

**SUBMISSION TO
FAIR WORK COMMISSION**

Matter No:

AM2016/31

4 YEALY REVIEW OF MODERN AWARDS

***HEALTH PROFESSIONALS AND SUPPORT SERVICES AWARD
(MA000027) AM2014/204***

MAY 2017

SUBMISSION IN REPLY

**SUBMISSION BY
PRIVATE HOSPITAL INDUSTRY EMPLOYER ASSOCIATIONS**

**Australian Private Hospitals Association
Australian Private Hospitals Association – South Australia
Australian Private Hospitals Association – Tasmania
Australian Private Hospitals Association – Victoria
Catholic Health Australia
Day Hospitals Australia
Private Hospitals Association of Queensland
Private Hospitals Association of New South Wales
Private Hospitals Association of Western Australia**

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PARTIES TO THIS SUBMISSION

- [1] This submission is being lodged on behalf of the Private Hospital Industry Employers' Associations (PHIEA) which includes: Australian Private Hospitals Association (APHA), the Private Hospitals Association of Queensland (PHAQ), APHA – South Australia, APHA – Tasmania; APHA – Victoria, Private Hospitals Association of New South Wales, Private Hospitals Association of Western Australia, Catholic Health Australia and Day Hospitals Australia. These organisations collectively represent approximately 95% of licensed private hospital beds in Australia and in addition, represent approximately 90% of all Free Standing Day Hospitals.

Overview of the Private Hospital Sector

- [2] Published data for 2014-15 is the most recent available but in that year, there were 624 private hospitals operating in Australia comprising:
- 282 acute & psychiatric overnight facilities &
 - 342 free-standing day hospitals

These facilities had a combined total of 31,774 beds and accounted for 41% of the total separations from all Australian hospitals, providing 4.2 million episodes of admitted patient care and 9.4 million patient days of care in the 2014-15 financial year.

As evidenced by the data source noted below, the private hospitals that the Private Hospital Industry Employer Associations (PHIEA) represent, employed 27,232 FTE Health Professional and Support Services personnel in the 2014-15 year.

These 27,232 FTE Health Professional and Support Services personnel comprised:

Diagnostic and Allied Health Professionals	3,771
Clinical Support Staff	4,729
Administrative & Clerical Staff	9,776
Domestic and Other Staff	8,956

Hospital staffing data published by the Australian Institute of Health and Welfare (AIHW) and Australian Bureau of Statistics (ABS) is expressed in FTEs rather than headcount, but the 27,232 FTE Health Professional and Support Services Staff employed in the private hospital sector is conservatively estimated to equate to a headcount in excess of 50,000 personnel, primarily in the areas of catering, cleaning, clerical and Allied Health.

We believe this makes PHIEA one of the largest employer groups covered by this award, if not the largest, and certainly the major employer group of businesses which operate on a 24/7 basis.

Data source: AIHW – Australian Hospital Statistics 2014-15 & ABS Private Hospitals 2014-15

Background

- [3] In drafting the Health Professionals and Support Services Award 2010, the AIRC was faced with an extraordinary challenge in consolidating a substantial number of awards into a single instrument covering employees working in extremely diverse environments ranging from businesses operating 24/7 to those which operate on a 'business' or 'extended hours' basis.

Previous industrial instruments had been crafted to accommodate these distinct operating environments and accordingly span of hours' clauses and definitions of a shiftworker for the purposes of shift and weekend penalties were divergent. Adding to the complexity of the task was that the scope of the Health Professionals and Support Services Award expanded coverage to a range of employees who had historically been award free.

This resulted in clause 8.2 – *Span of Hours - Day Workers* (*Exposure Draft – 3/12/2015*) containing 5 separate definitions of the span of hours a day worker may work depending upon the business they are employed by and the days of the week the business operates.

- [4] In private hospitals that provide care for patients 24/7, the majority of employees work a variety of shifts that may be worked on day, afternoon or night shifts over 7 days of the week. Therefore, the majority of employees meet the definition of a shift worker under this award as they are not usually rostered to work their ordinary hours Monday to Friday between 6.00 a.m. and 6 p.m. which are the span of hours that currently define a day worker.

As noted in our previous submissions, and those of some other parties, there are clauses within the current Health Professionals and Support Services Award which lack clarity and which we believe, are anomalous to both historical precedent and current common practice - particularly for entities which operate 24/7.

The term *day worker* was not common in the majority of previous awards applicable to private hospitals and we consider that in the context of a 24/7 operating environment, use of this term has generated ambiguity and confusion, particularly in regard to shift and weekend penalty payments.

- [5] Historically private hospitals have rostered ordinary hours 24/7 and have paid anyone who worked afternoon or night shift Monday to Friday a penalty in addition to their ordinary rate. A weekend penalty was paid to anyone who worked ordinary hours on the weekend – traditionally this weekend penalty rate was around 50%.

However, on a literal reading of the existing Health Professionals and Support Services Award:

- Only shift workers receive an extra 15% when working ordinary hours during the periods identified in *Clause 18.4 Shiftwork* (*Revised Exposure Draft 3/12/15*).

- Only day workers under this award are eligible to be paid an additional 50% loading when they work between midnight Friday and midnight Sunday (*Clause 18.1 – weekend penalties day worker*) (Revised Exposure Draft 3/12/15).
- Shift workers are not eligible to receive the weekend penalty and if their ordinary hours are rostered during the traditional day shift on a Saturday or Sunday i.e. outside of the hours identified in Clause 18.4 Shiftwork, the shift worker is not eligible to receive the 15% shift penalty either. (Revised Exposure Draft 3/12/15).

[6] Issues associated with span of hours was a significant component of the Transitional Review in 2012, and as part of this process, PHIEA proposed the insertion of a specific clause for private hospitals which provide care seven days a week, 24 hours a day. PHIEA considered that its proposed clause would have eliminated the identified anomalies and ensured that employees working in private hospitals would receive the appropriate penalties.

In his decision of 15 April 2013 [2013] FWC 2182 Vice President Watson stated at para [31]:

“The issue of rationalising the different penalties involves a larger comparative exercise which is best addressed in the subsequent review of the award. For the same reason, I consider that the more substantive changes sought by the PHIEA should be considered at the four-year review.”

[7] Whilst PHIEA had originally signified its intent to lodge an application to vary the Health Professionals and Support Services Award to include a specific span of hours for private hospitals operating 24/7, as part of this 4 year review, in April 2016, the HSU lodged an alternative proposal for consideration which the parties were requested by Commissioner Roe to respond to.

PHIEA indicated that subject to some suggested amendments, it would support the proposal. As it was understood that the proposal was likely to form the basis of the HSU’s application to vary the award, PHIEA considered that it would no longer be necessary to seek a specific span of hours’ clause for private hospitals operating 24/7.

[8] Subject to some suggested amendments outlined in this submission, we believe that the HSU Draft Determination would address the anomalies PHIEA has previously identified in respect of private hospitals operating 24/7 businesses but we make no comment regarding the appropriateness or impact of the HSU Draft Determination in respect of any other stakeholders, particularly those which currently have their own span of hours in the Health Professionals & Support Services Award.

Specific Comments in relation to HSU Draft Determination

[9] The HSU Draft Determination is reproduced below. Elements highlighted in red refer to statements which PHIEA wishes to comment on.

[1] *Delete clauses 8.1 and 8.2 and insert the following:*

8.1 Ordinary hours and roster cycles

(a) *Span of hours day worker*

Ordinary hours of work for a day worker are worked between 6.00 am and 6.00 pm, Monday Friday.

(b) *A shiftworker is an employee who is regularly rostered to work their ordinary hours of work outside the span of hours of a day worker as defined in clause 8.1(a).*

(c) *The ordinary hours of work for a full-time employee will be:*

- (i) 38 hours per week; or*
- (ii) 76 hours per fortnight; or*
- (iii) 152 hours over 28 days.*

(d) *The shift length or ordinary hours of work per day will be a maximum of 10 hours exclusive of meal breaks.*

(e) *The hours of work will be continuous, except for meal breaks. Except for the regular changeover of shifts, an employee will not be required to work more than one shift in each 24 hours.*

PHIEA Comment – ordinary hours

[10] 8.1 - Heading

The heading of 8.1 in the current award is Ordinary Hours of Work and Rostering – not *roster cycles* as proposed in the HSU Draft Determination. PHIEA considers that the existing wording - *Ordinary Hours of Work and Rostering* - is more appropriate. The task of 'rostering' employees to work on specific shifts and discussions around 'roster cycles' are significantly different discussions.

[11] 8.1 (b)

Although, the wording of 8.1 (b) above is already in the current Health Professionals and Support Services Award but listed in *Schedule I – Definitions*, PHIEA considers that if clause 8.1 were to be amended in accordance with the HSU Draft Determination then proposed clause (b) would no longer serve any purpose other than to confuse this definition of a shift worker with the definition required to qualify for the extra week of annual leave under the NES in clause 20.2 (b) which states that "*For the purposes of the NES, a shiftworker is an employee who is regularly rostered to work on Sundays and Public Holidays.*"

Given that under the HSU proposal, any employee who works on a weekend or afternoon or night shift would be eligible to be compensated the appropriate penalty, the sentence is redundant. However, if it is not agreed that it should be deleted, then PHIEA would suggest that as a minimum, the word '*regularly*' needs to be removed.

The intent of the proposal is for any employee to be eligible to be paid the shift and/or weekend penalties if they work the relevant shifts.

To retain the word *'regularly'* in the sentence "a *shiftworker is an employee who is 'regularly' rostered to work their ordinary hours of work outside the span of hours of a day worker*", potentially creates a barrier that PHIEA does not believe is intended – i.e. the employee must *be 'regularly' rostered to work their ordinary hours of work outside the span of hours of a day worker*. This may exclude some employees from being paid the relevant penalties when they work afternoon or weekend shifts because they may not *'regularly'* work those sorts of hours, noting that the word *'regularly'* is not defined within the award.

- [12] PHIEA acknowledges that this wording is duplicated from the Nurses Award 2010 and therefore, potentially the wording in that Award is also problematic. However, rather than simply replicating the wording from the Nurses Award in the Health Professionals & Support Services Award, we believe it is preferable to use this opportunity to remedy any potential ambiguity by either deleting the sentence "a *shiftworker is an employee who is 'regularly' rostered to work their ordinary hours of work outside the span of hours of a day worker*" in its entirety, or removing the word *'regularly'*.

- [13] **8.1 (e) *The hours of work will be continuous, except for meal breaks. Except for the regular changeover of shifts, an employee will not be required to work more than one shift in each 24 hours.***

The proposed clause 8.1 (e) noted above is new, and whilst it is duplicated from the Nurses Award, PHIEA does not support its inclusion in the Health Professionals and Support Services Award. Unlike nurses working in private hospitals who tend to be rostered on average 8 hour shifts and who have consistent demands on their time throughout that shift, support staff in the Food Services Department for example, have peak periods in the build up to meal times and during the delivery and collection of meal trays. Some employees, particularly those who live close to the hospital, do work split shifts for example 4 hours in the morning over the breakfast period and 4 hours in the afternoon to cover the evening meal period. For some employees, the ability to work split shifts enables them to balance their work and family responsibilities and is a valued flexibility.

It appears the HSU has simply copied this clause from the Nurses Award. The Union has not provided a merit based argument or any evidence to support the inclusion of this new clause in the Health Professionals and Support Services Award. PHIEA does not support its inclusion as written and considers it should be rejected.

- [14] [2] **Delete clause 9.1 and insert the following:**

9.1 Unpaid meal breaks

- (a) *An employee who works in excess of five hours will be entitled to an unpaid meal break of between 30 minutes and 60 minutes. The meal break will, wherever reasonably practicable, be taken between the fourth and sixth hours of commencing work.*

(b) *The time of taking the meal break may be varied by agreement between the employer and employee.*

(c) *An employee who works not more than six hours may elect to forgo the meal break, with the consent of the employer.*

[15] PHIEA Comment – Unpaid meal breaks

9.1 (a) The sentence “*the meal break will, wherever reasonably practicable, be taken between the fourth and sixth hours of commencing work*” would add a new element to the existing clause. Whilst the clause specifies when the break should be taken, PHIEA considers that the inclusion of the words ‘*wherever reasonably practicable*’ provides some necessary flexibility to enable the timing of the break to be modified to accommodate any unexpected operational demands.

9.1 (c) PHIEA concurs with the comments made by Ai Group in its submission of 14 March 2017 and strongly supports the inclusion of this additional clause which would enable an employee to forego their meal break, with the consent of the employer, providing that their shift is not more than 6 hours duration.

[16] [3] *Delete clauses 18.1, 18.2, and 18.4, renumber clause 18.3 Public holidays to 18.2 Public holidays and insert the following:*

18.1 Weekend penalties

(a) *For all ordinary hours worked between midnight Friday and midnight Sunday, a full time or part time employee will be paid 150% of the minimum hourly rate applicable to their classification and pay point.*

(b) *A casual employee who works on a Saturday or Sunday will be paid 175% of the minimum hourly rate applicable to their classification and pay point for all time worked, but will not be paid the casual loading of 25%.*

[17] PHIEA Comment – Weekend penalties

PHIEA supports the HSU proposal in relation to weekend penalties. By replacing the words ‘*day worker*’ with ‘*a full time or part time employee*’ the clause would ensure that any employee who works between midnight Friday and midnight Sunday would be entitled to the applicable weekend penalty for their classification and pay point. PHIEA considers that this provides a fair and consistent application and removes the existing anomaly where only day workers are entitled to weekend penalties.

[18] 18.2 Public holidays

Payment for public holidays is in accordance with clause 23.1.

[19] 18.3 Shift work

(a) *For the purposes of this clause:*

(i) *Afternoon shift means any shift commencing not earlier than 12.00 noon and finishing after 6.00 pm on the same day; and*

(ii) *Night shift means any shift commencing on or after 6.00 pm and finishing before 7.30 am on the following day.*

(b) *Shift penalties*

- (i) *Where an employee works a rostered afternoon shift between Monday and Friday, the employee will be paid a loading of 12.5% of their minimum hourly rate.*
- (ii) *Where an employee works a rostered night shift between Monday and Friday, the employee will be paid a loading of 15% of their minimum hourly rate*
- (iii) *The provisions of this clause do not apply where an employee commences their ordinary hours of work after 12.00 noon and completes those hours at or before 6.00 pm on that day.*
- (iv) *The shift penalties prescribed in this clause will not apply to shiftwork performed by an employee on Saturday, Sunday or public holidays where the extra payment prescribed by clause xx Saturday and Sunday work and clause yy Public holidays applies.*

[20] PHIEA Comment – Shift penalties

PHIEA supports the HSU shift penalties proposal in respect of businesses which operate 24/7 as it ensures that any employee working these shifts Monday to Friday will receive the extra penalties. Differentiating between afternoon and night shift is consistent not only with the Nurses Award, but also with the majority of prior awards applicable to the private hospital industry which covered health professional and support services personnel. The clause also provides clarity that shift penalties would not apply to work performed on a Saturday, Sunday or Public Holiday where extra payments apply.

In the proposed clause 18.1 weekend penalties, the penalty rates are clearly specified for the differing types of employee classification. That is clause 18.1 (a) applies to full time and part time employees and 18.1 (b) specifies the penalty for casual employees.

In the interests of consistency and to eliminate any potential for confusion and ensure that the award is easy to understand, PHIEA would recommend that a similar distinction should apply to 18.3 (b) shift penalties. This would result in a minor wording amendment to 18.3 (i) and (ii), and a reordering of the clause numbering to accommodate the addition of 2 clauses specifying the afternoon and night shift penalty for casuals.

[21] PHIEA suggested amendments to the HSU proposal are noted in red below.

18. 3 (b) *Shift Penalties*

- (i) *Where ~~an~~ a full time or part time employee works a rostered afternoon shift between Monday and Friday, the employee will be paid a loading of 12.5% of their minimum hourly rate.*
- (ii) *Where ~~an~~ a full time or part time employee works a rostered night shift between Monday and Friday, the employee will be paid a loading of 15% of their minimum hourly rate.*
- (iii) *A casual employee who works a rostered afternoon shift between Monday and Friday, will be paid 137.5% of the minimum hourly rate applicable to their classification and paypoint but will not be paid the casual loading of 25%.*

- (iv) *A casual employee who works a rostered night shift between Monday and Friday, will be paid 140% of the minimum hourly rate applicable to their classification and paypoint but will not be paid the casual loading of 25%.*
- (v) *The provisions of this clause do not apply where any employee commences their ordinary hours of work after 12 noon and completes those hours at or before 6.00 pm on that day*
- (vi) *The shift penalties prescribed in this clause will not apply to shiftwork performed by any employee on Saturday, Sunday or Public Holidays where the extra payment prescribed in clause 18.1 – weekend penalties and clause 23 – public holidays applies*

[22]

[4] Delete clause 19.1 and insert the following:

19 Overtime rates

19.1 Overtime is paid in the following circumstances:

- (a) *Where a full time employee:*
 - (i) *works in excess of their ordinary hours;*
 - (ii) *works in excess of 10 ordinary hours per shift;*
- (b) *Where a part time employee:*
 - (i) *works in excess of their ordinary hours, except where agreement has been reached in accordance with clauses 6.3(c); and/or*
 - (ii) *works in excess of 10 ordinary hours per shift; and/or*
 - (iii) *works in excess of an average of 38 hours per week, or 76 ordinary hours in a fortnight or 152 ordinary hours in a four week period.*
- (c) *Where a casual employee:*
 - (i) *works in excess of 10 ordinary hours per shift; and/or*
 - (ii) *works in excess of 38 ordinary hours per week.*

19.2 An employee who works overtime shall be paid the following rates based on the minimum hourly rate for their employment classification:

- (a) *Monday to Saturday - 150% for the first two hours and 200% thereafter;*
- (b) *Sunday - 200%;*
- (c) *Public Holidays - 250%;*
- (d) *Overtime rates under this clause will be in substitution for and not cumulative upon the penalties and loadings prescribed in clause 18 Penalty rates and shiftwork and the casual loading in clause 6.4(e).*
- (e) *Each day or shift (as relevant) stands alone*

19.3 Rest period after overtime

- (a) *An employee working overtime is entitled to 10 consecutive hours off duty between the termination of work on one day and the commencement of work on the next day, without loss of pay for ordinary hours.*
- (b) *If, on the instructions of the employer, an employee referred to in clause 19.3(a) does not receive 10 consecutive hours off duty, the employee is entitled:*
 - (i) *to be paid at a rate of 200% of the minimum hourly rate applicable to their classification and pay point until being released from duty; and*

- (ii) upon being released from duty, to be absent until they have had at least 10 consecutive hours off duty, without loss of pay for ordinary working time occurring during their absence.

[23] PHIEA Comment – Overtime

PHIEA supports the HSU Draft Determination in respect of Clause 19 – Overtime.

[24] [5] Delete sub-clause 23.3(b) – Public Holiday Substitution

Clause 23 (b) states: Where there is no agreement, the employer may substitute another day but not so as to give an employee less time off work than the employee would have had if the employee had received the public holiday.

[25] PHIEA Comment – Public Holiday Substitution

At paras 72 & 73 of its submission of 17 March 2017 – the HSU states:

[72] *“It is our view that s 115(2) of the NES permits a term allowing for substitution of a public holiday by agreement only. However, clause 23.3 (b) allows for substitution of a public holiday to be imposed on an employee by an employer.”*

[73] *“The term is therefore inconsistent with s 55(2) (a) which provides that a modern award may include a term only that it is expressly permitted to include under the NES. Consequently, it has no effect, as per s 56, ‘[a] terms of a modern award or enterprise agreement has no effect to the extent that it contravenes section 55.’*

PHIEA agrees with the interpretation provided by the HSU and therefore concurs that sub-clause 23.3(b) should be removed so that any substitution of a public holiday must be by agreement between the employer and employees.

[26] SUBMISSION BY AGED CARE EMPLOYERS

ACE propose to vary clause 8.3 of the Award to include the words “*Unless the employee otherwise agrees*, in clause 8.3(b) as detailed below.

“8.3 Rostering

- (a) *The ordinary hours of work for each employee will be displayed on a fortnightly roster in a place conveniently accessible to employees. The roster will be posted at least two weeks before the commencement of the roster period.*
- (b) *Unless the employee otherwise agrees, seven days’ notice will be given of a change in a roster. However, a roster may be altered at any time to enable the functions of the hospital, facility or organisation to be carried on where another employee is absent from duty on account of illness or in an emergency.*
- (c) *Unless the employer otherwise agrees, an employee desiring a roster change will give seven days’ notice except where the employee is ill or in an emergency.”*

- [27] PHIEA supports the inclusion of the words “*Unless the employee otherwise agrees*” in Clause 8.3 (b) for similar reasons to those noted by John Favaloro & Karen Foster in paragraphs 6 and 7 of their witness statements filed by Aged Care Employers on 4 August 2016 in support of the variation.

SUBMISSION BY APESMA

- [28] APESMA is seeking to remove Interpreters from Support Services Level 5 and Level 7 and insert Translator and Interpreter in Schedule B – List of Common Health Professionals.

By applying for this variation, APESMA is seeking to have the Health Professionals & Support Services Award recognised as the occupational award for all translators and interpreters, irrespective of the setting in which they may be engaged.

PHIEA strongly opposes this application on the grounds that Interpreters and Translators do not fall within the scope of internationally recognised definitions of what constitutes a Health Professional.

- [29] Wikipedia defines a Health Professional as under:

*A **health professional, health practitioner** or **healthcare provider** (sometimes simply "provider") is an individual who provides preventive, curative, promotional or rehabilitative health care services in a systematic way to people, families or communities.*

A health professional may operate within all branches of health care, including medicine, surgery, dentistry, midwifery, pharmacy, psychology, nursing or allied health professions. A health professional may also be a public/community health expert working for the common good of the society.

Healthcare practitioners include physicians, dentists, pharmacists, pharmacy technicians, physician assistants, nurses, advanced practice registered nurses, surgeons, surgeon's assistant, athletic trainers, surgical technologist, midwives, dietitians, therapists, psychologists, chiropractors, clinical officers, social workers, phlebotomists, occupational therapists, optometrists, physical therapists, radiographers, radiotherapists, respiratory therapists, audiologists, speech pathologists, operating department practitioners, emergency medical technicians, paramedics, medical laboratory scientists, medical prosthetic technicians and a wide variety of other human resources trained to provide some type of health care service.

- [30] The World Health Organisation defines health professionals as under:

Health professionals maintain health in humans through the application of the principles and procedures of evidence-based medicine and caring. Health professionals study, diagnose, treat and prevent human illness, injury and other physical and mental impairments in accordance with the needs of the populations they serve. They advise on or apply preventive and curative measures, and promote health with the ultimate goal of meeting the health needs and expectations of individuals and populations, and improving population health outcomes. They also conduct research and improve or develop concepts, theories and operational methods to advance evidence-based health care. Their duties may include the supervision of other health workers (adapted from ILO 2008; WHO 2010; Gupta 2011).

- [31] On page 12 of its submission of 17 March 2017 APESMA provides the following definitions of Interpreter and Translator:

Interpreter

An Interpreter transfers a spoken or signed language into another spoken or signed language, usually within a limited timeframe in the presence of the participants requiring the translation

Translator

A Translator transfers a source text from one language into another, usually within an extended timeframe to allow for corrections and modifications and without the presence of the participants requiring the translation.

- [32] Interpreters and Translators are engaged to work across a variety of settings and are not exclusive to the health industry.

Whilst acknowledging that interpreters and translators may possess formal qualifications and be accredited by a professional association, they do not provide “preventive, curative, promotional or rehabilitative health care services” and therefore cannot appropriately be classified as a Health Professional.

In the health industry, interpreters provide a support service to facilitate communication usually between patients and their treating health professionals. Therefore, PHIEA considers that interpreters are correctly classified as Support Services personnel in the Health Professionals and Support Services Award and that the application from APESMA to vary the award should be rejected.

- [33] It is also worth noting that there is a significant difference in the minimum weekly wage rates currently applicable to interpreters, compared to those which would apply if the APESMA application for interpreters to be reclassified as Health Professionals were to be successful, given that Support Service Levels 5 and 7 are fixed classification levels whereas there are 6 pay points within with Health Professional Employee – Level 1.

Interpreter (Unqualified) – Support Service L5	\$809.70
Interpreter (Qualified) - Support Service L7	\$868.70

Fixed classification levels – no pay point increments before L8

APESMA Proposal

NAATI Accredited paraprofessional Interpreter/Translator	HP Level1 UG 2 Qualification	\$821.60
NAATI Accredited professional Interpreter/Translator	HP Level 1 3 year degree entry	\$853.30

The Health Professional minimum weekly rates noted above are the entry rates, which increase annually for full time staff, or for part time and casual staff after 1824 hours’ experience, through each pay point until they reach pay point 6 as per the table overleaf.

Health Professional Employee – Level 1

	Minimum weekly rate
Pay point 1 (UG 2 qualification)	\$821.60
Pay point 2 (3 year degree entry)	\$853.30
Pay point 3 (4 year degree entry)	\$891.00
Pay point 4 (Masters degree entry)	\$921.80
Pay point 5 (PhD entry)	\$1,004.20
Pay point 6	\$1,039.90

PHIEA considers that the APESMA application is just an attempt to secure significant incremental wage increases for all translators and interpreters, irrespective of the industry in which they are engaged, through reclassification as a health professional. As previously stated, interpreters do not satisfy recognised definitions of a health professional, and therefore the application should be rejected.

- [34]** PHIEA provides no comment in relation to the applications of other parties not specifically mentioned in this submission.

END OF SUBMISSION