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It's Time for a Public Sector Allied Health Enterprise Agreement in SA



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Acknowledgement of country

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Key Findings

THE POLICY PROBLEM

South Australia is the only state in Australia in which allied health workers are covered by a generic enterprise agreement. This contributes to South Australia having some of the lowest paid allied health workers in the country; the lowest rate of allied health workers in public hospitals; and consistently high turnover rates.

FINDINGS

By investigating wages, workload, industrial classifications, employment security, and professional development it was evident that the current enterprise agreement is not suitable for the nature of work conducted by allied health workers.

RECOMMENDATIONS

The *South Australian Public Sector Enterprise Agreement: Salaried 2021* expired on December 9, 2024. This report recommends the South Australian Government take this opportunity to reconsider the suitability of the current arrangement and establish an allied health enterprise agreement that better reflects the industry.

In addition, it also recommends:

- An increase in allied health wages to increase competitiveness, attraction and retention.
- Formalised rostering practices to ensure a minimum of 4 weeks' notice for all rosters.
- Undertake a review of allied health workloads across SA health with a view to enact formal workforce planning.
- Regulate fixed-term contracts.
- Review professional development funding processes.

BENEFICIARIES OF THE REFORM

A dedicated allied health enterprise agreement for SA Health workers is an important step toward recognising their unique contributions to the healthcare system. It would ensure they are valued, supported, and fairly treated, which ultimately leads to better outcomes for both the workforce and the patients they serve.

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Introduction

Allied health professionals play a pivotal role in a modern, holistic public healthcare system. They are highly skilled and specialised workers who treat patients with some of the most complex and high-acuity conditions. In South Australia allied health workers employed by the health department are currently covered by the *South Australian Public Sector Enterprise Agreement: Salaried 2021*, which expired on December 9, 2024. The expiry of this agreement offers an opportunity for the South Australian Government to reconsider the suitability of the current arrangement in the state.

The purpose of an enterprise agreement is to set out entitlements and conditions that are relevant to their workplace. A good enterprise agreement should reflect the nature of the work which it covers.

The South Australian Government currently has 30 separate Enterprise Agreements (**EA**) (Government of South Australia, 2024). These agreements recognise the unique nature of work undertaken by public servants in SA across a range of sectors and workplaces. Currently allied health workers in SA Health are covered by the generic public service agreement - the same agreement covers an estimated 35,000 public servants, across more than 40 different agencies.

South Australia and the Northern Territory are the only remaining regions in Australia in which allied health workers are covered by a generic enterprise agreement.

This contributes to South Australia having some of the lowest paid allied health workers in the country; the lowest rate of allied health workers in public hospitals; and consistently high turnover rates. Low wages and poor conditions inhibit staff attraction and retention in the state, contributes to stress and burnout in workers, and impacts patient outcomes.

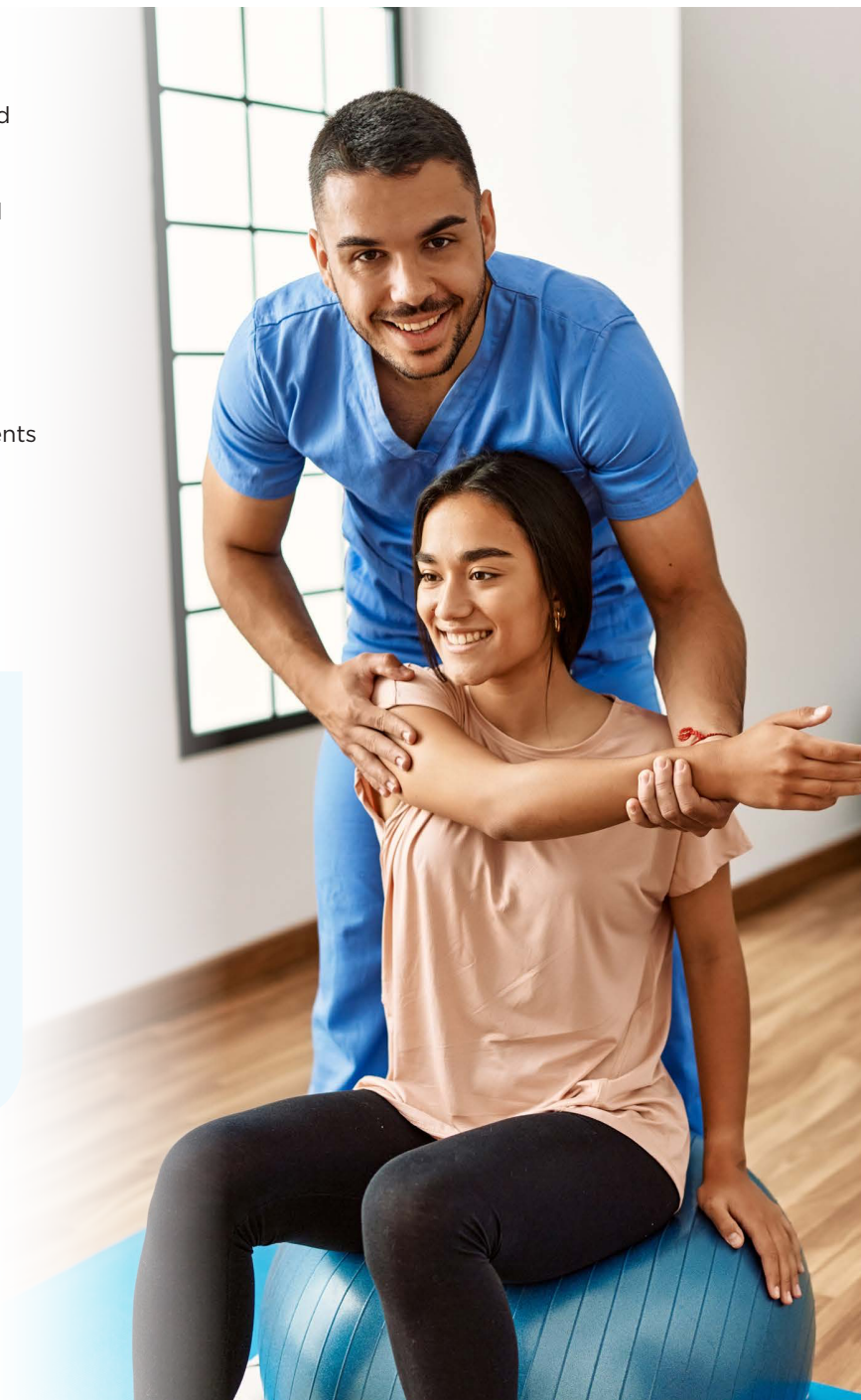
A generic enterprise agreement is poorly suited to the nature of allied health work.

Allied health workers are highly specialised workers, a specific enterprise agreement would ensure their qualifications and responsibilities are appropriately recognised and compensated including through the regulation of industry specific standards to workload, rostering, safety and professional development standards.

Allied health workers account for a comparatively small proportion of public service workers in South Australia and are, therefore, often unable to meaningfully advocate for the industry specific entitlements they need.

An industry specific enterprise agreement enables employers and employees to more easily adjust employment conditions to suit current needs and interests.

This report recommends the South Australian Government take this opportunity to establish an allied health enterprise agreement that better reflects the industry.



Defining Allied Health

Allied health is a growing and dynamic field that plays an essential role in community health and wellbeing. Although the sub-specialties that sit under the umbrella of allied health work are well established, the category of ‘allied health’ is comparatively new. As such, according to Allied Health Professions Australia - the peak body for the sector in the country - allied health workers are often defined in contrast to what they are not: ***“allied health professionals are health professionals that are not part of the medical, dental or nursing professions”*** (ALLIED HEALTH PROFESSIONS AUSTRALIA, 2024).

For clarity, however, allied health includes a broad range of specialisations including - *but not limited to* - Occupational Therapists; Physiotherapists; Speech Pathologists; Social Workers; Psychologists; Radiographers; Sonographers; Dietitians; Allied Health Assistants; and Pharmacists (SA Health, 2024). It should also be noted that in the public system dental often falls within allied health.

Allied health professionals play a critical role in delivering comprehensive and holistic healthcare that improves patient outcomes and helps to reduce strain on the healthcare system (Allied Health Professions Australia, 2024). They contribute significantly to the multidisciplinary approach that is central to modern healthcare systems by assisting to bridge gaps in diagnosis, treatment, and rehabilitation (Department of Health and Aged Care, 2024). Collaborative cross-disciplinary efforts are essential for addressing

complex health challenges and supporting the overall efficiency and accessibility of public healthcare services.

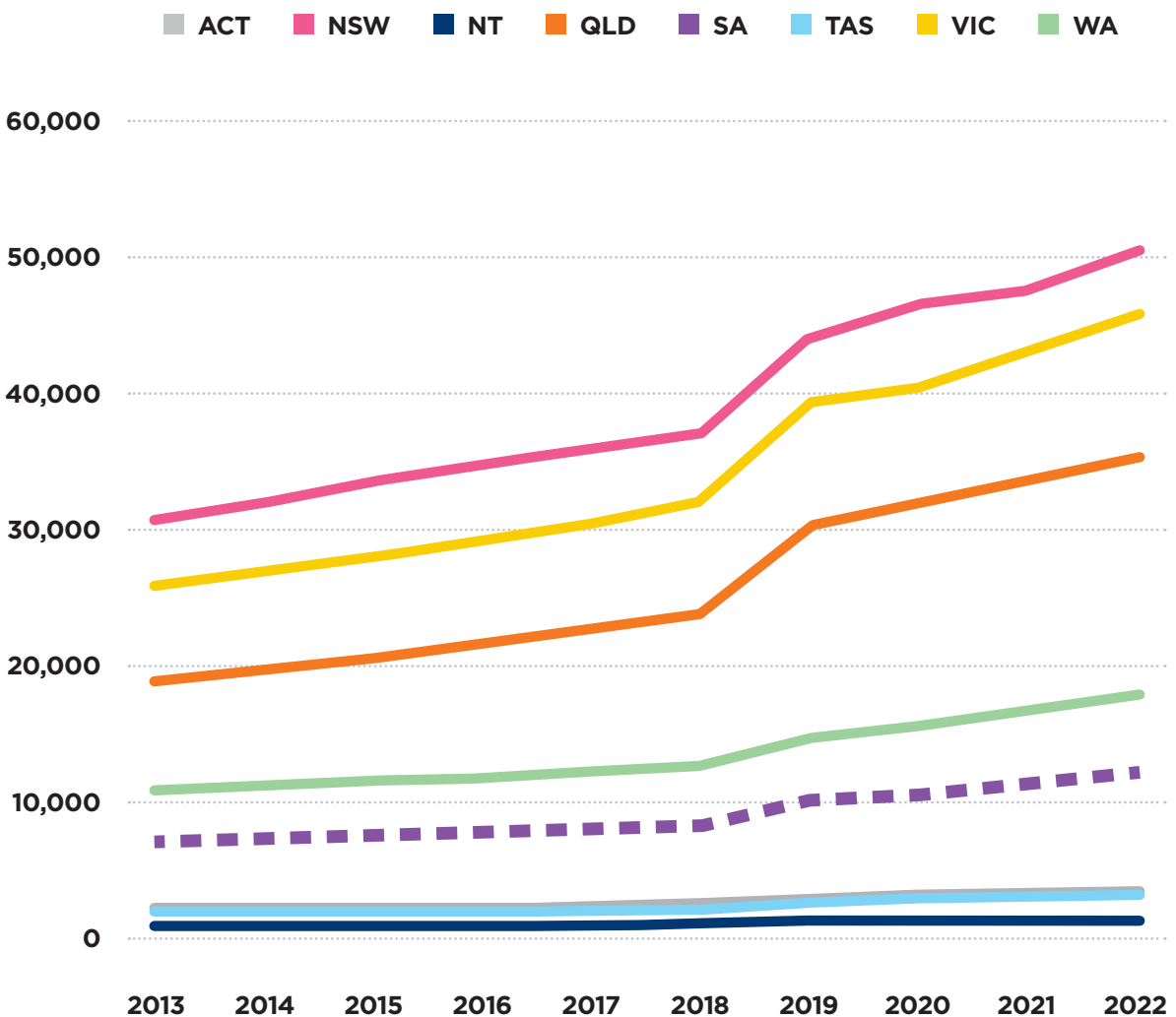
In the public sector they assist patients with some of the most complex and high-acuity conditions in our health system. The Allied Health Advanced Clinical Practice Statewide Framework emphasises that these workers play a central role in managing high clinical acuity to enhance treatment options and care pathways for patients - especially those with complex needs (SA Health, 2023).

ALLIED HEALTH IN SA

Allied health workers are employed inside and outside of the public health system; however, this report is specifically concerned with those employed in South Australia’s public hospital system overseen by SA Health.

The Australian Institute of Health and Welfare (**AIHW**) reports a significant increase in the allied health workforce nationally, with a 66.5% rise in the number of practitioners from 2013 to 2022 (Australian Institute of Health and Welfare, 2024). This growth reflects the expanding role of allied health professionals but, unfortunately, South Australia's growth is lagging. South Australia has the lowest rate of allied health workers in public hospitals of any mainland state, recognising low numbers in the Australian Capital Territory, Northern Territory and Tasmania (Australian Institute of Health and Welfare, 2023). Figure 1 uses the latest longitudinal data from the Australian Institute of Health and Welfare to track this from 2013 to 2022.

FIGURE 1 TOTAL ALLIED HEALTH FTE AND FTE RATES BY STATE AND TERRITORY 2013 TO 2022



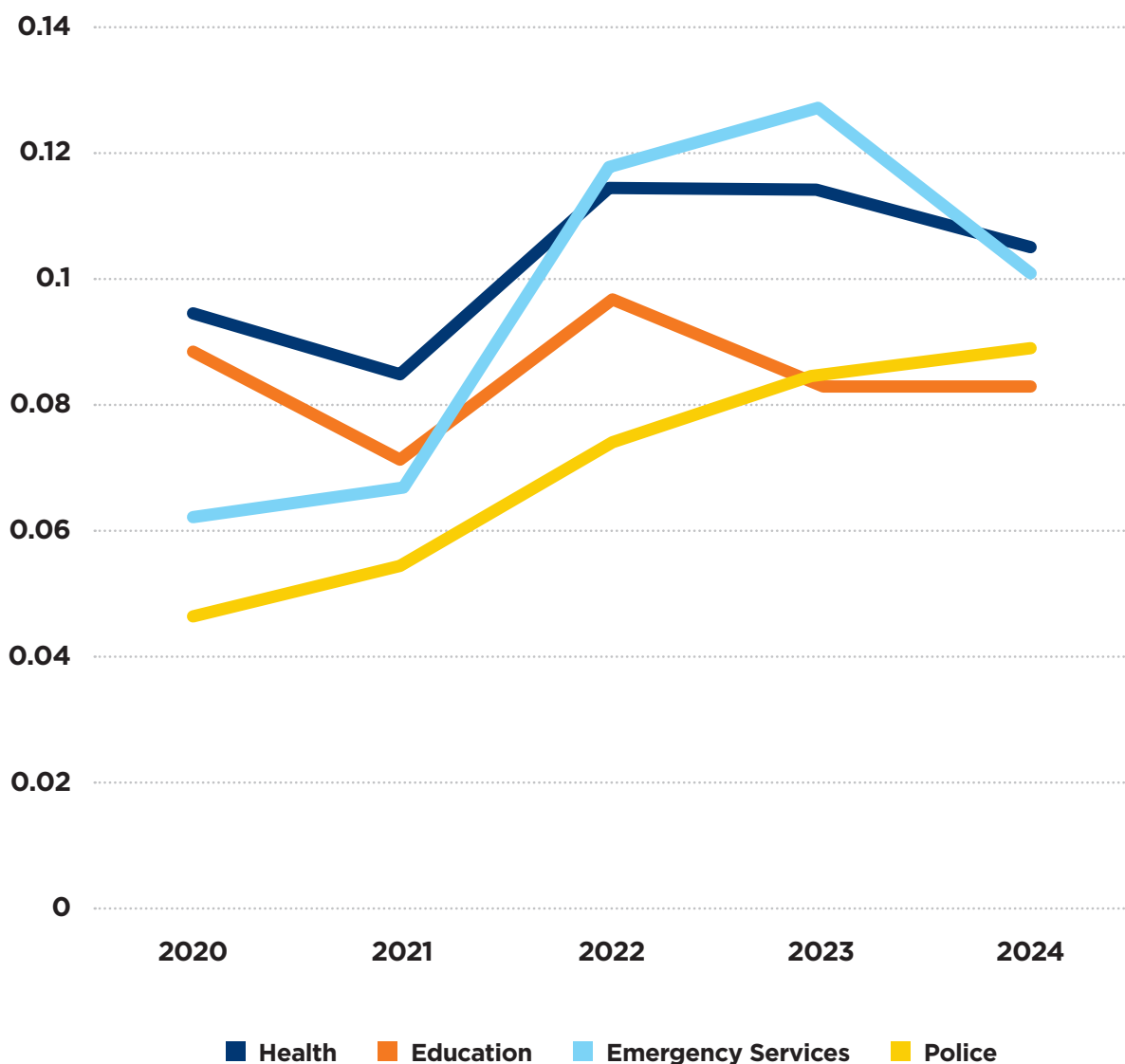
Source: Australian Institute of Health and Welfare, 2024.



As of June 2024, there were 6, 536 allied health allied health professionals employed by the South Australian Government, at a full-time equivalency of 5,445 (Government of South Australia, 2024, p. 21).

Although accurate and up-to-date data on sector vacancy rates is limited, available information indicates a growing demand for allied health professionals nationwide. Data from the Office of the Commissioner for Public Sector Employment indicates the South Australian Health sector has higher staff turnover than Education, Police and Emergency Services.

FIGURE 2 SOUTH AUSTRALIAN PUBLIC SECTOR TURNOVER



Examining Public Sector Allied Health Entitlements

Enterprise agreements are complex legal documents, negotiated over extended periods of time and significantly influenced by their own unique settings. This makes comparison complex. To compare public sector allied health workers in SA to their interstate counterparts the McKell Institute has selected 4 key industrial entitlements: wages; workload and staffing; employment security; and professional development.

In order to understand the real-world impact of each of those issues the McKell Institute conducted a series of interviews with allied health workers employed by SA Health. The interview subjects span a range of specialties across the sector. These interviews form the case studies throughout this report and provide practical insight into the ways industrial entitlements influence rates of patient outcomes; staff burnout and stress; and attraction and retention.

Wages

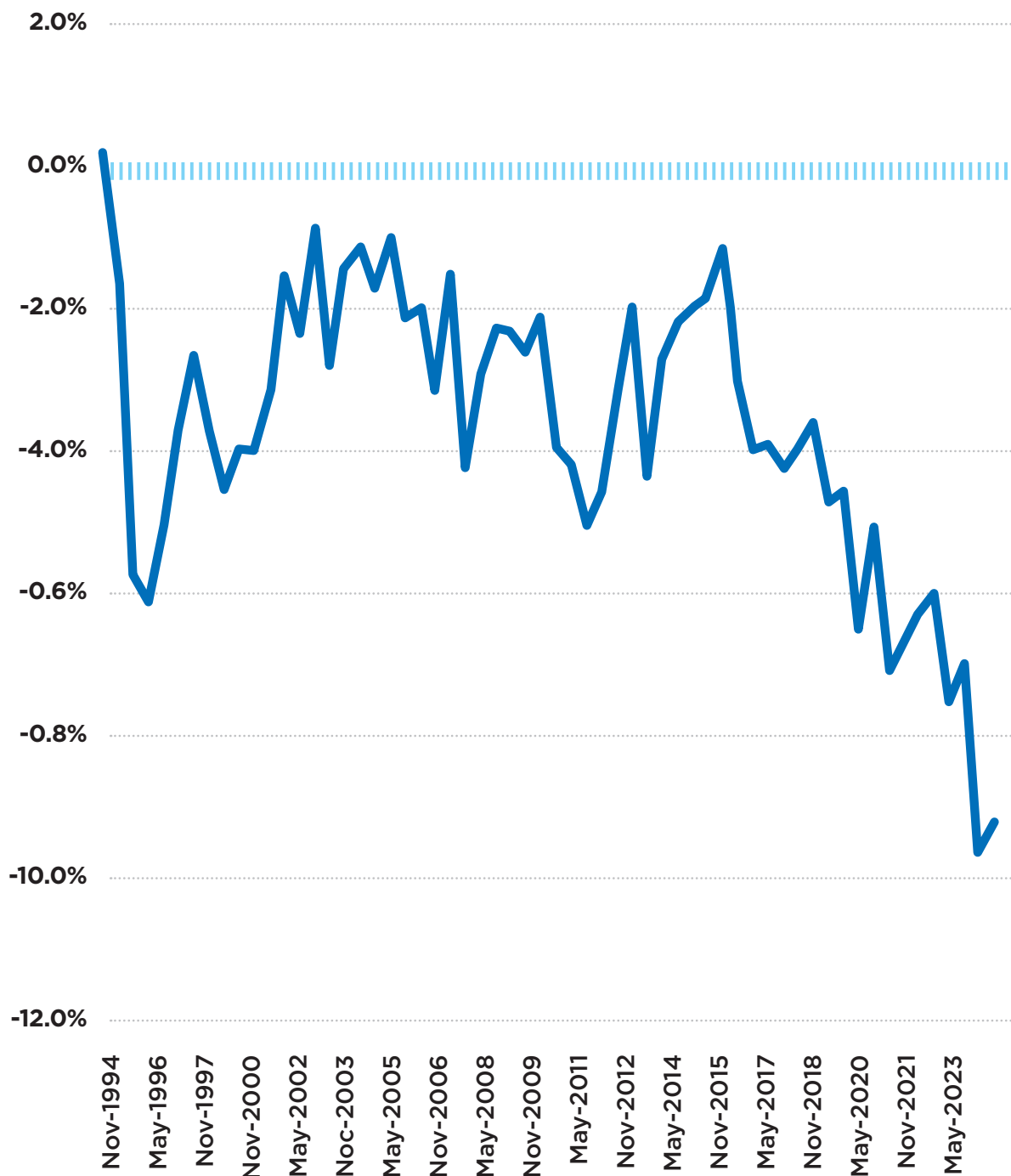
Despite record growth, including a revised \$413 million surplus in the 2023-24 mid-financial year budget outlook, South Australian public sector wage growth across the board has been notably constrained in recent years.

On average public sector employees¹ in South Australia earn 9.2 per cent less than the Commonwealth average. The lowest in the nation and the single largest negative differential recorded for any jurisdiction since 1994.

1. This figure is inclusive of both state and commonwealth public sector employees.

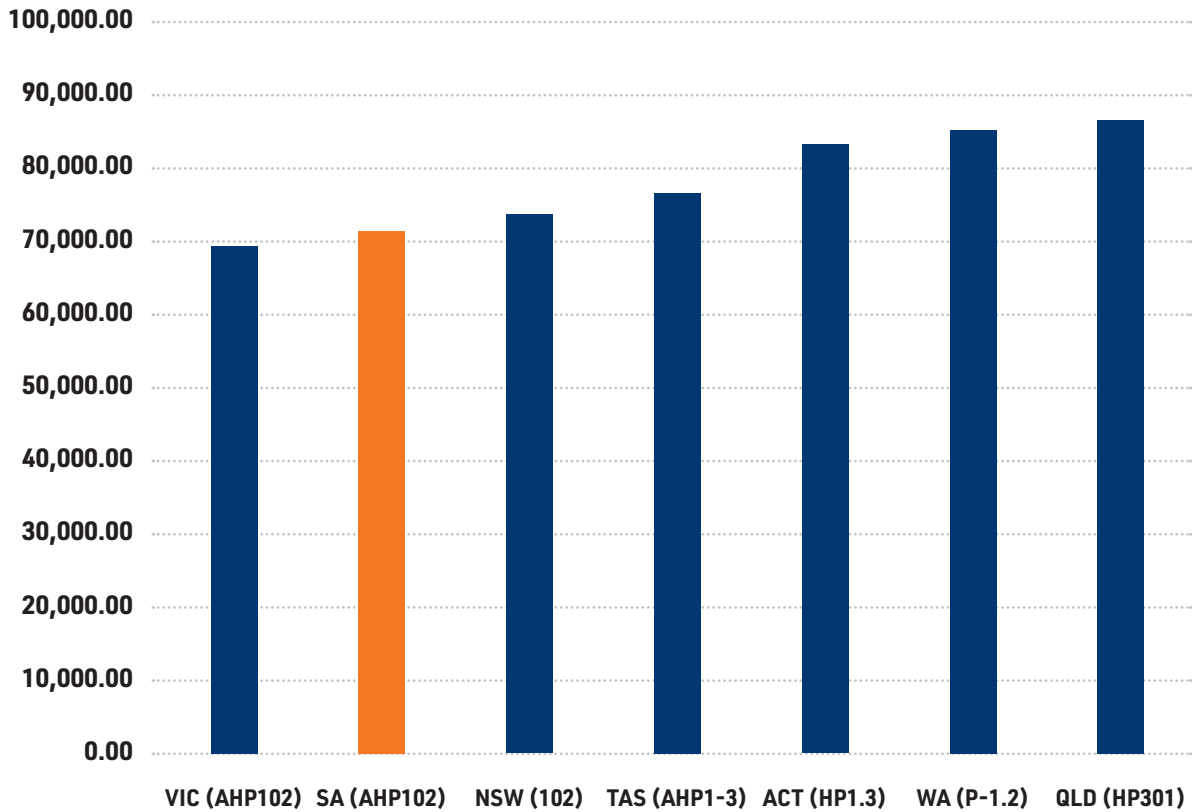


FIGURE 3 PUBLIC SERVANT FTE WEEKLY WAGE COMPARISON SA + COMMONWEALTH



And allied health workers in the South Australian public health sector are some of the lowest paid by any state government in Australia. Figure 3 compares entry level allied health wages for professionals with a four-year degree across Australia.

FIGURE 4 ENTRY LEVEL ALLIED HEALTH SALARY COMPARISON (4 YEAR DEGREE)²



Source: Relevant enterprise agreements listed in Appendix A, authors calculation. Current rates of pay (Dec 2024) for an entry level allied health professional with 4-year degree. Excludes allowances and penalties.

Although in some cases the disparity may seem slight, low wages have a compounding impact over time and South Australia is lagging the nation.

Low wages were a consistent issue across the interviews with allied health workers in SA and it is evident there is a strong relationship between low wages and poor attraction and retention for allied health workers in SA – especially of more senior and experienced staff.

Low wages undermine organisational and broader economic competitiveness in several central ways including:

- Higher turnover, poorer retention, and skills shortages as a result of experienced staff seeking out better-paying jobs.
- Increased operational costs and reduced efficiency as a result of frequent hiring and training of new employees.
- Damage to organisational reputation, further deterring potential staff.

Low wages also suppress consumer spending and reduce demand for goods and services. Over time low wage growth in the public sector, the largest employer in the state, is also likely to stagnate economic growth, indirectly harming business competitiveness (International Labour Organization, 2024).

2. The Northern Territory has been omitted as a direct comparison was not possible.

CASE STUDY

Wages

Bridget has been working as a Physiotherapist in SA Health for 4 years. She describes how low wages and uncompetitive conditions is making it difficult to hire and keep qualified senior staff and makes it feel like they are **“always chasing their tail”**.

I feel like recruitment to a lot of these positions has been really hard. And I think even in saying that - recruitment we might achieve - but the keeping someone in the role for a significant amount of time to actually be able to be efficient in that role is just not happening.

The turnover of staff is so high. And because of that as well, it's often - like this is a like more of a senior physiotherapist role - but the people who are applying for it are junior staff because we don't have any senior staff staying within the clinical service.

And so, then it just feels like we are always chasing our tail. And I feel like that support for our clinical load and our clinical seniors just is not there anymore. Because they've left to other opportunities that pay better and have better work conditions.

RECOMMENDATION

Increase Allied Health Wages

Allied health wages in the public hospital system are not competitive with the private sector and are not keeping up with their interstate counterparts in the public system. A pay rise is required to ensure quality workers stay in the public system.

Within an SA Allied Health Enterprise Agreement this should include a discipline specific appendix for some specialities, like Psychology, to better reflect different training and skills.

Industrial Classification Structures

The industrial classification structures in the generic enterprise agreement are poorly aligned with the diverse nature of allied health workers and are not competitive or comparable with both private sector and interstate public sector agreements.

Looking specifically at Psychologists, this is undermining both attraction of new staff and - importantly - the retention of existing senior staff. A workforce retention survey conducted by the SA Health Statewide Psychology Advisory Group found an enormous **79% of SA Health Psychologists were currently exploring employment options outside of SA Health and 85% would most likely seek private sector employment** (SA Health Statewide Psychology Advisory Group, 2024).



CASE STUDY

Role Classification and Wages / Psychologists

Deborah is the President of the SA Psychologists Association

and has been working as a psychologist in the public sector for more than 20 years. Deborah explained how public sector wages and conditions for psychologists in SA are dangerously uncompetitive making it difficult to compete with interstate public sector positions, in addition to the private sector.

'The pull to private practise is now so great that the gap between payments for public and private cannot be bridged in any meaningful way.'

'So, by way of example, a psychologist who has completed a 10-year training program: six years of university education, two years of a registrar program, and then two years to become a board approved supervisor.'

'We put them in at the AHP3 level senior clinical forensic or health psychologist. We pay them about \$51.00 an hour - and in private practise current APS rate is \$311 an hour, the current NDIS rate is \$242 [an hour].'

'So essentially this gap is enormous. When you can earn that much more in a different environment where your risk is much lower, your complexity is much lower, and your conditions are much better.'

As a result, trained psychologists are being pushed out of the public system.

'And so, my position - as have many others - has been to partly leave the public sector and work privately.'

'The majority of our workforce now works privately, works a hybrid public and private: private for the money, public for the values.'

CASE STUDY

Role Classification / Physiotherapists

Classification issues are not restricted to psychologists. Similar classification issues for Physiotherapists were also raised by Bridget as she explained that at 4 years into her career she is almost at the highest classification, and pay rate, available to a physiotherapist unless they enter a management role.

There are better pay and better conditions in private. It's not matchable here right now. And I think also with our current EA, you get to a certain point, and you top-out and it doesn't take long.

I'm almost at the top of the [level] two now. And the only way I can go up from here is to become a manager. I don't want to do that and lose my clinical time like some people don't.

But in terms of job progression and aiming for the next step - there isn't much really there. And then even further to that, like my colleagues who are a [level] 3 to 4 are non-clinical. So, I'm only 27 and I'm almost at a three. But what happens next?

RECOMMENDATION

Establish a SA Allied Health Enterprise Agreement

An allied health enterprise agreement would ensure their unique professional needs, workloads, and career pathways are appropriately recognised and addressed. Such an agreement would improve workforce retention, patient outcomes, and foster fairer working conditions.

Without an improvement in wages and conditions, facilitated by an EA that is designed for allied health workers, there is a danger the system will continue to hollow out as competition in the private sector pulls qualified workers away from the public system.

Workload and Rostering

Workload and rostering issues were a recurrent theme across the interviews with allied health workers. Workers described the way unmanageable workloads were causing individual stress and impacting patient outcomes. Short notice of shifts negatively impacted their lives, making it difficult to meet their caring responsibilities and undermined their sense of work-life balance.

Safe workloads are crucial to: maintaining high-quality patient care and positive patient outcomes; promoting workforce well-being and reducing burnout and workforce attrition; and supporting productivity and efficiency and overall sector sustainability (Cohen, Pignata, Bezak, Tie, & Childs, 2023; Rotenstein, Brown, & Sinsky, 2023).

It has been well established that fluctuating rosters inhibits the maintenance of healthy and committed social relationships and that working irregular and changeable hours makes it difficult to synchronise leisure time (Cuervo & Wyn, 2016; Woodman, 2012).



CASE STUDY

Workload

Mary³ is a senior Occupational Therapist who has worked across a number of metropolitan services within SA Health over the course of her career. During this time, she has experienced the changeable and, often very intense, workloads within the public hospital system. She describes how unmanageable workloads that cannot be met in standard timeframes creates stress for workers and – ultimately – impacts patients.

But when you're constantly overrun, you actually have to leave things undone at the end of the day. And that's not a nice feeling.

And the fact that we have to teach our new Grads that 'yeah, that [patient] wanted to go home today, but you need to leave at 4pm, so they can't go home today, they have to go home tomorrow'.

That's a horrible thing to teach your new grads. And to teach your other AHP level ones and twos to be OK with that feeling.

It has huge patient flow impact impacts. I think the research says that you should start discharge planning on day of admission. So, when someone comes into hospital, you should be starting to plan for the discharge. But because we're so backlogged sometimes, we don't get to do our discharge planning until the day-of discharge or the day before discharge.

And if something needs to be organised - they might need a wheelchair or they might need equipment - then things get delayed because we need time to organise these things. But we haven't been able to see them earlier. And if we had seen them earlier, they could have gone home earlier.

RECOMMENDATION

Undertake a review of allied health workloads across SA Health with a view to enact formal workforce planning

Workforce planning is essential to ensure the delivery of high-quality, timely care, as it aligns workforce capacity with growing healthcare demands, particularly in managing chronic diseases and complex care needs. It also benefits workers by ensuring manageable workloads, reducing burnout, and providing clear career progression pathways, ultimately enhancing job satisfaction and retention.

3. Name changed by request to protect anonymity.

CASE STUDY

Rostering

Minh has been working as a radiographer in SA Health for almost 8 years. She explained how short notice of rosters and fluctuating shift patterns was seriously impacting her ability to meet her caring responsibilities.

You basically can't really plan anything until a bit closer to the date. It's been a really big issue in MRI where we've pushed - we've tried to push for more consistent late shifts. Which we've not been successful in.

Basically, it just makes it really hard - for example, I have to co-ordinate caregiving with my sister. She gets really frustrated with my rosters and it means it impacts another person as well.

RECOMMENDATION

Formalise rostering practices, ensure a minimum of 4 weeks' notice for all rosters.

Short notice of shifts and changeable rosters cause significant work-time and work-life stress. A SA Allied Health Enterprise Agreement should set out a minimum notice period of four weeks for rosters, with the intention that rosters are made available with as much notice as possible.





Employment Security

According to the latest Workforce Information Report, as of June 2024, there were 6,536 allied health professionals employed by the South Australian Government, at a full-time equivalency of 5,445 (Government of South Australia, 2024, p. 21). Of those 6,536 workers, 40 per cent (2,634) are employed on short-term and casual contracts. Short-term and casual contracts are both insecure contract types.

Insecure contracts create financial uncertainty, limit access to professional development opportunities, and contribute to stress and instability, ultimately impacting worker well-being and productivity.

Long-term insecure employment has also been shown to delay major life events including buying a home, relationship formation, marriage, and parenthood as is reflected in the interview with Bridget (Blossfeld, Klijzing, Mills, & Kurz, 2005).

Fixed-term Contracts

Bridget is a 27-year-old physiotherapist working in the rehabilitation department (RAP) for the South Australian Local Health Network (SALHN). She has been a Physiotherapist for four years, the majority of which she has worked in the SA public health service. As a lead physiotherapist, in a standard day, she is responsible for managing the ward of 26 patients (consistently 6 patients more than a standard ward allocation). For three and a half years she was employed on rolling fixed-term casual contracts – varying between one and six months in length – each of which required her to re-interview.

'One of the things that's been really difficult in getting [permanent] employment within the Department. For almost three years I was a casual full-time staff member, so no job security, on short term contracts. So, there's multiple - one month, sometimes three months, sometimes six month - short term contracts - re-signing and also having to re-interview each time. Which is very stressful.'

CASE STUDY

'I'm now permanent, but my permanency only actually came into effect [in February 2024], so it's almost working 3 1/2 years in the Department full-time before you get that recognition.'

This extended period of insecure employment had serious impacts on her life in and outside of work. In addition to the pressure of re-interviewing for her existing job, or one very similar to it, at one-to-six-month intervals Bridget explained that these short-term contracts forced her and her partner to “put on hold” plans to have a family.

'I think like myself - and lots of the people with this sort of predicament - are all similar age to me [27 years]. A lot of them are females. We know this Department is female dominated.'

And a lot of us were thinking about starting a family, getting houses, all those sorts of things. It just had to be put on hold. I couldn't get a home loan. Me and my partner had to wait until I had that permanency for that security.

And we're now thinking about starting a family - but it just kind of had to be on the back burner until I could have that security to have a job to come back to. For that maternity leave. Which is really hard.'

At work the fear of not receiving another contract created an intense pressure where every day felt like a trial, ultimately leading to “severe burnout”.

'I think I was burning myself out. I don't think, I know I was. Because I was just pushing and pushing to be the best and manage everything. Never say no, never feel like you can't manage these extreme pressures that we were under with short staffing levels and limited senior support.'

A lot of this time was also through COVID. So, you know, when we had all of those crisis' and healthcare was really hard and you didn't have any job security, but also you still need to keep pushing and keep showing up and doing my best because I can't lose my job either.'

And so, I think like in terms of the burnout level that I was experiencing, it was really high. It was severe.'

RECOMMENDATION

Regulate fixed-term contracts

The extended and disingenuous use of fixed term contracts causes significant stress for individuals, creates a serious administrative burden for government, and exacerbates issues with attraction and retention. There is an immediate need for a systematic solution that limits fixed term contracts and ensures they are only used in genuine cases. These should be detailed in the enterprise agreement.

Professional Development

Allied health workers in Australia are required to undertake professional development as part of their ongoing registration and to maintain their professional competency. This requirement is overseen by the Australian Health Practitioner Regulation Agency (APHRA) and the relevant National Boards and accreditation bodies for regulated professions.

Continuous professional development enables the ongoing acquisition of up-to-date knowledge, skills, and evidence-based practices, ensuring the delivery of high-quality, patient-centred care in modern health systems. It also supports career progression, enhances professional competency, and strengthens workforce retention, which is critical for addressing the evolving demands of contemporary healthcare.

Professional Development

Matthew has been a Radiographer and Sonographer in SA Health for 13 years. To maintain his qualifications and ensure relevant and up-to-date patient care, Matthew is required to engage in a range of professional development activities. He explains that the current system of application, approval and reimbursement is administratively cumbersome, slow and expensive.

CASE STUDY

If there's a conference on a meeting or a presentation that we want to go to, we have a conference pack. It's a generic conference pack with a bunch of forms that we fill out before we go, that gets approved by our manager first, they make sure that it's worthwhile, they tick it off, then it goes to the campus manager. Who then ticks it off and then it gets sent off to SAMI, who then approve or say no.

That's pre-approval. Then you go and you book everything, pay for everything. And then you can - once you've paid for it all - you can apply for reimbursement.

To give you an idea, I applied and put in paperwork in August to go to a conference that was on the 1st of November. I got it [approval] back on October 12th. This meant I missed all the cheap flights/early bird conference pricing and reasonably priced accommodation. It actually ended up costing them \$3-400 more because prices had all increased.

Not only is the administrative burden significant for individual reimbursements, but it is also slow. This creates an additional financial burden on

individual allied health workers during a cost-of-living crisis as it requires individual workers to wait “months” to be reimbursed for a professional development activity that was pre-approved.

It's a huge administrative burden. The amount of paperwork and stuff you've got to fill out to get this money back is significant. Then there's always something wrong with your paperwork and it's always some ridiculous technicality.

And then it still takes forever to get your money back as well, like it needs to be a much faster system. And keeping in mind this isn't something that I've gone to and then - afterwards - decided to try and get reimbursement. I had preapproval for this which was another bunch of hoops to jump through. I would have thought that if you've got pre- approval, you hand up your receipts - here's that thing that you said I could go to - and the money just gets sent out. But it takes months.

RECOMMENDATION

Review professional development funding processes

It is recommended the government review professional development funding processes, including the possibility of a professional development funding allowance, to ensure equitable access, sufficient resources, and streamlined allocation for allied health workers in South Australia. This will support their ability to meet continuing education requirements, enhance workforce competency, and improve patient care outcomes.

Time to Implement a Specialised Allied Health Enterprise Agreement In SA

An enterprise agreement should reflect the industry it covers by clearly establishing the entitlements and conditions that are relevant to any given workplace. The interviews conducted as part of this research highlight some of the ways in which the nature of allied health work is not captured by the current generic enterprise agreement in South Australia.

This contributes to comparatively low wages and poor entitlements and inhibits attraction and retention. A dedicated allied health enterprise agreement would:

- **Better capture the unique needs of allied health workers.** Allied health professionals have distinct roles and responsibilities that differ from the other sectors covered by this agreement. A dedicated EA would ensure their specific needs - including professional development, safe workloads, and career progression pathways—are addressed appropriately.
- **Provide fairer compensation and recognition.** A separate EA would assist with competitive pay scales, proper recognition of expertise, and equitable treatment within the broader health system.
- **Improve workload and staffing conditions.** A dedicated EA allows for provisions that address caseload limits, time for planning and reporting, and adequate resources to manage patient care effectively.
- **Improved career development opportunities.** A tailored allied health EA would include specific provisions for training, scholarships, and advanced practice roles, ensuring continued professional growth.
- **Improved workforce retention and attraction.** By clearly defining working conditions, pay structures, and benefits, a standalone EA will increase the attractiveness of allied health roles in the public hospital system.

➤ **Better align national and state workforce strategies.** The Australian government has highlighted the importance of allied health in the National Allied Health Workforce Strategy. A dedicated EA in South Australia aligns with efforts to improve the sustainability, recognition, and effectiveness of the allied health workforce across Australia.

An enterprise agreement specifically for allied health workers in SA Health is an important step toward recognising their

unique contributions to the healthcare system. It ensures they are valued, supported, and fairly treated, which ultimately leads to better outcomes for both the workforce and the patients they serve.

The expiry of the *South Australian Public Sector Enterprise Agreement: Salaried 2021* offers the South Australian Government an opportunity to reconsider the suitability of the current arrangement and establish an allied health enterprise agreement that better reflects the industry.



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Appendix

Enterprise Agreement List Comparison

STATE OR TERRITORY	ENTERPRISE AGREEMENT
South Australia	South Australian Public Sector Enterprise Agreement: Salaried 2021
Victoria	Allied Health Professionals (Victorian Public Sector) (Single Interest Employers) Enterprise Agreement 2021-2026
Northern Territory	Northern Territory Public Sector 2021 - 2025 Enterprise Agreement
Queensland	Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No. 4) 2022
ACT	ACT Public Sector Health Professional Enterprise Agreement 2023-2026
WA	WA Health System - HSUWA - Pacts Industrial Agreement 2022
Tasmania	Allied Health Professionals Public Sector Union Wages Agreement No. 1 of 2022
NSW	NSW Health Service Health Professionals (State) Award 2023





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