

Health Professionals Enterprise Agreement 2026

Explanation of Terms

This document identifies the terms contained within the *Mater Health Professionals Enterprise Agreement 2026* (proposed EA) and is also to assist you in understanding these terms. Once successfully voted on by Mater Health Professionals and approved by the Fair Work Commission, the proposed EA will replace the nominally expired *Mater Health Professionals' Enterprise Agreement 2023-2025 [AG2023/1954]*.

This document has been prepared for Health Professionals employed by Mater Misericordiae Limited (Mater).

For detailed information on the full terms and conditions, you are encouraged to refer to the proposed EA document. The numbers in brackets throughout this document [e.g., "(1.1)"] refers to clause numbers in the proposed EA.

While care has been taken to ensure the information below is as correct as possible, the source of truth is the proposed EA and you should review the proposed EA for confirmation of any issue or question you may have.

Part 1 – Preliminary

Title (1.1)

Mater Health Professionals Enterprise Agreement 2026. This is the title of the proposed EA.

Date and Period of Operation (1.2) and Renewal or Replacement of the Agreement (1.3)

The proposed EA will have a nominal expiry of 31 August 2027. The aim is to commence formal negotiations 6 months prior to the nominal expiration.

Relationships with Awards, Agreements and Other Conditions (1.4)

The Agreement replaces the *Mater Health Professionals' Enterprise Agreement 2023-2025 [AG2023/1954]* for Health Professionals employed by Mater and is a comprehensive Agreement and replaces all other awards, orders of Industrial Commissions or Industrial Agreements that would otherwise apply to Health Professionals, save that it does not exclude laws dealing with long service leave, occupational health and safety and workers' compensation.

Coverage (1.5)

The proposed EA covers:

- (a) Mater.
- (b) Health Professionals employed directly by Mater. Added clarity for all employees covered by the proposed EA by using the term "Health Professional" and subsequent definition.
- (c) The following unions covered by the proposed EA listed in accordance with section 201(2) of the Act:
 - The Australian, Municipal, Administrative, Clerical and Services Union, Queensland Together Branch (TQ).
 - The Association of Professional Engineers, Scientists and Managers, Australia (Professionals Australia).
 - The United Workers' Union (UWU).

Union names reflect their registered name under the Fair Work (Registered Organisations) Act 2009.

Objectives of the Agreement (1.6)

The objectives of the agreement outlines the parties' commitment to health services, industrial relations, patients, the workforce and providing fair remuneration.

Definitions (1.7)

The definitions include the meaning and interpretation of the specified words or terms used within the proposed EA.

Words or terms not included in the definitions are to be interpreted as the general or established meaning of the word or term.

Posting of the Agreement (1.8)

The Posting of the Agreement stipulates that the Agreement will be posted on the Mater Intranet, to provide easy access for all Health Professionals.

Mandatory Terms

The proposed EA includes the following clauses as required by the *Fair Work Act 2009* (the Act):

- Prevention and Settlement of Disputes (1.9)
- Flexibility Term (1.10)
- Consultation (1.11)

Even if the proposed EA did not include the above clauses, these clauses are taken to be terms of the Agreement.

These clauses in the proposed EA are based on the model clauses outlined in the Act.

The Prevention and Settlement of Disputes clause outlines the process for the resolution of disputes arising about an NES matter, or a provision of the proposed EA.

The Health Professional and Mater may agree to make an individual flexibility arrangement to vary the effects of terms identified in clause 1.10.1(a) under the Flexibility Term.

Consultation outlines the commitment to consultation principles and the process of consultation in the event of a major change.

Mater Consultative Forum (1.12)

The proposed EA introduces a Health Professionals Consultative Committee (MHPCC) to provide a Health Professional specific forum for Mater Health Professionals to consult and be consulted about issues in the workplace.

Part 2 – Basis of Employment

Confirmation of Employment (2.1)

The proposed EA includes that a letter of appointment outlining the classification and employment status is to be received by a Health Professional prior to commencement.

Full-Time Health Professionals (2.2)

The proposed EA provides a definition for full-time employment (working an average of 38 hours per week).

Part-time Health Professionals (2.3)

The proposed EA provides a minimum shift engagement for part-time Health Professionals, which is a minimum of 3 hours for a rostered shift, noting that for training and meetings there will be a 2 hour minimum payment.

Casual Health Professionals (2.4)

The proposed EA provides a definition for casual Health Professional, being engaged and paid on an hourly basis.

Temporary Health Professionals (2.5)

The proposed EA includes that temporary Health Professionals are employed to meet a temporary circumstance and provides specific conditions for temporary Health Professionals.

Notice of Termination of Employment (2.6) and Statement of Employment (2.7)

The proposed EA provides for notice to be given based on years of service, in accordance with the NES provisions. The notice ranges from one week for 1 year or less of service to 4 weeks for over 5 years of completed service. An additional week's notice is to be provided by Mater in the event that Mater is providing notice to a Health Professional over 45 years of age.

When employment ceases a Health Professional will be given a statement of service setting out the duration of employment and the capacity in which they were employed, upon the Health Professional's request.

Job Security and Redundancy (2.8)

The clause outlines the process and payment in the event of redundancy. Payment is based on years of service from 4 weeks payment for at least 1 year, but less than 2 years of service and up to 16 weeks payment for over 9 years of service.

This clause also includes that in the event of a redundancy Mater may redeploy Health Professionals to suitable alternative positions at any Mater facility within the region in which they are employed or, by agreement with the employee, anywhere in Queensland.

Part 3 – Wage and Salary Related Matters

Wage Increase (3.1 and Schedule 1)

The proposed EA provides a per annum wage increase in each year of the proposed EA. The wage percentage increases and effective dates are:

3% from the first full pay period on or after 1 September 2025 (backdated); and

2.5% from the first full pay period on or after 1 September 2026.

If the vote is approved, all employees covered by the proposed EA and employed at the time the proposed EA comes into operation will receive relevant back pay to the first full pay cycle of September 2025.

Salary Sacrificing (3.2)

The proposed EA provides the option for eligible Health Professionals to salary package, in accordance with Mater Policy and applicable legislation.

Classification Structure, Appointments, Increments and Progression (3.3)

The proposed EA clause outlines Health Professional classifications from HP1-HP6, with minimum appointment based on required and relevant qualifications.

Increment progression is to occur at 12 months for full-time Health Professionals and 1976 (equivalent of 12 months full-time) for part-time and casual Health Professionals.

Higher Duties (3.4)

The proposed EA outlines higher duties are to be paid at pay point 1 of the relevant higher classification for the duration of eligible higher duties appointment.

The eligibility for higher duties applies in circumstances where the employee has worked 5 days or more at the higher level.

Job Evaluation Process (3.5)

The proposed EA outlines the job classification evaluation process – including the application, review, and appeal – for new positions or when there is a substantial change to an existing position that can be initiated by the manager or the incumbent Health Professional in the case of a substantially changed existing position.

Superannuation (3.6)

Mater's default superannuation fund (default fund) is the Health Employees Superannuation Trust of Australia (HESTA).

Health Professionals may elect for Mater to pay their superannuation guarantee contributions to a superannuation fund of their choice which is compliant with relevant superannuation legislation. Mater will make superannuation contributions as prescribed under the *Superannuation Guarantee (Administration) Act 1992* or any replacement act. For the sake of clarity, the compulsory Employer contribution is calculated in accordance with the super guarantee legislation and is based on ordinary time earnings.

Part 4 – Leave and Public Holidays

Parental Leave (4.1)

The proposed EA includes a statement of principle in relation to parenthood.

Paid Parental and Adoption Leave (4.2)

The proposed EA includes the following paid parental leave entitlements:

- For the parent who will take the majority of initial caregiving responsibilities – 12 weeks
- For the parent who is the supporting parent/partner sharing in the caring of the child – 2 weeks.

A parent is defined as:

- A birth parent;
- An adoptive parent; or
- A person who has primary responsibility for the day-to-day care of the child.

Unpaid Parental Leave (4.3)

The proposed EA includes unpaid parental leave in accordance with the NES.

Statutory Paid Leave (4.4)

The proposed EA introduces a clause to reference to the federal government's statutory paid leave, noting that it does not form any entitlement pursuant to this Agreement.

Long Service Leave (4.5), Cashing out of Long Service Leave (4.6) and Direction to take Long Service Leave (4.7)

The proposed EA includes the option to access long service leave at half pay and provides the option for a Mater process to cash out long service leave on compassionate or financial hardship grounds.

The proposed EA provides pro rata access to long service leave at 7 years continuous service. Entitlement for payment at termination remains 10 years. In addition, the minimum period of long service leave is 1 week (when at a full pay, 2 weeks at half pay). In addition, the proposed EA

stipulates long service leave is to be accessed within 5 years of the leave becoming an entitlement.

The accrual rate for long service leave under the proposed EA is 1.3 weeks per year.

The proposed EA outlines that after 12 years' service, the Health Professional is requested to submit a plan on when long service leave will be taken before 15 years' service. If at 15 years' service the Health Professional has not actioned the plan, further conversation will take place. If those steps do not lead to long service leave being accessed at a mutually agreed time, Mater can direct the taking of long service leave by giving at least 3 months' notice that the Health Professional is to take at least 4 weeks long service leave.

Annual Leave (4.8), Cash out of Annual Leave (4.9) and Direction to take Annual Leave – Excessive Balance (4.10)

The proposed EA includes 4 weeks annual leave for non-shift workers and 5 weeks annual leave for shift workers.

The proposed EA provides the option to access annual leave at half pay and clarifies that annual leave loading is not ordinary time earnings.

In the proposed EA annual leave loading for non-shift workers is 17.5% on 4 weeks and shift workers annual leave loading is 25% on 5 weeks of annual leave.

The proposed EA allows for the cashing out of annual leave, subject to conditions that reflect Award requirements.

The proposed EA outlines that subject to the Act, in situations where the Health Professional has in excess of 2 years' accrual and after discussions are unable to result in a mutually acceptable leave arrangement, Mater may provide the Health Professional 28 days' notice in writing to direct the taking of a period of leave. It is stipulated that a direction under this clause (4.8) is not to be given more than once in a 12 month period (unless otherwise agreed) and any direction to access leave will not reduce the accrued leave balance to below 2 years' accrual.

Personal/Carer's Leave (4.11)

The proposed EA provides for paid personal leave for Health Professionals, other than casuals, accrued at a rate of 10 days per year that can be taken in the event of a personal injury or illness or an injury, illness or unexpected emergency of a member of the immediate family or household. The proposed EA identifies that if a personal/carers leave day is adjacent to a rostered day off, accrued day off, annual leave, long service leave or a public holiday that the Health Professional may be required to provide suitable evidence for the absence (e.g., medical certificate).

Casual Health Professionals have access to unpaid personal leave.

Compassionate Leave (4.12)

The proposed EA identifies that Health Professionals, other than casual, have 2 days paid compassionate leave in the event an immediate family or household member is diagnosed with an illness or injury that is a serious threat to their life or dies.

Casual Health Professionals are entitled to unpaid compassionate leave.

Public Holidays (4.13) and Work Performed on a Public Holiday (4.14)

The proposed EA stipulates the public holidays that attracts the relevant penalty are those listed in the proposed EA, or any day appointed instead of those days as a public holiday under the Queensland Holidays Act 1983.

The proposed EA also includes the eligibility for a public holiday payment by undertaking directed work on the public holiday, and paid the appropriate rate, or being eligible for payment at the normal rate for absence on the public holiday by having a fixed roster that falls on that day or having a variable roster with that day rostered for at least 65% of the previous 26 weeks.

Christmas Period Closure and Concessional Day (4.15)

The proposed EA includes the Mater Christmas Concessional Day.

This is a day during the Christmas/New Year period where eligible employees can be absent on full pay without debit from any leave account. Eligibility for this day is included in the clause.

Jury Service (4.16)

The proposed EA introduces jury service leave for Health Professionals, other than a casual, required to attend for jury service during their ordinary hours.

This can be Mater reimbursed an amount equal to the difference between the amount paid for jury service and the ordinary pay if the Health Professional was not absent on jury service or, by agreement, with the amount paid for the jury service to be paid to Mater and Mater continuing to pay the ordinary pay.

If the jury service does not extend into ordinary working hours, or extends in part into the working hours, if practicable the Health Professional is to present for work at the earliest reasonable opportunity.

Domestic and Family Violence Support Leave (4.17)

The proposed EA includes an entitlement for domestic and family violence support leave, providing 10 days of paid leave in accordance with the Act.

Reduced Activity Periods (4.18)

The proposed EA stipulates a process to occur during planned reductions in operational activity due to business requirements that will mean reduced staffing level requirements, such as at Easter and Christmas. The process includes:

- requests for voluntary leave, TOIL or ADO access;
- in the event of excessive leave balances (more than 2 years' accrual), the direction to take annual leave;
- redeployment; or
- direction to take TOIL or ADO.

It is noted that some of the above actions may occur simultaneously, but will generally be undertaken in the order listed.

Suspension (4.19)

The proposed EA introduces a clause for suspension without pay in defined situations. The clause includes the situations where suspension without pay may occur along with procedural fairness principles and process. The clause also states that an employee may request access to accrued leave entitlements in lieu of suspension with or without pay. Requests to access leave in lieu of suspension will not be unreasonably denied. The situations are as follows:

- There is prima facie evidence of serious misconduct of such gravity that continued duty would pose a significant risk to reputation, safety, service delivery, or regulatory compliance; or
- The employee is charged with a serious offence; and

- The employee is unable to perform their role as a consequence of the charge or related proceedings; or
- Mater's brand or reputation may be damaged if the employee is allowed to continue working while the relevant legal proceedings progress; or
- The employee is unable to perform the inherent requirements of their role due to professional registration requirements lapsing, being suspended or conditions being imposed that are unable to be met by Mater or the employee.

Part 5 – Hours of Work

Ordinary Span of Hours of Work (5.1)

The proposed EA defines the span of hours to 06:00-19:00 Monday to Friday, other than in Pharmacy or Allied Health.

Ordinary Span of Hours of Work in Pharmacy and Allied Health (5.2)

The proposed EA defines the span of hours for:

Pharmacy: 07:00-21:00 Monday to Friday and 07:00-18:00 on Saturday and Sunday

Allied Health: 06:00-19:00 Monday to Friday and 07:00-18:00 on Saturday and Sunday

Working a 38-hour week (5.3) and Averaging Arrangements (5.4)

The proposed EA outlines that the hours of work can be averaged for up to four weeks and the default averaging is one week.

12 Hour Shift (5.5)

The proposed EA includes a 12 hour shift and the conditions for a 12 hour shift.

Breaks Between Shifts (5.6)

The proposed EA outlines a default of 10 hours break between shifts, with an 8 hour break in the event of changing shift worker rosters or if agreed in writing between the Health Professional and Mater.

Accrued Days Off (5.7)

The proposed EA includes accrued days off.

The purpose is to take accrued days off (ADOs) on a regular and consistent basis. Therefore, the proposed EA states the maximum amount of ADOs that can be accrued at any one time to three days.

Rostered Days Off (5.8)

The proposed EA provides for 2 rostered days off (RDOs) per week and outlines RDO patterns, including that when the RDO pattern is two consecutive days per week that the two consecutive RDOs a week may be one day at the end of one week and one day the beginning of the next.

Shift Penalties (5.9)

The proposed EA shift penalties are as per the table below:

Shift	Definition	Penalty or Allowance
Early Work	Means ordinary work performed Monday to Friday before 06:00 which does not qualify as a Night shift as defined below.	15% penalty for the hours worked before 06:00
Late Work	Means ordinary work performed Monday to Friday after 19:00 which does not qualify as either an Afternoon or Night Shift as defined below.	15% penalty for the hours worked after 19:00
Afternoon	Means any shift of ordinary hours worked Monday to Friday commencing on/or after 12:00 and finishing after 19:00. Class	15% penalty paid for the entire shift
Night	Means any shift of ordinary hours worked Monday to Friday commencing on/or after 19:00 or before 06:00 the following day, at least 50% of which is worked before 08:00.	15% penalty paid for the entire shift
Saturday	All ordinary time worked between midnight Friday and midnight Saturday.	50% penalty
Sunday	All ordinary time worked between midnight Saturday and midnight Sunday.	100% penalty

Overtime (5.10)

The proposed EA outlines overtime is authorised work in excess of:

- 38 hours per week (subject averaging or an ADO arrangement, in which case the averaging or ADO arrangement will set the maximum); or
- 10 hours per day (subject to 12 hour shifts being introduced under clause 5.5, in which case 12 hours will be the maximum).

Overtime is paid under the proposed EA as follows:

- Monday to Friday: 150% for the first 3 hours and 200% thereafter.
- Sunday: 200%
- Public holidays: 250%
- ADOs: 150% for the first 3 hours and 200% thereafter, with a minimum payment of 2 hours.

Time off in Lieu (5.11)

The proposed EA provides for TOIL arrangements to be mutually agreed by the Health Professional and Mater to accrue time off in lieu instead of overtime when working hours that would otherwise be overtime.

Maximum TOIL accrual is 24 hours and should be taken within 28 days of it being accrued, at a mutually convenient time. Any overtime when the TOIL accrual is at 24 hours is to be paid as overtime.

Direction to take TOIL may occur when the maximum TOIL accrual has been reached or during reduced activity periods (clause 4.15).

Breaks (5.12)

Unpaid Meal Breaks (15.12.1)

The proposed EA provides unpaid meal breaks for shifts longer than 5 hours, with those on 12 hour shifts receiving two meal breaks. The unpaid meal break is to be a continuous 30 minutes to 1 hour in duration. The time of taking the meal break can be varied with mutual agreement.

Paid Meal Breaks (15.12.2)

Directed work during the scheduled meal break is paid at the ordinary rate of pay for the duration of the meal break in the proposed EA.

Meal Allowance (15.12.3)

The EA provides for a meal allowance when undertaking overtime after a 12 hour shift, or after each 5 hours of overtime during an RDO.

Tea Breaks (15.12.4)

The proposed EA has paid 10 minute tea breaks, which count as time worked, every four hours for any shift that extends for at least five hours. Where an employee is eligible for two tea breaks, it can be mutually agreed to have a combined 20 minute tea break instead of two separate 10 minute breaks.

Part 6 – Professional Development and Support

Professional Development Allowance (6.1)

The proposed EA includes a professional development allowance (PDA) of up to \$1500 per annum.

The following Health Professionals are not eligible:

- casual employees;
- part-time employees with less than 15.2 hours per fortnight;
- temporary/fixed term employees with less than 2 years continuous service (note: this is applicable only where fixed term employment continues due to the employment meeting one of the qualifying exceptions for further temporary employment).

All other Health Professionals are eligible for the PDA.

Professional Development Leave (6.2)

The proposed EA includes a professional development leave (PDL) of up to 3 days per annum.

The following Health Professionals are not eligible:

- casual employees;
- part-time employees with less than 15.2 hours per fortnight;
- temporary/fixed term employees with less than 2 years continuous service (note: this is applicable only where fixed term employment continues due to the employment meeting one of the qualifying exceptions for further temporary employment).

All other Health Professionals are eligible for the PDL. Eligible part-time employees are entitled to pro-rata PDL.

Qualification Allowance (6.4)

The proposed EA includes a weekly qualification allowance.

The eligible qualifications are Post Graduate Certificate, Post Graduate Diploma, second Degree or equivalent credential and Masters or PhD. The eligible classification levels in the proposed EA are HP2, HP3 or HP4 and the requirement for eligibility to be 12 months service at the top increment (pay point).

Part 7 – On call

On Call Allowance (7.1)

The proposed EA increases the on call allowance for each year of the proposed EA as follows:

On Call Allowance		
On Call Period	Effective Date	
	The date the Agreement comes into operation	First full pay period on or after 1 September 2026
The whole of a rostered day off, an accrued day off or on a public holiday (per day)	\$53.52	\$54.86
During the night only of a rostered day off, an accrued day off or public holiday (per night)	\$33.80	\$34.65
Any other night (per night)	\$26.76	\$27.43

Emergency Clinical On Call Allowance (7.2)

The proposed EA increases the emergency clinical on call allowance for each year of the proposed EA as follows:

Emergency Clinical On Call Allowance Per Hour		
Effective Date	The Date the Agreement comes into operation	First full pay period on or after 1 September 2026
Amount	\$3.94	\$4.04

Part 8 – Recall

Recall Payment (8.1)

The proposed EA outlines physical recall to duties from Monday to Friday has a minimum payment of 3 hours at the relevant overtime rate and Saturday or Sunday recall has either minimum payment of 3 hours at the overtime rate or, at the Health Professional's choice, mutually agreed time off equivalent to the number of hours worked.

Recall on a public holiday attracts either a minimum payment of 4 hours at the relevant overtime rate or, at the Health Professional's choice, mutually agreed time off with a minimum of 4 hours plus payment at half the ordinary rate for the recall time worked.

It is noted that if a subsequent recall occurs within the minimum hours of a single recall on any day, no further minimum payment will apply.

Telephone Recall (8.2)

The proposed EA includes telephone recall to duties that do not need physical attendance at the workplace and involves advice via telephone. The proposed EA outlines 1 hour's work will be paid for each instance.

It is noted that if a subsequent telephone recall occurs within the minimum, no further minimum payment will apply.

Recall when not Rostered On Call (8.3)

The proposed EA provides for relevant overtime, with a minimum payment of 3 hours, when a Health Professional who is not on call is recalled to work after completing their ordinary hours, or who is recalled at least 3 hours prior to their ordinary hours.

Transport when Performing Recall (8.4)

The proposed EA includes the provision of transport, reasonable payment for the cost of travel fares when performing on call, or the option to submit a claim for reimbursement per km travelled.

Part 9 – Other Allowances

Uniform (9.1.1)

The proposed EA introduces the clause that outlines Mater will supply uniforms to staff, which will remain the property of Mater and are to be returned at the conclusion of employment as a Mater Health Professional.

Laundry Allowance (9.1.2)

The proposed EA increases the laundry allowance for each year of the proposed EA as follows:

Laundry Allowance (per week full-time, pro rata for part-time)	
Effective Date	
The date the Agreement comes into operation	First full pay period on or after 1 September 2026
\$3.22	\$3.30

Part 10 – Travelling and Working Away from Usual Place of Work

Travelling and Relieving Expenses (10.1)

The proposed EA provides for the payment of reasonable expenses when travelling on official duty or undertaking duties away from the usual place of work.

Excess Travelling Time (10.2)

The proposed EA includes the payment at the appropriate hourly rate, or mutually agreed TOIL, for travel time outside ordinary hours when travelling away from Mater on Mater directed official business.

Part 11 – Occupational Health and Safety

Workplace Health and Safety Process (11.1)

The proposed EA includes the commitment a safe working environment and processes to address and resolve health and safety matters including audits, the Health and Safety Committee, the Safety Health and Wellbeing Unit, and escalation of issues on site.

The proposed EA outlines that the status quo will continue during an investigation – providing that status quo will not apply in an unsafe work environment – or, where appropriate, there will be reassignment to suitable alternative work environment or work.

Fatigue Leave and Payment (11.2)

The proposed EA includes fatigue provisions for when a Health Professional is required to work overtime immediately after one shift resulting in less than the required break between shifts (as per clause 5.6) in the proposed EA apply to all classification and pay point levels.

It provides for the Health Professional to be released from duty on the following shift until the break required under clause 5.6 is given and that the Health Professional is paid for all ordinary rostered hours during that release from duty.

If the Health Professional is directed by the Manager to resume work without the break (as per clause 5.6), the work is paid an additional 100% above the ordinary rate until the break is given, without loss of pay for all ordinary working time occurred during that break.

When on call, these provisions apply when the Health Professional has physically worked in excess of two hours recall (including travelling time).

Where a Health Professional performing on call and receiving the on call allowance is recalled to site for a period of less than two (2) hours (including travel time), and the recall commences between the hours of 23:00 and 04:00, the Health Professional will be provided additional time off equivalent to the duration time of the recall without loss of pay, prior to recommencing their ordinary rostered shift.

Part 12 – Right to Disconnect

Proposed EA includes specific reference detailing employees right to disconnect under the Act. The legislation applies to EA covered employees.

Part 13 – Workplace Delegates Rights

Workplace Representatives and Union Delegates (12.1)

The proposed EA includes the model term that outlines conditions relating to and entitlements of Workplace Delegates, including:

- providing Mater with written notice of appointment as a workplace delegate;
- providing Mater with written notice when ceasing to be a workplace delegate;
- right of representation;
- entitlement to reasonable communication;
- entitlement to reasonable access to the workplace and workplace facilities;
- entitlement to reasonable access to training; and
- the exercising of entitlements under the clause.

Part 14 – Overpayment

The proposed EA includes the statement that overpayments (payments in excess of the entitlements contained within the EA) will be able to be recovered by Mater in accordance with Mater Policy.



Part 15 – No extra claims

The proposed EA states it is a full and final settlement of all parties' claims for its duration.

Schedule Two – Indicative List of Eligible Disciplines/Professions

The proposed EA list contains indicative Health Professional roles and is updated to reflect current terminology and to provide consistency.

Schedule Three – Work Level Statements

The proposed EA provides details of the Health Professional streams and classification levels.

The proposed EA outlines the following Health Professional streams:

- professional;
- supervisory; and
- technical.

It is noted that a role can combine more than one of the above streams. Different qualities of each stream are noted, as applicable, in the work level statements.

The proposed EA includes the following classification levels from HP1 to HP5. There are minimum commencement points based on the required and relevant qualification level to be held by the Health Professional and outlines the general function and form of each classification in the following areas:

- Knowledge, Skills and Expertise
 - Accountability
-

Other matters

Grammatical and administrative amendments have been made throughout the document to improve readability and accuracy.

Schedule One – Wages

The wages in the proposed EA will apply from the dates indicated Health Professionals employed at Mater as at the date of operation of this Agreement:

Classification	Wages			
	First full pay period after 1 September 2025		First full pay period after 1 September 2026	
	Hourly	Per Annum	Hourly	Per Annum
Health Professional – Lvl 1.1	\$31.89	\$63,227.06	\$32.69	\$64,807.73
Health Professional – Lvl 1.2	\$32.82	\$65,081.24	\$33.64	\$66,708.27
Health Professional – Lvl 1.3	\$33.78	\$66,970.34	\$34.62	\$68,644.59
Health Professional – Lvl 1.4	\$34.74	\$68,883.53	\$35.61	\$70,605.62
Health Professional – Lvl 1.5	\$35.66	\$70,710.96	\$36.55	\$72,478.73
Health Professional – Lvl 1.6	\$36.54	\$72,446.89	\$37.45	\$74,258.06
Health Professional – Lvl 1.7	\$37.50	\$74,360.09	\$38.44	\$76,219.09
Health Professional – Lvl 2.1	\$38.61	\$76,558.18	\$39.58	\$78,472.14
Health Professional – Lvl 2.2	\$41.06	\$81,422.05	\$42.09	\$83,457.60
Health Professional – Lvl 2.3	\$43.01	\$85,278.27	\$44.08	\$87,410.23
Health Professional – Lvl 2.4	\$44.99	\$89,206.98	\$46.12	\$91,437.16
Health Professional – Lvl 2.5	\$47.69	\$94,567.94	\$48.89	\$96,932.14
Health Professional – Lvl 2.6	\$50.81	\$100,740.30	\$52.08	\$103,258.81
Health Professional – Lvl 2.7	\$52.07	\$103,234.11	\$53.37	\$105,814.97
Health Professional – Lvl 2.8	\$53.64	\$106,359.20	\$54.98	\$109,018.18
Health Professional – Lvl 3.0	\$41.06	\$81,422.05	\$42.09	\$83,457.60
Health Professional – Lvl 3.1	\$44.99	\$89,206.98	\$46.12	\$91,437.16
Health Professional – Lvl 3.2	\$47.69	\$94,567.94	\$48.89	\$96,932.14
Health Professional – Lvl 3.3	\$50.81	\$100,740.30	\$52.08	\$103,258.81
Health Professional – Lvl 3.4	\$52.78	\$104,647.57	\$54.10	\$107,263.76

Health Professional – Lvl 3.5	\$55.14	\$109,331.31	\$56.52	\$112,064.60
Health Professional – Lvl 3.6	\$57.50	\$114,009.75	\$58.94	\$116,859.99
Health Professional – Lvl 3.7	\$60.36	\$119,674.39	\$61.87	\$122,666.25
Health Professional – Lvl 3.8	\$62.24	\$123,417.67	\$63.80	\$126,503.11
Health Professional – Lvl 4.1	\$66.58	\$132,013.99	\$68.24	\$135,314.34
Health Professional – Lvl 4.2	\$67.97	\$134,768.40	\$69.67	\$138,137.61
Health Professional – Lvl 4.3	\$69.74	\$138,288.66	\$71.49	\$141,745.88
Health Professional – Lvl 4.4	\$71.64	\$142,056.04	\$73.43	\$145,607.44
Health Professional – Lvl 5.1	\$75.32	\$149,341.02	\$77.20	\$153,074.55
Health Professional – Lvl 5.2	\$78.59	\$155,827.89	\$80.56	\$159,723.58
Health Professional – Lvl 6.1	\$83.92	\$166,386.02	\$86.01	\$170,545.67
Health Professional – Lvl 6.2	\$86.86	\$172,233.24	\$89.04	\$176,539.07