

Milestone Reports 1 and 2 Health Services Officer and Allied Health Assistants classification review

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Introduction

1. This review of the Allied Health Assistant classification is part of the overall Health Services Officer (HSO) and Allied Health Assistant (AHA) classification review required under clause Q13 of the Support Services enterprise Agreement 2018-2021 (SSEA) ([Appendix 1](#)).
2. The overall purpose of the HSO/AHA review, as prescribed in the SSEA, is to determine the suitability and currency of work value assessments underpinning the current classification structures and the pay relativities for HSOs and AHAs, in particular:
 - Review the suitability and currency of work value assessments underpinning the classifications in this Agreement.
 - Evaluate the internal and external relativities of each classification structure to determine whether applicable rates are appropriate for the work performed in comparison to work performed by other classifications in the ACT public sector.
 - Consider all relevant information including data in other jurisdictions relevant to the occupations under review.
3. The review will not address or resolve issues raised in the review process that are out of scope of the requirements of clause Q13. These issues will form a supplement to the review report for addressing by other means, such as through the appropriate Directorate Consultative Committee.

Section 1 – Background and issues

Aim of this section

4. This section briefly outlines the background and issues with the current HSO and AHA classification, consistent with requirements of clause Q13 of the SSEA.

Health Service Officers

5. This report does not deal with the HSO component of the review, which will be considered as part of the ACTPS service-wide review being conducted by CMTEDD.¹

Allied Health Assistants

What is an Allied Health Assistant?

6. An AHA is defined as a person employed under the supervision of an allied health professional (AHP) who is required to assist with clinical and program related activities. Supervision may be direct, indirect, delegated or remote and must occur within organisational guidelines. The AHA works within clearly defined parameters and their scope of practice is determined by the level of qualification, the needs of the professional/s delegating work to the AHA and the types of services and programs delivered by their team/s. All work performed by an AHA is delegated by and performed under the supervision of a qualified AHP.²
7. AHAs support and assist the work of an allied health professional (AHP) by undertaking a range of less complex tasks (both clinical and non-clinical), enabling the AHP to focus on more complex clinical work (that cannot be undertaken by others) and provide care to a greater number of people. While AHAs work within clearly defined parameters, the role is often very flexible, involving a mixture of direct care with people and indirect support to the AHP/team they work with.
8. While AHAs are not autonomous practitioners, and always work under the overarching auspice and clinical oversight of the AHP, the degree of task supervision required will vary depending on the knowledge, experience, skill level and classification of the AHA. All work performed by an AHA is delegated by and performed under the supervision of a qualified AHP.
9. AHAs commonly work with a range of allied health professions in a variety of settings, including acute, rehabilitation, outpatient, community and mental health.
10. AHAs may work in discipline-specific roles, in multidisciplinary roles, and may also work under the title of Recovery Support Officers, Rehabilitation Assistants, or Therapy assistants. Within CHS, AHAs are considered as an allied Health discipline in their own right, so it is important to clarify that within this document, the term allied health professional is defined as “a person who has undertaken a tertiary qualification at Bachelor Degree (or other recognised equivalent) in an allied health discipline”. This is stated so as to not diminish the skills, knowledge of the AHA workforce.³

¹ <https://www.cmtedd.act.gov.au/employment-framework/for-employees/actps-classification-review>

² Director of Allied Health Office, *Allied Health Assistant Work Level Standards*, Canberra Health Services, 18 February 2019, p.6

³ Director of Allied Health Office, *Supervision and delegation framework for Allied Health Assistants 2nd edition – an easy to use guide*, Canberra, Canberra Health Services, June 2019, p.4

11. The AHA classification currently includes, but is not limited to:
- Exercise Physiology Assistant
 - Nutrition & Dietetics Assistant
 - Occupational Therapy Assistant
 - Physiotherapy Assistant
 - Podiatry Assistant
 - Speech Pathology Assistant
 - Social Work Assistant
 - Mental Health AHA roles: Recovery Support Officer, Peer Support Worker, Youth worker⁴

CHS staff profile

12. Canberra Health Services (CHS) employs 55 AHAs (Feb. 2020), broken down according to Tables 1.1 and 1.2 below.

Table 1.1. Number of AHA employees by pay classification:

<u>Level 1.0</u>	0	<u>Unqualified</u>
Level 2.1	14	Cert. III
Level 2.2	4	
Level 2.3	6	
<u>Level 2.4</u>	13	<u>Cert. IV</u>
Level 3.1	8	
Level 3.2	0	
Level 3.3	10	Diploma

Table 1.2. Number of AHA employees by employment type

Casual	14
Part-time Temporary	11
Part-time Permanent	10
Full-time Temporary	7
Full-time Permanent	13

13. CHS employs AHAs in acute and rehabilitation based hospital settings and in community care based at various health centres in the ACT, within both physical and mental health teams. The role of the AHA has developed differently across professions and teams. The classification review, in combination with the work level standards should aim to ensure that the workforce has a defined career path, is fit for purpose and by working within defined scope provides safe and quality care.
14. Examples of tasks assigned to CHS AHAs include:
- Gathering patient information as part of assessment process
 - Conducting treatment sessions as prescribed by an allied health professional
 - Acting as co-facilitator in a group or facilitating routine groups, for treatment or education purposes
 - Undertaking home visits for the purposes of delivering equipment, undertaking treatment or gathering information
 - Running routine treatment review clinics

⁴ Director of Allied Health Office, *Allied Health Assistant Work Level Standards*, p.6

- Maintaining equipment

All interventions should be supervised (directly or indirectly) by an allied health professional. Some AHAs provide support to more junior AHAs and provide supervision for AHA students, with support from an allied health professional.

CPHB staff profile

15. CPHB employs 8 AHAs (Feb. 2020), broken down according to the Table 1.3 below.

Table 1.3: Calvary Public Hospital Bruce

Classification	Pay Point	Business Title	Qualification Level
AHA2	AHA2.4	Allied Health Assistant	Cert IV Allied Health Assistant
AHA2	AHA2.2	Allied Health Assistant	Nothing on file
AHA2	AHA2.4	Physiotherapy Assistant	Nothing on file
AHA2	AHA2.4	Physiotherapy Assistant	Nothing on file
AHA3	AHA3.3	Allied Health Assistant	Bachelor of Human Nutrition
AHA3	AHA3.2	Allied Health Assistant	Nothing on file
AHA3	AHA3.3	Allied Health Assistant	Nothing on file
AHA3	AHA3.1	Nutrition Assistant	Nothing on file

Issues prompting the need for the review

Issues arising from enterprise bargaining

16. The review was agreed during bargaining for the SSEA. The minutes of the bargaining meetings record the issues as being:
- Salary advancement to AHA 3.3 is only available to employees with a “Diploma or higher”, but a Diploma level course is not available to AHA employees ([Appendix 2](#)).
 - Lack of clarity over what would be considered the competencies that would be considered equivalent to a Diploma ([Appendix 2](#)). E.g. is the diploma requirement to set the pay point at the AQF Level 5, or equivalent, e.g. Diploma in Aged Care.
 - The level of experience that may be part of competency requirements.
17. There was agreement that the competency framework needs to be identified and that there is a need to identify what relevant Diplomas are available, if any, and what equivalent competencies would enable a competency assessment to be made.

Issues informing the review (non-bargaining related)

18. A number of additional issues have been noted by the Office of Allied Health:
- Advanced / extended AHA scope of practice roles;
 - multidisciplinary / interdisciplinary AHAs;
 - supervision of AHAs by other AHAs;
 - consistency of application of AHAs within the classification structure; and
 - consistency of responsibility across Divisions

Allied Health Assistance/Assistant as a discipline

19. Allied health assistance is a non-regulated discipline consisting of trained staff assisting AHPs. Notwithstanding references in some CHS publications to AHA as a profession, it is a misnomer, as allied health assistance (and assistants) does not meet the definition or requirements to be called a profession in its own right.

20. For example, the *Supervision and Delegation Framework - Allied Health Assistant* states:

Within CHS, AHAs are considered as an Allied Health discipline in their own right, so it is important to clarify that within this document, the term Allied Health Professional is defined as “a person who has undertaken a tertiary qualification at Bachelor Degree (or other recognised equivalent) in an allied health discipline”. This is stated so as to not diminish the skills, knowledge and professionalism of the AHA workforce.⁵ (

Yet, in the following paragraph

The scope of practice of the AHA profession includes the full spectrum of roles, functions, activities, responsibilities, and decision-making capacity that individuals within the profession are educated, competent and authorised to perform (Allied Health Professions’ Office of Queensland, 2014).⁶

21. The ACT Health website also states that “Allied Health Assistance is a recognised profession at ACT Health...”⁷

An emerging workforce

22. The *Advanced Allied Health Assistants: an Emerging Workforce* discussion paper (ACT Health, August 2013) reported that there have been a number of projects undertaken [in the ACT] “to look at the potential application of allied health assistants (AHA) as a workforce solution. As a result, this workforce is well embedded in the service delivery of a number of professions in the ACT including physiotherapy, occupational therapy, podiatry, nutrition, speech pathology and exercise physiology.”⁸

23. The paper noted that “Nationally and internationally work is underway to continue to advance the scope of practice of allied health assistants. ... As part of the work being undertaken to explore evolving models of care, the Office of the Allied Health Advisor, undertook [a] project to explore the potential for an advanced allied health assistant role within the ACT.”⁹

24. The paper “identified that [in 2013] the role of the advanced AHA is only just beginning to be established in Australia. There has been some qualitative evaluation of roles which has concluded that advanced AHAs can contribute positively to health care services. Some states are beginning to describe the difference in the level of responsibility and types of tasks an advanced assistant may undertake. ... The drivers for this role development were observed to be a combination of local need, the skill of the post holder and the willingness of the supervising AHP to delegate.”¹⁰

⁵ *Supervision and Delegation Framework - Allied Health Assistant*, p.4

⁶ *Ibid.*, p.5

⁷ <https://health.act.gov.au/health-professionals/allied-health/allied-health-assistants> (para 3)

⁸ *Advanced Allied Health Assistants: An Emerging Workforce*, 2013, p.3

⁹ *Ibid.*

¹⁰ *Ibid.*

25. The paper noted that “at present there is no recognised qualification being delivered within the ACT which would provide the competencies required to build on the Certificate IV to an advanced AHA level” and recommended that “the development of a consistent way to build and recognise competencies for all allied health assistants, such as a log book, and the development of a Diploma level qualification.”¹¹
26. Since 2013, the discipline has grown, both in terms of the number of AHAs employed (In CHS, the AHA workforce has increased 800% in just over a decade) and the expansion of the role (e.g. Social Work assistant is a relatively new expansion of the role into new areas).¹²
27. Unfortunately, the situation identified in 2013 (para 25) remains unchanged, and has been identified as a key issue prompting the need for this review of the AHA classification.

¹¹ Ibid.

¹² Director of Allied Health Office, *Supervision and delegation framework for Allied Health Assistants 2nd edition – an easy to use guide*, p.2

Section 2: Rates of pay survey

Aim of this section

28. Consistent with subclause 13.5 of the SSEA and the Project Management Plan (PMP), this section outlines the pertinent objective data from the ACT and other jurisdictions and the private sector market relevant to the AHA occupations under review.
29. This review was a desktop review using publicly available databases and internet searches. While every attempt has been made to ensure the information contained herein is up to date insofar as possible, it is noted that a number of awards and agreements had passed their nominal expiry dates and new versions were not publicly available.

AHA Pay Relativities

ACT Public Sector

30. In the ACT, the minimum rates of pay and conditions are set out in the *Australian Capital Territory Public Sector Enterprise Award 2016*. In this Award, Allied Health Assistants are classified as Health Service Officers (HSO) and fall within the General Service Officer and related classifications group. The Award is the foundation on which enterprise agreements are based and the basis for the Better Off Overall Test, which ACT enterprise Agreements are measured against. The pay rates for a HSO2-10 range from \$41,193 to \$61,056 (1/7/2019).
31. All ACT Allied Health Assistants are employed under the SSEA in CHS and CPHB. As such, there is no direct correlation to any other occupational group in other Directorates, with the closest being HSOs, as mentioned above. The pay rates for a HSO2-10 range from \$48,463 to \$97,732 (12/12/2019).
32. It is possible to compare AHA rates of pay to other occupations that require or are deemed equivalent to AQF IV level (Table 2.1).

Table 2.1: Comparison of AHA rates of pay with other ACT AQF4 occupations

Agreement	AQF IV level	Low	High	Notes
ISEA	Capital Linen Service Band 5 & 6	70,091	84,220	Production Supervisory level
	General Service Officer 6/7	58,784	66,914	GSO5 is the trades level (AQF3)
SSEA	AHA Level 2.2-3.3	56,566	68,590	
	Dental Assistant Level 3	77,712	77,712	
TOPEA	Sterilising Services HSO 5	56,279	59,074	
FREA	Senior Firefighter FB5	89,841	89,841	2017 rates of pay
COEA	Correctional Officer 1.4-2.3	72,377	80,090	2017 rates of pay
TCOEA	Trainer/Assessor allowance	170.48	170.48	fortnightly allowance

33. Table 2.1, above, demonstrates a wide variance in the rates of pay to employees that require an AQF level 4 qualification (except GSO 6/7, listed only for comparative purposes), which would indicate that a Certificate IV qualification is just one determinant among others considered when the rates of pay were established.

Other public sector jurisdictions

34. The classification structures for AHAs in other jurisdictions are comparable and give a more accurate comparison of the rates of pay available and the qualifications required to achieve them.

35. Table 2.2 demonstrates that the rates of pay in the ACT are more beneficent than in other jurisdictions, with the exception of the entry level. The ACT has an additional pay point at Level 3 for a person holding a relevant Diploma or higher qualification at \$72,560 (between a HP2.2 and HP2.3, or to put it another way, slightly more than the HP1.3, 4 year qualification, level).

Table 2.2: Range of pay rates in Australian public sector enterprise agreements

Classification	ACT	VIC	NSW	SA	QLD	Qual
Level*	12/12/2019	01/10/2019	01/07/2019	01/10/2019	01/09/2019	AQF
1	41,336	51,017	52,416	52,291	-	Entry
2	61,374	57,777	55,380	59,503	58,521	Cert III
3	#68,590	60,746	59,696	67,868	66,259	Cert IV
4	-	-	-	**75,262	-	Cert IV

*Pay rates - maximum pay point

**SA has a different task set

Maximum level for a Cert IV. \$72,560 for a Diploma qualification

36. The South Australian Level 4 is slightly higher than the ACT AHA 3.3 and differs in that it appears to be focussed on leadership and/or specialisation.

Assistants at this level are appointed as such and:

- must possess a minimum of Certificate 4 in Allied Health Assistance or equivalent;
- work under general clinical direction and may provide supervision, coordination and leadership to a small team at a health site or within an equipment setting;
- are required to perform a broad range of tasks that require specialisation and/or detailed knowledge or training;
- with support as required from allied health professionals, may undertake training of less experienced AHAs;
- may maintain items by ensuring their operation within established safety and health standards and operational tolerances;
- may design and develop specific purpose equipment and prosthetics;
- contribute in a specific discipline to recording, consulting and preparing reports and exercise of appropriate delegations.

South Australian Modern Public Sector Enterprise Agreement: Salaried 2017

Private Sector

37. A desktop survey of job vacancies revealed that the overwhelming number of positions available were public sector positions, with the remainder appearing in the not-for-profit or aged care sectors. Few advertisements advertised salaries. Only one non-government hospital, St. Vincent's, advertised positions. The St. Vincent's rates of pay appear to be on a par with rates of pay for AHAs in the *Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement 2016-2020* (see Column 3, Table 2.2, above).

Qualifications

38. The ACT appears unique in providing an ability for Diploma qualified employees to earn a rate of pay above that paid in other jurisdictions (with the exception of a Level 4 employee in SA, however, this level is not qualification based).
39. When developed in 2012, the ACT AHA classification structure was forward looking, to a time when a diploma level (AQF 5) qualification would be available, which is yet to eventuate.

However, the provision in the SSEA at subclause N2.6 accommodates the unavailability of a Diploma qualification by providing a for equivalency; “an employee... who has demonstrated that they have the equivalent competencies”. Neither the SSEA, nor the WLS provide any guidance on what constitutes equivalency.

40. It is reasonable to assume that if a classification structure uses a particular qualification as a requirement for advancement, then that qualification should be available and attainable. Clearly, this is not the case for an ACT AHA seeking to advance to AHA 3.3.
41. In the absence of an AQF level 5 qualification specific to AHAs, then the question of equivalency must be addressed (see [Appendix 3](#)). AQF level 5 criteria are at **Attachment A**.
42. Qualifications alone do not determine work value, as stated in the 2012 ‘Black Circle’ report ([Appendix 4](#)).

It was suggested to us during the Review that the maximum rate for HCAs was intended to be less than the rate for a degree-qualified health professional. We reiterate what we have said in earlier Reports: The qualification required for entry to an occupation is not the sole determinant of work value. Neither is it the sole determinant of associated pay relativities. There is no face validity to hierarchies based on qualifications alone.

Work level standards

43. The AHA Work Level Standards were endorsed on 18 February 2019 and will be reviewed in July 2020. They have been designed to promote an understanding of the three level AHA classification structure used within CHS. Further detail can be found on [Health Hub](#).

Acronyms

ACTPS	ACT Public Sector
AHA	Allied Health Assistant/Assistance
AHP	Allied Health Professional
AQF	Australian Qualifications Framework
CHS	Canberra Health Services
GSO	General Service Officer
HP	Health Professional
HSO	Health Service Officer
MHJHADS	Mental Health, Justice Health and Alcohol and Drug Services
PMP	Project Management Plan
SSEA	Support Services Enterprise Agreement 2018-2021
WLS	Work Level Standards

References

ACT Government, *ACT Public Sector Support Services Enterprise Agreement 2018-2021*, Canberra, 5 August 2019

Australian Public Service Commission, *APS Classification Guide*, Canberra, Australian Government, 2013

Director of Allied Health Office, *Allied Health Assistant Work Level Standards*, Canberra, Canberra Health Services, February 2019.

Director of Allied Health Office, *Supervision and delegation framework for Allied Health Assistants 2nd edition – an easy to use guide*, Canberra, Canberra Health Services, June 2019.

Fair Work Commission, *Australian Capital Territory Public Sector Enterprise Award 2016* (MA000146)

Government of South Australia, *South Australian Modern Public Sector Enterprise Agreement: Salaried 2017*

Government of Victoria, *Victorian Public Health Sector (Health and Allied Services, Managers and Administrative Workers) Single Interest Enterprise Agreement 2016-2020*

Office of the Allied Health Adviser, *Advanced Allied Health Assistants: an Emerging Workforce*, Discussion Paper, ACT Health, August 2013

Pearce C and Pagett L, 'Advanced Allied Health Assistants: an Emerging Workforce', *Australian Health Review* 39(3) 260-263 <https://doi.org/10.1071/AH14253>, 9 June 2015

Pearce C and Stanhope J, 'Role, implementation, and effectiveness of advanced allied health assistants: a systematic review', *Journal of Multidisciplinary Healthcare* 2013:6 423–434

Classification Review provision from the SSEA

Q13 - Classification Review

- Q13.1 A classification review of the Health Service Officer and Allied Health Assistant classification structures will be undertaken by a Joint Working Party (JWP) during the life of this Agreement. The purpose of the review is to determine the suitability and currency of work value assessments underpinning the current classification structures and the pay relativities for classifications for certain groups of workers, especially low paid workers.
- Q13.5 The JWP will:
- Q13.5.1 Review the suitability and currency of work value assessments underpinning the classifications in this Agreement.
 - Q13.5.2 Evaluate the internal and external relativities of each classification structure to determine whether applicable rates (including allowances for Hospital Assistants) are appropriate for the work performed in comparison to work performed by other classifications in the ACT public sector.
 - Q13.5.3 Consider all relevant information including data in other jurisdictions relevant to the occupations under review; and
 - Q13.5.4 Make recommendations to the head of service, which may include interim arrangements where appropriate.

SSEA Minutes referencing AHA issues in bargaining

28 June 2018

Julie Gordon asserted that advancement to the AHA3 last pay point is only available to an employee with a relevant Diploma, but a Diploma course is not available to employees (N 3.6). Brenton Higgins said that employees can demonstrate equivalent competencies, but the EA is not clear on what these are. Sean McDonnell said Health needed to identify what relevant Diplomas are available, if any, and what equivalent competencies would enable a competency assessment to be made. Sean McDonnell said Health will also determine the need to retain the translation provisions in Section N (N4 and N5).

12 July 2018

Running Sheet 10. Julie Gordon asserted that in the absence of a Diploma for Allied Health Assistants, the agreement did not identify competencies needed for employees to advance to the top pay point (AHA3.3). David Wedgwood explained that the diploma requirement was to set the pay point at the AQF5 level, or equivalent, e.g. Diploma in Aged Care. He said that competency must be addressed in each operational area. Julie Gordon said that a list of relevant Diplomas and definition of equivalent competency is needed. Brenton Higgins asserted Charles Sturt University recognises 8 years' experience as equivalent to a degree. David Wedgwood said there is a difference in admission to a Masters' program and recognition as a degree for work purposes. Brenton Higgins said they recognise this as equivalent to an undergraduate degree. Lisa Gilmore said experience may be part of competency and the competency framework needs to be identified.

Allied Health Assistant Qualification Requirements from the SSEA

Section N Allied Health Assistants

N1 - Application

N1.1 Section N sets out arrangements for translation of existing employees to Allied Health Assistant (AHA) classifications, as well as setting out the qualification requirements for the AHA classifications.

N2 - Qualifications

AHA 1

N2.1 An employee in an AHA 1 position will be required to undertake a prescribed course of study leading to a relevant Certificate IV qualification at a minimum.

N2.2 On the successful completion of the course, the employee will be appointed as an AHA 2 on the second pay point of the range, subject to the provisions of clause B3.

AHA2

N2.3 The minimum qualification for appointment or promotion to a position classified as AHA 2 will be a relevant Certificate III or equivalent qualification. An employee with a relevant Certificate IV or higher qualification will be eligible to commence on the second pay point.

N2.4 Appointment or advancement to the fourth pay point will only be available to an employee with a relevant Certificate IV or higher qualification.

AHA3

N2.5 The minimum qualification for appointment or promotion to a position classified as AHA 3 will be a relevant Certificate IV or equivalent qualification. An employee with a relevant Diploma or higher qualification or who has demonstrated equivalent competencies, will be eligible to commence on the second pay point.

N2.6 Appointment or advancement to the third pay point will only be available to an employee with a relevant Diploma or higher qualification, or who has demonstrated that they have the equivalent competencies.

HEALTH CARE ASSISTANT

The initial translation of HCAs should be as shown at Table 24:

Grade	Salary	Level	Pay Point	New salary
Health Care Assistant 2 (Certificate III)	\$40,734	2	4	\$43,566
	\$42,125	2	5	\$44,568
Health Care Assistant 3 (Certificate IV)	\$46,149	3	1	\$46,642
	\$47,209	3	2	\$47,715
Health Care Assistant 4 (Diploma)	\$49,331	3	5	\$51,084
	\$49,861	4	1	\$52,258
Health Care Assistant 5 (Advanced Diploma)	\$51,983	4	2	\$53,460

Table 24: Initial Translation of Health Care Assistants

Our proposal to increase rates for the HCA 2 to take account of contemporary benchmarks in State and local government has compressed the internal relativity between the HCA 2 and HCA 3. To restore this relativity, we suggest that the final HCA 3 salary scale would be comprised of pay points 3.2 and 3.3 (in lieu of 3.1 and 3.2).

Note that the initial rate for HCA5 is higher than the Advanced Diploma pay point recommended for adoption across the ACTPS, on the basis of the supervisory function described in the current HCA work level standards.

It was suggested to us during the Review that the maximum rate for HCAs was intended to be less than the rate for a degree-qualified health professional. We reiterate what we have said in earlier Reports: The qualification required for entry to an occupation is not the sole determinant of work value. Neither is it the sole determinant of associated pay relativities. There is no face validity to hierarchies based on qualifications alone.

The CPES rates we have proposed for diploma- and degree-qualified employees (and the existing pay rates they replace – e.g. TO 2 and HP 1 salary scales) are rates for new and recently-qualified entrants to the workforce. HCA 5 is not an entry level grade, and in particular, it is not a role that could be performed by an inexperienced employee. There is no reason in principle why HCA 5 rates cannot overlap with HP 1 for degree-qualified health professionals.

We observe that the existing HCA salary scale is quite compressed at the HCA 4-HCA 5 boundary, but we have insufficient information about similarly qualified grades in other jurisdictions to make a recommendation. As Ms Turello of HSU East has said, this is an emerging work level.

AQF level 5 criteria

Summary

Graduates at this level will have specialised knowledge and skills for skilled/paraprofessional work and/or further learning.

Knowledge

Graduates at this level will have technical and theoretical knowledge in a specific area or a broad field of work and learning.

Skills

Graduates at this level will have a broad range of cognitive, technical and communication skills to select and apply methods and technologies to:

- analyse information to complete a range of activities
- provide and transmit solutions to sometimes complex problems
- transmit information and skills to others

Application of knowledge and skills

Graduates at this level will apply knowledge and skills to demonstrate autonomy, judgement and defined responsibility in known or changing contexts and within broad but established parameters.

<https://www.aqf.edu.au/aqf-levels>