 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
 - 4) Influences technical practice through the provision of professional advocacy and / or leads systems and processes across the Pharmacy Department or hospital services; or
 - 5) Leads change through service-wide quality and service improvement activities and the development of better practice; or
 - 6) Provides advice to senior management and other internal or external stakeholders regarding complex professional standards and technical service development; or
 - 7) Has a record of published or shared work with a demonstrated impact on relevant practice.

(iii) Progression:

- (a) Progression within Level 5 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.

Level 6 – Pharmacy Technician Service Manager

(i) Overview:

(a) A Level 6 Pharmacy Technician Service Manager holds as a minimum a Certificate IV as identified for a Level 3 Pharmacy Technician.

(b) Level 6 Pharmacy Technicians are:

- 1) responsible for operational management of Pharmacy Technicians within their department; and
- 2) have completed studies and hold an accredited management qualification (such as but not limited to the Certificate IV in Leadership & Management) or can demonstrate having experience / skills deemed equivalent.

(c) Level 6 roles are positional only.

(ii) Functions:

(a) A Level 6 Pharmacy Technician will be required to perform the following functions:

- 1) Operational management and development of pharmacy support services under direction of the Director / Assistant Director of Pharmacy;
- 2) Participate on departmental committees and continuous education / management training programs;
- 3) Display competency in performing complex tasks with minimal supervision;
- 4) Actively participate in recruitment of Pharmacy Technicians;
- 5) Conduct Performance Management and Development of Pharmacy Technicians within the Department.

(iii) Grading:

(a) **Level 6A:** primary responsibility for the management of all Pharmacy Technicians in a Pharmacy Department designated at Service Levels 1 - 4.

(b) **Level 6B:** primary responsibility for managing all Pharmacy Technicians in a Pharmacy Department designated at either:

- 1) Service Levels 5 – 6; OR
- 2) Regional facilities of any Service Level with responsibility for managing Pharmacy Technicians for multiple facilities over a wide geographical area.

(iv) Progression:

(a) Progression within Level 6 is automatic and occurs on the date of appointment to the position.

Level 7 – Pharmacy Technician District or Network Manager

(v) Definition and requirements:

- (a) A Level 7 Pharmacy Technician District Manager holds as a minimum a Certificate IV as identified for a Level 3 Pharmacy Technician.
- (b) They also have completed studies and hold an accredited management qualification (such as but not limited to the Certificate IV in Leadership & Management) or can demonstrate having experience / skills deemed equivalent.
- (c) A Level 7 Pharmacy Technician is a District or Network Pharmacy Technician Manager who performs some or all of the following functions as they relate to the Pharmacy Technician workforce:
 - 1) Provide high-level professional leadership to staff across the LHD Pharmacy service;
 - 2) Contribute at an executive level to the management of hospital Pharmacies across the LHD;
 - 3) Strategic management of Pharmacy services, including but not limited to:
 - (i) practice and policy
 - (ii) planning
 - (iii) projects
 - (iv) performance
 - 4) Participate in patient care activities as required including assisting with dispensing and clinical pharmacy services;
 - 5) 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.
 - 6) Level 7 roles are positional only.

(vi) Functions:

- (a) Indicators of being able to successfully undertake the high-level professional leadership expected in this role include but are not limited to the following:
 - 1) Extensive experience in hospital pharmacies in a range of practice settings or services.

- 2) 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.
- 3) Detailed understanding of Commonwealth and state medication and pharmacy related funding systems, practice standards and legislation.
- 4) Demonstrated leadership, management, analytical, and creative skills including experience in developing and implementing policies and procedures for a broad range of health professionals.
- 5) An understanding of Pharmacoeconomics and cost-effectiveness, as well as procurement principles and financial management practices as they apply to public hospital pharmacy management.
- 6) 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.
- 7) Highly developed interpersonal, communication, representation, negotiation, and conflict resolution skills.

(vii) Progression:

- (a) Progression within Level 7 is automatic and occurs on the date of appointment to the position.

Stream 4: Aboriginal Health Workforce

[Placeholder until finalisation of negotiations between Health Services Union and Secretary for Health on new Aboriginal Health Workers and Aboriginal Health Practitioners classification]

Schedule 4.1 Aboriginal Health Workers

Schedule 4.2 Aboriginal Health Practitioners

DRAFT

Stream 5: Health Education, Protection and Literacy Workforce

Schedule 5.1 Interpreters

An interpreter holds language competencies, skills and/or maintains current certification (where available) as deemed applicable by the employer for the specific language/s in which the interpreter is employed to interpret.

Level 1 – Recognised Practicing Interpreter

(i) Definition and requirements:

(a) A Level 1 Recognised Practicing Interpreter provides services in a language that is required by the employer and satisfies one of the following criteria:

- 1) The language required does not have a test available to determine the Interpreter's language ability via National Accreditation Authority for Translators and Interpreters (NAATI); or
- 2) is employed into a Training role where they hold the skills competencies of a Recognised Practicing Interpreter but agree to undertake an available Certification process where available with employer support.

(b) The provision of subclause (i)(a)(2) can be used when the following criteria are met:

- 1) the Interpreter does not currently hold a Certified Provisional Interpreter ('CPI') status or above for a language that has testing available; and
- 2) 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.

(ii) Functions:

(a) Level 1 Interpreters must be able to demonstrate knowledge, skills and competency to fulfil the role:

- 1) comprehends and produces in both English and Language Other than English (LOTI) language/ AUSLAN in a variety of situations/contexts, appropriately using non-complex and non -specialised language used expressions.
- 2) listening and ability to concentrate.

- 3) ability to remain impartial and accurate.
- 4) ability to remember communication accurately in order to interpret.
- 5) Understands how culture and language interact, identifies significant culturally-specific information in spoken or signed language, and is able to apply this to the interpreting task.
- 6) confidence to speak clearly and effectively in front of an audience.
- 7) ability to analyse and process information quickly so as to interpret in real time.
- 8) Interpersonal skills to enable the ability to forge a human connection and make all parties feel included.
- 9) Ability to learn how to use basic technology for business and interpreting processes
- 10) Understanding of ethics and confidentiality of interpreting in a Health context.

(iii) Progression:

- (a) An Interpreter Grade 1 who obtains CPI status, in the language that services are provided in, will automatically progress to Interpreter Grade 2 from the date of completion / attainment.

Level 2 – Certified Provisional Interpreter

(i) Definition and requirements:

- (a) At Level 2, the Certified Provisional Interpreter has attained Certified Provisional Interpreter Status and comprehends and produces two languages (spoken or signed) in a variety of situations/contexts, appropriately using language and commonly used expressions.

(ii) Functions:

- (a) In addition to the competencies expected of Level 1, Level 2 interpreters demonstrate:
 - 1) current CPI status from a NAATI demonstrating the required competencies for Certification.
 - 2) General knowledge of the health environment
 - 3) Understanding of medical terminology
 - 4) Understanding of Health policies and procedures

- 5) Ability to utilise or learn basic technology required for business and interpreting processes

(iii) Progression:

- (a) A Level 2 Interpreter who obtains Certified Interpreter ('CI') status from NAATI, will automatically progress to Level 3 Certified Interpreter from the date of attainment so long as they have satisfactory service/performance as confirmed by their supervisor.

Level 3 – Certified Interpreter

(i) Definition and requirements:

- (a) A Level 3 Certified Interpreter comprehends and produces two languages (spoken or signed) in a variety of complex situations/contexts, appropriately using language and commonly and uncommonly used expressions.
- (b) In addition to the competencies expected of Level 2, Level 3 interpreters will demonstrate:
 - 1) current CI status from a NAATI demonstrating the required competencies for Certification.
 - 2) higher level generalist interpreting skills. This means that they can interpret/translate complex, messages from a source language into a target language using spoken or signed language that accurately reflects the meaning. They can perform these duties in most circumstances within the Hospital/Community.
 - 3) demonstrated ongoing development activities
 - 4) demonstrated ability to mentor new interpreters
 - 5) demonstrated capacity for involvement in quality assurance.

(ii) Progression:

- (a) A Level 3 Interpreter who obtains Certified Specialist Interpreter Status in Health) from NAATI will automatically progress to Level 4 Certified Specialist Interpreter (Health) from the date of attaining Certified Specialist status subject to performance report from manager to be operating at that level of competency.

Level 4 – Certified Specialist Interpreter (Health)

(i) Definition and requirements:

- (a) An Interpreter Level 4 has attained Certified Specialist Interpreter ('CSI') status in the field of health as NAATI and demonstrate a sophisticated understanding of their role as a member of a both the healthcare team and the Interpreter Service.

- (b) Certified Specialised Interpreters are required to demonstrate high level knowledge and capabilities in addition to those demonstrated at Level 3:
- 1) Comprehends and produces (spoken or signed), appropriately using specialised and complex language, including technical expressions and jargon from across the health domain.
 - 2) Transfers complex, specialised messages in the health domain from a source language into a target language using spoken or signed language that accurately reflects the meaning.
 - 3) Understanding of specialised terminology with extensive awareness and knowledge of the health domain.
 - 4) 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 and research domain.
 - 5) Knowledge and understanding of complex, specialised health contexts, topics and relevant current events in the field at an advanced level and can interpret for a specialist audience.
 - 6) Interpret complex, highly specialised, expert-to-expert communication.
 - 7) Operates as an integral member of the healthcare team and manages interactions with clients to provide services to ensure access to services and facilitate positive health outcomes.
 - 8) Operates as an integral member of the Interpreter service, providing support training and mentoring to other interpreters.
 - 9) Leadership and participation in audits and quality Assurance activities within the unit
 - 10) Involvement in assessment of other interpreter skills as required

Level 5 – Site, Section or Team Coordinator

(i) Definition:

(a) A Level 5 Interpreter is a Certified Interpreter or a Certified Specialist Interpreter who also holds who also holds operational supervision within the service. This may include Team Coordinator for a Team/ Section within the Service or Site Coordinator reporting to the Manager/Director of the service.

(b) Level 5 Interpreters do not hold operational management delegation.

(ii) Functions:

- (a) In addition to the required Level 3 interpreter skills, these positions provide the following leadership skills:
- 1) Ability to assist management staff processes including rostering
 - 2) A good understanding of Management data systems and programs
 - 3) Significant understanding of and ability to implement work safety and quality improvement processes.
 - 4) Demonstrated acknowledge and ability to work as part of the Interpreter Leadership Team, managing those issues within specific role and escalating in a timely manner where needed
 - 5) Ability to represent the service in higher level meetings as required
 - 6) Understanding of ability to implement Operational policies and procedures within unit.

Level 6 – Professional Lead, Researcher or Educator

(i) Definition and requirements:

- (a) An Interpreter at this level demonstrates exceptional skill and competencies. They may also hold a Coordinator role in addition to the professional responsibilities. This role has either a District, Regional or Statewide remit.
- (b) A Level 6 Interpreter holds additional quals at a minimum of a Certificate IV in education, research, strategy or multiculturalism.

(ii) Functions:

- (a) This role may be responsible for:
- 1) development of professional standards.
 - 2) oversight, coordination and delivering ongoing training and development to interpreters.
 - 3) involvement in research.

Schedule 5.3 Lived Experience (Peer) Workers

Lived Experience (Peer) Worker applies their lived experience expertise as an essential requirement of their role. They hold or are actively working towards completing relevant training or qualification if available.

Level 1 – Lived Experience (Peer) Worker

(i) Definition:

(a) Level 1 Lived Experience Workers are:

- 1) Commencing their practice as a Lived Experience (Peer) Worker, have less than two years' experience in this profession and are developing their skills and competencies.
- 2) They hold or are actively working towards completing relevant training or qualification if available.

(ii) Functions:

(a) Lived Experience (Peer) Workers at Level 1 undertake their role under the supervision and/or mentoring of a Level 2 Lived Experience (Peer) Worker or higher to ensure consumer safety and professional development of the following capacities:

- 1) Apply Lived Experience knowledge, skills, and judgement;
- 2) Solve routine issues related to consumer care and support, work health and safety, and / or quality assurance;
- 3) Participate in training programs related to their area of work and skill development;
- 4) Engage in relevant quality improvement and workplace education;
- 5) Participate in policy development and research activities relevant to consumers and the Lived Experience workforce;
- 6) Work in and contributing to the work team or unit, which may involve multi-disciplinary team environments.

(iii) Practice arrangements:

- (a) The employer support and assist a Level 1 Lived Experience Workers who are undertaking a relevant educational qualification during their employment.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) Progression to being a Level 2 Lived Experience (Peer) Worker is automatic on the completion of 12 months at Level 1, Year 2.

Level 2 – Lived Experience (Peer) Worker

(i) Definition:

(a) A Level 2 Lived Experience (Peer) Worker:

- 1) holds Lived Experience practitioner competencies developed through the completion of two years of service at Level 1 (or equivalent service obtained elsewhere); and
- 2) they hold or are actively working towards completing relevant training or qualification if available.

(ii) Functions:

(a) Level 2 Lived Experience (Peer) Workers may perform the following functions:

- 1) Demonstrate competency and independence in routine practice with decreasing supervision commensurate with years of experience;
- 2) Exercising increasing independent judgement on day-to-day tasks, activities and projects;
- 3) Perform increasingly complex tasks and responsibilities under supervision and with support of a Level 3 Senior Lived Experience (Peer) Worker or higher;
- 4) Mentor and, as experience develops, support the practice of Level 1 Lived Experience (Peer) Workers;
- 5) Actively contribute to quality and / or service improvement activities under the operational supervision of a Level 3 Senior Lived Experience (Peer) Worker or higher.

(iii) Progression:

- (a) 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.
- (b) Progression within Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (c) A Level 2 Year 2 or higher Lived Experience (Peer) Worker may apply for progression to Level 3 Senior Lived Experience (Peer) Worker in accordance with Clause 13, Personal Regrade.

Level 3 – Lived Experience (Peer) Worker

(i) Definition and requirements:

- (a) A Level 3 Senior Lived Experience (Peer) Worker demonstrates high-level knowledge, skills and experience in their practice.
- (b) Level 3 Senior Lived Experience (Peer) Workers must:
 - 1) have a minimum of two years' service as a Level 2 Lived Experience (Peer) Worker (or equivalent service obtained elsewhere);
 - 2) have completed relevant training or qualification if available; and
 - 3) 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.

(ii) Indicators:

- (a) Indicators that a Level 3 Senior Lived Experience (Peer) Worker meets the above criteria are as follows:
 - 1) Demonstrate autonomous professional decision making and judgement day-to-day with a high degree of independence when performing most tasks and duties;
 - 2) Effectively and independently manage competing priorities, including those involving consumers with complex matters;
 - 3) Apply evidence-based skills and decision-making to the needs of the consumer;
 - 4) Provide supervision and mentorship to Lived Experience (Peer) Workers at Level 1 and Level 2;
 - 5) Participate in research, policy development, educational programs or quality improvement initiatives, and in some instances, lead such projects;
 - 6) Support and lead complex Lived Experience (Peer) practice, including facilitation of learning for staff, students and consumers; or
 - 7) Contribute to planning, implementation and evaluation of services.

(iii) Progression:

- (a) Progression within Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade or the date of their appointment to the position.

Level 4 – Lived Experience Peer Worker

A. General:

1. A Level 4 Lived Experience (Peer) Worker provides supervision to Lived Experience (Peer) Workers Levels 1 to 3 inclusive. They have completed relevant training or qualification if available.
2. At Level 4 they may have a specific focus on one of the following elements:
 - i) Operational leadership;
 - ii) Education;
 - iii) Advanced practice;
 - iv) or alternatively undertake duties from across some or all three of these elements.
3. Regardless of role, a Level 4 Lived Experience (Peer) Worker may oversee and lead quality and service improvement activities as well as participate in any educational and research activities applicable to their role.

B. Grades within Level 4

4. Four Grades are available within Level 4 as follows:

| | | | |
|----------------|------------------|----------|-------------------|
| Grade 1 | Operational Lead | Educator | Advanced Practice |
| Grade 2 | Operational Lead | | |
| Grade 3 | Operational Lead | | |
| Grade 4 | Operational Lead | | |

5. The allocation of the appropriate Grade to Operational Leads are contained in the relevant definition below.

C. Progression:

6. Progression to Level 4 Lived Experience (Peer) Worker Advanced Practitioner will be in accordance with Clause 13, Personal Regrade.

Level 4 – Lived Experience (Peer) Worker Operational Lead

- (i) Definition:

- (a) A Level 4 Operational Lead Lived Experience (Peer) Worker applies their knowledge and experience to provide operational and practice oversight, along with strategic advice, to Lived Experience (Peer) Workers, clinicians, and other stakeholders.
- (b) They can manage the Lived Experience (Peer) workforce in a number of operational situations, which may include:
 - 1) a team or teams.
 - 2) rural / regional sites.
 - 3) a larger Department.
 - 4) multi-disciplinary teams within a LHD or Network.

(ii) Practice arrangements:

- (a) The structure and number of Operational Leads will be influenced by:
 - 1) the size of the Service;
 - 2) the complexity and variety of services being delivered;
 - 3) the geographical complexity of managing rural or remote services;
 - 4) the use of multiple locations to deliver services;
 - 5) the profile and number of Lived Experience staff being managed;
 - 6) the provision of the timely delivery of services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading:

- (a) A Level 4 Operational Lead role is graded in accordance with:
 - 1) The weighted total FTE for the role; and
 - 2) Clause 14, Grading of Certain Positions of this Award.
- (b) The weighed total FTE gradings for a Level 4 Operational Lead are:
 - 1) **Grade 1:** 0-5 FTE.
 - 2) **Grade 2:** 5-10 FTE.
 - 3) **Grade 3:** 10-20 FTE.

- 4) **Grade 4:** 20 or more FTE.

Level 4 – Lived Experience (Peer) Worker Educator

(i) Definition:

- (a) A Level 4 Lived Experience (Peer) Worker Educator may be responsible for the design, development, delivery, and evaluation of education programs including:
 - 1) professional development;
 - 2) new Lived Experience (Peer) Worker orientation;
 - 3) general Lived Experience (Peer) Worker education and training of non-peer workers.
- (b) They will take a lead role in instructional design and research relevant to Lived Experience education. This may be at either a departmental or LHD level.

Level 4 – Advanced Practice

(i) Definition:

- (a) A Level 4 Advanced Lived Experience (Peer) Worker 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.

(ii) Indicators:

- (a) Some of the indicators of a Lead Lived Experience (Peer) Worker (Level 4) are that they may:
 - 1) Manage complex caseloads independently;
 - 2) Provide discipline specific leadership;
 - 3) Contributes to education of both students and peer workforce;
 - 4) Lead quality improvement initiatives, service development, and service evaluation;
 - 5) Contributes to research, high level committees, and other activities;
 - 6) Supports the development of models of care and policies;

- 7) Advocate for the profession or the workforce service.

Level 5 – District Director Lived Experience

(i) Definition:

- (a) A Level 5 District Director Lived Experience (Peer) Worker leads, co-ordinates, provides strategic advice on the Lived Experience (Peer) workforce and have completed relevant training or qualification if available.

(ii) Functions:

- (a) A Level 5 District Director Lived Experience (Peer) Worker performs functions across an LHD or Network and may perform the following:

- 1) Developing and implementing strategic direction and advocacy for the Lived Experience (Peer) workforce;
- 2) Makes high-level decisions related to workforce and service strategies;
- 3) 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;
- 4) Provide high-level consultancy as required for support of the Lived Experience (Peer) workforce within a LHD or Network;
- 5) Represent the Lived Experience (Peer) workforce in high-level committees;
- 6) Strategic oversight for co-ordination of major research, education and quality improvement functions.

(iii) Practice arrangements:

- (a) A Level 5 District Director Lived Experience (Peer) Worker can also undertake the role of a Level 4 Lived Experience (Peer) Worker if this does not impact on their capacity to fulfil required duties in either role and the provision of timely services to site(s) and the workforce in their scope of responsibilities.
- (b) If a dual role is utilised, they will be classified as a Director and remunerated as such for all hours worked in both roles.

(iv) Grading:

- (a) A Level 5 District Director role is graded in accordance with:

- 1) The weighted total FTE for the role; and
 - 2) Clause 14, Grading of Certain Positions of this Award.
- (b) The weighed total FTE gradings for a Level 5 District Director are:
- 1) **Grade 1:** 0-5 FTE.
 - 2) **Grade 2:** 5-10 FTE.
 - 3) **Grade 3:** 10-20 FTE.
 - 4) **Grade 4:** 20 or more FTE.

Schedule 5.3 – Health Education and Promotion

Schedule 5.3.1 – Health Education and Promotion Non-Graduate

Health Education and Promotion Officers Non-Graduate perform health education and promotion functions as a core requirement of their role and not hold an AQF7 or higher.

A Health Education and Promotion Officer Practitioner perform health education and promotion functions as a core requirement of their role and possess a public health related and relevant AQF 7 or above qualification.

Level 1 – Health Education and Promotion Non-Graduate

(i) Definition and functions:

- (a) A Level 1 Health Education and Promotion Officer is an entry level employee in the first three years of practice with a focus on developing their skills.

(ii) Functions:

- (a) A Level 1 Health Education and Promotion Officer participates in activities within the scope of their competency under professional supervision for purposes of professional development. They do not perform complex duties and tasks requiring high level specialist knowledge or responsibility.
- (b) A Level 1 Health Education and Promotion Officer performs routine duties with regular and ready access to professional supervision and support, which may include but not be limited to the following:
 - 1) Run small groups of education sessions and run larger groups on established education activities if assessed as competent in this area.
 - 2) Contribute to the planning, implementation, and evaluation of projects under direct supervision.

- 3) Work in partnerships under professional supervision and support from a Health Education and Promotion Practitioner Level 2 or higher.
- 4) Assist with internal and external communications.
- 5) Assist with advocacy.
- 6) Participate in and deliver emerging community engagement modalities including screening with appropriate training

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) On completion of 12 months' experience at Level 1 Year 3, a Health Education and Promotion Officer Non-Graduate will automatically progress to Level 2 Health Education and Promotion Officer.

Level 2 – Health Education and Promotion Non-Graduate

(i) Definition:

- (a) A Level 2 Health Education and Promotion Officer Non-Graduate has completed two years as a Level 1 Health Education and Promotion Officer Non-Graduate or holds other experience that has been deemed as being equivalent.
- (b) Level 2s are expected to demonstrate the following competencies:
 - 1) Work with diverse communities.
 - 2) Work with internal and external stakeholders.
 - 3) Analytical skills and competencies.
 - 4) Influence key stakeholders to sustain health promotion action.
 - 5) Leadership skills on networks, committees, working groups or similar coalitions.

(ii) Functions:

- (a) A Level 2 may require professional supervision from a more Senior Health Education and Promotion Officer or higher at this level but are performing duties with an increasing degree of autonomy commensurate with their experience. The duties performed may include:
 - 1) Perform routine duties with decreasing professional supervision and increasing independent professional judgement.

- 2) Perform complex duties under direct professional supervision from a Senior Health Education and Promotion Officer or equivalent position if in a multi-disciplinary team / service.
- 3) Supervise technical and support staff, and students.
- 4) Contribute to data analysis with supervision.
- 5) Plan, implement, and evaluate projects under direct supervision.
- 6) Scope and analyse data with professional supervision and support from a Senior Health Education and Promotion Officer or equivalent position if in a multi-disciplinary team / service.

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) A Level 2 Health Education and Promotion Officer Non-Graduate can progression to Level 3 Senior Health Education and Promotion Officer Non-Graduate in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Health Education and Promotion Officer Non-Graduate

(i) definition:

- (a) A Level 3 Senior Health Education and Promotion Officer has high-level knowledge, skills, and experience, and can perform most of their tasks of a complex nature with a high degree of independence, with only occasional supervision.

(ii) Indicators:

- (a) Indicators of meeting the above criteria include but are not limited to the following:
 - 1) Demonstrate independent decision making and judgement on a day-to-day basis, with a high degree of independence, when performing most tasks and duties;
 - 2) Demonstrate skills, knowledge, and expertise in the provision of services via new forms of technology;
 - 3) May have obtained a relevant non-tertiary certificate, diploma or additional training relevant to the role;
 - 4) Demonstrate practice which is within legal, regulatory, professional, and organisational requirements relating to complex or challenging matters;

- 5) Provide supervision and act as a reference point for Level 1 and 2 Health Education and Promotion Officers on complex matters or when they have encountered difficult situations; or
- 6) Able to apply high-level knowledge and skills to participate in and contribute to the development and implementation of broader programs or projects deliverable by the work team or unit;
- 7) Develop and maintain partnerships, collaboration with internal, external partners and community groups/ organisations;
- 8) Advocate for needs of the populations/ groups that they support;
- 9) Provide operational leadership on projects under delegation.

(iii) Progression:

- (a) Progression within this level is automatic and occurs on the anniversary date of obtaining the regrade or the date of their appointment to the position.

Schedule 5.3.2 Health Education and Promotion Practitioner (Graduate)

Level 1 – Health Education and Promotion Practitioner

(i) Definition:

- (a) A Level 1 Health Education and Promotion Practitioner is an entry level practitioner who has completed a relevant AQF 7 or above qualification.
- (b) At Level 1, they participate in activities and perform functions within the scope of their competency under the professional supervision of a Health Education and Promotion Practitioner Level 2 or higher or an equivalent position if in a multi-disciplinary team / service.

(ii) Functions:

- (a) A Level 1 Health Education and Promotion Practitioner may perform the following:
 - 1) Run small groups of education sessions and larger groups where assessed as competent to do so
 - 2) Contribute to the planning, implementation, and evaluation of projects.
 - 3) Work in partnerships under professional supervision and support from a Health Education and Promotion Practitioner Level 2 or higher or an equivalent position if in a multi-disciplinary team / service.
 - 4) Assist with internal and external communications.

- 5) Assist with advocacy.
- 6) Participate in delivery of emerging community engagement modalities including screening with appropriate training
- 7) Do not perform complex duties and tasks requiring high level specialist knowledge or responsibility.
- 8) Support project delivery of education / health promotion activities.

(iii) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on the employees anniversary date.
- (b) A Level 1 Health Education and Promotion Practitioner will automatically progress to Level 2 on completion of 12 months at Year 2.

Level 2 – Health Education and Promotion Practitioner

(i) Definition and requirements:

- (a) A Level 2 Health Education and Promotion Practitioner has completed two years' experience and is expected to have developed new practitioner competencies.
- (b) Level 2 Health Education and Promotion Practitioners are expected to demonstrate the following competencies:
 - 1) Work with diverse communities.
 - 2) Work with internal and external stakeholders.
 - 3) Analytical skills and competencies.
 - 4) Influence key stakeholders to sustain health promotion action.
 - 5) Leadership skills on networks, committees, working groups or similar coalitions.
 - 6) Apply equity and cultural safety principles to all work.

(ii) Functions:

- (a) Level 2 Health Education and Promotion Practitioners are participating at Level 2 in activities with a degree of autonomy commensurate with experience although with the professional supervision of a Health Education and Promotion Practitioner Level 3 or higher available.
- (b) The duties performed may include but are not limited to the following:

- 1) Perform routine duties with autonomy.
- 2) Utilise independent professional judgement commensurate with their experience.
- 3) Perform complex duties under supervision from a Health Education and Promotion Practitioner Level 3 or higher.
- 4) Supervise Health Education and Promotion Practitioners Level 1 within areas of competency and not on complex duties.
- 5) Supervise technical and support staff, and students.
- 6) Prepare comprehensive written reports.
- 7) Plan, implement, and evaluate projects under direct supervision.
- 8) Scope and analyse data with support and professional supervision from Health Education and Promotion Practitioner Level 3 or higher.
- 9) Develop and maintain partnerships with internal, external and community partners.
- 10) Contribute to health advocacy initiatives under supervision of a Level 3 Health Senior Education and Promotion Practitioner or higher.

(iii) Progression:

- (a) Progression within Level 2 is automatic and occurs annually on the anniversary date of obtaining the regrade or the determined anniversary date for incremental progression.
- (b) Progression to Level 3A, Senior Health Education and Promotion Practitioner is in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Health Education and Promotion Practitioner

(i) General requirements:

- (a) Positions at Level 3 can be either:
 - 1) 3A Senior Health Education Promotion Practitioner.
 - 2) 3B Health Education and Promotion Practitioner Team Coordinator (by appointment only).
- (b) Health Education and Promotion Practitioners at Level 3 demonstrate a high level of knowledge, skills, and experience applicable to their role enabling them to provide support and supervision to other practitioners.

- (c) The performance of the above criteria may be demonstrated by either having a depth of knowledge in a specialised practice area or alternatively a breadth of knowledge across multiple practice areas (generalist).
 - (d) They may have a strategic, project, specialist, or management focus or elements of all.
 - (e) They may be required to provide supervision and support to more junior Health Education and Promotion staff, students and technical/ support staff.
- (ii) Progression:
- (a) Progression within Level 3 is automatic and occurs annually on the anniversary date of obtaining the regrade.

Level 3A – Senior Health Education and Promotion Practitioner

(i) Definition:

- (a) A Level 3 Health Education and Promotion will:
 - 1) Exercise independent judgement in managing complex duties.
 - 2) Take a lead role in planning, implementing, evaluating, and reporting on services or programs.
 - 3) leads advocacy initiatives and to identify and maintain internal/ external partnerships and collaboration.
 - 4) Develop and lead ongoing quality improvement activities with other staff.
 - 5) Use data and evidence-informed practice to provide high-level advice, guidance and advocacy to internal and external stakeholders
 - 6) Provide strategic advice to Health Education and Promotion Practitioners Level 2 as required.
 - 7) Contribute to broader health promotion direction and service development by maintaining detailed and up-to-date knowledge across policy, evidence and available data.

Level 3B – Health Education and Promotion Practitioner Team Coordinator

(i) Definitions and functions:

- (a) The responsibilities of a Level 3 Health Education and Promotion Practitioner Team Coordinator may include:

- 1) Supervision of other Health Education and Promotion Practitioners or the delivery of projects;
- 2) Coordination of services provided in a specific site/ location or LHD wide project(s), programs or initiatives.
- 3) Responsibility for strategic and day to day coordination and leadership of Health Education and Promotion staff and allocated functions/ areas of responsibility.
- 4) Lead planning, implementation, evaluation and reporting on allocated services, sites, programs or initiatives.
- 5) Use data and evidence-informed practice to provide high-level advice, guidance and advocacy to internal and external stakeholders in their speciality area.
- 6) Identify, develop and maintain internal /external partnerships or collaborations to facilitate effective service outcomes in consultation with more senior staff.
- 7) Contribute to broader health promotion direction and service development by maintaining detailed and up-to-date knowledge across policy, evidence and available data in relation to a speciality area
- 8) Represent the LHD or Network on team, local and state-wide committees or working groups.
- 9) Hold responsibility and accountability for LHD or state-wide project(s).

Level 4 – Principal Health Education and Promotion Practitioners

(i) Definition and requirements:

- (a) A Health Education and Promotion Level 4 demonstrate extensive experience with a high level of knowledge, skills, and competency applicable to their role.
- (b) They would have demonstrated experience and training in senior management demonstrating leadership and operational oversight.
- (c) They have responsibility for leadership and operational governance of Teams and / or Units within a Health Education and Promotion Service.

(ii) Functions:

- (a) Health Education and Promotion Level 4 Principal Health Education and promotion Practitioner functions include:
 - 1) Responsible for ensuring health education and promotion concepts and principles are applied across preventative health work within an allocated service / portfolio area.

- 2) Responsible for advocating for preventative health and health literacy.
- 3) Delegated authority to make complex judgements and take initiatives aligned with organisational goals.
- 4) Accountable for allocating resources and ensuring budgets are effectively monitored and managed.
- 5) Support Health Education and Promotion Practitioners Level 5 or equivalent to influence and implement changes in standard practices, policies, and procedures based on complex assessments.
- 6) Plays a leadership role in the development, execution and monitoring and reporting of strategic and operational business plans, ensuring the achievement of organisational targets and objectives.
- 7) Contribute to the field of health promotion through encouraging research, innovation, involvement in teaching and dissemination of program/service findings and models of good practice through publication of reports and refereed papers
- 8) Plays a leadership role in setting broader health promotion direction and service development by maintaining detailed and up-to-date knowledge across policy, evidence and available data in relation to a service or portfolio
- 9) Identify, develop and maintain high level internal /external partnerships or collaborations to facilitate effective service outcomes in consultation with more senior staff.
- 10) Represent the LHD or Network on team, local and state-wide committees or working groups.

(iii) Progression:

- (a) Progression within Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 5 – Health Education and Promotion Manager/Director

(i) Definition and requirements:

- (a) A Level 5 has responsibilities for leadership and management of multiple teams and / or Units across an Health Education / Promotion Service.
- (b) They demonstrate competencies and experience in leadership and management of complex teams and strategic oversight of the District wide health promotion service.
- (c) They possess qualifications in Leadership and Management

(ii) Functions:

(a) Level 5 Health Education and Promotion Manager / Director may include the following responsibilities:

- 1) Lead strategic and operational management of health education and promotion in a large and complex directorate including financial, performance, human and physical resource management.
- 2) Ensure that performance targets and state-wide outcomes are achieved and that programs are delivered within available resources, set timeframes and budget.
- 3) Provide strategic leadership, mentorship, and guidance to Health Education and Promotion Practitioners Level 4 and below, ensuring alignment with the organisation's vision, strategic priorities, and health outcomes.
- 4) Influence and implement changes in standard practices, policies, and procedures .
- 5) Oversee quality improvement and accreditation processes across the service.
- 6) Ensure health promotion and adult learning, change management and cultural competency and safety concepts and principles are integrated into preventative health work.
- 7) Manage Operational (including Financial, Quality and Human Recourses) Governance responsibilities within Organisational Delegations and Operating Procedures.
- 8) Lead development, implementation, and approve strategic, operational, and business plans.
- 9) Lead and manage complex organisational change in alignment with organisational goals,
- 10) Act as a spokesperson for the service, liaising with stakeholders, influencing public policies, and promoting health equity.
- 11) Ensure achievement of organisational targets, compliance with statutory requirements, and adherence to professional standards across all areas of responsibility.

(i) Contribute to the field of population health/health promotion/ health education

(iii) Progression:

(a) Progression within Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

Schedule 5.4 Environmental Health Officers

Trainee Environmental Health Officer

(i) Definition:

- (a) Environmental Health Officer Trainees are undertaking education in a degree accredited by Environmental Health Australia (**EHA**) and employed in a training position.

(ii) Grading:

- (a) Trainees are employed at the following year increment:

- 1) **Year 1:** for Trainees completing an undergraduate qualification.
- 2) **Year 2:** for Trainees completing a postgraduate qualification.

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date.
- (b) On completion of their degree, a Trainee will progress to Environmental Health Officer Year 2.

Level 1 – Graduate Environmental Health Officer

(i) Definition:

- (a) A Level 1 Environmental Health Officer is in the first two years of post-qualification practice and developing their professional skills.

(ii) Functions:

- (a) Level 1 Environmental Health Officers perform basic and routine professional practice with ready access to supervision and support.
- (b) Level 1 Environmental Health Officers exercise increasing professional judgement commensurate with experience until competency is obtained in that domain or task.

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date.
- (b) Level 1 Environmental Health Officers will progress automatically to Level 2 Environmental Health Officer on completion of 12 months service at Level 1 Year 2.

Level 2 - Environmental Health Officer

(i) Definition:

(a) An Environmental Health Officer:

- 1) holds a completed undergraduate degree or postgraduate qualification in Environmental Health Science accredited by EHA; and
- 2) Has a minimum of two years relevant experience.

(ii) Functions:

- (a) Level 2 Environmental Health Officers perform routine professional practice with independent professional judgement commensurate with experience.
- (b) Level 2 Environmental Health Officers may perform more complex professional practice and solve complex problems with supervision and support available from a Level 3 Environmental Health Officer.

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date.
- (b) Progression to Level 3 Senior Environmental Health Officer will be in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Environmental Health Officer

(i) Definition and requirements:

- (a) A Level 3 **Senior Environmental Health Officer** has a minimum of four (4) years (FTE) employment as an Environmental Health Officer within:
 - 1) an LHD;
 - 2) Local Government;
 - 3) a state or federal government agency.
- (b) A Senior Environmental Health Officer:
 - 1) performs tasks of a complex nature with a high degree of independence.
 - 2) Demonstrates professional decision-making and judgement on a day-to-day basis, with a high degree of independence, when performing most tasks and duties within their allocated area;

- 3) Effectively and independently manages workloads;
- 4) Applies evidence-based skills and decision making to complex tasks.

(ii) Indicators:

(a) Indicators of meeting the above criteria include but are not limited to the following:

- 1) Professional decision making and judgement on a day-to-day basis, with a high degree of independence, when performing most tasks and duties, either in a recognised function or across multiple functions; and
- 2) High level technical expertise (reflected in skills, knowledge, experience held) in a particular environmental health function, enabling the provision of guidance and oversight to the team and support to the unit; and
- 3) Demonstrate best practice application of regulatory powers and functions relating to complex matters and highly developed negotiation and stakeholder engagement skills; and
- 4) Provide supervision and a technical reference point for Environmental Health Officers (including trainees) on complex matters or when they encounter difficult situations; and
- 5) Coordinates a function within the team or unit and provides short term relief in an acting Manager capacity when required.

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date.

Level 4 – Environmental Health Manager

(i) Definition:

(a) An Environmental Health Manager:

- 1) meets the minimum criteria as set out for a Senior Environmental Health Officer;
- 2) has demonstrated experience of employment as a Senior Environmental Health Officer within a NSW LHD or can demonstrate extensive environmental health managerial experience in local government, interstate or internationally; and
- 3) is responsible for the supervision, management and administration of the environmental health team.

(ii) Functions and indicators:

- (a) An Environmental Health Manager operationally manages Senior Environmental Health Officers, Environmental Health Officers, Graduate Trainee Environmental Health Officers and Undergraduate Trainee Environmental Health Officers. They may also be required to supervise population health trainees; and research / project officers.
- (b) Environmental Health Managers provide leadership for complex activities and service deliverables with minimal supervision. They can be expected to demonstrate mature leadership within their work team or unit.
- (c) Indicators of meeting the above criteria include but are not limited to the following:
 - 1) Provides professional decision-making and judgement in all matters of Environmental Health; and
 - 2) Demonstrates high level people management and stakeholder engagement skills providing oversight to the team and support to the unit; and
 - 3) Demonstrates team building capacity and advocacy of environmental health; and
 - 4) Provides supervision and a technical reference point for Senior Environmental Health Officers on complex matters or when they encounter difficult situations; and
 - 5) Provides senior managerial coordination of a function within the team and be willing to support the Director in short term relief in an Acting Director capacity

(iii) Progression:

- (a) Progression within this level is automatic and occurs annually on the determined anniversary date for incremental progression.

Stream 6: Health Information Workforce

Schedule 6.1 Clinical Coders

[Placeholder under Secretary of Health provides HSU with proposed classification for review/negotiations]

Schedule 6.2 Health Information Administrators and Managers

[Placeholder under Secretary of Health provides HSU with proposed classification for review/negotiations]

Schedule 6.3 Librarians

Librarian holds qualifications (Peak Body recognised AQF 7 and above) which enables eligibility for professional membership of the Australian Library and Information Association ('ALIA').

Level 1 – Librarian

(i) Definition:

- (a) A Level 1 Librarian is an early-career professional, within their first two years of practice, actively developing core competencies and professional expertise.

(ii) Functions:

- (a) Level 1 Librarians work under the supervision of a Level 2 Librarian or Library Manager. They may work independently, or collaboratively within a team.

(b) Primary responsibilities:

- 1) Delivers professional library and information services and / or assist in the development of library and information services and systems.
- 2) Provides training and research support to healthcare staff, facilitating access to evidence-based information.
- 3) Co-ordinates discrete projects or assists in the operations of a Library unit, team or service.
- 4) Offers services that are professional in nature, with increasing autonomy as experience and competence grow.

(c) Knowledge, skills and expertise:

- 1) Possesses sound knowledge of library and information service concepts, principles and theory, and a sound understanding of library systems, practices and procedures.
- 2) Progressively acquires and applies skills aligned with formal training and on-the-job experience.
- 3) Utilises a range of digital platforms, online resources and communications technologies.
- 4) Shows initiative in learning about emerging technologies and contributes to the development of procedures and professional knowledge.

(d) Judgement and initiative:

- 1) Exercises sound judgment in addressing operational and conceptual challenges, guided by established standards and procedures.
- 2) Adapts systems and priorities, with limited deviation from precedent.
- 3) With experience, applies theoretical knowledge to solve non-routine problems and make informed decisions.
- 4) Applies professional judgment with increasing independence, particularly in health-related contexts, and understands relevant governance frameworks.

(e) Leadership and supervision:

- 1) May provide supervision and support to library assistants or other support staff as competencies develop.
- 2) In exceptional circumstances, and following a formal competency assessment, a Level 1 Librarian in their second year may serve as the sole librarian within a 'Hub and Spoke' model operating a branch library under the direction and support of a Network Library Manager.

(iii) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) On the completion of 12 months service at Level 1 Year 2, a Librarian Level 1 will automatically progress to being a Librarian Level 2.

Level 2 – Librarian

(i) Definition:

- (a) A Level 2 Librarian is a qualified and experienced professional who has completed a minimum of two years' service at Librarian Level 1 or holds equivalent professional experience.
- (b) Level 2 Librarians demonstrate a competent level of professional knowledge and skill and may be developing specialist expertise. They operate with increasing autonomy and contribute to the delivery of complex library and information services that support clinical care, research, education, and strategic health initiatives.

(ii) Functions:

- (a) A Librarian Level 2 works under general direction of a Level 3 Librarian or Library Manager. They can be expected to work either individually (sole person libraries) or co-operatively as a member of a team.

(b) Primary responsibilities:

- 1) Delivers complex or specialist library and information services across a range of health contexts.
- 2) Co-ordinates or supervises discrete projects, library units or service operations, including systems, workflows, and service development.
- 3) May be responsible for managing a budget and contributing to resource planning and allocation.

(c) Knowledge, skills and expertise:

- 1) Demonstrates well-developed knowledge of library and information science principles, systems and practices.
- 2) Applies advanced skills in digital platforms, online resources, and communication technologies to support evidence-based practice.
- 3) Shows initiative in adopting emerging technologies to enhance service delivery.
- 4) May contribute to policy development and provide advice to senior Librarian management.
- 5) Engages in professional development and contributes to the broader body of professional knowledge through research, publication, or service innovation.

(d) Judgement and initiative:

- 1) Exercises judgment and initiative in managing a wide range of complex tasks and problems.

- 2) Adapts systems, standards and priorities, with the ability to deviate from precedent where appropriate.
- 3) Makes decisions with increasing independence, informed by an understanding of healthcare environments, governance frameworks, and the strategic impact of information services.

(e) Leadership and supervision:

- 1) May supervise and mentor support staff, students, and less experienced Librarians.
- 2) In appropriate circumstances, may serve as the sole librarian within a 'Hub and Spoke' model, managing a branch library under the direction and support of a Network Library Manager, subject to competency assessment and governance arrangements.

(iii) Progression:

- (a) Progression within Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 3 – Librarian

(i) Definition:

- (a) A Level 3 Librarian is a senior library professional who performs duties within or across one or more areas of advanced expertise, including:

- 1) Leading a specialty stream or small team, as either a Coordinator or Assistant Manager;
- 2) Delivering complex / specialist services in defined domains as a Senior Practitioner.

- (b) A Level 3 Librarian works under the broad direction of Level 4 Librarian or above.

(ii) Functions:

(a) Primary responsibilities:

- 1) Delivers and improves complex / specialist services (for example only, advanced evidence support, systems / digital services, collections / data systems).
- 2) Leads a stream / small team; coordinating projects; workflows; and service enhancements across one or more sites.
- 3) Contributes to planning, evaluation, reporting.

4) May manage a project budget and / or a small cost centre.

(b) Knowledge, skills and expertise:

- 1) Substantial professional knowledge.
- 2) Recognised internal subject matter expertise.
- 3) Applies emerging technologies to improve access, interoperability and user experience.
- 4) Provides advice to management; develops policy / guidelines within scope; supports capability building.

(c) Judgement and initiative:

- 1) Resolves complex issues; adapts standards with limited precedent; escalates high risk matters.

(d) Leadership and Supervision:

- 1) Supervises and mentors Library staff and Level 1 and 2 Librarians.
- 2) May act as a sole librarian in a hub and spoke branch with any identified necessary supports.

(iii) Progression:

- (a) Progression within Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 4 – Librarian

(i) Definition:

- (a) A Level 4 Librarian is a senior expert in library and information management with a proven record of achievement at a senior level. They are:
 - 1) Leading an entire service (or multiple streams across sites / Networks) within the organisation; or
 - 2) Operating as a Principal Specialist with a Tertiary Facility / District / Network wide remit.
- (b) Their work has policy, legal, and service implications at an organisational level and through state and national health library networks.

- (c) Level 4 Librarians operate under the strategic direction of an Executive or Library/Network Manager.
- (d) Level 4 Librarians roles providing leadership and authoritative advice across complex service environments and may be senior managers or heads of a Department.

(ii) Functions:

(a) Primary responsibilities:

- 1) Leads and manages services / programs / portfolios within the organisation across sites / Networks, significant library and information services, projects or programs across multiple sites, Networks, LHDs.
- 2) Responsible as required for managing performance, risk, quality, workforce, vendors.
- 3) Sponsors major strategic initiatives (digital transformation, integration, redesign).
- 4) Manages significant service budgets and contracts; manages partner / vendor relationships.
- 5) Provides authoritative advice to executives, builds capacity across the service.
- 6) Supports research activities, particularly within tertiary teaching hospitals or academic health settings.

(b) Knowledge, skills and expertise:

- 1) Extensive knowledge of library and information science (LIS) domains.
- 2) Organisational authority in strategically important systems / collection services.
- 3) May also possess additional qualifications beyond those required for professional membership (e.g. ALIA).
- 4) Proven achievement in resource allocation, priority setting, and budget / contract management.

(c) Judgement and initiative:

- 1) Independent, interpretive judgment in highly complex contexts.
- 2) Develops new standards / approaches where precedent is limited.
- 3) Ensures alignment with policy, legal obligations, and organisational strategy.

(d) Leadership and Supervision:

- 1) Works independently or under occasional review for outcomes / strategic alignment.
- 2) Leads multiple teams / streams.
- 3) Provides mentoring to senior practitioners and emerging leaders.

(iii) Progression:

- (a) Progression within Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

Level 5- Librarian

(i) Definition:

- (a) A Level 5 Librarian leads a District / Service/ Network wide service or has a multi Network portfolio / Hub (for example only, enterprise discovery / search, clinical knowledge standards, analytics /policy, digital platforms).
- (b) They hold recognised authority for portfolio practice, standards, and strategic priorities.
- (c) At Level 5, they may not be required to hold system wide operational governance over Networked Services.

(ii) Functions:

(a) Primary responsibilities:

- 1) Sets practice, standards, and priorities with cross agency impact; aligns with statewide clinical, research, and digital strategies.
- 2) Stewards large/ multi year budgets and enterprise vendor portfolios; leads complex procurement/integration; manages material contract/compliance risk.
- 3) Represents the organisation in state/national forums; provides authoritative guidance; leads cross State, District/Network teams in matrix structures; builds capability across organisations.

(b) Knowledge, skills, expertise

- 1) Extensive knowledge across LIS domains and deep specialist expertise in strategically significant areas.
- 2) Proven portfolio / program leadership, inter agency collaboration, and risk management at scale.

3) May hold additional qualifications in leadership / management/specialist practice.

(c) Judgment and initiative

1) Exercises independent, interpretive judgment in cross agency contexts.

2) Develops new standards / systems where precedent is limited.

3) Evaluates jurisdictional impact.

(d) Leadership & supervision

1) Works with minimal supervision; assessed on outcomes, strategic alignment, and portfolio impact.

2) Provides mentoring to senior leaders; develops workforce capability across organisations.

(iii) Progression:

(a) Progression within Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

Schedule 6.4 Library Assistants and Technicians

Library Assistant performs functions supporting the operation of Library services under the direction and supervision of Library Technicians or Librarians.

Library Technician holds qualifications (Peak Body recognised AQF 6 and above) which enables eligibility for professional membership of the Australian Library and Information Association ('ALIA') as a Library Technician.

Library Assistant

(i) Definition:

(a) A Level 1 Library Assistant means an employee who:

1) holds a Certificate III in Library and Information Services (or alternatively a qualification deemed equivalent) and / or

2) is actively working towards completing qualifications which enables eligibility for professional membership of ALIA as a Library Technician.

(ii) Functions:

(a) A Level 1 Library Assistant can be expected to undertake and / or demonstrate development in the following skills and competencies:

- 1) Performs routine activities to gain practical experience required for the operation of Health Library information systems and services to clients.
- 2) 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.
- 3) Exercises judgment, where a choice of action is available within the application of clearly established standards, practices and procedures.
- 4) The outcome of work undertaken is usually of direct, but short-term effect on clients, collections and co-workers.
- 5) Searches library and information databases.
- 6) 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.

(iii) Practice arrangements:

- (a) 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.

(iv) Progression:

- (a) Progression within Level 1 Library Assistant is automatic and occurs annually on the determined anniversary date for incremental progression.

- 1) **NOTE:** Placeholder to confirm that as discussed at the IRC conciliation on 24 March 2026, current Library Assistants who may not hold a Certificate III will nonetheless be grand parented to the Library Assistant role in the new Award. This will be reflected in the relevant Translation Table on filing.

Level 1 – Library Technician

(i) Definition:

- (a) A Level 1 Library Technician is a recently qualified practitioner and has completed an ALIA accredited Library Technician qualification.

(ii) Functions:

- (a) Level 1 Library Technicians may perform the following functions:

- 1) 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.
- 2) Identify and resolve ICT problems and apply digital solutions to work processes including searching library and information databases, both internal and external sources.
- 3) Apply 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.
- 4) 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.
- 5) 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.
- 6) 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.

(iii) Practice arrangements:

- (a) A Library Technician Level 1 works under supervision of a senior paraprofessional (for example Level 2 Library Technician) or a professional (for example, a Librarian) or Library Manager. They can work either individually or co-operatively as a member of a team.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) Progression to being a Level 2 Library Technician is automatic on the completion of 12 months at Level 1, Year 2.

Level 2 – Library Technician

(i) Definition:

- (a) A Level 2 Library Technician has completed 12 months at Level 1 Year 2 and is a developing practitioner or specialist. who

(ii) Functions:

(a) A Level 2 Library Technician can undertake the following additional competencies and skills to that of a Level 1 Library Technician:

- 1) Performs and co-ordinates activities required for the operation and maintenance of library health information services and systems at a comprehensive level.
- 2) May manage discrete library and information management projects or coordinate the operations and systems of a unit or team.
- 3) 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.
- 4) Exercises judgment and initiative in dealing with a range of complex or specialist tasks and problems, and in the application of principles and theory.
- 5) Can adapt systems, standards or priorities, and deviate substantially from precedent.
- 6) The outcome of work may have a long-term effect on clients, collections, co-workers or other agencies.
- 7) Develops or applies work practices, procedures or policies and provides training in their area of responsibility.
- 8) Work may contribute to the body of knowledge in library and information services, or area of specialisation.

(iii) Practice arrangements:

(a) A Level 2 Library Technician 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:

- 1) individually as a specialist.
- 2) co-operatively as a member of a non-hierarchical team.
- 3) coordinator and supervisor of a team.

(iv) Progression:

(a) Progression within Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.

DRAFT

Stream 7: Biomedical Workforce

Schedule 7.1 Biomedical Engineering (Technical)

Biomedical Engineering Technician holds qualifications in biomedical engineering, electronics, mechanics or other relevant fields of an AQF 3-6 level.

Level 1 – Trainee Biomedical Engineering Technician

(i) Definition:

- (a) A Biomedical Engineering Trainee Technician (BMET Level 1) is completing a relevant qualification (3 years or longer) in Engineering (AQF3 or higher). They are enrolled in prerequisite education or training to meet the requirements of a Biomedical Engineering Technician (BMET Level 2 or higher).

(ii) Functions:

- (a) A Biomedical Engineering Trainee Technician is expected to undertake the following functions relevant to the role to which they are appointed:

- 1) Able to assist with routine technical work on low-risk medical equipment or in low-risk clinical environments.
- 2) Able to analyse and resolve technical issues in line with their training plan and competencies as assessed by their line manager.
- 3) Able to undertake quality assurance and performance verification testing on medical equipment under supervision.
- 4) Able to use relevant tools and plant machinery to perform routine work under supervision or direction.
- 5) Able to access, refer to, and apply Australian and International Standards relevant to the role to which they are appointed.
- 6) Able to perform preliminary technical risk assessments under supervision.

(b) Practice Arrangements:

- 1) A Biomedical Engineering Trainee Technician may only perform technical duties under the direct supervision or instruction of a senior colleague (BMET Level 3 or higher, BMEP Level 3 or higher, BMEM Level 1 or higher).

(c) Progression:

- 1) Progression within Level 1 is automatic and occurs annually on the determined anniversary date for incremental progression.

- 2) On the attainment of a technical qualification (AQF3 – 6), a Biomedical Engineering Trainee (BMET Level 1) will automatically progress to being a Biomedical Engineering Technician (BMET Level 2), regardless of their current year increment.

Level 2 - Biomedical Engineering Technician

(i) Definition:

- (a) A Biomedical Engineering Technician (BMET Level 2) has completed a relevant technical qualification (AQF 3 / Certificate 3 or higher).

(ii) Functions:

- (a) A Biomedical Engineering Technician (BMET Level 2) will perform their work under relevant supervision of a senior colleague (BMET Level 3 or higher, BMEP Level 3 or higher, BMEM Level 1 or higher).
- (b) A BMET Level 2 may perform the following functions reflecting their experience:
 - 1) All functions associated with BMET Level 1, and
 - 2) Able to perform routine technical work on low-risk medical equipment or in low-risk clinical environments with minimal supervision.
 - 3) Able to perform technical work on medium-risk medical equipment or in medium-risk clinical environments under direct supervision.
 - 4) Able to assist with technical work on high-risk medical equipment or in high-risk clinical environments under suitable supervision (BMET Level 4 or higher, BMEP Level 4 or higher, BMEM Level 1 or higher).
 - 5) Able to contribute to Quality Improvements, Work, Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
 - 6) Able to undertake quality assurance and performance verification testing on medical equipment with minimal supervision.
 - 7) Able to use relevant tools and plant machinery to perform routine work with minimal supervision or direction.
 - 8) Able to fabricate simple components from design drawings.
 - 9) Able to perform technical risk assessments of simple devices or systems.
 - 10) A BMET Level 2 does not perform on call unless:

- (a) A risk assessment considering the BMET Level 2's capacities has been undertaken; and
- (b) They have completed designated training competencies relevant to the on-call service; and
- (c) Consultation with a suitable supervisor (BMET Level 4 or higher, BMEP Level 4 or higher, BMEM Level 1 or higher) is always available to them whilst on-call.

(iii) Progression:

- (a) Progression within BMET Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) On completion of three years at BMET Level 2, along with attainment of a relevant technical qualification of AQF4 or higher, the Biomedical Engineering Technician will automatically progress to Higher Biomedical Engineering Technician (BMET Level 3).

Level 3 – Biomedical Engineering Technician

(i) Definition:

- (a) A Biomedical Engineering Higher Technician (BMET Level 3) has completed a relevant technical qualification (AQF 4 / Certificate 4) and has completed a minimum of three years' experience at Biomedical Engineering Technician (BMET Level 2) or has other experience deemed equivalent by the local Biomedical Engineering Manager.

(ii) Functions:

- (a) A Biomedical Engineering Higher Technician (BMET Level 3) will undertake routine practice with decreasing direct supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience.
- (b) They, however, continue to undertake more complex work under the supervision of a senior colleague (BMET Level 4 or higher, BMEP Level 4 or higher, BMEM Level 1 or higher).
- (c) A Biomedical Engineering Higher Technician (BMET Level 3) may perform the following functions:
 - 1) All functions associated with BMET Level 2, and
 - 2) Able to perform routine technical work on low- and medium-risk medical equipment or in low- and medium-risk clinical environments without supervision.

- 3) Able to perform with technical work on high-risk medical equipment or in high-risk clinical environments with minimal supervision.
- 4) Able to provide On Call services without assistance.
- 5) Able to assist with service delivery to specialised areas or to integrated equipment.
- 6) Able to make recommendations to line manager regarding equipment, lifecycle management and sustainability.
- 7) Able to support the delivery of, but not lead, educational activities to Biomedical Engineering practitioners.
- 8) Able to undertake quality assurance and performance verification testing on medical equipment independently.
- 9) Able to maintain and operate relevant tools and plant machinery to perform a variety of work without supervision.
- 10) Able to contribute to the design process and fabricate components from drawings.
- 11) Able to perform technical risk assessments of medium-risk devices or systems.
- 12) Able to self-manage and prioritise workload and/or case list.

(iii) Progression:

- (a) Progression within BMET Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (b) A BMET Level 3 may apply for progression to BMET Level 4 Biomedical Engineering Technical Specialist in accordance with Clause 13, Personal Regrade.

Level 4 - Biomedical Engineering Technician

(i) Overview:

- (a) Biomedical Engineering Technician Level 4 roles may be:
 - 1) Biomedical Engineering Technical Specialist; or
 - 2) Biomedical Engineering Technician Coordinator.

(ii) Progression

(b) Progression within Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

(c) A BMET Level 3 may apply for progression to the Level 4 Biomedical Engineering Technical Specialist role (only) in accordance with Clause 13, Personal Regrade.

Level 4- Biomedical Engineering Technical Specialist

(i) Definition:

(a) The Biomedical Engineering Technical Specialist role reflects training, experience and demonstrated competency in working with specific high-risk or high-complexity medical devices, or in complex clinical environments. They have completed a relevant technical qualification (AQF 5) and has a minimum five years relevant experience.

(ii) Indicators:

(b) A Biomedical Engineering Technical Specialist (BMET Level 4) is expected to have the following competencies:

- 1) All functions associated with BMET Level 3, and
- 2) Able to perform advanced technical work on specific high-risk medical equipment / environments without supervision.
- 3) Able to supervise and review technical work on all medical equipment / environments for BMET/BMEP Level 3 and below roles.
- 4) Able to communicate clearly and effectively with their team, Department leadership and other internal and external stakeholders.
- 5) Able to coordinate Quality Improvements, Work, Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- 6) Able to deliver training activities to Biomedical Engineering practitioners (in the absence of dedicated Educators).
- 7) Able to design and fabricate simple components and assemblies relevant to work practice (designs and finished components to be signed off by BMEP Level 4 or higher).
- 8) Able to perform technical risk assessments of high-risk devices or systems.
- 9) Able to assist in the scoping, assessment and commissioning of new equipment and system tenders.

Level 4 – Biomedical Engineering Technician Coordinator

(i) Definition:

- (a) The Biomedical Engineering Technician Coordinator role reflects training, experience and demonstrated competency in managing the technical team, allocating resources, managing workflows and priorities to reflect the overall Service responsibilities. They have completed a relevant technical qualification (AQF 5) and completed five years relevant experience.
- (b) It can be expected that the Biomedical Engineering Technician Coordinator will have completed or be undertaking leadership / management training.

(ii) Functions:

- (c) A Biomedical Engineering Technician Coordinator may perform the following functions:
 - 1) All functions associated with BMET Level 3.
 - 2) Able to perform routine technical work on high-risk medical equipment / environments without supervision.
 - 3) Able to supervise and review technical work on all medical equipment / environments for BMET/BMEP Level 3 and below roles.
 - 4) Able to communicate clearly and effectively with their team, Department leadership and other internal and external stakeholders.
 - 5) Able to coordinate Quality Improvements, Work, Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
 - 6) Able to deliver training activities to Biomedical Engineering practitioners (in the absence of dedicated Educators).
 - 7) Able to contribute to relevant projects and developments (including change of practice, installation and redevelopments).
 - 8) Able to plan and coordinate work for their team in relation to their levels of competence.
 - 9) Able to participate in Department functions to assist the Department leadership with achieving operational objectives.

Level 5 - Biomedical Engineering Technician

(i) Overview:

(a) Biomedical Engineering Technician Level 5 roles may be:

- 1) Biomedical Engineering Advanced Technical Specialist; or
- 2) Biomedical Engineering Technical Educator

(ii) B. Progression

(b) Progression within Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

(c) A BMET Level 4 may apply for progression to the Level 5 Biomedical Engineering Advanced Technical Specialist role (only) in accordance with Clause 13, Personal Regrade.

Level 5 – Biomedical Engineering Advanced Technical Specialist

(i) Definition:

(a) A Biomedical Engineering Advanced Technical Specialist (BMET Level 5) has completed a relevant technical qualification (AQF 6) and has completed a minimum of five years relevant experience. The role reflects training, experience and demonstrated competency in working across multiple specific high-risk or high-complexity medical devices, or in complex clinical environments.

(ii) Indicators:

(b) A Biomedical Engineering Advanced Technical Specialist (BMET Level 5) will be expected to have the following functions:

- 1) All functions associated with Biomedical Engineering Technical Specialist BMET Level 4.
- 2) Able to perform advanced technical work on a variety of specific high-risk medical equipment / environments without supervision.
- 3) Able to supervise and review technical work on all medical equipment / environments for BMET Level 4 and below roles.
- 4) Able to advise management regarding the technical requirements, limitations and vulnerabilities of medical devices.
- 5) Able to undertake complex failure mode and effects analysis of medical devices, and support vendors with rectification and mitigation.
- 6) Able to design and fabricate complex components and assemblies relevant to work practice (designs and finished components to be signed off by BMEP Level 4 or higher).

- 7) Able to repair, configure and modify medical devices to achieve required performance characteristics.

Level 5 – Biomedical Engineering Technician Educator

(i) Definition:

- (a) A Biomedical Engineering Technical Educator (BMET Level 5) has completed a relevant technical qualification (AQF 6) and has completed a minimum of five years relevant experience. The role reflects training, experience and demonstrated competency in supporting and training the technical workforce in a range of relevant technical and non-technical processes. They can be expected to have completed or be undertaking adult education training.

(ii) Functions:

- (a) A Biomedical Engineering Technical Educator (BMET Level 5) will be expected to have the following functions:
 - 1) All functions associated with Biomedical Engineering Technical Specialist BMET Level 4, and
 - 2) Able to assess Technician (BMET Level 4 and below) competencies, skill development and educational needs.
 - 3) Ensure that a data base is maintained of Technician competencies to assist with workload allocation and ongoing learning and development.
 - 4) Able to develop and deliver training activities to Biomedical Engineering practitioners and other stakeholders as appropriate.
 - 5) Able to identify education and development needs within the team and coordinate internal or external training to address these needs.
 - 6) Able to maintain knowledge of emerging technologies, legislation, regulations, Standards and work practices relevant to the technical team and advise Department leadership.
 - 7) Able to develop local procedures and practices to ensure a safe and effective work environment.

Schedule 7.2 Biomedical Engineers (Professional)

Biomedical Engineer holds a qualification in Biomedical Engineering AQF7 or above that enable membership of Engineers Australia.

Level 1 - Biomedical Engineer Intern

(i) Definition:

- (a) A Biomedical Engineering Intern (Professional) (BMEP Level 1) is enrolled in a final year of a relevant accredited engineering undergraduate degree.
- (b) A Biomedical Engineering Intern (Professional) will perform their work under relevant direction of a senior colleague (BMET Level 4 or higher, BMEP Level 3 or higher, BMEM Level 1 or higher).

(ii) Functions:

- (a) They can be expected to have developed the following competencies:
 - 1) Able to perform technical work on low- and medium-risk medical equipment or in low- and medium-risk clinical environments under direct supervision
 - 2) Able to analyse and resolve technical issues in line with their training plan and competencies as assessed by their line manager.
 - 3) Able to undertake quality assurance and performance verification testing on medical equipment under supervision.
 - 4) Able to use relevant tools and plant machinery to perform routine work under supervision or direction.
 - 5) Able to access, refer to, and apply Australian and International Standards relevant to the role to which they are appointed.
 - 6) Able to access and refer to Regulatory and Compliance frameworks governing medical devices relevant to the public health facilities within the scope of the role.
 - 7) Able to interpret technical drawings and contribute to the design process.
 - 8) Able to perform preliminary technical risk assessments under supervision.
 - 9) Able to participate in and contribute to Quality systems and documentation required under legislation.
 - 10) Able to pursue professional development opportunities enhance understanding of the engineer principles core to the scope of the role.

(iii) Progression:

- (a) An employee in a Biomedical Engineering Intern (Professional) (BMEP Level 1) position will automatically progress to Biomedical Engineer (Professional) (BMEP Level 2) upon completion of their undergraduate engineering degree.

Level 2 – Biomedical Engineer

(i) Definition:

- (a) A Level 2 Biomedical Engineer (Professional) (BMEP Level 2) has completed their accredited undergraduate engineering degree.
- (b) They perform their work under relevant direction of a senior colleague (BMET Level 4 or higher, BMEP Level 3 or higher, BMEM Level 1 or higher).

(ii) Functions:

(c) A Level 2 Biomedical Engineer (Professional) may perform the following:

- 1) All functions associated with Biomedical Engineer Intern (Professional) (BMEP Level 1), and
- 2) Able to perform technical work on low- and medium-risk medical equipment or in low- and medium-risk clinical environments with direct supervision until deemed competent.
- 3) Able to perform technical work on high-risk medical equipment or high-risk clinical environments under supervision of a BMET/BMEP Level 4 or higher with increasing independent professional judgement and decreasing supervision commensurate with experience.
- 4) Able to provide On Call services following 2 years of experience and achieving appropriate competencies.
- 5) Able to create design requirement lists and conceptual prototypes for projects for sign off by BMEP Level 3 or higher.
- 6) Able to use relevant tools and plant machinery to perform routine work with minimal supervision or direction.
- 7) Able to fabricate simple components from design drawings.
- 8) Able to undertake clinical assessments in line with the requirements of the role, recommend and validate technical adjustments of equipment with low- and medium-risk clinical implications with minimal supervision.
- 9) Able to prepare comprehensive clinical and technical documentation in accordance with relevant rules of clinical information confidentiality with minimal supervision.
- 10) Able to perform clinical and technical risk assessments relevant to the role with minimal supervision.
- 11) Able to self-manage and prioritise workload and/or case list.

(iii) Progression:

- (d) Progression within Level 2 is automatic and occurs annually on the determined anniversary date for incremental progression.
- (e) A Biomedical Engineer (Professional) (BMEP Level 2) may apply for progression to Higher Biomedical Engineer (Level 3) in accordance with Clause 13, Personal Regrade.

Level 3 – Higher Biomedical Engineer

(i) Definition:

- (a) A Higher Biomedical Engineer (BMEP Level 3) has completed their accredited undergraduate engineering degree and has five years relevant experience.
- (b) A BMEP Level 3 can generally perform most of their tasks with a high degree of independence and only require occasional supervision. As experience grows, they can be expected to demonstrate increasing professional leadership within their work team / unit. This high-level knowledge, skills, and experience, is demonstrated by completing five years relevant experience and either:
 - 1) the attainment of CPEng / RPEng; OR
 - 2) demonstrating competencies equivalent to such credentials.

(ii) Indicators:

- (a) A BMEP Level 3 will generally perform their work without supervision, except in novel situations where they will undertake their work under relevant supervision of a senior colleague (BMEP Level 4 or higher, BMEM Level 1 or higher). Supervision in high-risk technical matters may also be provided by BMET Level 4 or higher.
- (b) They can be expected to possess the following functions as relevant to their role:
 - 1) All functions associated with Biomedical Engineer (Professional) (BMEP Level 2), and
 - 2) Able to coordinate and supervise routine technical work on low- and medium-risk equipment or in low- and medium-risk clinical environments.
 - 3) Able to perform technical work on high-risk medical equipment or in high-risk clinical environments with minimal supervision.
 - 4) Able to create design requirement lists and conceptual prototypes for projects.

- 5) Able to interpret relevant policies and maintain appropriate records to ensure compliance with Australian Standards and TGA regulations and ensure consistency in interpretation within the Service.
- 6) Able to scope new biomedical equipment to meet the needs of the employer.
- 7) Able to manage Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- 8) Able to undertake Project management activities under the supervision of a Biomedical Engineering Team Lead (Professional) (BMEP Level 4) or higher, or BMEM Level 1 or higher.
- 9) Supervise project work and developments of BMEP level 2 and below, including management of all documentation to comply with confidentiality legislation and all relevant Australian standards and regulations.
- 10) Able to use relevant tools and plant machinery to perform work without supervision.
- 11) Able to fabricate components from design drawings.
- 12) Able to undertake clinical assessments in line with the requirements of the role, recommend and validate technical adjustments of equipment with low- and medium-risk clinical implications without supervision.
- 13) Able to prepare comprehensive clinical and technical documentation in accordance with relevant rules of clinical information confidentiality without supervision.
- 14) Able to perform clinical and technical risk assessments relevant to the role without supervision.
- 15) Able to communicate clearly and effectively with their team, Department leadership and other internal and external stakeholders.
- 16) Able to design and sign-off on simple components and assemblies relevant to work practice.
- 17) Demonstrate an ongoing commitment to CPD.

(iii) Progression:

- (a) Progression within BMEP Level 3 is automatic and occurs annually on the determined anniversary date for incremental progression.

(b) A BMEP Level 2 applying for progression to Level 3 BMEP via Clause 13, Personal Regrade demonstrate that they meet the requirements for the position by completing five years relevant experience and either:

(a) attaining CPEng / RPEng; **OR**

(b) demonstrating competencies equivalent to such credentials.

(iv) A BMEP Level 3 may apply for progression to the Level 4 Biomedical Engineering Specialist (Professional) role (only) in accordance with Clause 13, Personal Regrade.

Level 4 – Biomedical Engineer

(i) Overview:

(a) Level 4 Biomedical Engineer roles may be:

- 1) Biomedical Engineering Specialist (Professional); or
- 2) Biomedical Engineering Team Coordinator.

(ii) Progression:

(b) Progression within Level 4 is automatic and occurs annually on the determined anniversary date for incremental progression.

(c) A BMET Level 3 applying for progression to the Level 4 Biomedical Engineering Specialist (Professional) role (only) via Clause 13, Personal Regrade demonstrate that they meet the requirements for the position by completing eight years relevant experience and either:

(a) maintaining CPEng / RPEng; **OR**

(b) demonstrating competencies equivalent to such credentials.

(d) A BMET Level 4 may apply for progression to the Level 5 Biomedical Engineering Advanced Specialist (Professional) role (only) in accordance with Clause 13, Personal Regrade.

Level 4 – Biomedical Engineering Specialist (Professional)

(i) Definition:

(a) The Biomedical Engineering Specialist (BMEP Level 4) role reflects training, experience and demonstrated competency in a specialisation of Biomedical Engineering. A Biomedical Engineering Specialist (BMET Level 4) has completed eight years of relevant experience and has in addition either maintained a CPEng

and / or RPEng credential or demonstrated competencies equivalent to such credentials.

(ii) Functions:

(a) A Biomedical Engineering Specialist (BMEP Level 4) may perform the following functions:

- 1) All functions associated with Biomedical Engineer (Professional) (BMEP Level 3).
- 2) Able to coordinate and supervise work within their specialised area.
- 3) Able to perform technical work on high-risk medical equipment or in high-risk clinical environments without supervision.
- 4) Able to supervise and direct research Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
- 5) Able to undertake Project management activities under the supervision of a BMEM Level 1 or higher.
- 6) Able to provide expert knowledge in relevant Standards and Regulations to Biomedical Engineering, on specific high-risk equipment, integrated medical device systems or regarding clinical areas relevant to the role.
- 7) Able to provide expert advice to Health Organisations and procurement entities regarding clinical equipment.
- 8) Able to deliver training activities to Biomedical Engineering practitioners (in the absence of dedicated Educators).
- 9) Able to provide specialist advice to relevant projects and developments (including change of practice, installation and redevelopments).
- 10) Able to participate in Department functions related to their area of specialty to assist the Department leadership with achieving operational objectives.
- 11) Able to perform clinical and technical risk assessments relevant to the role without supervision across the full product lifecycle.
- 12) Able to complete failure mode and effects analysis (FMEA) for both technical and clinically relevant scenarios.
- 13) Able to design and sign-off on complex components and assemblies relevant to work practice.

Level 4 – Biomedical Engineering Team Coordinator (Professional)

(i) Definition:

- (a) The Biomedical Engineering Team Coordinator role reflects training, experience and demonstrated competency in managing the Biomedical Engineering team, allocating resources, managing workflows and priorities to reflect the overall Service responsibilities.
- (b) A Biomedical Engineering Team Coordinator (BMEP Level 4) has completed a minimum of eight years relevant experience and has in addition maintained a CPEng and/or RPEng credential or demonstrated competencies equivalent to such credentials. It can be expected that they will have completed or be undertaking leadership / management training.

(ii) Functions:

- (a) A Biomedical Engineering Team Coordinator (BMEP Level 4) may perform the following:
 - 1) All functions associated with Biomedical Engineer (Professional) (BMEP Level 3), and
 - 2) Able to coordinate and supervise routine technical work on low- and medium-risk equipment or in low- and medium-risk clinical environments for BMET/BMEP Level 3 and below roles.
 - 3) Able to supervise and direct research Quality and Safety, and Work Health and Safety processes, including in the development and implementation of safety systems, improvement initiatives and related training.
 - 4) Able to undertake Project management activities under the supervision of a BMEM Level 1 or higher.
 - 5) Able to provide expert knowledge in relevant Standards and Regulations to Biomedical Engineering, on specific high-risk equipment, integrated medical device systems or regarding clinical areas relevant to the role.
 - 6) Able to provide expert advice to Health Organisations and procurement entities regarding clinical equipment.
 - 7) Able to deliver training activities to Biomedical Engineering practitioners (in the absence of dedicated Educators).
 - 8) Able to provide specialist advice to relevant projects and developments (including change of practice, installation and redevelopment).
 - 9) Able to plan and coordinate work for their team in relation to their levels of competence.

- 10) Able to participate in Department functions to assist the Department leadership with achieving operational objectives.

Level 5 – Biomedical Engineer

(i) General:

(a) Level 5 Biomedical Engineer roles may be:

- 1) Biomedical Engineering Advanced Specialist (Professional); or
- 2) Biomedical Engineering Team Educator.

(ii) Progression:

(a) Progression within Level 5 is automatic and occurs annually on the determined anniversary date for incremental progression.

(b) A BMET Level 4 applying for progression to the Level 5 Biomedical Engineering Advanced Specialist (Professional) role (only) via Clause 13, Personal Regrade can demonstrate that they meet the requirements for the position by completing eight years relevant experience and either:

(a) maintaining CPEng / RPEng; **OR**

(b) demonstrating competencies equivalent to such credentials.

Level 5 – Biomedical Engineering Advanced Specialist (Professional)

(i) Definition:

(a) The Advanced Biomedical Engineering Specialist (BMEP Level 5) role reflects training, experience and demonstrated competency in a specialisation of Biomedical Engineering. A Biomedical Engineering Advanced Specialist (BMET Level 5) has completed eight years of relevant experience and has in addition either maintained a CPEng and / or RPEng credential or demonstrated competencies equivalent to such credentials.

(b) The Advanced Biomedical Engineering Specialist role reflects training, experience and demonstrated competency in working across multiple specific high-risk or high-complexity systems of medical devices, or in complex clinical environments.

(ii) Indicators:

(a) An Advanced Biomedical Engineering Advanced Specialist (BMEP Level 5) will be expected to have the following competencies:

- 1) All functions associated with Biomedical Engineering Technical Specialist BMET Level 4, and
- 2) Able to coordinate, supervise and review technical work on high-risk equipment or in high-risk clinical environments for BMET/BMEP Level 4 and below roles.
- 3) Able to perform advanced technical work on a variety of specific high-risk medical equipment / environments without supervision.
- 4) Able to advise management regarding the technical requirements, limitations and vulnerabilities of medical devices.
- 5) Able to perform complex clinical and technical risk assessments relevant to the role across the full product lifecycle.
- 6) Able to undertake complex failure mode and effects analysis of medical devices, and support vendors with rectification and mitigation.
- 7) Able to repair, configure and modify medical devices to achieve required performance characteristics.

Level 5 – Biomedical Engineering Educator

(i) Definition:

- (a) The Biomedical Engineering Educator role reflects training, experience and demonstrated competency in supporting and training the technical workforce in a range of relevant technical and non-technical processes. It can be expected that they will have completed or be undertaking adult education training.
- (b) A Biomedical Engineering Educator will also have completed eight years of relevant experience and has in addition either maintained a CPEng and / or RPEng credential or demonstrated competencies equivalent to such credentials.

(ii) Functions:

- (a) A Biomedical Engineering Educator (BMEP Level 5) may perform the following:
 - 1) All functions associated with Biomedical Engineering Specialist (Professional) (BMEP Level 4).
 - 2) Able to assess Professional (BMEP Level 4 and below) competencies, skill development and educational needs.
 - 3) Ensure that a data base is maintained of Professional competencies to assist with workload allocation and ongoing learning and development.

- 4) Able to develop and deliver training activities to Biomedical Engineering practitioners and other stakeholders as appropriate.
- 5) Able to identify education, development and professional supervision needs within the team and coordinate internal or external training/contacts to address these needs.
- 6) Able to maintain knowledge of emerging research, technologies, legislation, regulations, Standards and work practices relevant to the technical team and advise Department leadership.
- 7) Able to develop local procedures and practices to ensure a safe and effective work environment.

Schedule 7.3 Biomedical Engineering Management

Level 1 - Biomedical Engineering Site Manager

(i) Definition:

- (a) An employee at Biomedical Engineering Manager Level 1 is a Biomedical Engineering Site Manager of a Biomedical Engineering Service.
- (b) A Biomedical Engineering Site Manager will hold, at a minimum, a relevant undergraduate degree in engineering (AQF 7), completed eight years relevant experience in biomedical engineering, and has in addition either maintained a CPEng and / or RPEng credential or demonstrated competencies equivalent to such credentials. They will have also undertaken management or leadership training.
- (c) If no applicants qualified with a relevant undergraduate degree in engineering (AQF 7) or higher are suitable for appointment, applicants with a relevant advanced diploma / associate degree in engineering (AQF 6), CEngA or equivalent accreditation and who are otherwise able to meet the locally applicable competencies may be considered for appointment.

(ii) Functions:

- (a) Level 1 Site Managers will be able to perform the following:
 - 1) Development and implementation of operational systems, practices and procedures to ensure the operations of medical equipment under their remit.
 - 2) Possess high level of familiarity and expertise in all relevant Australian and International standards – able to be a reference for local services and to support network / district Biomedical Engineering leadership.
 - 3) Possess appropriate management skills in developing and motivating staff under their supervision.

4) Operational planning skills to ensure adequate coverage of biomedical services.

(b) Level 1 Site Managers may also be required to perform the following:

- 1) Be able to manage all relevant biomedical equipment contracts in which the LHD is involved on the site / sites under their management.
- 2) Establish and plan operating guidelines for all services in compliance with employer policies and established business and hospital practices and procedures.
- 3) Project Management and procurement skills are appropriate to comply with all NSW Health policies.
- 4) Manage TGA and / or manufacturer's hazard recall notices.
- 5) Ability to sign off on design and development activities undertaken by all BMEP level 5 and below under their responsibility, excepting where the position holder is employed via point 3 of Clause A Definitions above. In this situation the employer must have available a BMEP 3 or CPEng qualified Coordinator, Site Manager, Assistant Director or Director available to be responsible for sign off.

(iii) Grading:

(a) A Level 1 is graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for a Level 1:

- 1) **Grade 1:** 0-10 Professional, Scientific and Technical FTE.
- 2) **Grade 2:** 10 or more Professional, Scientific and Technical FTE.

Level 2 – Biomedical Engineering Assistant Director

(i) Definition:

(a) Biomedical Engineering Manager Level 2 is a Biomedical Engineering Assistant Director of a Biomedical Engineering Service.

(b) They assist the Director as required with planning for the provision, implementation, and evaluation of relevant biomedical engineering services, as well as contributing to establishing the strategic direction for such services.

- (c) A Biomedical Engineering Site Manager Assistant Director will hold, at a minimum, a relevant undergraduate degree in engineering (AQF 7), has completed eight years relevant experience in biomedical engineering and has in addition either maintained a CPEng and / or RPEng credential or demonstrated competencies equivalent to such credentials. They will have also undertaken management or leadership training.
- (d) If no applicants qualified with a relevant undergraduate degree in engineering (AQF 7) or higher are suitable for appointment, applicants with a relevant advanced diploma / associate degree in engineering (AQF 6), CEngA or equivalent accreditation and who are otherwise able to meet the locally applicable competencies may be considered for appointment.

(ii) Functions:

(a) A Level 2 Assistant Director may perform the following:

- 1) All functions identified as a Level 1 Site Manager.
- 2) Undertake administrative and operational tasks that support day-to-day service delivery; oversight professional governance to staff; and assist the Director as required with decisions relating to human resources and physical or financial resource allocation.
- 3) Development and implementation of appropriate Organisational policies and guidelines to ensure safe usage of medical devices on LHD / SHN facilities.
- 4) Provide expert advice on niche Biomedical Engineering practices including Medical Device Integration, Manufacturing, Medical Gases, Renal Dialysis and Anaesthesia.
- 5) Note where the position holder is employed via point 4 of Clause A Definitions above, the employer must have available a BMEP 3 or CPNEng qualified Coordinator, Site Manager, Assistant Director or Director available to be responsible for sign off on design and development activities undertaken by all BMEP level 5 and below under their responsibility.

(iii) Grading:

(a) A Level 2 is graded in accordance with:

- 1) The weighted total FTE for the role; and
- 2) Clause 14, Grading of Certain Positions of this Award.

(b) The weighed total FTE gradings for a Level 1:

- 1) **Grade 1:** 0-10 Professional, Scientific and Technical FTE.

- 2) **Grade 2:** 10-25 Professional, Scientific and Technical FTE.
- 3) **Grade 3:** 25 or more Professional, Scientific and Technical FTE.

Level 3 – Biomedical Engineering Director

(i) Definition:

- (a) An employee at Biomedical Engineering Manager Level 3 is a Biomedical Engineering Director of a Biomedical Engineering Service and has responsibility for leading all Biomedical Engineering Services of a LHD / SHN. They may also be required to manage all relevant biomedical equipment contracts across multiple LHDs under their management
- (b) A Biomedical Engineering Director will hold, at a minimum, a relevant undergraduate degree in engineering (AQF 7), has completed ten years relevant experience in biomedical engineering, along with two years in management roles. In addition, they have either maintained a CPEng and / or RPEng credential or demonstrated competencies equivalent to such credentials. They have also undertaken management or leadership training.
- (c) In the event that no applicants qualified with a relevant undergraduate degree in engineering (AQF 7) or higher are suitable for appointment, applicants with a relevant advanced diploma / associate degree in engineering (AQF 6), CEngA or equivalent accreditation and who are otherwise able to meet the locally applicable competencies may be considered for appointment.

(ii) Functions:

- (a) Indicative duties and functions for a Director could be expected to include some of the following:
 - 1) Be able to manage all relevant biomedical equipment contracts in which the LHD is involved on all sites under their management.
 - 2) Development and implementation of operational systems, practices and procedures to ensure the operations of medical equipment under their remit.
 - 3) Establish and plan operating guidelines for all services in compliance with employer policies and established business and hospital practices and procedures.
 - 4) Possess high level of familiarity and expertise in all relevant Australian and International standards – able to be a reference for local services and to support network / district executive leadership.
 - 5) Possess appropriate management skills in developing and motivating staff under their supervision.

- 6) Project Management and procurement skills are appropriate to comply with all NSW Health policies.
- 7) Expertise with TGA and / or manufacturer's hazard recall notices.
- 8) Operational planning skills to ensure adequate coverage of biomedical services to an entire LHD / SHN.
- 9) Develop and implementation of appropriate Organisational policies and guidelines to ensure safe usage of medical devices on LHD / SHN facilities.
- 10) Ability to sign off on design and development activities undertaken by all BMEP Level 5 / BMEM Level 2 and below under their responsibility. Note where the position holder is employed via point 3 of Clause A Definitions above, the employer must have available a BMEM 2 or BMEP 4 or higher available to be responsible for sign off on design and development activities undertaken by all BMEP Level 5 and BMEM Level 2 below under their responsibility.
- 11) Provide expert advice on a range of niche Biomedical Engineering practices including Medical Device Integration, Manufacturing, Medical Gases, Renal Dialysis and Anaesthesia.

(iii) Grading:

- (a) A Level 2 is graded in accordance with:
 - 1) The weighted total FTE for the role; and
 - 2) Clause 14, Grading of Certain Positions of this Award.
- (b) The weighed total FTE gradings for a Level 1:
 - 1) **Grade 1:** 0-10 FTE.
 - 2) **Grade 2:** 10-25 FTE.
 - 3) **Grade 3:** 25-45 FTE.
 - 4) **Grade 4:** 45 or more FTE.

DRAFT

Stream 8: Dental Workforce

Schedule 8.1 – Dental Assistants

Dental Assistant holds a qualification minimum AQF 3 (Certificate III) in Dental Assisting.

Trainee Dental Assistant

(i) Definition:

(a) A Trainee Dental Assistant does not hold a qualification in Dental Assisting but is undertaking study towards completion of a relevant Dental Assisting qualification.

(ii) Practice arrangements

(a) A Trainee Dental Assistant works under practice supervision of a more senior Dental stream employee and cannot function as a supervisor of other Dental Assistants.

(iii) Progression:

(a) Progression to Dental Assistant Level 1 (Certificate III) or Level 2 (Certificate IV) is automatic upon completion of a relevant Dental Assisting qualification.

Level 1 – Dental Assistant

(i) Definition:

(a) A Level 1 Dental Assistant holds a Certificate III in Dental Assisting or equivalent.

(ii) Practice arrangements

(a) A Level 1 Dental Assistant required to operationally supervise two or more other Dental Assistants will be paid the Dental Assistant Supervisor Allowance.

(iii) Progression:

(a) The commencement date for progression to Level 1 is the date the Certificate III qualification is completed.

(b) Progression within Level 1 is automatic on the employee's anniversary date.

(c) Progression to Dental Assistant Level 2 is automatic upon completion of a Certificate IV.

Level 2 – Dental Assistant

(i) Definition:

(a) A Level 2 Dental Assistant holds a Certificate IV in Dental Assisting or equivalent.

(ii) Practice arrangements

(a) A Level 2 Dental Assistant required to operationally supervise two or more other Dental Assistants will be paid the Dental Assistant Supervisor Allowance.

(iii) Progression:

(a) The commencement date for progression to Level 2 is the date the Certificate IV qualification is completed.

(b) Progression within Level 2 is automatic on the employee's anniversary date.

(c) Upon completion of 12 months at Level 2 Year 4, a Dental Assistant may apply for progression to Level 4 via Clause 13, Personal Regrade.

Level 3 – Senior Dental Assistant

(i) Definition:

(a) Senior Dental Assistants Level 3 meet the requirements of Level 2 and in addition:

- 1) Train, coach, guide, and supervise Dental Assistants performing work in the specialised area; and
- 2) Either:
 - (i) Demonstrate higher-level knowledge, skills, and experience in technical leadership within their specialised area; or
 - (ii) Hold a Certificate IV relevant to the specialised area; or
 - (iii) A Certificate III in Sterilisation Services.

Level 4 – Dental Assistant Coordinator

(i) Definition:

(a) Dental Assistant Coordinators hold a Certificate IV in Dental Assisting and in addition are appointed to coordinate and manage the work of a team within a hospital or across clinics.

(ii) Functions:

(a) A Dental Assistant Coordinator may be required to:

- 1) Recruit dental assistants;
 - 2) Manage dental assistant trainee programs;
 - 3) Participate in sector or area wide committees such as infection control, education, and performance improvement;
 - 4) Manage or participate in conflict resolution;
 - 5) Chair dental assistant forums and meetings;
 - 6) Mentor other dental assistants in their role as supervisors, including performance management and review processes;
 - 7) Assist in managing safety issues;
 - 8) Manage the educational needs of dental assistants;
 - 9) Manage staff relief across their allocated area
 - 10) Prioritise workload in conjunction with oral health practitioners;
 - 11) Coordinate stock and consumables including liaising with external providers;
 - 12) Ensuring the proper maintenance of equipment through:
 - (i) training and monitoring dental assistants in maintenance duties.
 - (ii) effecting minor repairs.
 - (iii) coordinating the repair services provided by external and internal providers.
 - (iv) ensuring contractual requirements of external providers are met.
- (iii) Practice arrangements
- (a) Dental Assistant Coordinators are not eligible for the Dental Assistant Supervisor allowance.

Schedule 8.2 – Dental Technicians and Prosthetists

Dental Technician holds the Diploma of Dental Technology from NSW TAFE or equivalent.

Dental Prosthetist is a Dental Technician who in addition has completed the Advanced Diploma of Dental Prosthetics.

Dental Technician

Dental Technician Trainee

(i) Definition and requirements:

- (a) Trainee Dental Technician means a person appointed as such who is undertaking the Diploma of Dental Technology conducted by NSW TAFE or an equivalent course in Dental Technology.

Level 1 – Dental Technician

(i) Definition and requirements:

- (a) A Level 1 Dental Technician is a person appointed as such who has successfully completed the Diploma of Dental Technology conducted by NSW TAFE or an equivalent course in Dental Technology.

Level 2 – Dental Technician

(i) Definition and requirements:

- (a) A Level 2 Dental means a dental technician who fulfils the following criteria:
- 1) having at least 3 years' experience as a registered dental technician; and
 - (i) successful completion of the first year of the Dental Prosthetics course conducted by NSW TAFE; or
 - (ii) having qualifications deemed by the Ministry to be equivalent to the first year of the Dental Prosthetics course; and
 - 2) demonstrating skills in excess of those required of a Dental Technician Grade 1; and
 - (i) being proficient in, and spending the major part of their time engaged in, one or more of the following areas of work;
 - (ii) orthodontic appliances;
 - (iii) cast metal denture techniques;
 - (iv) crown and bridge;
 - (v) osseo-integrated implant technology;
 - (vi) maxillo facial and complicated prosthetics, including over-dentures, oburators, precision attachments and magnets, occlusal splints, complete and partial dentures requiring complicated (that is crossbite, class II and class III jaw relationship) tooth arrangements in balanced occlusion.

Level 3 - Dental Technician

(i) Definition and requirements:

(a) A Level 3 Dental Technician means a dental technician who fulfils the following criteria:

- 1) having at least 6 years' experience as a registered dental technician and maintains relevant registration; and
- 2) successfully completed qualifications deemed by the Employer to be equivalent to the Advance Diploma of Dental Prosthetics (these may include qualifications in ceramics, orthodontics, implants, crowns etc). Equivalency is to be assessed based upon the hours of study undertaken and the complexity of the course work; and
- 3) show a high level of competency in the exercise of all the skills of the recognised training in accordance with the position requirements.

Level 4 – Dental Technician

(i) Definition and requirements:

(a) Senior Dental Technician Level 4 means a dental technician appointed to such a position and who undertakes the following duties/or role:

- 1) meets all the requirements of a Dental Technician Level 3; and
- 2) manages a section/unit, which includes the responsibility of supervising the work and activities of other dental technicians/prosthetists.

Level 5 – Dental Technician

(i) Definition and requirements:

(a) Specialised Dental Technician Level 5 means a dental technician appointed to such a position and who undertakes most of the following duties/ role:

- 1) master or highly skilled technician with technical skills and proficiency above that which would be expected of a fully proficient level 3;
- 2) specialist in an area of their profession and relied on for advice in this field;
- 3) undertakes complex independent scientific, technical or specialist work and analysis;
- 4) contributes to the development of standards relating to the sector, program or profession;

- 5) develops technical or professional standards for the organisation;
- 6) provides professional leadership, education and development of staff in area of professional expertise;
- 7) routinely advises senior levels of the organisation on technical issues and solutions within a functional area; and
- 8) manages complex and significant state-wide, in-house services provided by dental technicians. (Such services provided on a Local Health District(s)-wide basis would be managed by a technician at level 4.)

Dental Prosthetist

Level 1 – Dental Prosthetist

(i) Definition and requirements:

(a) Dental Prosthetist Level 1 means a dental prosthetist who fulfils the following criteria:

- 1) having at least 6 years' experience as a registered dental technician;
- 2) having successfully completed all qualifications of the Diploma of Dental Technology and the Advanced Diploma of Dental Prosthetics;
- 3) possesses and maintains relevant registration; and
- 4) shows a high level of competency in the exercise of all the skills of the recognised training in accordance with the position requirements.

Level 2 – Dental Prosthetist

(i) Definition and requirements:

(a) Senior Dental Prosthetist Level 2 means a dental prosthetist appointed to such a position who has developed specialised skills through additional study or the development of specialised skills/techniques and who undertakes the following duties:

- 1) meets all the requirements of a Dental Prosthetist Level 1; and
- 2) has a specialised area of practice such as dealing with special needs patients or trauma patients with complex prosthetics requirements; and
- 3) may manage a section/unit, which includes the responsibility of supervising the work and activities of other dental technicians/prosthetists.

Level 3 – Dental Prosthetist

(i) Definition and requirements:

(a) Specialised Dental Prosthetist Level 3 - means a prosthetist appointed to such a position and who undertakes most of the following duties/ role:

- 1) master or highly skilled prosthetist with technical skills and proficiency above that which would be expected of a fully proficient level 2;
- 2) specialist in an area of their profession and relied on for advice in this field;
- 3) undertakes complex independent scientific, technical or specialist work and analysis;
- 4) contributes to the development of standards relating to the sector, program or profession;
- 5) develops technical or professional standards for the organisation;
- 6) provides professional leadership, education and development of staff in area of professional expertise;
- 7) routinely advises senior levels of the organisation on technical issues and solutions within a functional area; and
- 8) manages complex and significant state-wide, in-house services provided by dental prosthetists (such services provided on an Area-wide basis would be managed by a prosthetist at level 2).

Schedule 8.3 – Oral Health Therapists

Dental Therapist holds current registration with Ahpra as Dental Therapist (single registration).

Dental Hygienist holds current registration with Ahpra as a Dental Hygienist (single registration).

Oral Health Therapist hold current registration with Ahpra as an Oral Health Therapist (dual registration).

Level 1 – Oral Health Therapist

(i) Definition:

(a) A Level 1 Oral Health Therapist has either:

- 1) Obtained general registration with Ahpra as a single registered Dental Therapist or Dental Hygienist;

- 2) Obtained general registration with Ahpra as an Oral Health Therapist; or
- 3) Obtained general registration Ahpra as an Oral Health Therapist.

(b) Employees at this level are newly qualified practitioners who are developing their professional skills and competencies.

(c) Employees commencing with single registration as a Dental Therapist or Dental Hygienist will commence at Level 1 Year 1.

(d) Employees commencing with registration as an Oral Health Therapist will commence at Level 1 Year 2.

(ii) Functions:

(a) Level 1 Oral Health Therapists may perform the following functions:

- 1) Perform basic and routine clinical practice with ready access to profession-specific point-of-care supervision, exercising developing professional judgement commensurate with years of experience until competency is obtained in that domain or task;
- 2) Demonstrate recognised knowledge and expertise obtained through relevant tertiary education;
- 3) Participate in quality or service improvement activities under the clinical practice and operational supervision of a Senior Oral Health Therapist or above; and
- 4) Manage their professional standards/accreditation/registration requirements.

(iii) Practice arrangements:

(a) Sole practitioner: A Level 1 Oral Health Therapist is not generally required to undertake the role of sole practitioner, as defined in clause 11, Sole Practitioner of this Award. This level is primarily focused on developing and enhancing the skills and knowledge of these new and emerging Oral Health Therapists in a safe and supportive environment.

(b) A Level 1 Oral Health Therapist may undertake the role of a sole practitioner, if

- 1) the employee demonstrates competency in providing safe and appropriate clinical care within their expected scope of basic and routine clinical practice with competency having been assessed through profession-specific point-of-care supervision;
- 2) the employer has conducted a risk assessment that the clinical care the employee is expected to provide is within their competency and experience and

commensurate with the needs of the location in which they will be undertaking the role of sole practitioner; and

- 3) consultation with a Senior Oral Health Therapist or above is always available while the employee is performing the role of sole practitioner.

(c) Working with students: A Level 1 Oral Health Therapist may work with students in a clinical setting but does not provide clinical supervision to students.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Oral Health Therapists will automatically progress to Level 2 Year 1 upon completion of 12 months at Level 1 Year 2.

Level 2 – Oral Health Therapist

(i) Definition:

- (a) Oral Health Therapists at this level are competent independent practitioners who have at least 2 years' clinical experience and work autonomously under minimal professional supervision.

(ii) Functions:

- (a) Level 2 Oral Health Therapists may be required to perform the following functions:
 - 1) Undertake routine clinical practice with decreasing clinical point-of-care supervision utilised, whilst operating at an increasing level of independent professional judgement commensurate with years of experience.
 - 2) Make more complex clinical decisions and solve problems under the clinical supervision of a Senior Oral Health Therapist or higher.
 - 3) Provide supervision to Level 1 Oral Health Therapists, technical support staff and students on routine clinical tasks under operational supervision of an Oral Health Therapist Educator, Oral Health Team Coordinator or Senior Oral Health Therapist.
 - 4) Participate in delivering, but not solely responsible for developing, educational activities to non-oral health staff.
 - 5) Participate in clinical research activities.
 - 6) Participate in the development of local policies, procedures, standards, and practices in their work team or unit.

7) Participate in quality improvement activities in their work team or unit.

(iii) Practice arrangements:

- (a) Sole practitioner: A Level 2 Oral Health Therapist may be a sole practitioner as defined under Clause 11, Sole Practitioner Allowance of this Award.
- (b) Supervision of students: Level 2 Oral Health Therapists may provide clinical placement supervision to students as required.
- (c) Supervision of other Oral Health Therapists: For the purposes of skill development and demonstrating aptitude for progression to Senior Oral Health Therapist, an Oral Health Therapist with demonstrated competencies in their routine caseload may commence providing clinical supervision to other Oral Health Therapists within this level.

(iv) Progression:

- (a) Progression within this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Single registration clinicians (Dental Therapists or Dental Hygienists) cannot progress past Level 2 Year 3. Progression beyond this point commences on obtaining registration as an Oral Health Therapist with Ahpra.
- (c) Progression to Level 3 – Senior Oral Health Therapist is in accordance with Clause 13, Personal Regrade.

Level 3 – Oral Health Therapist

(i) Definition and requirements:

- (a) Level 3 Senior Oral Health Therapist demonstrates high-level knowledge and skills through the following:
 - 1) Performs complex tasks with a high degree of independence and only requires occasional point of care supervision;
 - 2) Demonstrates professional decision-making and judgement on a day-to-day basis with a high degree of independence, when performing most tasks and duties;
 - 3) Effectively and independently manages clinical caseloads; and
 - 4) Applies evidence-based clinical skills and decision making to complex cases.

(ii) Functions and indicators:

- (a) The indicators for meeting the requirements of a Level 3 Senior Oral Health Therapist include the following (**Note:** an employee is not required to meet all indicators):
- 1) Demonstrates highly proficient competencies in an area of clinical practice;
 - 2) Demonstrates competency and experience in providing education or supervision;
 - 3) Completed further education or research at a tertiary level;
 - 4) Exercises independent professional judgement as required when solving problems and managing cases where principles, procedures, techniques, and methods require expansion, adaptation, or modification;
 - 5) Demonstrates skills, knowledge, and expertise in the provision of complex clinical services using new forms of technology, including but not limited to telehealth;
 - 6) Obtained a relevant qualification, certificate or other training in a recognised clinical specialty or across multiple clinical areas which is commensurate for a Level 3 Senior Oral Health Therapist;
 - 7) Demonstrates practice that complies with legal, regulatory, professional, and organisational requirements relating to complex matters;
 - 8) Provides clinical supervision and acting as a reference point for students, Level 1 and Level 2 Oral Health Therapists in complex matters or difficult situations;
 - 9) Ability to apply high-level knowledge and skills to participate in, and contribute to, the development and implementation of educational activities within the work team or unit; or
 - 10) Participates in identifying opportunities for improvement in clinical practice, as well as developing and delivering ongoing quality improvement activities with other staff.

(iii) Progression:

- (a) Progression within Level 3 clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Progression to Level 4 Advanced Oral Health Therapist Clinician is in accordance with Clause 13, Personal Regrade.

Level 4 – Advanced Oral Health Therapist

(i) General:

- (a) Level 4 roles may be clinical, managerial or educational. Generally, employees are not expected to hold multiple portfolios simultaneously. Level 4 roles are:

- 1) Advanced Oral Health Therapist Clinician; or
 - 2) Oral Health Therapist Educator (appointment only); or
 - 3) Oral Health Therapist Clinical Manager (appointment only).
- (b) Level 3 Senior Oral Health Therapists may apply for progression to Level 4 Advanced Oral Health Therapist Clinician in accordance with Clause 13, Personal Regrade.
- (c) Progression within this level is automatic and occurs annually on the employee's anniversary date, being the date of their appointment or the date the personal regrade took effect.

Level 4 Advanced Oral Health Therapist Clinician

(i) Definition:

(a) An Advanced Clinician:

- 1) 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 and may influence clinical practice and/or clinical governance systems.
- 2) provides clinical supervision to clinicians up to and including Level 3 Senior Oral Health Therapist level on critical and complex cases;
- 3) provides clinical leadership across specialty caseload;
- 4) provides advice to service managers on clinical service delivery, development, practice, or redesign;

(ii) Indicators:

(a) Indicators of meeting the requirements above include but are not limited to the following:

- 1) Acts as a reference point for guidance and / or supervision for complex documentation requirements;
- 2) Provides clinical supervision to staff over a broad geographical area including through the application of technology, such as telehealth;
- 3) Provides direction and specialised advice to more senior dental staff on intervention strategies, practices, and evidence;

- 4) Identifies opportunities for improvement in clinical practice, as well as develops and leads ongoing quality improvement activities within the team / unit; or
- 5) Provides clinical guidance to other Oral Health Therapists and other team or unit staff members in a complex regulatory environment;
- 6) Provides clinical leadership to influence, improve, expand, or implement rural generalist service delivery models and the strategies or policies relevant for its delivery;
- 7) Provides clinical leadership for implementation, expansion or review of virtual and digital services as part of the model of care available; or
- 8) Provides high-level clinical leadership in a complex and critical work environment or program as determined by a via Clause 12, Grading Committee and Statewide Grading Working Party of this Award.

Level 4 Oral Health Therapist Educator

(i) Definition and requirements:

(a) An Oral Health Therapist Educator is responsible for:

- 1) The discipline-specific clinical supervision, teaching, and coordination of education activities for students on clinical placements; or
- 2) Clinical education coordination and delivery within a service.

(b) Educators at this level must hold either:

- 1) relevant clinical postgraduate qualification; or
- 2) Certificate IV in adult learning or education.

Level 4 Oral Health Therapist Clinical Manager

(i) Definition and requirements:

(a) Clinical managers are responsible for operational management and supervision of a small professional unit. Clinical managers provide advice and direction, and undertake clinical governance within the service, operating with a high degree of independence.

(b) Clinical management requires basic managerial knowledge and competency, coupled with highly developed clinical expertise and a sound understanding of the service delivery and clinical redesign.

(ii) Functions:

- (a) Clinical managers may perform the following functions:
- 1) Clinical leadership within a service, including the provision of clinical practice supervision, education, and training to Level 3 clinicians;
 - 2) Responsible for monitoring and reporting professional standards, quality and service delivery outcomes;
 - 3) Provide input into strategic planning for a service and responsibility for alignment of their professional unit's activities to the strategic direction of the service; and
 - 4) Responsible for managing allocated financial resources or equipment and assets in prescribed areas of service and in accordance with relevant delegation.

Schedule 8.4 – Dental Officers and Dental Specialists

Dental Officer holds general registration with Ahpra as a Dentist.

Specialist holds a specialist dentist qualification registrable Ahpra or is employed as a Hospital Specialist.

Dental Officers

Level 1 – Dental Officer

(i) Definition:

- (a) Dental officers employed at level 1 are newly qualified dentists developing their skills and competencies in dentistry.

(ii) Functions and practice arrangements:

- (a) Level 1 Dental Officers, Year 1 perform the following functions under the oversight and supervision of a Level 2 Dental Officer or higher:
- 1) Provide a professional level of service to the health facility;
 - 2) Perform routine examinations, investigations and basic treatment of commonly encountered dental diseases or dental health problems requiring standard corrective, restorative, or preventative measures.
- (b) Level 1 Dental Officers in Year 2 and beyond are practising dentists responsible for increasingly independent examination, investigation, diagnosis, treatment planning and provision of general dental care within their clinical scope of practice. They will act with increasing independence commensurate with experience and competence.
- (c) Level 1 Dental Officers regardless of experience will receive ongoing professional support and mentoring.

- (d) Level 1 Dental Officers may participate in quality activities, workplace development, health promotion, and quality improvement initiatives, under the leadership and direction of Dental Officers Level 2 or higher.

(iii) Progression:

- (a) Progression through within this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.
- (b) Dental Officers Level 1 Year 5 will progress to Level 2 upon completing a satisfactory performance review in their fifth year.

Level 2 – Dental Officer

(i) Definition and requirements:

- (a) A Level 2 Dental Officers performs the full range of professional dental tasks described for the Level 1 Dental Officer with a higher level of independence. They will regularly encounter, diagnoses, deliver treatment for dental diseases and dental health problems of greater-than-routine difficulty.
- (b) Level 2 Dental Officers have:
 - 1) Completed a satisfactory performance review during Level 1 Year 5 (or thereafter); or
 - 2) Been appointed to Level 2 with a minimum of three years' general registration experience or equivalent; or
 - 3) Been appointed as dental registrars undertaking an accredited training for Specialists by the Doctors of Clinical Dentistry, with remuneration linked to the proportion of time spent providing direct dental services to the public patients.

(ii) Functions and indicators:

- (a) Level 2 Dental Officers may perform the following functions:
 - 1) Exercise independent professional judgement on routine dental presentations and tasks.
 - 2) Requires access to professional supervision from more senior staff when performing complex or critical tasks.
 - 3) Assist in the development of policies, procedures, standards, and practices, participate in quality improvement activities and may participate in clinical research activities as required.
 - 4) Provide clinical supervision to dental students on clinical placements.

(b) Progression:

- 1) Progression within this clinical level is automatic and occurs annually on their determined anniversary date for incremental progression.
- 2) Progression to Level 3 Dental Officer is in accordance with Clause 13, Personal Regrade.

Level 3 – Senior Dental Officer

(i) Definition and requirements:

- (a) A Level 3 Dental Officers is a Senior Clinician with higher-level skills, knowledge, and experience enabling independent management of complex clinical matters.

(ii) Indicators:

- (a) A Level 3 Senior Dental Officer demonstrates most of the following attributes and competencies (Note: applicants are not required to meet all of the below criteria):

- 1) Independently manages the most difficult clinical situations, complex medical histories and those with disabilities;
- 2) Manage and accepting internal referrals from other clinicians within their team;
- 3) Demonstrate exceptional competence in general dental practice and has a proven record for carrying out a broad range of advanced and complex dental procedures including treatment under sedation and / or under general Anaesthesia;
- 4) Duties and responsibilities involve planning, implementing, evaluating and reporting on services;
- 5) Responsibility for identifying opportunities for improvement in clinical practice, developing and leading ongoing quality improvement activities;
- 6) Contributes to clinical research;
- 7) Acting as a mentor and reference point to other clinical staff;
- 8) Provides clinical leadership for a small dental team and is responsible for providing clinical supervision and support to Level 1 and 2 Dental Officers, other dental practitioners, technical and support staff;
- 9) Responsible for components of clinical governance such as clinical audits; and/or
- 10) Participate in the provision of clinical development in-service education programs for staff and students.

(iii) Progression:

- (a) Progression within Level 3 is automatic and occurs annually on their determined anniversary date for incremental progression.

Level 4 – Principal Dental Officer

(i) Definition:

- (a) Level 4 Principal Dental Officers are Senior Clinicians (as per Level 3) who in addition demonstrate advanced clinical leadership, and / or clinical governance responsibilities.
- (b) Level 4 Principal Dental Officer positions are generally by appointment.
- (c) The exception for appointment is Dentists holding endorsement by the Dental Board of Australia and who are administering IV conscious sedation for dental patients must be employed as Level 4 Principal Dental Officer.

(ii) Functions:

- (a) Level 4 Principal Dental Officers may perform the following functions:
- 1) Deliver and manage and direct the delivery of services in a defined clinical setting;
 - 2) Perform clinical work with a demonstrated substantial level of professional knowledge and judgement;
 - 3) Perform work with significant scope, complexity and complete professionally/clinically complex duties without direction;
 - 4) Responsible for quality assurance and clinical governance, the development of better practice and clinical research, is leading and organising mentoring and development programs including structured supervision for the dental team within a designated clinic or across facilities;
 - 5) Responsible for education support to other clinicians in the management of complex patients within a designated clinic, department, a geographic network, region or zone;
 - 6) Responsible for patient flow management, dental waiting lists and transfer of patient care within a designated clinic, department, or across facilities.
 - 7) Manage clinical incidents, complaints and unplanned outcomes within a designated clinic, department, or across facilities; and

- 8) Maintain a regular clinical caseload with complex presentations reflective of their clinical expertise.

Level 5 - Oral Health Clinical Services District Director

(i) Definition:

- (a) District Director of Oral Health Services is a district-wide responsibility to provide clinical leadership and governance.
- (b) Positions at this level lead, direct and coordinate the oral health services within a Local Health District(s). They lead the clinical governance framework within their service. They make contributions for the responsibility of the human, physical and financial resources across the dental services. Positions at this level will also make a major contribution towards the development and achievement of the strategic directions of the service.

(ii) Functions:

- (a) The position exercises:
 - 1) A high degree of independence in the determination of overall strategies, priorities, work standards and the allocation of resources to deliver the clinical service.
 - 2) Independent decisions related to district wide expert practice in their field and will be responsible for outcomes for clients and the organization from the practice of other dental officers and staff.
 - 3) Strategic management and service development decisions.
- (b) Positions at this level may include operational and strategic functions, including:
 - 1) Professional responsibility regarding strategic workforce and service development and professional practice across an LHD;
 - 2) Provides professional co-ordination and leadership across an LHD to department heads and managers and acts as a central point of contact for strategic consultation and liaison with the LHD Senior Executive management;
 - 3) Represent the LHD oral health service in clinical councils and committees; and
 - 4) Required to provide an expert specialty consultancy role in their area of expertise

(iii) Grading:

- (a) There will be three levels of District Director of Clinical Services reflecting the size of the Local Health District(s) and the complexity and mix of the dental facilities within it.

Grade 1 - District Director

(i) Requirements:

- (a) District Director of Oral Health Clinical Services Level 1 is a district wide responsibility to provide clinical leadership and governance.
- (b) This is the lead dentist in an LHD that provides the usual range of oral health services from community clinics and has none of the following:
 - 1) A multidisciplinary dental service including a centre where dental specialist services and dental specialist training are provided.
 - 2) A Rural and/or Regional Centre of Oral Health.
 - 3) A dedicated dental teaching facility for dental students' placement.

Grade 2 - District Director

(i) Requirements:

- (a) This is the lead dentist in a Local Health District(s) that provides the usual range of oral health services from community clinics and has one of the following:
 - 1) a multidisciplinary dental service including a Centre where dental specialist services and dental specialist training are provided;
 - 2) a Rural and/or Regional Centre of Oral Health; or
 - 3) a dedicated dental teaching facility for dental students' placement

Grade 3 - District Director

(i) Requirements:

- (a) This is the lead dentist in a Local Health District(s) that provides the usual range of oral health services from community clinics and has more than one of the following:
 - 1) a multidisciplinary dental service including a Centre where dental specialist services and dental specialist training are provided; and/or
 - 2) a Rural and/or Regional Centre of Oral Health; and/or
 - i) a dedicated dental teaching facility for dental students' placement.

Dental Officers Management Allowance

- (i) Dental Officers (except level 1) who are required to perform operational management duties are paid a management allowance in addition to their rate of pay.
- (ii) The management allowance is paid as part of an employee's permanent salary following a merit selection process.
- (iii) If an employee is required to relieve for three days or more in the role of the manager, and performs all the duties of the supervisor, then the management allowance will be paid to such employee.
- (iv) There are four levels of dental management allowances depending on the management responsibility evaluated by the weighted operational reports and the complexity of the service operation. Dental management allowances are paid in the following circumstances:
 - (a) **Dental Management Level 1** – A level 1 managerial allowance would be paid for a dental officer managing a dental clinical service that may encompass one small clinic (up to 6 dental chairs) or one small dental team. The work involves the operational management of human resources, finance and other resources, performance KPIs and clinical service delivery in addition to their clinical load.
 - (b) **Dental Management Level 2** – A level 2 managerial allowance would be paid for a dental officer managing a dental clinical service that encompass management of a multi-disciplinary clinical unit (up to 11 dental chairs) that may work across a geographic region, zone or clinical network and involves the organisation and management of dental care across various settings (e.g. hospital operation theatre). The dental officer is responsible for the operational management of human resources, finance and other resources, performance KPIs and clinical services delivery in addition to their clinical load.
 - (c) **Dental Management Level 3, Department Head** – A level 3 managerial allowance would be paid to dental officers managing a dental clinical service that may encompass a single department at a large dental service/ hospital or a large multi-disciplinary dental facility with a minimum of 12 dental chairs or an equivalent cluster of small dental clinics across a geographic region, zone or clinical network. The dental officer is responsible for the operational management of human resources, finance and other resources, performance KPIs and clinical services. They may manage.
 - (d) **Dental Management Allowance Level 4** – Service Manager. A level 4 managerial allowance would be paid for a Dental Clinical Directors who also have the additional role of being the responsible health services managers for the oral health services. They have the responsibility for all the human, physical and financial resources as well as the performance for the oral health service across the LHD in addition to their roles as the District Clinical Directors and they usually report to a district executive or a senior health manager.

Dental Specialists

(i) **Specialist Determinations:**

(a) The provisions contained in the following Determinations continue to apply and are incorporated into this Award:

- 1) *Determination Dental Staff Specialists 2nd and 3rd Schedule Hospitals 1989*
- 2) *Determination No 23 of 2008 Determination for Westmead Dental Specialists Right of Private Practice Scheme.*

Dental Specialists

(i) **Definition:**

(a) Dental Specialists have satisfied the Ahpra requirements (Dental Board of Australia) in recognised specialty. Appointment to the specialist scale occurs based on the Specialist's years of experience in their specialty.

(ii) **Practice arrangements:**

- (a) Senior Dental Officers (Level 3 or 4) who obtain Board recognised specialty may apply to progress to the specialist scale if they are practicing in their area of specialty.
- (b) Payment of the specialist scale is subject to continued employment and practice in the relevant specialty area.

(iii) **Progression:**

(a) Dental Specialists progression to Senior Clinical Specialist is personal with the application made to and considered by the Medical and Dental Advisory Committee of the employing Local Health District.

Hospital Specialist

(i) **Definition:**

(a) Hospital Specialists provide specialist services in an area of work that is not a specialty or subspecialty recognised by the Dental Board of Australia.

(ii) **Practice arrangements:**

(a) Specialties and subspecialties can be recognised with the approval of the Chief Dental Officer or other appropriate delegate. The Medical and Dental Advisory Committee assesses the merit of individual specialists for recognition as a Hospital Specialist within the categories determined by the Chief Dental Officer.

- (b) Hospital Specialists do not have access to the Senior Clinical Specialist classification.

Senior Clinical Specialist

- (i) Definition:

- (a) Senior Clinical Specialists are recognised for exceptional clinical leadership and significant contributions to Dentistry in their area of speciality.

- (ii) Practice arrangements:

- (a) Specialists may apply to be appointed to the Senior Clinical Specialist scale upon completion of 5 years' clinical experience as a Board recognised specialist.
 - (b) Appointment to the Senior Clinical Specialist scale is considered upon application by or on behalf of an individual Dental Specialist to the Medical and Dental Advisory Committee of the local District or Network.
 - (c) A Dental Specialist who is not successful in their application may appeal the decision.

Specialist Management Allowance

- (a) Level 1 Specialist Management Allowance is for a dental specialist or a senior clinical specialist managing the operation of a clinical service that involves clinical governance, human services and resource management of a single dental department.
- (b) Level 2 Specialist Management Allowance is for a dental specialist or a senior clinical specialist managing the operation of a clinical service that involves clinical governance, human services and resource management across multiple dental departments.
 - a. Note: A Hospital Specialist may be eligible for Specialist Management Allowance.

Stream 9: Scientific Workforce

Schedule 9.1 – Scientific Assistants (Laboratory Assistants and Pathology Assistants/Collectors)

Scientific Assistant is employed to perform scientific assisting functions under direction of Scientists.

Level 1 – Scientific Assistant

(i) Definition:

- (a) A Level 1 Laboratory Assistant / Pathology Assistant / Collector may be studying an AQF 3 (Certificate III) qualification relevant to the position and training on-the-job to work as a competent Laboratory Assistant / Pathology Assistant / Collector.

(ii) Functions:

- (a) A Level 1 will be working towards and gaining competency in:

- 1) Routine venepuncture including hands;
- 2) Collecting specimens other than blood;
- 3) ECG, Holter monitors, Blood Pressure Monitors;
- 4) Certification to collect to the AS4308 urine drug testing standard (when required); and / or
- 5) Working towards and gaining competency at level 2 in Specimen Reception and/or another area of the laboratory.

(iii) Progression:

- (a) On completion of 12 months of at Level 1, they will automatically progress to being a Laboratory Assistant / Pathology Assistant / Collector Level 2.

Level 2 – Scientific Assistant

Level 2 – Laboratory Assistant

(i) Definition:

- (a) A Level 2 Laboratory Assistant:

- 1) works under general supervision of a minimum Level 3 Laboratory Assistant or higher (or appropriate other person) onsite in the same work area of the

laboratory assisting with a range of basic laboratory duties to ensure the technical and scientific staff are supported and the laboratory maintained; and

- 2) holds relevant Certificate III qualification; or
- 3) has one year of experience at Level 1 Scientific Assistant.

(ii) Functions:

(a) A Level 2 Laboratory Assistant functions may include the following within their scope of practice:

- 1) Prepares specimens for analysis and deals with any inconsistencies in identification, labelling and sample problems.
- 2) Performs data entry.
- 3) Performs pre-analytical preparation of the specimen within scope of practice, including centrifugation and separation of samples.
- 4) Performs basic laboratory techniques that do not require interpretation or analyses (point of care, automated and nonautomated) under supervision. For example, loading machines, setting up basic tests, checking a sample for clots, loading ready/pre-made QC material, wiping an analyser probe).
- 5) Where necessary, records observations and details according to regulatory requirements (for example, fridge temperatures). Recognises and refers questions and/or problems to appropriate personnel.
- 6) Escalates requests for special and unusual tests to scientific employees. Answers general and non-scientific enquires and liaises with clients and/or suppliers.
- 7) First manual entry of basic test results into a computer for verification by an appropriately qualified employee Identifies and follows up on pending samples and overdue results.
- 8) Performs basic instrument maintenance, and assists technical and scientific employees with equipment, instruments, reagents and standards
- 9) Cleans the laboratory equipment and environment, cleans and decontaminates laboratory glassware and disposes of samples.
- 10) Understands the role of clinical governance and quality systems in the laboratory. Participates in quality and continuous improvement activities. Documents issues and refers to senior staff. Records incidents in quality management systems.

11) Performs stocktakes checks receipt of stock meets specifications. Escalation of inventory issues to senior staff.

12) Provides general administrative functions.

(iii) Progression:

(a) Progression to Level 3 Scientific Assistant is in accordance with Clause 13, Personal Regrade.

Level 2 – Pathology Assistant/Collector

(i) Definition:

(a) A Level 2 Pathology Assistant / Collector is a person with a relevant Certificate III qualification or one year of experience, competent to work independently in an inpatient and/or outpatient setting, and performing the following tasks:

- 1) Routine venipuncture including hands.
- 2) Collecting specimens other than blood.

(ii) Functions:

(a) They could also be developing competency in skills applicable to the service provided. This may include:

- 1) Capillary collections
- 2) Home collections, including more challenging environments such as mental health.
- 3) Certification to collect to the AS4308 urine drug testing standard (when required)
- 4) Paediatric venepuncture skills across all ages including neonates.
- 5) Foot collections
- 6) Working in Specimen Reception or another area of the laboratory.

(iii) Progression:

(a) Progression to Level 3 Scientific Assistant is in accordance with Clause 13, Personal Regrade.

Level 3 – Scientific Assistant

(i) Definition

(a) A Level 3 Scientific Assistant demonstrates high level skills and knowledge through:

- 1) Holding a relevant Certificate IV to there area of work; or
- 2) Provides training, coaching and guidance to Scientific Assistants Level 1 and 2 in their area of work on an ongoing basis; or
- 3) Demonstrates skills and knowledge in a complex area of work with a high degree of independence.

(ii) Indicators

(a) Indicators of performing in a complex area of work include:

- 1) Paediatric;
- 2) Neonatal;
- 3) Oncology;
- 4) Special needs patients; high acuity inpatient environments; or
- 5) Perform venepuncture on paediatric patients as a regular part of their role with a high-degree of competency and independence.

(iii) Progression

(a) Progression within Level 3 is automatic and occurs on the employee's anniversary date.

Level 4 – Scientific Assistant Coordinator

(i) Definition:

(a) A Level 4 Scientific Assistant provides:

- 1) operational supervision to other Scientific Assistants including facilitating the direction and allocation of work; and/or
- 2) performs training and competency assessment for other Scientific Assistants where there is no dedicated trainer in the workplace.

(ii) Functions and scope

(a) A Level 4 Scientific Assistant may perform their functions in the following areas:

- 1) Coordinating a home collections service; or

- 2) Coordinating preanalytical functions in a small service location (less than 5 FTE) including collections and specimen reception.

Level 5 – Scientific Assistant

Level 5 – Pathology Collection Educator

(i) Definition:

- (a) A Level 5 Educator is responsible for training, competency assessment, and education of pathology collections staff.

(ii) Functions:

- (a) A Pathology Collection Educator Level 5 is an experienced collector, has skills in training and assessment, establish and coordinate training programs, contribute to service configuration and planning, provide mentorship and support to other trainers. They:
 - 1) Co-ordinate training for all staff
 - 2) Undertakes competency assessments
 - 3) Maintains records
 - 4) Works with Statewide groups to develop training tools for the preanalytical area

Level 5 – Preanalytical Manager

(i) Definition:

- (a) A Level 5 Manager is responsible for operational supervision and supporting senior staff in operational management responsibilities related to scientific assistants in a medium sized service (5-25 FTE).

(ii) Functions:

- (a) A Preanalytical Manager Level 5 is responsible for the Collection and/or Specimen Reception team in a medium sized service that generally meets the following criteria:
 - 1) Manages 5-25 FTE; and
 - 2) Oversees services of hospital site/s and up to 8 off-site centres; or
 - 3) Oversees a home collection service; or
 - 4) Co-ordinates staff across locations and liaises with the LHD and other stakeholders.

Level 6 – Scientific Assistant (Pathology Collection Manager or Preanalytical Manager)

(i) Definition:

(a) A Level 6 manages a large team that meets the following criteria:

- 1) Manages **over 25 FTE** in Collections or a combination of Specimen Reception and Collections; and
- 2) Oversees more than 2 hospital sites and oversees the coordination of staff across these locations; and

(ii) Functions:

(b) A Level 6 Scientific Assistant may be responsible for the following:

- 1) Ensuring the service meets accreditation standards
- 2) Investigation of complaints, incidents and complex collection problems
- 3) Ensuring patient wait times are met
- 4) The coordination, monitoring and management of the collections service
- 5) Quality assurance and audit activities
- 6) Ensuring the service meets the allocated budgets
- 7) Coordinate and lead team members activities
- 8) Coordinate inventory management, maintenance and cleaning
- 9) Staff are trained and competent
- 10) Participate in the development of procedures and guidelines, and ensure they are implemented
- 11) Technical supervision of staff, including professional development activities where required, including presentation at seminars
- 12) Participate in relevant research and
- 13) Other duties and functions without limitation within the scope of the role
- 14) May oversee home collections
- 15) may be responsible for service centre management

- 16) May coordinate across more than eight collection locations, co-located or in the community.

Schedule 9.2 – Scientists

Scientists (Technical) hold a relevant qualification AQF 5 or 6 in science and perform scientific work.

Scientists (Professional) hold a minimum relevant qualification AQF7 in science and perform scientific work.

Trainee Scientist

(i) Definition:

- (a) A Trainee Scientist is undertaking study in a qualification in science relevant their area of work and performing training on-the-job to work as a Scientist.
- (b) Qualifications for this level are:
- 1) Trainee Scientist (Technical): an AQF 5 or 6.
 - 2) Trainee Scientist (Professional): an AQF7.

(ii) Practice arrangements:

- (a) *The Commencing salary of the Laboratory Technician in training who on appointment has completed part of a diploma course shall be fixed having regard to that part of the course that has been successfully completed. Provided that each year of full-time or part-time study for a relevant qualification combined with employment as a Laboratory Technician in training shall be considered for salary purposes as the equivalent of one year's service in the Laboratory Technician in training scale.*

(iii) Progression:

- (a) Progression within the Trainee level is automatic and occurs on the employee's anniversary date.
- (b) Upon completion of their qualification, a Trainee Scientist will commence at the following level increment:
- 1) Trainee Scientist (Technical): Level X Year 2.
 - 2) Trainee Scientist (Professional): Level X Year 2.

Level 1 – Scientist (Technical)

(i) Definition:

(a) A Level 1 Scientist is a newly qualified practitioner who:

- 1) holds a relevant AQF 5 or 6 qualification; and
- 2) is in the first year of post qualification practice, developing their skills and competency; and
- 3) Performs scientific work under the supervision of a Scientist Level X or above who is on-site and responsible for the work performed.

(ii) Progression:

(a) Level 1 Scientists automatically progress to Level 2 on completion of 12 months service.

Level 2 – Scientist (Technical)

(i) Definition:

(a) A Level 2 Scientist:

- 1) holds a relevant AQF 5 or 6 qualification;
- 2) Has completed 12 months at Level 1 or equivalent; and

(ii) Functions:

- (a) A Level 2 Scientist performs routine scientific with increasing independence on routine scientific work commensurate with experience and once deemed competent in that area of work.
- (b) A Level 2 Scientist performs more complex tasks under direction and scientific supervision of a Scientist Level X or higher.
- (c) Level 2 Scientists do not provide scientific supervision to other staff.

(iii) Progression:

(a) Progression within Level 2 is automatic and occurs on the employee's anniversary date.

Level 3 – Scientist (Technical)

Level 3 Grade 1 Scientist

(i) Definition:

(a) A Level 3 Grade 1 Scientist:

- 1) holds a relevant AQF 5 or 6 qualification;
- 2) Has a minimum of 4 years experience in their area of work; and
- 3) Performs more complex scientific work, is regularly sought out and relied on for troubleshooting advice within their area of work.

(ii) Functions:

- (a) A Level 3 performs more complex scientific work and may train other staff within their area of work.
- (b) Level 3 Scientists do not provide scientific supervision to other staff.

(iii) Progression:

- (a) Progression within Level 3 is automatic and occurs on the employee's anniversary date.

Level 3 Grade 2 Scientist

(i) Definition:

- (a) A Level 3 Grade 2 Scientist meets the requirements of Scientist Level 3 Grade 2 and in addition has at least 8 years' experience in their area of work.

Level 4 – Scientist (Professional)

(i) Commencing level:

- (a) A Level 4 Scientist commences at Level 4 Grade 1 of the salary increments available, excepting as follows:
 - 1) Holds a degree with concurrent experience in the area of work (years of relevant work experience to be recognised) (Grade 2 Year 1).
 - 2) Holds a degree specific to area of work (for example only, immunology focused degree for an immunology position or a chemistry focused degree for mass spectrometry) (Grade 2 Year 1).
 - 3) Degree with honours (Grade 2 Year 1).
 - 4) Master's degree (Grade 2 Year 3).
 - 5) PhD or relevant Fellowship (Grade 2 Year 5).

Level 4 Grade 1 Scientist

(i) Definition:

(a) A Level 4 Grade 1 Scientist is a newly qualified practitioner who:

- 1) holds a relevant AQF 7 qualification; and
- 2) is in the first year of post qualification practice, developing their skills and competency; and
- 3) Performs routine scientific work under the supervision of a Scientist Level X or above who is on-site and responsible for the work performed.

(ii) Progression:

(a) Level 4 Grade 1 Scientists automatically progress to Level 4 Grade 2 on completion of 12 months service.

Level 4 Grade 2 Scientist

(i) Definition:

(a) A Level 4 Grade 2 Scientist:

- 1) holds a relevant AQF 7 qualification; and
- 2) Has completed 12 months experience at Level 4 Grade 2 or equivalent.

(ii) Functions:

(a) Level 4 Grade 2 Scientists perform increasingly independent scientific work commensurate with years of experience in areas deemed competent.

(b) Level 4 Grade 2 Scientists may perform the following functions:

- 1) Directing the work of Scientific Assistants and Scientists (Technical).
- 2) Performing complex scientific work under the scientific supervision of a Level X or higher.

(c) Does not scientifically supervise other scientists.

(iii) Progression:

(a) Progression within Level 4 Grade 2 is automatic and occurs on the employee's anniversary date.

Level 5 – Scientist (Professional)

Level 5 Grade 1 Scientist

(i) Definition:

(a) A Level 4 Grade 2 Scientist holds a relevant AQF 7 qualification and meets one of the following criteria:

- 1) 4 years of experience in an area of work and regularly sought out and relied on for trouble shooting and scientific advice within their area of knowledge and may train new staff; or
- 2) Required to hold professional accreditation to perform the position held (for example only, cytology); or
- 3) 4 years of experience in an area of work that requires scientific duties with direct contact with patients in a clinical setting (for example only, respiratory science).

(b) Where the Scientist is working as a Research Scientist, experience includes research experience during postgraduate studies.

(ii) Functions:

(a) Level 5 Scientists perform scientific work unsupervised and act as a reference point for other scientists in their area of work.

(iii) Progression:

(a) Progression within Level 5 is automatic and occurs on the employee's anniversary date.

Level 6 – Senior Scientist (Professional)

Level 6 Grade 1 Scientist

(i) Definition:

(a) A Level 6 Grade 1 Senior Scientist holds an AQF Level 7 degree in science or equivalent and performs scientific work, and in addition:

- 1) is responsible for the work of at least one other Scientist; or
- 2) undertakes scientific supervision as defined (this includes as a sole scientist with responsibility and accountability for Scientific Work in an area); or
- 3) is a court reporter who is required to give opinion evidence or prepare an expert statement to respond to an expert statement issued by another expert witness.

Level 6 Grade 2 Senior Scientist

(i) Definition:

(a) A Level 6 Grade 2 Senior Scientist meets any of the following criteria:

- 1) is responsible for the work of three or more other scientists; or
- 2) undertakes scientific supervision as defined where five or more other scientists are supervised; or
- 3) performs work in a Level 5 hospital or above; or
- 4) works in a GY or specialist laboratory; or
- 5) works in a regional or remote area with limited or restricted supervisory support onsite; or
- 6) works in a laboratory with direct contact with patients in a clinical setting.

Level 7 Senior Scientist (Professional)

Level 7 Grade 1 Senior Scientist

(i) Definition:

(a) A Level 7 Grade 1 Senior Scientist holds an AQF Level 7 degree in science or equivalent and performs scientific work, and in addition:

- 1) reported to by a Grade 6 Scientist
- 2) responsible for the work of five or more other scientists
- 3) undertakes scientific supervision as defined where ten or more other scientists are supervised
- 4) is a Scientific Educator
- 5) is a Quality Manager
- 6) is a Data Manager
- 7) is a Senior Court Reporter (being a court reporter with 100 hours or more of experience giving evidence who may be required to give opinion evidence)
- 8) holds a position determined to be equivalent to the above positions by the Employer or by a Credentials Committee formed in accordance with this Award.

Level 7 Grade 2 Senior Scientist

A. Definition:

1. A Level 7 Grade 2 Senior Scientist meets any of the following criteria:

- i) is responsible for the work of ten or more other scientists
- ii) undertakes scientific supervision as defined where fifteen or more other scientists are supervised
- iii) performs work in a Level 5 hospital or above
- iv) performs work associated with a hospital with greater than 200 beds
- v) works in a GY or specialist laboratory
- vi) works in a regional or remote area with limited or restricted supervisory support onsite
- vii) works in a laboratory with direct contact with patients in a clinical setting.

Level 8 Senior Scientist

(i) Definition:

- (a) A Level 8 Senior Scientist holds an AQF Level 9 degree or higher in science or equivalent and is responsible for scientific supervision of multiple work sites separate to the site where they are located.

Level 9 – Clinical Scientist

(i) Definition:

- (a) A Level 9 Clinical Scientist manages a scientific area of work and is responsible for quality assurance and performance, quality control, assay performance, and troubleshooting within that area of work. They must have at least ten years of experience.

(ii) Functions:

(b) The Level 9 Clinical Scientist is responsible for:

- 1) scientific advice directly to medical and non-scientific staff,
- 2) train other Scientists in their area of expertise,
- 3) maintain up-to-date expert knowledge of their area of work,
- 4) review abnormal results and plan / advise on resolving identified issues,

- 5) participate in clinical governance, and assist in developing and maintaining scientific policies and procedures;
 - 6) evaluate and advise on new assays and equipment.
- (c) A Level 9 Clinical Scientist may also be delegated duties of the pathologist in their area of work.

Scientists Personal Progression Pathways

(i) General:

- (a) Scientists can apply for personal progression in accordance with Clause 13, Personal Regrades for the following levels:
- 1) Scientists (Technical) to Senior Scientist (Technical).
 - 2) Scientist (Professional) to Senior Scientist (Professional).
 - 3) Senior Scientist (Professional) or Clinical Scientist to Principal Scientist (Professional).
- (b) Scientists who achieve a personal regrade in accordance with this section will receive relevant rates contained in Salary Table XX

Senior Scientist (Technical)

(i) Requirements:

- (a) Seven or more years' experience specific to the relevant area of work.
- (b) Holds a technical qualification (certificate, diploma or advanced diploma - AQF Levels 3 to 6).
- (c) Advanced scientific and technical skills.
- (d) Significant responsibilities within the department and a demonstrated ability to work independently.
- (e) Responsibility for training of staff in the actual performance of their scientific duties, including methods, trouble shooting, common issues, clinical implications, and other technical aspects.
- (f) Evidence of ongoing self-development and a significant contribution to the technical and scientific knowledge base in the department.

- (g) Evidence of a wider professional commitment such as teaching, research, communication, consultancy, professional organisations membership or office bearing in these organisations.

(ii) Personal re-grade criteria:

- (a) Applicants meeting either or both of the following criteria will be recommended for reclassification as Senior Scientist (Technical):

- 1) is responsible for the work of at least one other Scientist,
- 2) undertakes scientific supervision as defined.

(iii) Progression:

- (a) Senior Scientists (Technical) may only progress to years 4-6 of the scale if they are in-charge of a section.

Senior Scientist (Professional)

(i) Requirements:

- (a) Seven or more years' experience specific to the relevant area of work.
- (b) Advanced scientific and technical skills.
- (c) Attainment of post graduate qualifications relevant to the position.
- (d) Significant responsibilities within the department and a demonstrated ability to work independently.
- (e) A sound knowledge and evidence of original and innovative developments in the area of expertise demonstrated by the publication of peer reviewed articles in journals of scientific merit, oral or poster presentations at scientific meetings.
- (f) An ability to relate the area of expertise to the clinical situation and contribute to the development of new or improved criteria for testing.
- (g) Evidence of ongoing self-development and a significant contribution to the technical and scientific knowledge base in the department.
- (h) Evidence of a wider professional commitment such as teaching, research, communication, consultancy, professional organisations membership or office bearing in these organisations.

Principal Scientist (Professional)

(i) Requirements:

- (a) Ten or more years' experience specific to the relevant area of work.
 - (b) Advanced scientific and technical skills.
 - (c) Attainment of a minimum AQF9 post graduate qualifications relevant to the position.
 - (d) Significant responsibilities within the department, requiring scientific supervision of staff and a demonstrated ability to work independently.
 - (e) A sound knowledge and evidence of original and innovative developments in the area of expertise demonstrated by the publication of peer reviewed articles in journals of scientific merit, oral or poster presentations at scientific meetings.
 - (f) An ability to relate the area of expertise to the clinical situation and contribute to the development of new or improved criteria for testing.
 - (g) Evidence of ongoing self-development and a significant contribution to the technical and scientific knowledge base in the department.
 - (h) Evidence of a wider professional commitment such as teaching, research, communication, consultancy, professional organisations membership or office bearing in these organisations.
 - (i) The Principal Clinical Scientist must be able to perform the responsibilities of the Level 9 Clinical Scientist.
- (ii) Progression:
- (a) Where a Level 9 Clinical Scientist is regraded to Principal Clinical Scientist, they commence at Principal Clinical Scientist Year 5.

Schedule 9.3 - Post Mortem and Forensic Post Mortem Support Workforce

[Placeholder for Secretary to provide proposed draft classification]

Schedule 9.4 – Medical Physics

Medical Physicist is the collective term used in this Award to refer to persons who are eligible to be listed on the Australasian College of Physical Scientists and Engineers in Medicine ('ACPSEM') Register of Qualified Medical Physics Specialists.

- (i) Professional body:
 - (a) If the employer or Union identify an alternative certification/registration program to that of TEAP during the life of this Award which either consider may be suitable for the purposes of Registrar training, it will be subject to peak level discussions at a state-wide level between the employer and Union to determine and agree upon the appropriateness of any such adoption

(ii) Salaries:

(a) For the purposes of identifying which salary table is made available, the following definitions are to be applied:

- 1) Registered Medical Physicists for the purposes of this Award are those persons employed who are listed on the ACPSEM Register of Qualified Medical Physicists or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).
- 2) Unregistered Medical Physicists for the purposes of this Award are those employed who are not listed on the ACPSEM Register of Qualified Medical Physicists or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).

(iii) Personal regrades:

(a) The parties will develop an agreed Medical Physics Grading Guidance Document which will include a framework of assessment. This framework will include the criteria by against which a medical physicist seeking personal regrade is assessed, and the mechanism by which the assessment is performed.

(b) An application for personal regrade within this classification will be in accordance with Clause 13, Personal Regrade. A Medical Physics Grading Committee will be convened in accordance with Clause 12(vii), Grading Committee and Statewide Grading Working Party

(c) Any Medical Physicist who progresses to Senior Medical Physics Specialist or Principal Medical Physics Specialist via the Medical Physics Personal Regrading and Credentialling Committee (utilising the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of the position) will retain that status indefinitely in the event of redeployment.

(d) This is due to the classification being personal to the Medical Physicist and not dependent on the position held and is to be treated as with the longstanding approach adopted with Hospital Scientists.

(iv) Specialities:

(a) Specialty or Specialties when used in Medical Physics classifications, include but are not limited to:

- 1) Radiation Oncology Medical Physics;
- 2) Radiology Medical Physics;

- 3) Nuclear Medicine Physics; or
- 4) Radiation Safety.

Medical Physics Registrar

(i) Definition:

- (a) A Medical Physics Registrar is an employee participating in the Training, Education and Accreditation Program ('TEAP') in a Medical Physics specialty to satisfy requirements to be on the ACPSEM Register of Qualified Medical Physicists.

(ii) Functions:

- (a) The scope of practice, professional development, and academic entry requirements for a Medical Physics Registrar will be those outlined in the TEAP curriculum framework, as amended or varied.

(iii) Starting salary:

- (a) A Medical Physics Registrar commences employment at:
 - 1) Year 1 of the salary scale; Or
 - 2) Year 3 if they have been awarded a post-graduate degree that is approved by the ACPSEM for the purposes of completing TEAP.

(iv) Progression:

- (a) Progression within the Medical Physics Registrar yearly increments is automatic and occurs annually on the anniversary date of their appointment to the position.
- (b) A Medical Physics Registrar progresses automatically to Medical Physics Specialist when they complete their TEAP and are eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists.

Level 1 – Medical Physics Specialists

(i) Definition:

- (a) A Medical Physics Specialist is a Medical Physicist who has
 - 1) completed their TEAP and is eligible to be listed on the ACPSEM Register of Qualified Medical Physics Specialists; OR
 - 2) has such other qualifications and experience that is deemed equivalent by the Medical Physics Personal Regrading and Credentialing Committee utilising a guidance and assessment framework agreed to by the parties.

(ii) Functions:

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

(iii) Practice arrangements:

- (a) Medical Physics Specialists may provide scientific supervision to other Medical Physics employees but do not provide operational management or operational supervision.

(iv) Progression:

- (a) Progression within Level 1 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.
- (b) Prior to the appointment of an external applicant to any position of Medical Physics Specialist, the Medical Physics Personal Regrading and Credentialing Committee will utilise the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of a Medical Physics Specialist.

Level 2 – Senior Medical Physics Specialist

(i) Definition:

- (a) A Senior Medical Physics Specialist is a Medical Physicist who has completed a minimum of five years as a Medical Physics Specialist.
- (b) The role of Senior Medical Physics Specialist may be by appointment or via a personal regrade.
- (c) In either instance, the agreed framework contained within the Medical Physics Grading Document will be utilised to ensure the Medical Physicist has the qualifications, experience and competency expected of a Senior Medical Physics Specialist.

(ii) Functions:

- (a) A Senior Medical Physics Specialist performs duties that demonstrate advanced knowledge and practice in the clinical areas of their specialty, which reflects the

qualifications, experience and competency identified as being the basis of their personal regrade or appointment.

(iii) Practice arrangements:

- (a) Senior Medical Physics Specialists may provide scientific supervision to other Medical Physics employees but do not provide operational management or operational supervision.

(iv) Progression:

- (a) Progression within Level 2 is automatic and occurs on the anniversary date of obtaining the regrade or the date of appointment to the position.

Level 3 – Principal Medical Physics Specialist

(i) Definition:

- (a) A Principal Medical Physics Specialist is a Medical Physicist who has completed a minimum of four years as a Senior Medical Physics Specialist.
- (b) The role of Principal Medical Physics Specialist may be by appointment or via a personal regrade.
- (c) In either instance, the agreed framework contained within Medical Physics Grading document will be utilised to ensure the Senior Medical Physicist has the qualifications, experience and competency expected of a Principal Medical Physics Specialist.

(ii) Functions:

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

(iii) Practice arrangements:

- (a) Principal Medical Physics Specialists may provide scientific supervision to other Medical Physics employees but do not provide operational management or operational supervision.

Level 4 – Site Lead and Assistant Director

(i) General:

- (a) A Site Lead or Assistant Director position must have either:

- 1) progressed to Senior Medical Physics Specialist or higher; or
 - 2) The Medical Physics Grading Committee have utilised the agreed framework contained within the Medical Physics Grading Document to assess that the applicant has the qualifications, experience and competency expected of a Senior Medical Physics Specialist or higher.
- (b) The structure and number of Site Leads and/or Assistant Directors will be influenced by:
- 1) the size of the department or service.
 - 2) the complexity and variety of clinical services being delivered.
 - 3) the geographical complexity of managing rural or remote services.
 - 4) the use of multiple locations to deliver clinical services.
 - 5) the profile and number of employees being managed.
 - 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.
- (c) Both the Site Lead and Assistant Director must report to and only undertake responsibilities under the delegation of a Director of Medical Physics within the same LHD (who retains ultimate approval / accountability). This reporting line must be to a Director from the same specialty, excepting in exceptional circumstances.

Level 4- Site Lead:

(i) Definition:

- (a) A Site Lead is responsible for day-to-day operational management and administration of a facility within their scope of delegation.

(ii) Functions:

- (a) Site Leads are either:

- 1) Sole practitioners; or
- 2) Operationally managing no more than one additional FTE scientific, professional or technical staff.

Level 4 - Assistant Director

(i) Definition:

- (a) A Assistant Director performs operational management, scientific supervision and administrative responsibilities within their scope of delegation.
- (b) They can operationally manage more than one FTE scientific, professional or technical staff.
- (c) An Assistant Director may perform functions in:
 - 1) a specific area or function within a site with a single specialty; or
 - 2) or over a particular specialty at a multi-specialty site.

(ii) Grading:

- (a) The Level applied to a Assistant Director of Medical Physics will be as follows:
 - 1) Level 1: Appointed at a site, where a Director Level 1 or Level 2 is appointed and present at that site.
 - 2) Level 2: Appointed at a site, where a Director Level 3 is appointed and present at that site.

Level 5 – Director Medical Physics

(i) Definition:

- (a) A Medical Physicist appointed to a Director of Medical Physics position must have either:
 - 1) progressed to Senior Medical Physics Specialist Year 4 or higher;
 - (i) OR
 - 2) the Medical Physics Personal Regrading and Credentialing Committee have utilised the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of a Senior Principal Medical Physics Specialist.

(ii) Functions:

- (a) A Level 5 Director of Medical Physics has the primary accountability for the operational management of a Medical Physics service or specialty. They hold responsibilities in full, which includes those tasks delegated to Site Leads or Deputy Directors of Medical Physics.
- (b) As a Director of Medical Physics, they may be responsible for:

- 1) Overall management and coordination of Medical Physics services that fall within their delegated responsibilities in a Service and / or specialty, including financial management and employee related matters.
- 2) Participating in and contributing to executive level decision making relating to the operational management of the Service and / or specialty.
- 3) Final approval and oversight on the Service and / or specialty's performance review and management processes.
- 4) Ensuring the delivery of relevant education programs.
- 5) Advise on and advocate for the financial and resource allocation provided to the Service and / or specialty to ensure effective financial management and in turn, effective contribution to budget development.
- 6) Strategic workforce development and planning to ensure safe and adequate staffing levels within Services and / or specialties that fall within their delegated responsibilities.
- 7) Represent the Service and / or specialty on LHD Committees or forums with a demonstrated ability to advocate within them for Medical Physicists / Medical Physics services.
- 8) Lead and coordinate professional and clinical governance across the Service and / or specialty that fall within their delegated responsibilities.

(iii) Practice arrangements:

(a) The structure and number of Directors will be influenced by:

- 1) the size of the Department or Service.
- 2) the complexity and variety of clinical services being delivered.
- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of employees being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.
- 7) The provision of a reporting line for Site Leads and Deputy Directors to Medical Physics Directors from the same specialty.

8) Medical Physics specialties having leadership responsible for operational and financial management accountability.

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

(iv) Grading:

(a) Level 1:

1) Responsible for a total of 2 to 5 FTE scientific, professional or technical staff.

(b) Level 2:

1) Responsible for > 5 to 10 FTE scientific, professional or technical staff.

(c) Level 3:

1) Responsible for > 10 FTE scientific, professional or technical staff.

Level 6 – District Director Medical Physics

(i) Definition:

(a) A District Director of Medical Physics meets the criteria for a Director of Medical Physics but has specific responsibilities for:

- 1) the overarching strategic and / or operational direction, accountabilities and management for Medical Physics services that fall within their delegated responsibilities in a LHD or Network; and
- 2) undertaking a peak level advisory role advocating for and assisting Medical Physics services that fall within their delegated responsibilities in a LHD or Network.

(ii) Functions:

(b) A Level 6 District Director Medical Physics may perform the following functions:

- 1) Leadership for strategic policy development and direction for Medical Physicists / Medical Physics services that fall within their delegated responsibilities, which may also include leading the strategic implementation of clinical, professional and governance initiatives and objectives.
- 2) Providing clinical practice leadership and service improvement in collaboration with Directors could also be expected as part of these responsibilities.

- 3) Decision making at a LHD or Network level in relation to Medical Physicists / Medical Physics services that fall within their delegated responsibilities.
- 4) In collaboration with Directors, advise on and advocate for 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.
- 5) High-level advocacy for Medical Physicists / Medical Physics services that fall within their delegated responsibilities.
- 6) Strategic and operational coordination with other Directors.
- 7) Lead the review, development, and implementation of policy / procedures / standards for major complex services.

(iii) Practice arrangements:

- (c) A District Director can also undertake, within the scope of their District Director role, the responsibilities of a Level 5 Director of Medical Physics if this does not impact upon their capacity to fulfill these Director duties and responsibilities in a timely fashion.

Schedule 9.3 – Radiopharmaceutical Science

Radiopharmaceutical Scientist is the collective term used in this Award to refer to persons who are eligible to be listed on the Australasian College of Physical Scientists and Engineers in Medicine ('ACPSEM') Register of Qualified Radiopharmaceutical Scientists.

(i) Professional body:

- (a) If the employer or Union identify an alternative certification/registration program to that of TEAP during the life of this Award which either consider may be suitable for the purposes of Registrar training, it will be subject to peak level discussions at a state-wide level between the employer and Union to determine and agree upon the appropriateness of any such adoption

(ii) Salaries:

- (a) For the purposes of identifying which salary table is made available, the following definitions are to be applied:
 - 1) Registered Radiopharmaceutical Scientist for the purposes of this Award are those persons employed who are listed on the ACPSEM Register of Qualified Radiopharmaceutical Scientist or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).

- 2) Unregistered Radiopharmaceutical Scientist for the purposes of this Award are those employed who are not listed on the ACPSEM Register of Qualified Radiopharmaceutical Scientist or other such Register that is deemed equivalent by the ACPSEM (for example, mutual recognition with overseas Registers).

(iii) Personal regrades:

- (a) Any Radiopharmaceutical Scientist who progresses to Senior Radiopharmaceutical Science Specialist or Principal Radiopharmaceutical Science Specialist via the Radiopharmaceutical Scientist Personal Regrading and Credentialling Committee (utilising the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of the position) will retain that status indefinitely in the event of redeployment.
- (b) This is due to the classification being personal to the Radiopharmaceutical Scientist and not dependent on the position held and is to be treated as with the longstanding approach adopted with Hospital Scientists.

Radiopharmaceutical Science Registrar

(i) Definition:

- (a) A Radiopharmaceutical Science Registrar is an employee participating in the Training, Education and Accreditation Program ('TEAP') to satisfy the requirements to be on the ACPSEM Register of Qualified Radiopharmaceutical Scientists.

(ii) Functions:

- (a) The scope of practice, professional development, and academic entry requirements for a Radiopharmaceutical Science Registrar will be those outlined in the TEAP curriculum framework, as amended or varied.

(iii) Starting salary:

- (a) A Radiopharmaceutical Science Registrar commences employment at:
 - 1) Year 1 of the salary scale; or
 - 2) Year 3 if they have been awarded a post-graduate degree that is approved by the ACPSEM for the purposes of completing TEAP.

(iv) Progression:

- (a) Progression within the Radiopharmaceutical Science Registrar yearly increments is automatic and occurs annually on the anniversary date of their appointment to the position.

- (b) A Radiopharmaceutical Science Registrar progresses automatically to Radiopharmaceutical Science Specialist when they complete their TEAP and are eligible to be listed on the ACPSEM Register of Qualified Radiopharmaceutical Science Specialists.

Level 1 – Radiopharmaceutical Science Specialist

(i) Definition:

- (a) A Radiopharmaceutical Science Specialist is a Radiopharmaceutical Scientist who has completed one of the following:
 - 1) TEAP pathway: Completed their TEAP and is eligible to be listed on the ACPSEM Register of Qualified Radiopharmaceutical Science; OR
 - 2) Experienced pathway: ACPSEM have determined they are suitable for admittance to the ACPSEM Register of Qualified Radiopharmaceutical Science Specialists and Scientists; OR
 - 3) has such other qualifications and experience that is deemed equivalent by the Radiopharmaceutical Science Personal Regrading and Credentialling Committee utilising a guidance and assessment framework agreed to by the parties.

(ii) Functions:

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

(iii) Practice arrangements:

- (a) A Radiopharmaceutical Science Specialist may provide scientific supervision to other Radiopharmaceutical Science employees but do not provide operational management or supervision.

(iv) Grading:

- (a) Radiopharmaceutical Science Specialists who have completed the TEAP pathway (option (i) above) will commence at Year 1.
- (b) Radiopharmaceutical Science Specialists who have completed the Experienced pathway (option (ii) above) will commence at Year 4.

- (c) Progression within Level 1 is automatic and occurs on the employee's anniversary date.

Level 3 – Senior Radiopharmaceutical Science Specialist

(i) Definition:

- (a) A Principal Radiopharmaceutical Science Specialist is a Radiopharmaceutical Scientist who has completed a minimum of four years as a Senior Radiopharmaceutical Science Specialist.
- (b) The role of Principal Radiopharmaceutical Science Specialist may be by appointment or via a personal regrade.
- (c) In either instance, the Radiopharmaceutical Science Personal Regrading and Credentialling Committee will utilise the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of a Principal Radiopharmaceutical Science Specialist.

(ii) Functions:

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

(iii) Practice arrangements:

- (a) Principal Radiopharmaceutical Science Specialists may provide scientific supervision to other Radiopharmaceutical Science employees but do not provide operational management or operational supervision.

Level 4 – Deputy Director Radiopharmaceutical Science

(i) Definition and requirements:

- (a) Deputy Directors performs operational management, scientific supervision and administrative responsibilities within their scope of delegation.
- (b) A Deputy Director position must have either:
 - 1) progressed to Senior Radiopharmaceutical Science Specialist or higher; or
 - 2) the Radiopharmaceutical Science Personal Regrading and Credentialling Committee have utilised the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and

competency expected of a Senior Principal Radiopharmaceutical Science Specialist

(ii) Practice arrangements:

(a) The structure and number of Deputy Directors will be influenced by:

- 1) the patient numbers serviced by the department or service.
- 2) the complexity and variety of clinical services and clinical products being delivered.
- 3) The geographical complexity of delivering products to rural or remote services.
- 4) The delivery of clinical services or delivery of clinical products to multiple locations within and external to the LHD where the department is located.
- 5) the profile and number of employees being managed.
- 6) the provision of the timely delivery of clinical services, safe and effective clinical products, a safe working environment and all staff being professionally and administratively supported.

Level 5 – Director Radiopharmaceutical Science

(i) Definition and requirements:

- (a) A Director of Radiopharmaceutical Science has the primary accountability for the operational management of a department or service, which includes tasks delegated to Deputy Directors of Radiopharmaceutical Science.
- (b) A Radiopharmaceutical Scientist appointed to a Director position must have either:
 - 1) progressed to Senior Radiopharmaceutical Science Specialist; or
 - 2) the Radiopharmaceutical Science Personal Regrading and Credentiailling Committee have utilised the guidance and assessment framework agreed to by the parties to assess that the applicant has the qualifications, experience and competency expected of a Senior Principal Radiopharmaceutical Science Specialist.

(ii) Practice Arrangements:

(a) The structure and number of Directors will be influenced by:

- 1) the size of the department or service.
- 2) the complexity and variety of clinical services being delivered.

- 3) the geographical complexity of managing rural or remote services.
- 4) the use of multiple locations to deliver clinical services.
- 5) the profile and number of employees being managed.
- 6) the provision of the timely delivery of clinical services, a safe working environment and all staff being professionally and administratively supported.

(iii) Grading:

- (a) The Level applied to a Director of Radiopharmaceutical Science will be dependent on the total number of employee reports under their responsibility and supervision.
- 1) **Level 1:** Has 1 to 5 Scientific FTE Scientific, Professional and Technical reports.
 - 2) **Level 2:** Has 5 to 10 employee reports Scientific, Professional and Technical reports.
 - 3) **Level 3:** Has more than 10 employee reports Scientific, Professional and Technical reports.

Stream 10: Leadership and Workforce Management

(i) Purpose and scope:

(a) The Leadership and Workforce Management classification schedule applies to senior leadership roles that primarily execute management responsibilities. Roles classified under this scale operate within formal clinical, professional, and organisational governance frameworks across several schedules.

(b) The classification schedule recognises roles which:

- 1) Require advanced professional, clinical, scientific, policy and service system knowledge and expertise.
- 2) Provide leadership and management to a workforce containing a substantial and diverse mix across **generally three or more professional schedules**. A position in the leadership classification would not generally perform clinical duties or provide schedule specific clinical leadership as a feature of their role.
- 3) **Has a predominant focus on strategic leadership across a portfolio.**
- 4) Has responsibility for the planning, coordination, governance and performance of integrated health services, including responsibility for service deliverables and performance outcomes, within the limits of their delegate responsibilities.

(ii) Application:

(a) The classification schedule applies to the following roles:

- 1) Multi-schedule and multi-stream service and directorate leadership positions.
- 2) District or facility wide multi-schedule and multi-stream management roles.
- 3) Multi-schedule and multi-stream senior quality, research, project and policy leadership positions.
- 4) Managers operating across both clinical and non-clinical professional schedules responsible for strategic management of a service.
- 5) District wide multi-schedule directors and operating under professional frameworks (e.g., Allied Health, Mental Health, Clinical Support Services).

(iii) Restrictions:

(a) **The application and use of this classification is not intended to undermine or replace the relevant classification schedules of this Award, and the parties agree coordinator and management roles in a relevant classification can be responsible for multi-schedule teams, units or services.**

- (b) If a role can be appropriately graded at a Level contained in Streams 1-9 then this should occur in the first instance, even where it may be graded across two or more classification schedules in this Award.
- (c) Roles which primarily operationally manage direct clinical service delivery, for example Head of Department, Professional Director, Team or Unit manager will not fall under this classification.
- (d) Roles which provide education and research are presumed to sit within the relevant classification unless it is demonstrated the role cuts across multiple-streams and is significantly senior to sit outside the classifications contained within Streams 1-9.
- (e) Multi-schedule requires a substantial and diverse mix of classifications within the workforce meaning there is no clearly predominant classification within the scope of the workforce.
- (f) In the event that a role could be graded in a classification schedule contained within Streams 1-9 of this Award, but this classification is used instead, the higher rate of pay between the two gradings will be applied regardless of the employee appointed.

Level 1 – Leadership and Management

(i) Definition:

- (a) An employee at this level exercises strategic leadership and management responsibility for major multi-schedule health programs, services or portfolios and influences organisational policy and system development.

(ii) Functions:

(a) Professional capability and knowledge:

- 1) Holds postgraduate qualifications or equivalent senior professional experience.
- 2) Demonstrates expert knowledge of:
 - (i) multi-schedule clinical and professional governance systems, including disciplined based frameworks;
 - (ii) integrated service delivery models; and
 - (iii) organisational strategy and reform processes.
- 3) At this level, roles may require the capacity to exercise senior clinical judgement and escalation decision making.

(b) Leadership and management capability:

- 1) Leads major service portfolios or directorates involving complex multi-schedule workforces.
- 2) Designs and implements service models and governance frameworks across professional boundaries.
- 3) Provides high-level strategic multi-schedule advice to executive management.

(c) Autonomy, judgement and accountability:

- 1) Exercises high-level independent judgement.
- 2) Makes decisions with significant organisational and service-wide impact.
- 3) Accountable for performance, workforce outcomes, risk management, clinical and professional governance assurance and district or portfolio service performance against strategic KPIs.

(iii) Indicative scope:

(a) Generally, performs across the following scope:

- 1) Directorate-level responsibility across multiple professions; and
- 2) Oversight of multiple multi-schedule programs or services.

Level 2 – Leadership and Management

(i) Definition:

- (a) An employee at this level provides executive leadership for large and complex multi-schedule service systems and is responsible for strategic planning, service performance, governance and service reform.

(ii) Functions:

(a) Professional capability and knowledge:

- 1) Holds postgraduate qualifications.
- 2) Recognised senior professional or clinical leader across multiple schedules.
- 3) Extensive knowledge of:
 - (i) NSW Health system governance;
 - (ii) regulatory environments;

- (iii) large-scale multi-schedule workforce and financial management; and
- (iv) clinical and professional governance accountability at a district wide level.

(b) Leadership and management capability

- 1) Leads major operational divisions within a larger district wide service/network, or a smaller facility/service networks comprising diverse professional groups.
- 2) Drives organisational change and multi-schedule service integration.
- 3) Represents the organisation at senior interagency and system forums.
- 4) May be required to step into high level clinical or professional decision making roles during workforce gaps, escalation events or complex service governance matters.

(c) Autonomy, judgement and accountability

- 1) Exercises strategic judgement affecting whole-of-organisation outcomes.
- 2) Accountable for major budgets, workforce structures and service performance across schedules.

Level 3 – Leadership and Management

(i) Definition:

- (a) An employee at this level provides executive leadership at system, district or statewide level and is responsible for taking a lead role in shaping multi-schedule health service policy, strategy and service delivery frameworks.

(ii) Functions:

(a) Professional capability and knowledge:

- 1) Holds relevant postgraduate qualifications.
- 2) Recognised expertise in health service leadership and multi-schedule clinical governance.
- 3) Extensive executive experience in complex, multi-service systems.

(b) Leadership and management capability

- 1) Leads major organisational or system-wide multi-schedule portfolios.
- 2) Influences health policy development and sector-wide reform.

- 3) Provides strategic leadership across multiple health service entities and professional domains.
- 4) Recognised expertise in health service leadership and multi-schedule clinical governance, including system wide professional governance frameworks.

(c) Autonomy, judgement and accountability

- 1) Exercises the highest level of independent judgement.
- 2) Accountable for LHD or system-wide service outcomes, sustainability and strategic direction, including statewide performance deliverables, reform implementation and governance assurance across multiple professional schedules.

DRAFT

Stream 1 – Medical Imaging and Radiation

Table 1.1 – Nuclear Medicine Technology

| Nuclear Medicine Technology | 1 July 2025 | 1 July 2026 |
|-------------------------------------------------------------------------|-------------|-------------|
| Supervised Practice Program / Transition to General Registration | | |
| Year 1 | \$90,110 | \$93,714 |
| Level 1 | | |
| Year 1 | \$93,323 | \$97,056 |
| Year 2 | \$105,265 | \$109,476 |
| Level 2 | | |
| Year 1 | \$112,255 | \$116,745 |
| Year 2 | \$119,090 | \$123,854 |
| Year 3 | \$124,678 | \$129,665 |
| Year 4 | \$126,300 | \$131,352 |
| Year 5 | \$128,554 | \$133,696 |
| Level 3 | | |
| Grade 1 Year 1 | \$137,951 | \$143,469 |
| Grade 1 Year 2 | \$142,413 | \$148,110 |
| Grade 2 Year 1 | \$152,917 | \$159,034 |
| Grade 2 Year 2 | \$155,917 | \$156,823 |
| Grade 3 | \$152,917 | \$159,034 |
| Level 4 | | |
| Grade 1 | \$161,785 | \$168,256 |
| Grade 2 | \$172,162 | \$179,048 |
| Level 5 | | |
| Grade 1 | \$172,162 | \$179,048 |
| Grade 2 | \$173,906 | \$180,862 |
| Grade 3 | \$176,723 | \$183,792 |
| Grade 4 | \$181,065 | \$188,308 |
| Level 6 | | |
| Grade 1 | \$193,676 | \$201,423 |
| Grade 2 | \$198,395 | \$206,331 |
| Grade 3 | \$208,356 | \$216,690 |
| Grade 4 | \$213,300 | \$221,832 |
| Level 7 | | |
| Grade 1 | \$213,300 | \$221,832 |
| Grade 2 | \$215,500 | \$224,120 |
| Grade 3 | \$218,184 | \$226,911 |
| Grade 4 | \$220,300 | \$229,112 |
| Grade 5 | \$221,100 | \$229,944 |
| Grade 6 | \$223,109 | \$232,033 |

Table 1.2 – Radiation Therapy

| Radiation Therapy | 1 July 2025 | 1 July 2026 |
|-------------------------------------------------------------------------|--------------------|--------------------|
| Supervised Practice Program / Transition to General Registration | | |
| Year 1 | \$90,122 | \$93,727 |
| Level 1 | | |
| Year 1 | \$103,790 | \$107,942 |
| Year 2 | \$109,934 | \$114,331 |
| Level 2 | | |
| Year 1 | \$117,110 | \$121,794 |
| Year 2 | \$121,653 | \$126,519 |
| Year 3 | \$127,185 | \$132,272 |
| Year 4 | \$132,536 | \$137,837 |
| Year 5 | \$139,631 | \$145,216 |
| Year 6 | \$143,435 | \$149,172 |
| Level 3 | | |
| Grade 1 | \$150,791 | \$156,823 |
| Grade 2 | \$158,029 | \$164,350 |
| Grade 3 | \$165,930 | \$172,567 |
| Level 4 | | |
| Grade 1 | \$182,840 | \$190,154 |
| Grade 2 | \$190,820 | \$198,453 |
| Level 5 | | |
| Grade 1 | \$197,126 | \$205,011 |
| Grade 2 | \$202,053 | \$210,135 |
| Grade 3 | \$212,156 | \$220,642 |
| Level 6 | | |
| Grade 1 | \$212,976 | \$221,495 |
| Grade 2 | \$218,898 | \$227,654 |
| Grade 3 | \$225,226 | \$234,235 |
| Grade 4 | \$231,779 | \$241,050 |
| Grade 5 | \$238,884 | \$248,439 |
| Level 7 | | |
| Grade 1 | \$227,620 | \$236,725 |
| Grade 2 | \$234,220 | \$243,589 |
| Grade 3 | \$241,014 | \$250,655 |
| Grade 4 | \$248,838 | \$258,792 |
| Grade 5 | \$255,194 | \$265,402 |

Table 1.3 – Diagnostic Radiography

| Diagnostic Radiography | 1 July 2025 | 1 July 2026 |
|-------------------------------------------------------------------------|--------------|--------------|
| Supervised Practice Program / Transition to General Registration | | |
| Year 1 | \$90,110.00 | \$93,714.00 |
| Level 1 | | |
| Year 1 | \$93,323.00 | \$97,056.00 |
| Year 2 | \$105,265.00 | \$109,476.00 |
| Level 2 | | |
| Year 1 | \$112,255.00 | \$116,745.00 |
| Year 2 | \$119,090.00 | \$123,854.00 |
| Year 3 | \$124,678.00 | \$129,665.00 |
| Year 4 | \$126,300.00 | \$131,352.00 |
| Year 5 | \$128,554.00 | \$133,696.00 |
| Level 3 | | |
| Grade 1 Year 1 | \$137,951.00 | \$143,469.00 |
| Grade 1 Year 2 | \$142,413.00 | \$148,110.00 |
| Grade 2 Year 1 | \$146,243.00 | \$152,093.00 |
| Grade 2 Year 2 | \$152,917.00 | \$159,034.00 |
| Grade 3 | \$155,917.00 | \$162,154.00 |
| Level 4 | | |
| Grade 1 | \$161,785.00 | \$168,256.00 |
| Grade 2 | \$172,162.00 | \$179,048.00 |
| Grade 3 | \$166,159.00 | \$172,805.00 |
| Level 5 | | |
| Grade 1 | \$166,159.00 | \$172,805.00 |
| Grade 2 | \$176,723.00 | \$183,792.00 |
| Grade 3 | \$181,065.00 | \$188,308.00 |
| Level 6 | | |
| Grade 1 Year 1 | \$166,159.00 | \$172,805.00 |
| Grade 1 Year 2 | \$171,646.00 | \$178,512.00 |
| Grade 2 Year 1 | \$176,723.00 | \$183,792.00 |
| Grade 2 Year 2 | \$181,065.00 | \$188,308.00 |
| Grade 3 | \$193,676.00 | \$201,423.00 |
| Grade 4 | \$198,395.00 | \$206,331.00 |
| Grade 5 | \$208,356.00 | \$216,690.00 |
| Grade 6 | \$213,300.00 | \$221,832.00 |
| Level 7 | | |
| Grade 1 Year 1 | \$166,159.00 | \$172,805.00 |
| Grade 1 Year 2 | \$171,646.00 | \$178,512.00 |
| Grade 2 Year 1 | \$176,723.00 | \$183,792.00 |
| Grade 2 Year 2 | \$181,065.00 | \$188,308.00 |
| Grade 3 | \$193,676.00 | \$201,423.00 |
| Grade 4 | \$198,395.00 | \$206,331.00 |
| Grade 5 | \$208,356.00 | \$216,690.00 |
| Grade 6 | \$213,300.00 | \$221,832.00 |
| Grade 7 | \$218,184.00 | \$226,911.00 |
| Grade 8 | \$223,109.00 | \$232,033.00 |

Table 1.4 – Non-Medical Radiation Science Sonographers

| Non-Medical Radiation Science Sonographers | 1 July 2025 | 1 July 2026 |
|----------------------------------------------------|-------------|-------------|
| Level 1 – Undergraduate Student Sonographer | | |
| Year 1 | TBC | TBC |
| Level 2 – Post Graduate Student Sonographer | | |
| Year 1 | \$93,323 | \$97,056 |
| Year 2 | \$105,265 | \$109,476 |
| Year 3 | \$112,255 | \$116,745 |
| Year 4 | \$119,090 | \$123,854 |
| Year 5 | \$124,678 | \$129,665 |
| Year 6 | \$126,300 | \$131,352 |
| Year 7 | \$128,554 | \$133,696 |
| Level 3 | | |
| Year 1 | \$137,951 | \$143,469 |
| Year 2 | \$142,413 | \$148,110 |
| Year 3 | \$146,243 | \$152,093 |
| Level 4 | | |
| Year 1 | \$161,785 | \$168,256 |
| Level 5 | | |
| Grade 1 | \$172,162 | \$179,048 |
| Grade 2 | \$176,723 | \$183,792 |
| Level 6 | | |
| Grade 1 | \$176,723 | \$188,308 |
| Grade 2 | \$181,065 | \$188,308 |
| Level 7 | | |
| Grade 1 | \$181,065 | \$188,308 |
| Grade 2 | \$183,165 | \$190,492 |
| Grade 3 | \$186,065 | \$193,508 |
| Grade 4 | \$194,942 | \$202,740 |

Table 1.5 Cardiac Physiologists

| Cardiac Physiology | 1 July 2025 | 1 July 2026 |
|------------------------------------|-------------|-------------|
| Level 1 | | |
| Year 1 | \$90,127 | \$93,732 |
| Year 2 | \$93,327 | \$97,060 |
| Level 2 | | |
| Year 1 | \$98,806 | \$102,758 |
| Year 2 | \$105,266 | \$109,477 |
| Year 3 | \$112,230 | \$116,719 |
| Year 4 | \$119,105 | \$123,869 |
| Year 5 | \$124,672 | \$129,659 |
| Year 6 | \$128,551 | \$133,693 |
| Level 3 | | |
| Year 1 | \$137,933 | \$143,450 |
| Year 2 | \$142,402 | \$148,098 |
| Level 4 | | |
| Year 1 | \$149,298 | \$155,270 |
| Year 2 | \$152,917 | \$159,034 |
| Level 5 - Assistant Manager | | |
| Grade 1 | \$142,402 | \$148,098 |
| Grade 2 | \$149,298 | \$155,270 |
| Grade 3 | \$152,917 | \$159,034 |
| Level 6 - Manager (Chief) | | |
| Grade 1 | \$152,917 | \$159,034 |
| Grade 2 | \$157,341 | \$163,635 |
| Grade 3 | \$168,002 | \$174,722 |

Stream 2 – Allied Health Professionals Workforce

Table 2.1 – Health Professionals

| Health Professional Classification | 1 July 2025 | 1 July 2026 |
|----------------------------------------------------|-------------|-------------|
| Transition to General Registration | | |
| Year 1 | \$90,110 | \$93,714 |
| Newly Qualified Clinician | | |
| Year 1 | \$93,336 | \$97,069 |
| Year 2 | \$98,813 | \$102,766 |
| Clinician | | |
| Year 1 | \$105,294 | \$109,506 |
| Year 2 | \$112,255 | \$116,745 |
| Year 3 | \$119,094 | \$123,858 |
| Year 4 | \$124,673 | \$129,660 |
| Year 5 | \$128,553 | \$133,695 |
| Senior Clinician | | |
| Year 1 | \$137,933 | \$143,450 |
| Year 2 | \$142,402 | \$148,098 |
| Year 3 | \$149,298 | \$155,270 |
| Year 4 | \$152,917 | \$159,034 |
| Advanced Practitioner | | |
| Year 1 | \$160,343 | \$166,757 |
| Year 2 | \$164,242 | \$170,812 |
| Expert Practitioner | | |
| Year 1 | \$172,162 | \$179,048 |
| Year 2 | \$176,424 | \$183,481 |
| Assistant Manager Grade 1 | | |
| Year 1 | \$137,933 | \$143,450 |
| Year 2 | \$142,402 | \$148,098 |
| Year 3 | \$149,298 | \$155,270 |
| Year 4 | \$152,917 | \$159,034 |
| Manager Grade 1 | | |
| Year 1 | \$149,298 | \$155,270 |
| Year 2 | \$152,917 | \$159,034 |
| Assistant Manager Grade 2 / Manager Grade 2 | | |
| Year 1 | \$160,343 | \$166,757 |
| Year 2 | \$164,242 | \$170,812 |
| Assistant Grade 3 / Manager Grade 3 | | |
| Year 1 | \$172,162 | \$179,048 |
| Year 2 | \$176,424 | \$183,481 |
| Assistant Grade 4 / Manager Grade 4 | | |
| Year 1 | \$185,022 | \$192,423 |
| Assistant Grade 5 / Manager Grade 5 | | |
| Year 1 | \$194,053 | \$201,815 |
| Assistant Grade 6 / Manager Grade 6 | | |
| Year 1 | \$203,530 | \$211,671 |
| Manager Grade 7 | | |

| | | |
|------------------------------------|-----------|-----------|
| Year 1 | \$213,302 | \$221,834 |
| Manager Grade 8 | | |
| Year 1 | \$223,114 | \$232,039 |
| Discipline Advisor/Director | | |
| Grade 1 | \$194,053 | \$201,815 |
| Grade 2 | \$203,530 | \$211,671 |
| Grade 3 | \$213,488 | \$222,028 |
| Grade 4 | \$223,939 | \$232,897 |

DRAFT

Table 2.2 – Psychologists

| Psychologists | 1 July 2025 | 1 July 2026 |
|-------------------------------------------|-------------|-------------|
| Transition to General Registration | | |
| Year 1 | \$90,110 | \$93,714 |
| Level 1 | | |
| Year 1 | \$95,551 | \$99,373 |
| Year 2 | \$99,641 | \$103,627 |
| Level 2 | | |
| Grade 1 Year 1 | \$103,790 | \$107,942 |
| Grade 1 Year 2 | \$106,997 | \$111,277 |
| Grade 1 Year 3 | \$111,235 | \$115,684 |
| Grade 2 Year 1 | \$118,680 | \$123,427 |
| Grade 2 Year 2 | \$132,536 | \$137,837 |
| Grade 2 Year 3 | \$146,555 | \$152,417 |
| Level 3 | | |
| Year 1 | \$150,791 | \$156,823 |
| Year 2 | \$154,158 | \$160,324 |
| Year 3 | \$157,527 | \$163,828 |
| Year 4 | \$161,501 | \$167,961 |
| Level 4 | | |
| Year 1 | \$168,002 | \$174,722 |
| Year 2 | \$173,906 | \$180,862 |
| Level 5 | | |
| Year 1 | \$182,840 | \$190,154 |
| Year 2 | \$188,818 | \$196,371 |
| Level 6 – Assistant Manager | | |
| Grade 1 Year 1 | \$150,791 | \$156,823 |
| Grade 1 Year 2 | \$154,158 | \$160,324 |
| Grade 1 Year 3 | \$157,527 | \$163,828 |
| Grade 1 Year 4 | \$161,501 | \$167,961 |
| Grade 2 Year 1 | \$168,002 | \$174,722 |
| Grade 2 Year 1 | \$173,906 | \$180,862 |
| Grade 3 Year 1 | \$182,840 | \$190,154 |
| Grade 3 Year 2 | \$188,818 | \$196,371 |
| Grade 4 | \$194,053 | \$201,815 |
| Grade 5 | \$203,530 | \$211,671 |
| Grade 6 | \$213,302 | \$221,834 |
| Level 7 – Manager | | |
| Grade 1 Year 1 | \$157,527 | \$163,828 |
| Grade 1 Year 2 | \$161,501 | \$167,961 |
| Grade 2 Year 1 | \$168,002 | \$174,722 |
| Grade 2 Year 1 | \$173,906 | \$180,862 |
| Grade 3 Year 1 | \$182,840 | \$190,154 |
| Grade 3 Year 2 | \$188,818 | \$196,371 |
| Grade 4 | \$194,053 | \$201,815 |
| Grade 5 | \$203,530 | \$211,671 |
| Grade 6 | \$213,302 | \$221,834 |

| | | |
|-------------------------------------|-----------|-----------|
| Grade 7 | \$223,114 | \$232,039 |
| Level 8 – Psychology Advisor | | |
| Grade 1 | \$194,053 | \$201,815 |
| Grade 2 | \$203,530 | \$211,671 |
| Grade 3 | \$213,302 | \$221,834 |
| Grade 4 | \$223,114 | \$232,039 |

DRAFT

Table 2.3 – Pharmacists

| Pharmacist Classification | 1 July 2025 | 1 July 2025 |
|--------------------------------------------------------------|-------------|-------------|
| Inter Pharmacist / Transition to General Registration | | |
| Year 1 | \$93,336 | \$97,069 |
| Level 1 Pharmacist | | |
| Year 1 | \$98,806 | \$102,758 |
| Level 2 Pharmacist | | |
| Year 1 | \$105,266 | \$109,477 |
| Year 2 | \$112,222 | \$116,711 |
| Year 3 | \$124,672 | \$129,659 |
| Year 4 | \$128,551 | \$133,693 |
| Year 5 | \$128,551 | \$133,693 |
| Level 3 Pharmacist | | |
| Year 1 | \$137,949 | \$143,467 |
| Year 2 | \$142,405 | \$148,101 |
| Year 3 | \$146,251 | \$152,101 |
| Year 4 | \$150,791 | \$156,823 |
| Level 4 Pharmacist | | |
| Year 1 | \$161,783 | \$168,254 |
| Year 2 | \$166,161 | \$172,807 |
| Level 5 Pharmacist | | |
| Year 1 | \$166,161 | \$172,807 |
| Year 2 | \$171,646 | \$178,512 |
| Level 6A Pharmacist | | |
| Year 1 | \$176,732 | \$183,801 |
| Year 2 | \$181,065 | \$188,308 |
| Level 6B Pharmacist | | |
| Year 1 | \$193,669 | \$201,416 |
| Year 2 | \$198,390 | \$206,326 |
| Level 7A Pharmacist | | |
| Year 1 | \$161,783 | \$168,254 |
| Year 2 | \$166,161 | \$172,807 |
| Level 7B / Level 8A Pharmacist | | |
| Year 1 | \$166,161 | \$172,807 |
| Year 2 | \$171,646 | \$178,512 |
| Level 7C / 8B Pharmacist | | |
| Year 1 | \$176,732 | \$183,801 |
| Year 2 | \$181,065 | \$188,308 |
| Level 7D / 8C Pharmacist | | |
| Year 1 | \$193,669 | \$201,416 |
| Year 2 | \$198,390 | \$206,326 |
| Level 7E / 8D Pharmacist | | |
| Year 1 | \$208,355 | \$216,689 |
| Year 2 | \$213,302 | \$221,834 |
| Level 8E Pharmacist | | |
| Year 1 | \$218,183 | \$226,910 |

| | | |
|---------------------------|-----------|-----------|
| Year 2 | \$223,114 | \$232,039 |
| Level 9 Pharmacist | | |
| Year 1 | \$228,809 | \$237,961 |

DRAFT

Table 2.4 – Perfusionists

| Perfusion | 1 July 2025 | 1 July 2026 |
|-------------------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$109,934.00 | \$114,331.00 |
| Year 2 | \$114,379.00 | \$118,954.00 |
| Level 2 | | |
| Year 1 | \$158,992.00 | \$165,352.00 |
| Year 2 | \$164,127.00 | \$170,692.00 |
| Year 3 | \$168,560.00 | \$175,302.00 |
| Year 4 | \$186,461.00 | \$193,919.00 |
| Year 5 | \$191,507.00 | \$199,167.00 |
| Level 3 | | |
| Year 1 | \$197,829.00 | \$205,742.00 |
| Year 2 | \$203,691.00 | \$211,839.00 |
| Year 3 | \$208,685.00 | \$217,032.00 |
| Level 4 - Deputy | | |
| Year 1 | \$223,211.00 | \$232,139.00 |
| Year 2 | \$228,652.00 | \$237,798.00 |
| Level 5 – Chief | | |
| Year 1 | \$234,672.00 | \$244,059.00 |
| Year 2 | \$240,138.00 | \$249,744.00 |

Stream 3 – Clinical and Assistants Workforce

Schedule 3.1 – Allied Health Assistants

[PLACEHOLDER – WAITING ON SECRETARIES POSITION]

DRAFT

Table 3.2 – Pharmacy Technicians

| Pharmacy Technicians | 1 July 2025 | 1 July 2026 |
|---------------------------|-------------|-------------|
| Trainee Technician | | |
| Year 1 | \$74,020 | \$76,981 |
| Year 2 | \$78,884 | \$82,039 |
| Level 1 | | |
| Year 1 | \$78,884 | \$82,039 |
| Year 2 | \$80,686 | \$83,913 |
| Level 2 | | |
| Year 1 | \$78,884 | \$82,039 |
| Year 2 | \$80,686 | \$83,913 |
| Year 3 | \$82,401 | \$85,697 |
| Year 4 | \$84,267 | \$87,638 |
| Level 3 | | |
| Year 1 | \$85,997 | \$89,437 |
| Year 2 | \$89,089 | \$92,653 |
| Year 3 | \$91,837 | \$95,510 |
| Year 4 | \$94,266 | \$98,037 |
| Level 4 | | |
| Year 1 | \$100,446 | \$104,464 |
| Year 2 | \$103,785 | \$107,936 |
| Level 5 | | |
| Year 1 | \$107,148 | \$111,434 |
| Year 2 | \$110,000 | \$114,400 |
| Level 6A | | |
| Year 1 | \$107,148 | \$111,434 |
| Year 2 | \$110,000 | \$114,400 |
| Level 6B | | |
| Year 1 | \$111,235 | \$115,684 |
| Year 2 | \$113,146 | \$117,672 |
| Level 7 | | |
| Year 1 | \$117,110 | \$121,794 |
| Year 2 | \$120,091 | \$124,895 |

Stream 4 – Aboriginal Health Workforce

Table 4.1 – Aboriginal Health Workers

[PLACE HOLDER – WAITING ON SECRETARIES POSITION]

Table 4.2 – Aboriginal Health Practitioners

[PLACE HOLDER – WAITING ON SECRETARIES POSITION]

DRAFT

Stream 5 – Health Education, Protection and Literacy Workforce

Table 5.1 - Interpreters

| Interpreters | 1 July 2025 | 1 July 2026 |
|------------------------------------------------|-------------|-------------|
| Level 1 | | |
| Year 1 | \$70,025 | \$72,826 |
| Year 2 | \$71,854 | \$74,728 |
| Year 3 | \$74,596 | \$77,580 |
| Year 4 | \$76,409 | \$79,465 |
| Level 2 | | |
| Year 1 | \$83,237 | \$86,566 |
| Year 2 | \$85,616 | \$89,041 |
| Year 3 | \$87,682 | \$91,189 |
| Year 4 | \$89,828 | \$93,421 |
| Year 5 | \$91,946 | \$95,624 |
| Level 3 | | |
| Year 1 | \$95,849 | \$99,683 |
| Year 2 | \$98,209 | \$102,137 |
| Year 3 | \$101,244 | \$105,294 |
| Year 4 | \$103,702 | \$107,850 |
| Year 5 | \$105,962 | \$110,200 |
| Level 4 | | |
| Year 1 | \$109,934 | \$114,331 |
| Year 2 | \$114,379 | \$118,954 |
| Year 3 | \$117,918 | \$122,635 |
| Year 4 | \$120,091 | \$124,895 |
| Level 5 – Team Coordinator | | |
| Grade 1 | \$117,552 | \$122,254 |
| Grade 2 | \$121,513 | \$126,374 |
| Grade 3 | \$127,184 | \$132,271 |
| Level 6 – Professional Lead OR Educator | | |
| Year 1 | \$127,184 | \$132,271 |
| Year 2 | \$133,296 | \$138,628 |

Table 5.2 – Lived Experience (Peer) Workers

| Lived Experience Workers | 1 July 2025 | 1 July 2026 |
|--------------------------|-------------|-------------|
| Level 1 | | |
| Year 1 | \$76,682 | \$79,749 |
| Year 2 | \$80,968 | \$84,207 |
| Level 2 | | |
| Year 1 | \$85,170 | \$88,577 |
| Year 2 | \$89,432 | \$93,009 |
| Year 3 | \$93,478 | \$97,217 |
| Year 4 | \$97,723 | \$101,632 |
| Year 5 | \$101,887 | \$105,962 |
| Year 6 | \$106,630 | \$110,895 |
| Year 7 | \$110,889 | \$115,325 |
| | | |
| Level 3 | | |
| Year 1 | \$115,080 | \$119,683 |
| Year 2 | \$119,427 | \$124,204 |
| Year 3 | \$123,480 | \$128,419 |
| Year 4 | \$128,268 | \$133,399 |
| Level 4 | | |
| Grade 1 | \$133,296 | \$138,628 |
| Grade 2 | \$136,077 | \$141,520 |
| Grade 3 | \$139,631 | \$145,216 |
| Grade 4 | \$143,435 | \$149,172 |
| Level 5 | | |
| Grade 1 | \$139,631 | \$145,216 |
| Grade 2 | \$143,435 | \$149,172 |
| Grade 3 | \$150,791 | \$156,823 |
| Grade 4 | \$157,341 | \$163,635 |

Table 5.3 – Health Education and Promotion

| Health Education and Promotion Non-Graduate | 1 July 2025 | 1 July 2026 |
|-----------------------------------------------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$64,985.00 | \$67,584.00 |
| Year 2 | \$68,617.00 | \$71,362.00 |
| Year 3 | \$72,178.00 | \$75,065.00 |
| Level 2 | | |
| Year 1 | \$75,790.00 | \$78,822.00 |
| Year 2 | \$79,219.00 | \$82,388.00 |
| Year 3 | \$82,816.00 | \$86,129.00 |
| Year 4 | \$86,345.00 | \$89,799.00 |
| Year 5 | \$90,364.00 | \$93,979.00 |
| Year 6 | \$93,974.00 | \$97,733.00 |
| Level 3 | | |
| Year 1 | \$97,525.00 | \$101,426.00 |
| Year 2 | \$101,209.00 | \$105,257.00 |
| Health Education and Promotion Practitioners | 1 July 2025 | 1 July 2026 |
| Level 1 | | |
| Year 1 | \$90,110 | \$93,714 |
| Year 2 | \$93,336 | \$97,069 |
| Level 2 | | |
| Year 1 | \$98,813 | \$102,766 |
| Year 2 | \$105,294 | \$109,506 |
| Year 3 | \$108,110 | \$112,434 |
| Year 4 | \$113,478 | \$118,017 |
| Year 5 | \$118,038 | \$122,760 |
| Year 6 | \$127,710 | \$132,818 |
| Level 3 | | |
| Year 1 | \$133,912 | \$139,268 |
| Year 2 | \$140,113 | \$145,718 |
| Year 3 | \$145,706 | \$151,534 |
| Year 4 | \$151,356 | \$157,410 |
| Level 4 | | |
| Year 1 | \$160,343 | \$166,757 |
| Year 2 | \$164,242 | \$170,812 |
| Level 5 | | |
| Year 1 | \$172,162 | \$179,048 |
| Year 2 | \$176,424 | \$183,481 |

Table 5.4 – Environmental Health Officers

| Environmental Health Officers | 1 July 2025 | 1 July 2026 |
|---------------------------------------------|--------------------|--------------------|
| Trainee Environmental Health Officer | | |
| Year 1 | \$72,584 | \$75,487 |
| Year 2 | \$75,093 | \$78,097 |
| Year 3 | \$77,623 | \$80,728 |
| Year 4 | \$80,135 | \$83,340 |
| Level 1 | | |
| Year 1 | \$90,110 | \$93,714 |
| Year 2 | \$93,336 | \$97,069 |
| Level 2 | | |
| Year 1 | \$98,813 | \$102,766 |
| Year 2 | \$105,294 | \$109,506 |
| Year 3 | \$108,110 | \$112,434 |
| Year 4 | \$113,478 | \$118,017 |
| Year 5 | \$118,038 | \$122,760 |
| Year 6 | \$127,710 | \$132,818 |
| Level 3 | | |
| Year 1 | \$133,912 | \$139,268 |
| Year 2 | \$140,113 | \$145,718 |
| Year 3 | \$145,706 | \$151,534 |
| Year 4 | \$151,356 | \$157,410 |
| Level 4 - Manager | | |
| Year 1 | \$160,343 | \$166,757 |
| Year 2 | \$164,242 | \$170,812 |

Stream 6 – Health Information Workforce

Table 6.1 – Clinical Coders

[PLACE HOLDER – WAITING ON SECRETARIES POSITION]

Table 6.2 – Health Information Administrators and Managers

[PLACEHOLDER – WAITING ON SECRETARIES POSITION]

DRAFT

Table 6.3 – Librarians

| Librarians | 1 July 2025 | 1 July 2026 |
|-------------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$90,073 | \$93,676 |
| Year 2 | \$95,551 | \$99,373 |
| Level 2 | | |
| Year 1 | \$101,788 | \$105,860 |
| Year 2 | \$105,962 | \$110,200 |
| Year 3 | \$111,235 | \$115,684 |
| Year 4 | \$115,196 | \$119,804 |
| Year 5 | \$121,653 | \$126,519 |
| Year 6 | \$128,553 | \$133,695 |
| Level 3 | | |
| Year 1 | \$137,933 | \$143,450 |
| Year 2 | \$142,402 | \$148,098 |
| Year 3 | \$149,298 | \$155,270 |
| Year 4 | \$152,917 | \$159,034 |
| Level 4 | | |
| Year 1 | \$160,343 | \$166,757 |
| Year 2 | \$164,242 | \$170,812 |
| Year 3 | \$172,162 | \$179,048 |
| Year 4 | \$176,424 | \$183,481 |
| Level 5 | | |
| Year 1 | \$185,022 | \$192,423 |
| Year 2 | \$194,053 | \$201,815 |

Table 6.4 – Library Assistants

| Library Assistants | 1 July 2025 | 1 July 2025 |
|---------------------------|--------------------|--------------------|
| Year 1 | \$63,266 | \$65,797 |
| Year 2 | \$66,902 | \$69,578 |
| Year 3 | \$70,849 | \$73,683 |
| Year 4 | \$75,838 | \$78,872 |
| Year 5 | \$78,494 | \$81,634 |

Table 6.5 – Library Technicians

| Library Technicians | 1 July 2025 | 1 July 2026 |
|----------------------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$86,465 | \$89,924 |
| Year 2 | \$88,240 | \$91,770 |
| Level 2 | | |
| Year 1 | \$91,412 | \$95,069 |
| Year 2 | \$94,232 | \$98,001 |
| Year 3 | \$96,724 | \$100,594 |
| Year 4 | \$103,065 | \$107,188 |
| Year 5 | \$106,492 | \$110,752 |
| Year 6 | \$109,942 | \$114,340 |
| Year 7 | \$116,583 | \$121,247 |

Stream 7 – Biomedical Workforce

Table 7.1 – Biomedical Engineering Technicians

| Biomedical Engineering Technicians | 1 July 2025 | 1 July 2026 |
|------------------------------------|-------------|-------------|
| Level 1 – Trainee | | |
| Year 1 | \$47,754 | \$49,664 |
| Year 2 | \$52,965 | \$55,084 |
| Year 3 | \$59,322 | \$61,695 |
| Year 4 | \$64,875 | \$67,470 |
| Level 2 | | |
| Year 1 | \$80,942 | \$84,180 |
| Year 2 | \$82,791 | \$86,103 |
| Year 3 | \$84,551 | \$87,933 |
| Year 4 | \$86,466 | \$89,925 |
| Year 5 | \$88,240 | \$91,770 |
| Year 6 | \$91,413 | \$95,070 |
| Level 3 | | |
| Year 1 | \$94,232 | \$98,001 |
| Year 2 | \$96,725 | \$100,594 |
| Year 3 | \$103,066 | \$107,189 |
| Year 4 | \$106,492 | \$110,752 |
| Year 5 | \$109,943 | \$114,341 |
| Year 6 | \$116,584 | \$121,247 |
| Level 4 | | |
| Year 1 | \$125,075 | \$130,078 |
| Year 2 | \$129,230 | \$134,399 |
| Year 3 | \$133,296 | \$138,628 |
| Year 4 | \$136,077 | \$141,520 |
| Level 5 | | |
| Year 1 | \$150,791 | \$156,823 |
| Year 2 | \$157,341 | \$163,635 |

Table 7.2 – Biomedical Engineers (Professional)

| Biomedical Engineers (Professional) | 1 July 2025 | 1 July 2026 |
|-------------------------------------|-------------|-------------|
| Level 1 – Intern | | |
| Year 1 | \$90,110 | \$93,714 |
| Level 2 | | |
| Year 1 | \$93,286 | \$97,017 |
| Year 2 | \$98,692 | \$102,640 |
| Year 3 | \$105,189 | \$109,397 |
| Year 4 | \$112,102 | \$116,586 |
| Year 5 | \$119,064 | \$123,827 |
| Year 6 | \$119,094 | \$123,858 |
| Year 7 | \$124,673 | \$129,660 |
| Year 8 | \$128,553 | \$133,695 |
| Level 3 | | |
| Year 1 | \$137,933 | \$143,450 |
| Year 2 | \$142,402 | \$148,098 |
| Year 3 | \$149,298 | \$155,270 |
| Year 4 | \$152,917 | \$159,034 |
| Level 4 | | |
| Year 1 | \$159,929 | \$166,326 |
| Year 2 | \$166,850 | \$173,524 |
| Year 3 | \$171,589 | \$178,453 |
| Level 5 | | |
| Year 1 | \$176,288 | \$183,340 |
| Year 2 | \$183,413 | \$190,750 |

Table 7.3 – Biomedical Engineering Management

| Biomedical Engineers (Operational Management) | 1 July 2025 | 1 July 2026 |
|-----------------------------------------------|-------------|-------------|
| Site Manager | | |
| Grade 1 | \$171,589 | \$178,453 |
| Grade 2 | \$176,288 | \$183,340 |
| Deputy Director | | |
| Grade 1 | \$176,288 | \$183,340 |
| Grade 2 | \$183,413 | \$190,750 |
| Grade 3 | \$186,783 | \$194,254 |
| Director | | |
| Grade 1 | \$183,413 | \$190,750 |
| Grade 2 | \$191,379 | \$199,034 |
| Grade 3 | \$198,236 | \$206,165 |
| Grade 4 | \$205,094 | \$213,298 |

Stream 8 – Dental Stream

Table 8.1 – Dental Assistants

| Dental Assistants | 1 July 2025 | 1 July 2026 |
|-------------------|-------------|-------------|
| Level 1 | | |
| Year 1 | \$78,880 | \$82,035 |
| Level 2 | | |
| Year 1 | \$80,686 | \$83,913 |
| Year 2 | \$82,395 | \$85,691 |
| Year 3 | \$84,265 | \$87,636 |
| Year 4 | \$86,003 | \$89,443 |
| Level 3 | | |
| Year 1 | \$86,003 | \$89,443 |
| Year 2 | \$89,097 | \$92,661 |
| Year 3 | \$91,836 | \$95,509 |
| Year 4 | \$94,256 | \$98,026 |
| Level 4 | | |
| Year 1 | \$97,528 | \$101,429 |
| Level 5 | | |
| Year 1 | \$103,077 | \$107,200 |
| Year 2 | \$107,148 | \$111,434 |

Table 8.2 – Dental Technicians and Prosthetists

| Dental Technicians and Prosthetists | 1 July 2025 | 1 July 2026 |
|--------------------------------------|-------------|-------------|
| Dental Technician | | |
| Trainee Technician | | |
| Stage 1 (first 6 months) | \$49,671 | \$51,658 |
| Stage 2 (6 months to 12 months) | \$51,231 | \$53,280 |
| Stage 3 (12 months to 18 months) | \$56,220 | \$58,469 |
| Stage (Stage 18 months to 24 months) | \$58,162 | \$60,488 |
| Level 1 | | |
| Year 1 | \$74,785 | \$77,776 |
| Year 2 | \$77,476 | \$80,575 |
| Year 3 | \$79,857 | \$83,051 |
| Year 4 | \$81,962 | \$85,240 |
| Year 5 | \$87,353 | \$90,847 |
| Level 2 | | |
| Year 1 | \$87,353 | \$90,847 |
| Year 2 | \$90,264 | \$93,875 |
| Level 3 | | |
| Year 1 | \$93,160 | \$96,886 |
| Year 2 | \$98,808 | \$102,760 |
| Level 4 | | |
| Year 1 | \$103,431 | \$107,568 |
| Year 2 | \$105,050 | \$109,252 |
| Level 5 | | |
| Year 1 | \$115,128 | \$119,733 |
| Year 2 | \$120,329 | \$125,142 |
| Dental Prosthetist | | |
| Level 1 | | |
| Year 1 | \$93,160 | \$96,886 |
| Year 2 | \$98,808 | \$102,760 |
| Level 2 | | |
| Year 1 | \$103,431 | \$107,568 |
| Year 2 | \$105,050 | \$109,252 |
| Level 3 | | |
| Year 1 | \$115,128 | \$119,733 |
| Year 2 | \$120,329 | \$125,142 |

Table 8.3 – Oral Health Therapists

| Oral Health Therapist Classification | 1 July 2025 | 1 July 2026 |
|--------------------------------------|--------------|--------------|
| Level 1 | | |
| Year 1 | \$90,110.00 | \$93,714.00 |
| Year 2 | \$93,336.00 | \$97,069.00 |
| Level 2 | | |
| Year 1 | \$98,813.00 | \$102,766.00 |
| Year 2 | \$105,294.00 | \$109,506.00 |
| Year 3 | \$112,255.00 | \$116,745.00 |
| Year 4 | \$119,094.00 | \$123,858.00 |
| Year 5 | \$124,673.00 | \$129,660.00 |
| Year 6 | \$128,553.00 | \$133,695.00 |
| Level 3 | | |
| Year 1 | \$137,933.00 | \$143,450.00 |
| Year 2 | \$142,402.00 | \$148,098.00 |
| Year 3 | \$149,298.00 | \$155,270.00 |
| Year 4 | \$152,917.00 | \$159,034.00 |
| Level 4 | | |
| Year 1 | \$160,343.00 | \$166,757.00 |
| Year 2 | \$164,242.00 | \$170,812.00 |

Table 8.4 Dental Officers and Specialists

| Dental Officers | 1 July 2025 | 1 July 2026 |
|--------------------------------------------------|-------------|-------------|
| Level 1 | | |
| Year 1 | \$123,248 | \$128,178 |
| Year 2 | \$141,344 | \$146,998 |
| Year 3 | \$150,390 | \$156,406 |
| Year 4 | \$159,433 | \$165,810 |
| Level 2 | | |
| Year 1 | \$168,483 | \$175,222 |
| Year 2 | \$177,529 | \$184,630 |
| Level 3 | | |
| Year 1 | \$187,391 | \$194,887 |
| Year 2 | \$192,898 | \$200,614 |
| Year 3 | \$196,445 | \$204,303 |
| Level 4 | | |
| Year 1 | \$223,668 | \$232,615 |
| Year 2 | \$229,983 | \$239,182 |
| District Director Oral Health | | |
| Level 1 | \$245,372 | \$255,187 |
| Level 2 | \$269,471 | \$280,250 |
| Level 3 | \$309,764 | \$322,155 |
| Clinical Management Allowance (Level 1-3) | | |
| Level 1 | \$4,052.00 | \$4,214.00 |
| Level 2 | \$8,193 | \$8,521.00 |
| Level 3 | \$16,542.00 | \$17,204.00 |
| Level 4 | \$19,360.00 | \$20,134.00 |

| Dental Specialists | 1 July 2025 | 1 July 2026 |
|-----------------------------------------------|-------------|-------------|
| Year 1 | \$249,298 | \$259,270 |
| Year 2 | \$263,664 | \$274,211 |
| Year 3 | \$278,007 | \$289,127 |
| Year 4 | \$292,403 | \$304,099 |
| Year 5 | \$306,763 | \$319,034 |
| Senior Clinical Specialist | | |
| Year 1 | TBC | TBC |
| Dental Specialist Management Allowance | | |
| Annual | \$12,288 | \$12,780 |

Stream 9 – Scientific Workforce

Table 9.1 – Scientific Assistants

| Scientific Assistants | 1 July 2025 | 1 July 2026 |
|------------------------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$66,830 | \$69,503 |
| Level 2 | | |
| Year 1 | \$74,780 | \$77,771 |
| Year 2 | \$77,468 | \$80,567 |
| Level 3 | | |
| Year 1 | \$82,631 | \$85,936 |
| Year 2 | \$86,106 | \$89,550 |
| Level 4 | | |
| Year 1 | \$87,344 | \$90,838 |
| Year 2 | \$90,248 | \$93,858 |
| Level 5 | | |
| Year 1 | \$97,563 | \$101,466 |
| Year 2 | \$101,788 | \$105,860 |
| Level 6 | | |
| Year 1 | \$111,235 | \$115,684 |
| Year 2 | \$113,146 | \$117,672 |

Table 9.2 Scientific Officers (degree and non-degree qualified)

| Scientists (Technical) | 1 July 2025 | 1 July 2026 |
|-----------------------------------------|--------------------|--------------------|
| Trainee | | |
| Year 1 | \$47,754 | \$49,664 |
| Year 2 | \$52,965 | \$55,084 |
| Year 3 | \$59,322 | \$61,695 |
| Year 4 | \$64,875 | \$67,470 |
| Level 1 | | |
| Year 1 | \$86,465 | \$89,924 |
| Level 2 | | |
| Year 1 | \$88,240 | \$91,770 |
| Year 2 | \$91,412 | \$95,069 |
| Year 3 | \$94,232 | \$98,001 |
| Year 4 | \$96,724 | \$100,594 |
| Year 5 | \$103,065 | \$107,188 |
| Year 6 | \$106,492 | \$110,752 |
| Year 7 | \$109,942 | \$114,340 |
| Year 8 | \$116,583 | \$121,247 |
| Level 3 | | |
| Year 1 | \$122,055 | \$126,937 |
| Year 2 | \$123,963 | \$128,922 |
| Year 3 | \$125,855 | \$130,889 |
| Trainee Scientist (Professional) | | |
| Year 1 | \$52,826 | \$54,939 |

| | | |
|----------------|-----------|-----------|
| Year 2 | \$56,770 | \$59,041 |
| Year 3 | \$64,613 | \$67,198 |
| Year 4 | \$73,373 | \$76,308 |
| Year 5 | \$81,967 | \$85,246 |
| Year 6 | \$89,810 | \$93,402 |
| Level 4 | | |
| Year 1 | \$90,127 | \$93,732 |
| Year 2 | \$93,327 | \$97,060 |
| Year 3 | \$98,806 | \$102,758 |
| Year 4 | \$105,266 | \$109,477 |
| Year 5 | \$112,222 | \$116,711 |
| Year 6 | \$119,098 | \$123,862 |
| Year 7 | \$124,672 | \$129,659 |
| Year 8 | \$128,551 | \$133,693 |
| Level 5 | | |
| Year 1 | \$131,130 | \$136,375 |
| Year 2 | \$133,387 | \$138,722 |
| Level 6 | | |
| Grade 1 Year 1 | \$137,949 | \$143,467 |
| Grade 1 Year 2 | \$142,405 | \$148,101 |
| Grade 2 Year 1 | \$161,783 | \$168,254 |
| Grade 2 Year 2 | \$166,161 | \$172,807 |
| Level 7 | | |
| Grade 1 Year 1 | \$161,783 | \$168,254 |
| Grade 1 Year 2 | \$166,161 | \$172,807 |
| Grade 1 Year 3 | \$171,646 | \$178,512 |
| Grade 2 Year 1 | \$171,646 | \$178,512 |
| Grade 2 Year 2 | \$176,732 | \$183,801 |
| Grade 2 Year 3 | \$181,065 | \$188,308 |
| Level 8 | | |
| Year 1 | \$193,669 | \$201,416 |
| Year 2 | \$198,390 | \$206,326 |
| Level 9 | | |
| Year 1 | \$193,669 | \$201,416 |
| Year 2 | \$198,390 | \$206,326 |
| Year 3 | \$203,613 | \$211,758 |
| Year 4 | \$208,355 | \$216,689 |
| Year 5 | \$213,302 | \$221,834 |
| Year 6 | \$218,183 | \$226,910 |
| Year 7 | \$223,114 | \$232,039 |
| Year 8 | \$228,119 | \$237,244 |
| Year 9 | \$232,972 | \$242,291 |
| Year 10 | \$238,029 | \$247,550 |

| Scientists (Personal Regrade) | 1 July 2025 | 1 July 2026 |
|-------------------------------|-------------|-------------|
| Senior Technical Officer | | |

| | | |
|----------------------------|-----------|-----------|
| Year 1 | \$122,055 | \$126,937 |
| Year 2 | \$123,963 | \$128,922 |
| Year 3 | \$125,855 | \$130,889 |
| Senior Scientist | | |
| Year 1 | \$137,949 | \$143,467 |
| Year 2 | \$142,405 | \$148,101 |
| Year 3 | \$146,251 | \$152,101 |
| Year 4 | \$161,783 | \$168,254 |
| Year 5 | \$166,161 | \$172,807 |
| Year 6 | \$171,646 | \$178,512 |
| Year 7 | \$176,732 | \$183,801 |
| Year 8 | \$181,065 | \$188,308 |
| Principal Scientist | | |
| Year 1 | \$193,669 | \$201,416 |
| Year 2 | \$198,390 | \$206,326 |
| Year 3 | \$203,613 | \$211,758 |
| Year 4 | \$208,355 | \$216,689 |
| Year 5 | \$213,302 | \$221,834 |
| Year 6 | \$218,183 | \$226,910 |
| Year 7 | \$223,114 | \$232,039 |
| Year 8 | \$228,119 | \$237,244 |
| Year 9 | \$232,972 | \$242,291 |
| Year 10 | \$238,029 | \$247,550 |

DRAFT

Table 9.3 – Post Mortem and Forensic Post Mortem Support

[PLACEHOLDER – WAITING ON SECRETARIES POSITION]

DRAFT

Table 9.4 – Medical Physics

| Medical Physics (Registered) | 1 July 2025 | 1 July 2026 |
|------------------------------|-------------|-------------|
| Registrar | | |
| Year 1 | \$96,023 | \$99,864 |
| Year 2 | \$106,211 | \$110,459 |
| Year 3 | \$116,403 | \$121,059 |
| Year 4 | \$126,597 | \$131,661 |
| Year 5 | \$136,767 | \$142,238 |
| Level 1 | | |
| Year 1 | \$157,151 | \$163,437 |
| Year 2 | \$177,535 | \$184,636 |
| Year 3 | \$197,894 | \$205,810 |
| Year 4 | \$218,278 | \$227,009 |
| Year 5 | \$238,645 | \$248,191 |
| Level 2 | | |
| Year 1 | \$248,837 | \$258,790 |
| Year 2 | \$259,028 | \$269,389 |
| Year 3 | \$269,220 | \$279,989 |
| Year 4 | \$279,409 | \$290,585 |
| Level 3 | | |
| Year 1 | \$289,582 | \$301,165 |
| Level 4 | | |
| Grade 1 | \$289,582 | \$301,165 |
| Grade 2 | \$292,477 | \$304,176 |
| Level 5 | | |
| Grade 1 | \$295,402 | \$307,218 |
| Grade 2 | \$303,863 | \$316,018 |
| Grade 3 | \$320,155 | \$332,961 |
| Level 6 | | |
| Year 1 | \$328,303 | \$341,435 |

| Medical Physics (Unregistered) | 1 July 2025 | 1 July 2026 |
|--------------------------------|-------------|-------------|
| Registrar | | |
| Year 1 | \$96,023 | \$99,864 |
| Year 2 | \$106,211 | \$110,459 |
| Year 3 | \$116,403 | \$121,059 |
| Year 4 | \$126,597 | \$131,661 |
| Year 5 | \$136,767 | \$142,238 |
| Level 1 | | |
| Year 1 | \$141,436 | \$147,093 |
| Year 2 | \$159,780 | \$166,171 |
| Year 3 | \$178,204 | \$185,332 |
| Year 4 | \$196,450 | \$204,308 |
| Year 5 | \$214,780 | \$223,371 |
| Level 2 | | |

| | | |
|----------------|-----------|-----------|
| Year 1 | \$238,884 | \$248,439 |
| Year 2 | \$248,838 | \$258,792 |
| Year 3 | \$258,450 | \$268,788 |
| Year 4 | \$268,232 | \$278,961 |
| Level 3 | | |
| Year 1 | \$280,894 | \$292,130 |
| Level 4 | | |
| Grade 1 | \$280,894 | \$292,130 |
| Grade 2 | \$283,703 | \$295,051 |
| Level 5 | | |
| Grade 1 | \$286,540 | \$298,002 |
| Grade 2 | \$295,402 | \$307,218 |
| Grade 3 | \$310,550 | \$322,972 |
| Level 6 | | |
| Year 1 | \$318,454 | \$331,192 |

Table 9.5 – Radiopharmaceutical Science

| Radiopharmaceutical Science (Registered) | 1 July 2025 | 1 July 2026 |
|-------------------------------------------------|-------------|-------------|
| Registrar | | |
| Year 1 | \$96,023 | \$99,864 |
| Year 2 | \$106,211 | \$110,459 |
| Year 3 | \$116,403 | \$121,059 |
| Year 4 | \$126,597 | \$131,661 |
| Year 5 | \$136,767 | \$142,238 |
| Level 1 | | |
| Year 1 | \$157,151 | \$163,437 |
| Year 2 | \$177,535 | \$184,636 |
| Year 3 | \$197,894 | \$205,810 |
| Year 4 | \$218,278 | \$227,009 |
| Year 5 | \$238,645 | \$248,191 |
| Level 2 | | |
| Year 1 | \$248,837 | \$258,790 |
| Year 2 | \$259,028 | \$269,389 |
| Year 3 | \$269,220 | \$279,989 |
| Year 4 | \$279,409 | \$290,585 |
| Level 3 | | |
| Year 1 | \$289,582 | \$301,165 |
| Level 4 | | |
| Grade 1 | \$289,582 | \$301,165 |
| Level 5 | | |
| Grade 1 | \$295,402 | \$307,218 |
| Grade 2 | \$303,863 | \$316,018 |
| Grade 3 | \$320,155 | \$332,961 |

| Radiopharmaceutical Science (Unregistered) | 1 July 2025 | 1 July 2026 |
|---------------------------------------------------|-------------|-------------|
| Registrar | | |
| Year 1 | \$96,023 | \$99,864 |
| Year 2 | \$106,211 | \$110,459 |
| Year 3 | \$116,403 | \$121,059 |
| Year 4 | \$126,597 | \$131,661 |
| Year 5 | \$136,767 | \$142,238 |
| Level 1 | | |
| Year 1 | \$141,436 | \$147,093 |
| Year 2 | \$159,780 | \$166,171 |
| Year 3 | \$178,204 | \$185,332 |
| Year 4 | \$196,450 | \$204,308 |
| Year 5 | \$214,780 | \$223,371 |
| Level 2 | | |
| Year 1 | \$238,884 | \$248,439 |
| Year 2 | \$248,838 | \$258,792 |
| Year 3 | \$258,450 | \$268,788 |

| | | |
|----------------|-----------|-----------|
| Year 4 | \$268,232 | \$278,961 |
| Level 3 | | |
| Year 1 | \$280,894 | \$292,130 |
| Level 4 | | |
| Grade 1 | \$280,894 | \$292,130 |
| Level 5 | | |
| Grade 1 | \$286,540 | \$298,002 |
| Grade 2 | \$295,402 | \$307,218 |
| Grade 3 | \$310,550 | \$322,972 |

DRAFT

Stream 10 – Leadership and Workforce Management

Table 10.1 – Leadership and Management

| | 1 July 2025 | 1 July 2026 |
|----------------|--------------------|--------------------|
| Level 1 | | |
| Year 1 | \$191,750 | \$199,420 |
| Year 2 | \$207,582 | \$215,885 |
| Level 2 | | |
| Year 1 | \$211,358 | \$219,812 |
| Year 2 | \$228,809 | \$237,961 |
| Level 3 | | |
| Year 1 | \$222,559 | \$231,461 |
| Year 2 | \$240,936 | \$250,573 |

DRAFT

TABLE 2 ALLOWANCES

| Item No. | Clause No. | Allowance | From first full pay period on / from 01/07/2025 | From first full pay period on / from 01/07/2026 |
|----------------------------------------------|----------------|------------------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| Sole Practitioner Allowance per annum | | | | |
| 1 | 11(i)-(iii) | Health Professional Sole practitioner allowance | 9,380 pa 179.77.12 pw | \$9,755 pa 186.95 pw |
| 2 | 11(iv)-(vi) | Aboriginal Health Worker Sole practitioner allowance | TBC | TBC |
| 3 | 11(iv)-(vi) | Aboriginal Health Practitioner Sole practitioner allowance | TBC | TBC |
| 4 | 11(vii)-(ix) | Dental Officer | \$9,862 pa \$189 pw | \$10,257 pa \$196.57 pw |
| 5 | 11(x)-(xii) | Oral Health Therapist | 9,380 pa 179.77.12 pw | \$9,755 pa 186.95 pw |
| 4 | 11(xiii)-(xiv) | Psychologist Sole practitioner allowance | 4,236 pa 81.18 pw | 4,406 pa \$84.44 pw |
| 5 | 12(xvi)-(xvii) | Cardiac Physiologist Sole practitioner allowance | 9,380 pa 179.77.12 pw | \$9,755 pa 186.95 pw |