



ACT
Government

Consultation Paper

Determining the most appropriate ACTPS Agreement for Allied Health Assistants

February 2026

EXECUTIVE SUMMARY

In response to Section N1.2 of the *ACT Public Sector Support Services Enterprise Agreement 2023-2026 (SSEA)*, a working group was formed to consider the most appropriate ACTPS agreement for Allied Health Assistants (AHAs).

“An AHA is defined as a person employed under the supervision of an AHP (Allied Health Professional) who can assist with clinical and program related activities. Task supervision may be direct, indirect or remote and must occur within organisational guidelines” (Allied Health Assistant Work Level Standards, 2023).

The Consultation Paper requests input from you on two options:

1. Allied Health Assistants should remain on the *Support Services Enterprise Agreement (SSEA)*
2. Allied Health Assistants should move to the *Health Professionals Enterprise Agreement (HPEA)*

Table – Summary of Benefits and Constraints of ACTPS Agreements

ACTPS Agreement	Benefits	Constraints
SSEA	AHAs would retain current entitlements under the SSEA.	<p>Lack of recognition of the professionalism of AHAs.</p> <p>No provision for Professional Development support. Although AHAs could request inclusion of Professional Development support in the current bargaining process.</p>
HPEA	<p>Recognition of the professionalism of AHAs.</p> <p>For staff who meet set criteria, provision for:</p> <ul style="list-style-type: none"> - Advanced Skills Allowance - Professional Lead Allowance - Professional Development Support <p>Canberra Health Services and ACT Health Directorate staff: Section Q10 – Professional Development Leave – 3 days (pro-rata) per annum.</p> <p>JACS staff: Section S2 – Reimbursement of Trade and Technical Licences and Professional Fees.</p>	No identified constraints.

INTRODUCTION

An AHA (Allied Health Assistant) is defined as a person employed under the supervision of an AHP (Allied Health Professional) who can assist with clinical and program related activities. Task supervision may be direct, indirect or remote and must occur within organisational guidelines (Allied Health Assistant Work Level Standards, 2023).¹

During negotiations for the *ACT Public Sector Support Services Enterprise Agreement 2023-2026* (SSEA), AHA union members initiated a claim to move from the SSEA to the *ACT Public Sector Health Professionals Enterprise Agreement 2023-2026* (HPEA). Following negotiations, the AHA workforce remained on the SSEA with clause N1.2 and N1.3 acknowledging the changing nature of the work of AHAs and the need to consider the most appropriate ACTPS agreement for the AHA workforce.

Section N1.2 of the *ACT Public Sector Support Services Enterprise Agreement 2023-2026* (SSEA) states:

The nature of the work of Allied Health Assistants (AHA) is becoming more specialised and professionalised. In recognition of this the parties to this Agreement have agreed to examine the scope of this Agreement and other ACTPS Agreements as relevant to determine the most appropriate Agreement for Allied Health Assistants.

Section N1.3 of the SSEA states:

A review will be conducted by a joint working group, to be completed no less than 12 months before the nominal expiry of this Agreement and will:

N1.3.1 Be made up of representatives from the parties to this Agreement;

N1.3.2 Consult with relevant employees and directorates about the appropriate scope of the agreements in relation to Allied Health Assistants;

N1.3.3 Consult with relevant employees and directorates about the appropriate scope of the agreements in relation to any of the other classifications in this agreement as requested/required by any party to this Agreement.

In the ACT Public Service (ACTPS), Allied Health Allied Health Assistants (AHAs) are employed within the following directorates:

- Canberra Health Services – 98.1 full time equivalent staff
- Education Directorate – 3.8 full time equivalent staff
- Health and Community Services Directorate – 2.0 full time equivalent staff
- Justice and Community Safety Directorate – 2.0 full time equivalent

¹ CHS Supervision and Delegation Framework Allied Health Assistants, October 2024

The Allied Health Assistant Joint Working Group was formed to address Sections N1.2 and N1.3 of the SSEA and consists of AHA and leadership representatives from:

- Canberra Health Services (CHS)
- Education Directorate (ACTED)
- Health and Community Services Directorate (HCSD)
- Justice and Community Safety Directorate (JACS)
- Community & Public Sector Union (CPSU)
- Health Services Union (HSU).

PURPOSE

This paper outlines the scope of relevant ACTPS Agreements in relation to appropriateness for AHA inclusion. This paper provides the opportunity for consultation and feedback on the appropriate ACTPS Agreement for the AHA workforce.

ACTPS AGREEMENTS

There are 18 ACTPS agreements in total. Six of the ACTPS agreements cover all ACT directorates. Directorate specific ACTPS agreements were not considered in scope for this piece of work.

The current ACTPS agreement for AHAs is:

- *ACT Public Sector Support Services Enterprise Agreement 2023-2026 (SSEA)*

Other ACTPS enterprise agreements considered as potential agreements for AHAs:

- *ACT Public Sector Administrative and Related Classifications Enterprise Agreement 2023-2026 (ARCEA)*
- *ACT Public Sector Health Professionals Enterprise Agreement 2023-2026 (HPEA)*
- *ACT Public Sector Technical and Other Professional Enterprise Agreement 2023-2026 (TOPEA)*

Current ACTPS Enterprise Agreements not considered appropriate for AHAs:

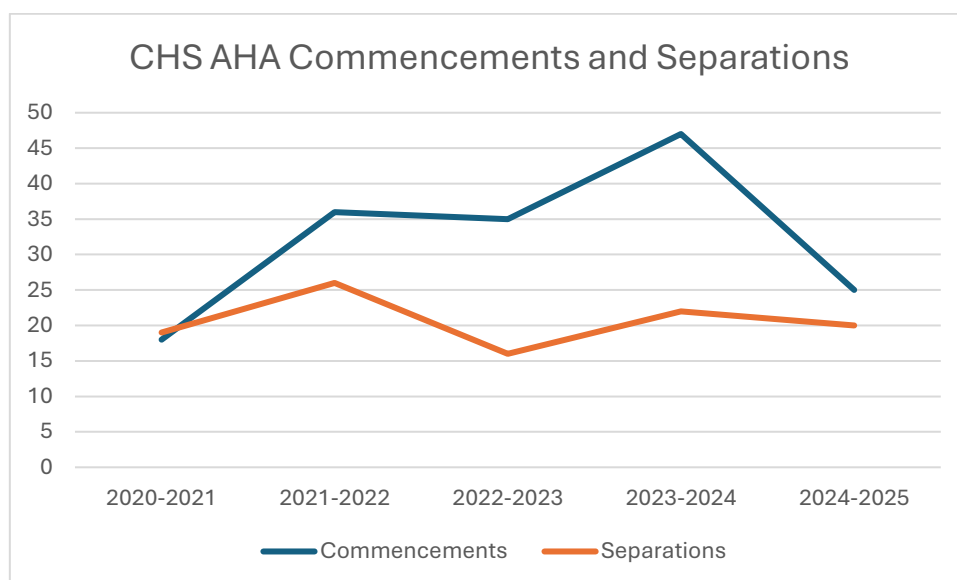
- *ACT Public Sector Infrastructure Services Enterprise Agreement 2023-2026*
- *ACT Public Sector Legal Professionals Enterprise Agreement 2023-2026*

RATIONALE FOR CHANGE

The AHA Joint Working Group acknowledges the SSEA may not provide adequate recognition of the professionalism for AHAs who deliver delegated clinical care, support programs and contribute to patient outcomes. AHA roles extend beyond traditional “support services”.

Strengthening recognition for AHAs may lead to a stronger sense of career identity and purpose, leading to reduction in staff turnover, improved staff morale and preservation of organisational knowledge. As Allied Health Assistance is a newly self-regulated profession, there is limited national workforce data available. Within CHS, separations have remained stable over the past five years with commencements exceeding separations (see Figure 1).

Figure 1 CHS AHA Commencement and Separations 2020-2021 to 2024-2025



Note: Commencements refers to new CHS starts who are new to the ACTPS (i.e. it does not include transfers from other directorates). Separations refer to staff who have exited the ACTPS entirely. Internal transfers within the ACTPS, such as moves to other Directorate, are not recorded as separations in the system.

Nationally, lack of access to professional development, understanding of the role of AHAs, pathways to career advancement, and governance of AHAs, as well as an underutilisation of AHAs and a disproportionate focus on the needs of Allied Health Professionals (AHPs), have been identified as contributors to role dissatisfaction for AHAs.²

Within the ACT, work has been undertaken to address concerns regarding role descriptions and pathways to career advancement by way of the *ACT Public Service Work Level Standards, Classification: Allied Health Assistant (WLS)*.³ Clear governance systems are in place within some ACT Government directorates including policies, procedures and guidelines; supervision; and delegation frameworks. Work is progressing to establish these governance processes in other ACT Government directorates. However, there are no professional development provisions for AHAs within their current agreement.

The AHA Joint Working Group researched AHA agreements across Australia (see Attachment A), evidence indicated AHAs are covered by broad agreements (NT and WA), support services agreements (ACT, NSW, TAS, VIC) or included within health professional agreements (QLD, SA).

“Publicly valuing their [AHAs] work boosts morale and retention.”⁴ One way to achieve this would be to vary the agreement under which the ACTPS AHA workforce is employed.

Moving the ACTPS AHA workforce to the HPEA would provide AHAs access to the entitlements and allowances for staff who meet the set criteria, including access to Professional Development Support.

² [Exploring utilisation of the allied health assistant workforce in the Victorian Health, Aged Care and Disability Sectors | BMC Health Services Research; Strategic optimisation of the allied health assistant workforce one step at a time: first step, workforce governance | Australian Health Review | ConnectSci; The recommendations are clear, now what? Next steps with the allied health assistant workforce in Australia](#)

³ [AHA-WLS-March-2025.pdf](#)

⁴ [The recommendations are clear, now what? Next steps with the allied health assistant workforce in Australia](#)

SUMMARY OF OPTIONS

The AHA Joint Working Group reviewed the four ACTPS agreements considered as potentially appropriate for the AHAs (see Attachment B). On balance, the AHA Joint Working Group agreed that this consultation should be limited to considering if it is most appropriate for:

1. AHAs to remain on the SSEA OR
2. AHAs to move to the HPEA

IMPLICATIONS FOR NOT UNDERTAKING CHANGE

ACTPS AHAs have reported impacts on morale, retention and recruitment due to a lack of recognition of the nature of the work of AHAs as it has become more specialised and professionalised. Without recognition for the changing nature of the AHA workforce, there may be impacts on the sustainability and effectiveness of the AHA workforce.

“Integrating AHAs into allied health workforces allows for improved allied health service delivery and enhanced scope of practice for allied health professionals.”⁵ This could be achieved through inclusion of the AHA workforce within the HPEA. By continuing under a separate agreement, AHAs will continue to be treated as a separate workforce and risk exclusion in strategic planning, as is evidenced by the exclusion of AHAs from the National Allied Health Workforce Strategy.⁶

Other Australian jurisdictions, e.g. South Australia and Queensland, have integrated AHAs into the allied health workforce by way of inclusion of AHAs within their AHP Agreements. The 2025 South Australia agreement was negotiated as a standalone agreement for the allied health workforce; notably recognising AHAs as part of the broader allied health workforce. The 2022 Queensland agreement introduced a new classification for AHAs (Clinical Assistants) and included them in the same agreement as Health Practitioners for the first time; again recognising AHAs as part of the broader allied health workforce.

⁵ [The recommendations are clear, now what? Next steps with the allied health assistant workforce in Australia](#)

⁶ [National Allied Health Workforce Strategy | Australian Government Department of Health, Disability and Ageing](#)

CONSULTATION METHODOLOGY

Consultation will be undertaken with all ACTPS AHAs and staff currently employed under the HPEA.

During consultation, we are seeking your response to the following. Participation is voluntary and responses to questions are optional.

1. Allied Health Assistants should:
 - remain on the Support Services Enterprise Agreement (current agreement)
 - move to the Health Professionals Enterprise Agreement
2. Reason for your response to Question 1 (free text)
3. I am:
 - employed as an Allied Health Assistant
 - employed under the Health Professionals Enterprise Agreement

Please provide your response through the online survey no later than 5pm on DATE.

Action	Date
DDG approval to release for consultation	TBC - February 2026
Union Consultation Release	TBC - February 2026
Staff Consultation Release	TBC - February 2026
Consultation closes	Three weeks after
Communication of consultation outcome	Three weeks after
Recommendation to the Head of Service by AHA Joint Working Group	Three weeks after

While no decisions have been made, we appreciate that some team members may feel anxious about possible changes that may occur. For support, the Employee Assistance Program (EAP) offers free, 24-hour, professional, independent and confidential counselling/coaching for team members and their immediate family for work related or personal issues.

For any further information relating to this consultation process, please contact TBC@act.gov.au

ATTACHMENT A – COMPARISON OF AHA AGREEMENTS WITHIN AUSTRALIA

State/Territory	Agreement	Classification Stream	Training Provisions	Notes
ACT	ACT Public Sector Support Services Enterprise Agreement 2023–2026	Allied Health Assistant Stream (AHA 1-4)	No provisions listed	AHAs explicitly included. Provisions for study assistance, separate to Agreement.
NSW	NSW Health Service Allied Health Assistants (State) Award 2024	Allied Health Assistant (Level 1-3)	No provisions listed	AHAs explicitly included. Supervision of work defined.
NT	Northern Territory Public Sector 2021 - 2025 Enterprise Agreement	Technical Officer (Level 1-3)	No provisions listed for Technical Officers	PD Allowance and paid study provisions for HPs only.
QLD	Health Practitioners and Dental Officers Certified Agreement (No. 4) 2022 (HPDO4)	Clinical Assistant (CA1-CA5)	Clinical Assistants Training Fund	AHAs explicitly included. CA Training Fund limited to AQF certificate relevant to role (up to \$2,200 per qualification). PD Allowance and leave provisions for HPs and Dental Officers only.
SA	Allied Health Professionals, Assistants and Psychologists Enterprise Agreement 2025	Allied Health Assistant (AHA-1 – AHA-4)	No provisions listed for AHAs	AHAs explicitly included with defined roles and pay protections. PD Allowance and Leave for HPs only.
TAS	Health and Human Services (Tasmanian State Service) Award	General Stream, Operational Health Officer (Level 1-3)	Provisions to attend training/PD	PD Allowance for Dental Officers only.
VIC	Health and Allied Services, Managers and Administrative Workers (Victorian Public Sector)(Single Interest Employers) Enterprise Agreement 2021-2025	Allied Health Assistant (Grade 1-3)	Provisions for PD Leave and Study Leave	AHAs explicitly included. Five days paid PD Leave (non cumulative) for staff employed at particular sites, and/or Study Leave for AQF Level 3 or above study.
WA	WA Health System – HSUWA – PACTS Industrial Agreement 2024	General Division (G-2 – G-2)	Access to Study Leave for approved courses	Agreement covers AHAs, HPs, Psychologists, Administrative and technical staff. PD Leave available to HPs. May be available to AHAs undertaking study to become a HP.

ATTACHMENT B – SUMMARY OF ACTPS AGREEMENTS CONSIDERED AS POTENTIAL AGREEMENTS FOR AHAS

ACTPS Agreement	Benefits	Constraints
SSEA	AHAs would retain current entitlements under the SSEA.	Lack of recognition of the professionalism of AHAs. No provision for Professional Development support. Although AHAs could request inclusion of Professional Development support in the current bargaining process.
ARCEA	EDU staff: Section R13 – Career Development (Professional Learning) – annual allocation of funding for professional learning. JACS staff: Section U2 – Reimbursement of Trade and Technical Licences and Professional Fees.	Similar concerns to the SSEA regarding the recognition of the professionalism of AHAs. No provision for Professional Development support, with the exception of EDU staff.
HPEA	Recognition of the professionalism of AHAs. For staff who meet set criteria, provision for: <ul style="list-style-type: none"> - Advanced Skills Allowance (N2) - Professional Lead Allowance (N3) - Professional Development Support (N5) CHS and ACT Health Directorate staff: Section Q10 – Professional Development Leave – 3 days (pro-rata) per annum. JACS staff: Section S2 – Reimbursement of Trade and Technical Licences and Professional Fees.	No identified constraints.
TOPEA	Recognition of the professionalism of AHAs. JACS staff: Section S2 – Reimbursement of Trade and Technical Licences and Professional Fees.	No provision for Professional Development support.