HEALTH WEALTH CAREER

REMUNERATION INQUIRY

QUEENSLAND AMBULANCE SERVICE (QAS) AND UNITED VOICE QUEENSLAND (UVQ)

19 JUNE 2017

FINAL REPORT

CONTENTS

1
EXECUTIVE SUMMARY

The Queensland Ambulance Service (QAS) and United Voice Queensland (UVQ) agreed to a joint, co-funded, Remuneration Inquiry of Ambulance Officers. Mercer Consulting (Australia) Pty Ltd (Mercer) was subsequently engaged to independently conduct the Remuneration Inquiry.

The scope of the inquiry comprised three key stages, and the following activities were undertaken to conduct the review:

Stage 1: Comparison of key QAS Ambulance Officer roles and remuneration with other interstate Ambulance Services comparator roles.
- Role analysis of QAS roles and interstate Ambulance comparator roles using an eight-dimension role analysis framework, which was based on consistent role attributes identified through review of position documentation and stakeholder consultation
- Remuneration analysis of the roles through comparison of base rates, conditions and entitlements

Stage 2: Comparison of key QAS Ambulance Officer roles and remuneration with Queensland Government comparator roles.
- Role analysis of QAS roles and Queensland Government comparator roles using the JEMS methodology, based on the review of position documentation and stakeholder consultation.
- Remuneration analysis of the roles through comparison of base rates, and conditions and entitlements.

Stage 3: Summary of how QAS Ambulance Officer roles have changed and evolved within the past ten years (up to and including 2017).
- Administered an employee survey to understand the perspective of the broader QAS workforce on how roles have changed over time.
- Documented the role changes across four dimensions that influence work value based on documentation provided by QAS.

STAGE 1 FINDINGS

At the maximum base rate for most roles under review, earning potential for QAS employees was below the national average. Mercer notes the extent to which base rates fall below the national average varies according to job classification, though QAS employees receive the lowest base rates in Australia at their maximum earning potential for most roles under review.

In reviewing 22 key conditions and entitlements that are commonly provided across all interstate Ambulance Services, no one state was the most or least competitive in their offering.

STAGE 2 FINDINGS

Relative to the base rates of other Queensland Government comparator roles under review, QAS remunerates employees lower than QH. However, QAS remunerates employees higher than QFES for the comparator roles under review. Refer to Stage 2 of the report for further commentary on the use of the JEMS methodology in comparing the Queensland Government comparator roles.

In reviewing 22 key conditions and entitlements that are commonly provided across QAS, QH and QFES, no one organisation was the most or least competitive in their offering.

STAGE 3 FINDINGS

Within the past ten years (up to and including 2017), QAS has undergone considerable growth across all workload indicators under review, including the number of incidents, responses and triple zero calls. In addition, other significant organisational changes have occurred including QAS now falling under Queensland Health as an operational branch. This has had implications on the workload and knowledge required of QAS roles.

A summary of the changes, based on a three point scale (Low/No Change, Moderate Change and High Change) are as follows:

- Emergency Medical Dispatcher — Low change overall with the most prominent changes occurring in the qualifications and training, and technology and innovation factors.
- Patient Transport Officer — Low change overall with the most prominent changes occurring in the qualifications and training, and work environment factors.
- Advanced Care Paramedic — High change overall with the most prominent changes occurring in the roles and responsibilities, work environment, and qualifications and training factors.
- Critical Care Paramedic — Moderate change overall with the most prominent changes occurring in the roles and responsibilities, work environment, and qualifications and training factors.

The employee survey findings, based on responses from 2,217 QAS staff, were consistent with these findings.

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INTRODUCTION

The Queensland Ambulance Service (QAS) and United Voice Queensland (UVQ) agreed to a joint, co-funded, Remuneration Inquiry of Ambulance Officers. Mercer Consulting (Australia) Pty Ltd (Mercer) was subsequently engaged to independently conduct the Remuneration Inquiry, which has been undertaken via a collaborative approach involving representatives from QAS and UVQ. The respective representatives formed the Joint Committee accountable for assessing the progress, direction of work and quality of the deliverables. All project deliverables were discussed with and signed off by the Joint Committee.

The scope of the inquiry comprised three key stages:
Stage 1: Comparison of key QAS Ambulance Officer roles and remuneration with other interstate Ambulance Services comparator roles.
Stage 2: Comparison of key QAS Ambulance Officer roles and remuneration with Queensland Government comparator roles.
Stage 3: Summary of how QAS Ambulance Officer roles have changed and evolved within the past ten years (up to and including 2017).

The following QAS Ambulance Officer roles are benchmarked within this review:

- Emergency Medical Dispatcher
- Operations Centre Supervisor
- Patient Transport Officer
- Graduate Paramedic
- Advanced Care Paramedic
- Critical Care Paramedic
- Clinical Support Officer
- Officer in Charge
- Operations Supervisor

This report details Mercer's findings, and was developed with the direct assistance of the Joint Committee, as well as with assistance from interstate Ambulance Services, interstate unions, Queensland Health (QH) and the Queensland Fire and Emergency Services (QFES) to validate the quality and accuracy of all information contained within this report.

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APPROACH & METHODOLOGY

STAGE 1: INTERSTATE AMBULANCE SERVICE COMPARISON

QAS Role Analysis

- Obtained and reviewed QAS organisational and position documentation, including position descriptions, organisational charts, QAS Strategy 2016-2021, QAS Public Performance Indicators, annual reports and industrial instruments.
- Developed a seven-dimension framework (refer to Appendix A for further details) for documenting and analysing QAS benchmark roles, and comparing with roles in other interstate Ambulance Services.
- Clarified our understanding of the scope, complexities and accountabilities for the QAS positions through a combination of face-to-face discussions with subject matter experts (refer to Appendix K for a list of stakeholders and sites visited), including:
  - Job analysis interviews and role clarification discussions.
  - Site visits to metropolitan, regional and rural ambulance stations and operations centres.
  - Ride alongs with CCP Officers and ACP crews in the Metro North and Metro South LASNs over a 10 hour period on a Friday evening.
- Documented and analysed the QAS benchmark roles using the seven-dimension role analysis framework.
- Applied Mercer's quality assurance processes including peer review.
- Validated the findings with the Joint Committee (refer to Appendix B for the agreed QAS benchmark role analyses).

Interstate Role Analysis

- Established contact with relevant stakeholders in each interstate Ambulance Service (refer to Appendix K for a list of stakeholders).
- Held discussions with each interstate Ambulance Service to identify and obtain organisational and position documentation for comparable roles based on Mercer's analysis of the QAS benchmark roles under the seven-dimension role analysis framework.
- Clarified our understanding of the scope, complexities and accountabilities of the comparable roles through job analysis interviews (via telephone) with subject matter experts from each interstate Ambulance Service.
- Conducted role analysis comparisons with each interstate Ambulance Service using the seven-dimension role analysis framework to establish alignment with QAS benchmark roles and documented key differences between QAS benchmark and comparator roles.
- Applied Mercer's quality assurance processes including peer review.
- Validated the findings with the interstate Ambulance Services and Joint Committee (refer to Section 4 for a matrix detailing the job titles of agreed comparator roles within the interstate Ambulance Services).

Interstate Remuneration Analysis

Documentation Review Methodology

- Obtained and reviewed relevant industrial instruments and other remuneration documentation for each interstate Ambulance Service.
- Compared key remuneration factors across each interstate Ambulance Service:
  - Pay point progression increments and timeframes.
  - Base rates of pay.
  - Salary increases over the past six years.
  - Key conditions and entitlements.
- Interpreted and analysed the relevant industrial instruments and other remuneration documentation for each interstate Ambulance Service and summarised the remuneration factors, using 'non-technical' language to streamline the comparison.
- Validated our interpretation of the relevant industrial instruments and other remuneration documentation with each interstate Ambulance Service and each interstate union for quality and accuracy (refer to Appendix D for a summary of the pay point progression increments and timeframes, Appendix E for the salary increases over the past six years, and Appendix F for details on key conditions and entitlements).

Base Rate Comparison Methodology

- Mercer aligned the pay points for QAS benchmark roles to the pay points of comparator roles in each interstate Ambulance Service, based on the comparable experience and qualification requirements. Please note:
  - In matching each interstate Ambulance Service pay points to QAS's pay point structure, 'exact' matches of experience requirements have been applied where possible.
  - In some instances, a 'close' match has been used. 'Close' matches are indicated in the comparison tables with:
    - ↑ indicating the interstate Ambulance Service pay point has higher experience requirements compared with QAS (e.g. one additional year of experience is required relative to QAS pay point).
    - ↓ indicating the interstate Ambulance Service pay point has lower experience requirements compared with QAS (e.g. one year less of experience is required relative to the QAS pay point).
  - 'Maximum' pay point means the highest base rate for a role within each interstate Ambulance Service. This represents the maximum (or highest) earning potential for the role. The comparison is based on the pay point progression structure of each interstate Ambulance Service irrespective of the number of pay points.
    - For example, the highest pay point for the QAS Emergency Medical Dispatcher is pay point 5, while the highest pay point for the comparable role within ACT is pay point 12. For the purposes of this analysis, and in this example, QAS pay point 5 is compared with ACT pay point 12, however the experience required for these pay points may vary.
  - Please note, not all pay points within each interstate Ambulance Service will be included in this section of analysis, as not all pay points within each interstate Ambulance Service meet the definitions of 'exact' or 'close' match to the QAS pay point.

    - For example, Pay Point 1 and Pay Point 3 for a role in NSW may match Pay Point A and Pay Point B for the role in QAS. In this instance Pay Point 2 in NSW will not be reported as more accurate matches for the QAS pay points exist.
    - Appendix D provides the complete details on the number of pay points and definitions for all roles within each interstate Ambulance Service, along with the average percentage increase to base rates from one pay point to the next.
- Comparisons between the validated weekly Base Rates (defined as salary excluding superannuation, allowances or additional payments) were established between the QAS benchmark role pay points and pay points of comparator roles in each interstate Ambulance Service. Key findings on QAS's competitiveness have been provided. Please note:
  - All data reflects the base rates paid to each role as at April 2017.
  - Some interstate Ambulance Services have not yet provided base rate increases for roles for each year between 2012 and 2017. Mercer notes the interstate Ambulance Services may provide retrospective increases to roles for these years. Refer to Appendix E for an overview of salary increases over the past six years for each interstate Ambulance Service.

Conditions and Entitlements Comparison Methodology

- Established comparisons for the validated conditions and entitlements in each interstate Ambulance Service by grouping provisions into 'like-for-like' categories.
- Highlighted key findings, including similarities, differences and/or competitiveness in conditions and entitlements provided by QAS relative to each interstate Ambulance Service.
- Calculated indicative weekly remuneration values that comparator roles from QAS and the NSW and VIC Ambulance Services would earn if they worked a 'roster scenario'. Please note:
  - A roster scenario has been generated for the following roles based on a combination of day, afternoon and night shifts, across both weekdays and weekends, that each role could work during a fortnight in QAS:
    - Emergency Medical Dispatcher
    - Patient Transport Officer
    - Graduate Paramedic
    - Advanced Care Paramedic
    - Critical Care Paramedic
  - Weekly remuneration values have been calculated for each interstate Ambulance Service using the validated maximum base rates, and the conditions and entitlements applicable to the comparator role within that interstate Service.
  - This analysis provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

STAGE 2: QUEENSLAND GOVERNMENT COMPARISON

Queensland Government Role Analysis

Role Analysis Methodology

- Established contact with relevant stakeholders in QH and QFES.
- Reviewed position documentation provided by QH and QFES (including role descriptions, generic level statements and organisational charts) to understand the scope, influence, complexity and accountabilities of the comparative roles identified by the Joint Committee.
- Held discussions (via telephone) with subject matter experts from QH and QFES (see Appendix K for a list of stakeholders) to enhance our understanding of the comparative roles.
- Conducted role analysis comparisons with QH and QFES to establish alignment with QAS benchmark roles and documented key differences between QAS benchmark and comparative roles.
- Applied Mercer's quality assurance processes including peer review.
- Validated the findings with QH, QFES and the Joint Committee (refer to Section 4 for a matrix detailing the job titles of agreed comparative roles).

Queensland Government Job Evaluation Methodology

- Benchmarked the positions against similar roles within Mercer's extensive job evaluation database.
- Analysed the positions (refer to Section 4 for a matrix detailing the job titles of agreed comparator roles within QH and QFES) using the JEMS (Job Evaluation Management System) methodology. Note:
  - Comparator roles were evaluated based on the scope, influence, complexity and accountabilities undertaken at their maximum pay point comparable to the QAS benchmarks at the following pay points:
    - Emergency Medical Dispatcher (Emergency Medical Dispatcher Pay Point 5).
    - Graduate Paramedic (Advanced Care Paramedic Pay Point 1).
    - Advanced Care Paramedic (Advanced Care Paramedic Pay Point 2).
    - Critical Care Paramedic (Intensive Care Paramedic Pay Point 1).
  - Position evaluations under the JEMS methodology are typically not conducted based on a particular pay point (or number of years of experience) within a role. While uncommon, this is the best method available for the purposes of this review to conduct 'like-for-like' assessments of the Paramedic and Registered Nurse positions given the significant variations in operating context and environments.
  - Further details on the JEMS methodology are provided in Appendix G.
- Conducted role comparisons with each occupational group and assessed the relative work values of the QAS and comparative roles.
- Provided qualitative commentary on the similarities and differences in the roles.
- Applied Mercer's quality assurance processes including peer review.
- Validated the findings with the Joint Committee.

Queensland Government Remuneration Analysis

Position Documentation Review Methodology

- Obtained and reviewed relevant industrial instruments and other remuneration documentation for QH and QFES.
- Compared key remuneration factors across QH and QFES:
  - Pay point progression increments and timeframes.
  - Base rates of pay.
  - Salary increases over the past eight years.
  - Key conditions and entitlements.
- Interpreted and analysed the relevant industrial instruments and other remuneration documentation for each comparator organisation and summarised the remuneration factors, using 'non-technical' language to streamline the comparison.
- Validated our interpretation of the remuneration factors with QH, QFES and the Joint Committee for quality and accuracy (refer to Appendix H for a summary of the pay point progression increments and timeframes, Appendix I for the salary increases over the past eight years, and Appendix J for detail on key conditions and entitlements).

Base Rate Comparison Methodology

- Mercer aligned the pay points for the Emergency Medical Dispatcher in QAS to the pay points of the Communications Officer in QFES based on the comparable experience and qualification requirements. Please note:
  - In matching QFES pay points to QAS's pay point structure, 'exact' matches of experience requirements have been applied.
  - 'Maximum' pay point means the highest base rate for the roles. This represents the maximum (or highest) earning potential for the role. The comparison is based on the pay point progression structure of QAS and QFES irrespective of the number of pay points.
- Aligned the pay points for the Graduate Paramedic, Advanced Care Paramedic and Critical Care Paramedic roles to the relevant comparator role in QH and QFES as at the pay point upon which each was evaluated.
- Comparisons between the validated weekly Base Rates (defined as salary excluding superannuation, allowances or additional payments) were then established between the QAS benchmark role pay points and pay points of comparator roles in each organisation. Key findings on QAS' competitiveness have been provided. Please note:
  - All data reflects the base rates paid to each role as at April 2017.
  - Refer to Appendix I for a statement of the year in which the most recent increases were applied for each organisation.

Conditions and Entitlements Comparison Methodology

- Established comparisons of the validated conditions and entitlements within QH and QFES by grouping provisions into 'like-for-like' categories.
- Highlighted key findings, including similarities, differences and/or competitiveness in conditions and entitlements provided by QAS relative to QH and QFES.

STAGE 3: CHANGES TO QAS ROLES WITHIN THE PAST TEN YEARS (UP TO AND INCLUDING 2017)

Employee Survey

- Conducted a discussion with the Joint Committee to understand the context and objectives of the employee survey.
- Developed the survey questions in consultation with the Joint Committee.
- Administered the final employee survey questions through Mercer's survey tool.
- Analysed survey findings at the aggregate level and refined based on tenure, LASN and role to develop insights into differing views of employee segments.

Changes to QAS Roles Within the Past Ten Years (up to and including 2017)

- Obtained information relating to key changes in the evolution of QAS roles within the past ten years (including changes that impact the work value of roles, changes to the qualifications required, the nature of the work, and skills and responsibilities).
- Documented/categorised the role changes according to the dimensions of Roles and Responsibilities, Work Environment, Technology and Innovation, and Qualifications and Training, and provided supporting commentary on the changes based on findings from the employee survey and site visit role clarification discussions.
- Provided an assessment of the level of change of each dimension on the role using the following scale:
  - Low level of change/no change means little adjustment, if any, is required to incorporate the changes into daily operations of the role.
  - Moderate level of change means regular ongoing adjustment is required to incorporate the changes into daily operations of the role.
  - High level of change means significant ongoing adjustment is required to incorporate the changes into daily operations of the role.

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JOB TITLE MATRIX

The following table maps the key QAS benchmark roles under review with the comparable role in each interstate Ambulance Service and Queensland Government comparators.

Table 1. Job Title Matrix

QAS	Emergency Medical Dispatcher	Operations Centre Supervisor	Patient Transport Officer	Graduate Paramedic	Advanced Care Paramedic	Critical Care Paramedic	Clinical Support Officer	Officer in Charge	Operations Supervisor
ACT	Emergency Medical Dispatcher	Communications Centre Coordinator	Patient Transport Officer	Graduate Paramedic Intern	Ambulance Paramedic	Intensive Care Paramedic	Training and Development Officer	No Comparable Role	Duty Officer
NSW	Control Centre Officer	Duty Operations Centre Officer	Patient Transport Officer	Paramedic Intern	Paramedic	Intensive Care Paramedic	Clinical Training Officer	Station Officer	No Comparable Role
NT	Control Centre Officer	Duty Operations Centre Officer	Patient Transport Officer	Paramedic Intern	Ambulance Paramedic	Intensive Care Paramedic	No Comparable Role	Station Officer	No Comparable Role
SA	Emergency Medical Dispatcher	Team Leader	Patient Transport Services	Paramedic Intern	Paramedic	Intensive Care Paramedic	Clinical Support Officer	No Comparable Role	No Comparable Role
TAS	Emergency Medical Dispatcher	Communications Team Leader	Patient Transport Officer	Paramedic Intern	Paramedic	Intensive Care Paramedic	Clinical Support Officer	No Comparable Role	No Comparable Role
VIC	Dispatcher	Team Leader	Patient Transport Officer	Graduate Ambulance Paramedic	Advanced Life Support Ambulance Paramedic	Mobile Intensive Care Paramedic	Clinical Support Officer	Team Manager/Senior Team Manager	No Comparable Role
WA	Communications Officer	Duty Manager, Operations Centre	Patient Transport Officer	Ambulance Officer	Paramedic	Critical Care Paramedic	Clinical Support Paramedic	Station Manager	No Comparable Role

QAS	Emergency Medical Dispatcher	Operations Centre Supervisor	Patient Transport Officer	Graduate Paramedic	Advanced Care Paramedic	Critical Care Paramedic	Clinical Support Officer	Officer in Charge	Operations Supervisor
QH	N/A	N/A	N/A	Graduate Registered Nurse (Yr. 1)	Emergency Department Registered Nurse (Yr. 4)	Emergency Department Registered Nurse (Yr. 7)	N/A	N/A	N/A
QFES	Communications Officer	N/A	N/A	Recruit	First Class Firefighter	N/A	N/A	N/A	N/A

STAGE 1

INTERSTATE AMBULANCE SERVICES COMPARISON

5
EMERGENCY MEDICAL DISPATCHER

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between the Emergency Medical Dispatcher in QAS and the comparable role in each interstate Ambulance Service.

Table 2. Comparative Role Analysis – Emergency Medical Dispatcher

State / Territory	Position Title	Key Differences
ACT	Emergency Medical Dispatcher	• Undertakes either call taking or dispatch duties throughout a shift, though once appointed as a Dispatcher will no longer operate as a Call Taker. • Call Takers operate in an environment where actions are recorded and heavily audited, though Dispatchers are not subject to the same level of scrutiny. • Successful applicants undertake an eight week intensive course to acquire Certificate III (Ambulance Communications - Call Taking) over a 12 month period. • Call Takers undertake dispatch of non-emergency patient transport to gain experience in a low-urgency environment before progressing to the position of Dispatcher. • Dispatchers are recertified in the dispatch system annually.
NSW	Control Centre Officer	• Undertakes either call taking or dispatch duties throughout a shift. • Call Takers operate in an environment where actions are recorded and heavily audited, though Dispatchers are not subject to the same level of scrutiny. • Does not have access to designated clinical advice within the communications centre. • Call takers undertake a Certificate III (Ambulance Communications – Call Taking) which is completed through 342 hours of work-based practice, with the opportunity to extend by 150 hours if not successful. • Dispatchers undertake a Certificate IV (Ambulance Communications - Dispatch) which is completed through 342 hours of work-based practice, with the opportunity to extend by 150 hours if not successful.
NT	Control Centre Officer	• Undertakes both call taking and dispatch duties throughout a shift. • Does not have access to designated clinical advice within the communications centre, though can contact an in-field

State / Territory	Position Title	Key Differences
		supervisor via telephone as required. • Requires Certificate III (Ambulance Communications - Call Taking) to undertake dispatching duties; rather than Certificate IV (Ambulance Communications – Dispatch).
SA	Emergency Medical Dispatcher	• Employees commence as call takers and may apply for a dispatcher role after 2 years and will be selected based on merit. • Employees aren't required to progress into a dispatcher role. • Call takers require First Aid Certificate and a minimum typing speed. • Successful applicants for dispatching undertake a 10 week training course.
TAS	Emergency Medical Dispatcher	• Undertakes either call taking or dispatch duties throughout a shift.
VIC	Dispatcher	• Re-accreditation of the required competencies must be obtained annually.
WA	Communications Officer	• Undertakes call taking or dispatch duties throughout shift (two hourly rotations). • Does not require or undertake Certificate III (Ambulance Communications – Call Taking) or Certificate IV (Ambulance Communications - Dispatch). • On completion of a seven week call taker course, employees receive 6 months of mentoring and complete further assessments. • Employees commence as call takers and may apply for a dispatcher role after 1 year and will be selected based on merit. Successful applicants complete a 4-5 day dispatcher course and are required to complete 50 hours of dispatching duties in each area of WA (total 150 hours), while being mentored.

COMPARATIVE PAY POINT ANALYSIS

The following table provides a comparison of the Emergency Medical Dispatcher pay points in QAS to the comparable pay points for the comparator roles in each interstate Ambulance Service.

Table 3. Pay Point Comparison – Emergency Medical Dispatcher

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Communications Officer 1	Ambulance Support Officer Level 1.1	Ambulance Operations Centre Officer - Non Paramedic Trainee	Emergency Medical Dispatch Officer Trainee	Probationary Emergency Medical Dispatch Support Officer	Emergency Medical Dispatch Support Officer (EMDSO) Level 1	Trainee Call Taker	Communications Officer Year 1
Communications Officer 2	Ambulance Support Officer Level 2.1	-	Emergency Medical Dispatch Officer 2	Probationary Coordinator	Emergency Medical Dispatch Support Officer (EMDSO) Level 2	Call Taker Level 1	Communications Officer Year 2
Communications Officer 3	Ambulance Support Officer Level 3.1	Ambulance Operations Centre Officer - Non Paramedic Year 1	-	Coordinator Level 1↓	Emergency Medical Dispatch Support Officer (EMDSO) Level 3	Dispatcher Level 1	Communications Officer Year 3
Communications Officer 4	Ambulance Support Officer Level 3.2	Ambulance Operations Centre Officer - Non Paramedic Year 2	Emergency Medical Dispatch Officer Senior	Coordinator Level 2	Emergency Medical Dispatcher (EMD) Level 1	Dispatcher Level 2	Communications Officer Year 4
Communications Officer 5	Ambulance Support Officer Level 3.3	-	-	Coordinator Level 4	Emergency Medical Dispatcher (EMD) Level 3	Dispatcher Level 3	-
Maximum Communications Officer 5	Ambulance Support Officer Level 3.4	Ambulance Operations Centre Officer - Non Paramedic Year 2	Emergency Medical Dispatch Officer Senior	Coordinator Level 4	Emergency Medical Dispatcher (EMD) Level 4	Dispatcher Level 3	Communications Officer Year 4

REMUNERATION ANALYSIS

Figure 1. Base Rate Comparison (April 2017) – Emergency Medical Dispatcher

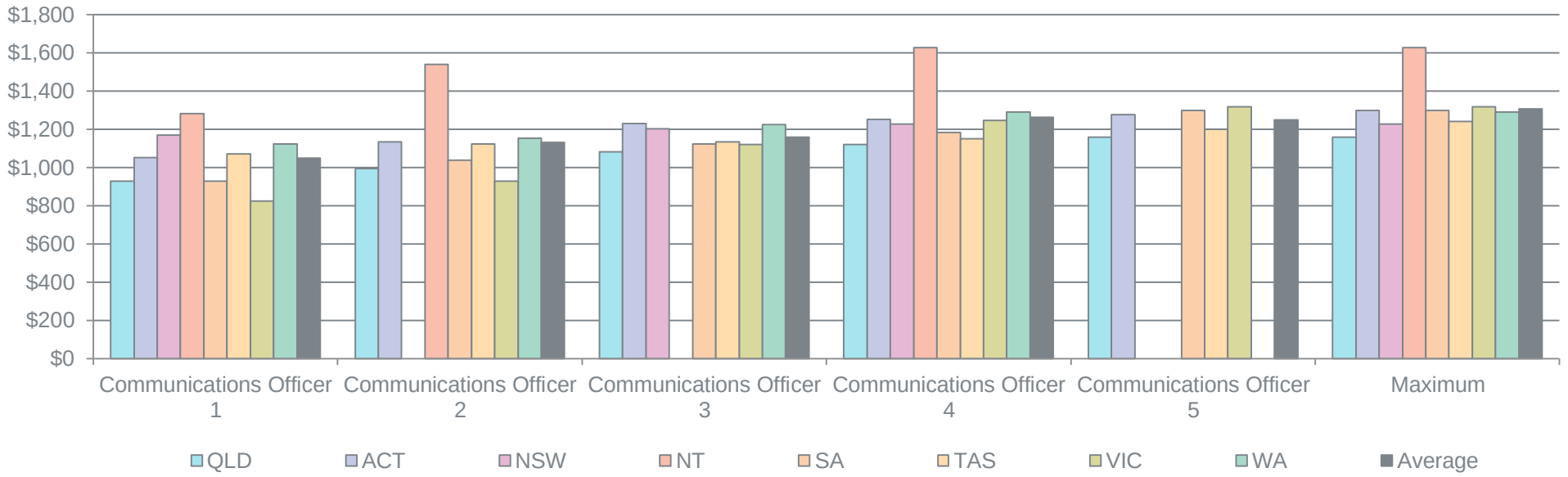

Table 4. Base Rate Comparison (April 2017) – Emergency Medical Dispatcher

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Communications Officer 1	$928.49	$1,053.47	$1,170.60	$1,283.08	$930.12	$1,071.83	$826.04	$1,123.29	$1,048.36
Communications Officer 2	$994.49	$1,135.54	-	$1,541.36	$1,039.63	$1,124.88	$929.29	$1,154.56	$1,131.39
Communications Officer 3	$1,081.50	$1,230.56	$1,203.80	-	$1,122.46	$1,135.50	$1,121.58	$1,225.86	$1,160.18
Communications Officer 4	$1,119.98	$1,252.93	$1,226.90	$1,627.73	$1,184.96	$1,150.35	$1,246.17	$1,291.13	$1,262.52
Communications Officer 5	$1,158.49	$1,276.13	-	-	$1,299.04	$1,201.29	$1,317.37	-	$1,250.46
Maximum	$1,158.49	$1,300.33	$1,226.90	$1,627.73	$1,299.04	$1,242.04	$1,317.37	$1,291.13	$1,307.88

REMUNERATION ANALYSIS KEY FINDINGS

The following table provides key findings on the differences in base rates between the Emergency Medical Dispatcher pay points in QAS and the comparable pay point in each interstate Ambulance Service.

Table 5. Base Rate Comparison Key Findings – Emergency Medical Dispatcher

Role	Pay Point	Key Findings
Emergency Medical Dispatcher	1	• QLD pays 11% below the national average • NT is highest paid at $1,283 per week • VIC is the lowest paid at $826 per week
	2	• QLD pays 12% below the national average • NT is highest paid at $1,541 per week • VIC is the lowest paid at $929 per week
	3	• QLD pays 7% below the national average • ACT is highest paid at $1,231 per week • QLD is the lowest paid at $1,082 per week
	4	• QLD pays 11% below the national average • NT is highest paid at $1,628 per week • QLD is the lowest paid at $1,120 per week
	5	• QLD pays 7% below the national average • VIC is highest paid at $1,317 per week • QLD is the lowest paid at $1,158 per week
	Maximum	• QLD pays 11% below the national average • NT is highest paid at $1,628 per week • QLD is the lowest paid at $1,158 per week

6
OPERATIONS CENTRE SUPERVISOR

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between the Operations Centre Supervisor in QAS and the comparable role in each interstate Ambulance Service.

Table 6. Comparative Role Analysis – Operations Centre Supervisor

State / Territory	Position Title	Key Differences
ACT	Communications Centre Coordinator	• Primary point of escalation for Emergency Dispatchers (4-10 employees) in ACTAS' sole Communications Centre. • Requires a minimum Certificate III (Ambulance Communications – Call Taking), a Certificate IV (Ambulance Communications – Dispatch) and 12 months experience as a Dispatcher prior to appointment. • Required to complete a first aid certificate with a CPR component.
NSW	Duty Operations Centre Officer	• Supervises Control Centre staff (7-35 employees) accountable for a defined geographic area (there can be multiple geographic areas within a single operations centre). • Does not have access to designated clinical advice within the communications centre. • Does not actively contribute to the professional development of Emergency Medical Dispatchers as this is conducted by Control Centre Educators. • Requires a minimum Certificate III (Ambulance Communications – Call Taking), a Certificate IV (Ambulance Communications – Dispatch), and ANSW certificates of practice as both a Paramedic and a Dispatcher.
NT	Duty Operations Centre Officer	• Supervises 3 employees on any given shift.
SA	Team Leader	• Separate Team Leader for call taking and dispatching and will act as the primary point of escalation for their respective group of employees. • Takes overall accountability for decision making in complex situations. • Applicants hold a Certificate IV (Ambulance Communications - Dispatch). • Aren't required to be certified in the Medical Priority Dispatch System.

State / Territory	Position Title	Key Differences
TAS	Communications Team Leader	• Supervises 4-5 employees on any given shift.
VIC	Team Leader	• Successful applicants complete ESTA Diploma of Management.
WA	Duty Manager, Operations Centre	• Primary point of escalation across two centres (7-20 employees) – face to face and remote. • Coordinates and supervises ambulance resources at specified hospital Emergency Departments (EDs) to ensure ambulance crews are clear of the hospital and are made available to the Operations Centre. • Does not have ready access to on-the-job direction from a Senior Operations Supervisor (or equivalent). Not required to provide guidance to Dispatchers, however, has line management and overall responsibility. Dispatchers receive guidance from a Response Time Manager • Does not require or undertake Certificate III (Ambulance Communications – Call Taking) or Certificate IV (Ambulance Communications - Dispatch). • Does not require communications centre experience, rather management skills and experience.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Operations Centre Supervisor pay points in QAS.

Table 7. Pay Point Comparison – Operations Centre Supervisor

QLD	ACT	NSW	NT[1]	SA	TAS	VIC	WA[1]
Communications Centre Supervisor 1	Ambulance Support Officer Level 4.1	Duty Operations Centre Officer	-	Communications Team Leader	Communications Team Leader (COMT) Level 1	Team Leader Level 2	-
Communications Centre Supervisor 2	Ambulance Support Officer Level 4.2	-	-	-	-	-	-
Communications Centre Supervisor 3	Ambulance Support Officer Level 4.3	-	-	-	-	-	-
Communications Centre Supervisor 4	Ambulance Support Officer Level 4.4	-	-	-	-	-	-
Maximum Communications Centre Supervisor 4	Ambulance Support Officer Level 4.7	Duty Operations Centre Officer	-	Communications Team Leader	Communications Team Leader (COMT) Level 1	Team Leader Level 2	-

[1] Comparable role is on an individual agreement.

REMUNERATION ANALYSIS

Figure 2. Base Rate Comparison (April 2017) – Operations Centre Supervisor

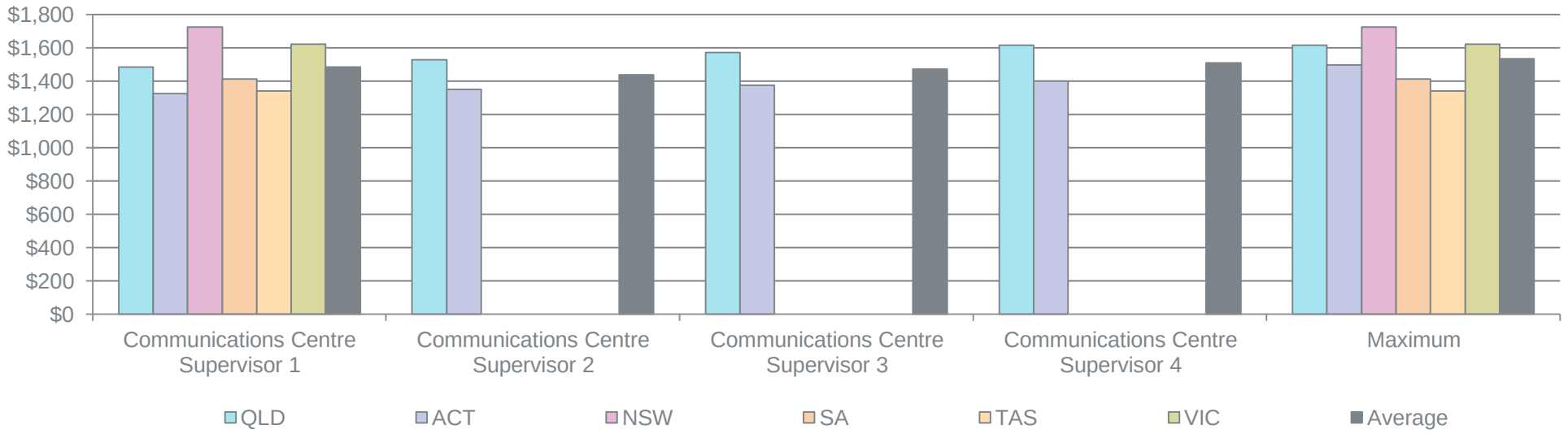

Table 8. Base Rate Comparison (April 2017) – Operations Centre Supervisor

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Communications Centre Supervisor 1	$1,485.48	$1,325.67	$1,726.80	-	$1,413.58	$1,341.38	$1,621.83	-	$1,485.79
Communications Centre Supervisor 2	$1,529.48	$1,349.69	-	-	-	-	-	-	$1,439.59
Communications Centre Supervisor 3	$1,572.99	$1,374.71	-	-	-	-	-	-	$1,473.85
Communications Centre Supervisor 4	$1,616.99	$1,401.00	-	-	-	-	-	-	$1,508.99
Maximum	$1,616.99	$1,498.18	$1,726.80	-	$1,413.58	$1,341.38	$1,621.83	-	$1,536.46

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Operations Centre Supervisor pay points in QAS and the comparable pay point in each interstate Ambulance Service. Mercer notes that some Operations Centre Supervisor pay points in QAS do not have enough comparable pay points in the interstate Ambulance Services to develop a reliable representation of the national average.

Table 9. Base Rate Comparison Key Findings – Operations Centre Supervisor

Role	Pay Point	Key Findings
Operations Centre Supervisor	1	• QLD pays at the national average • NSW is highest paid at $1,727 per week • ACT is the lowest paid at $1,326 per week
	2	• QLD pays 6% above the national average[2] • QLD is highest paid at $1,529 per week • ACT is the lowest paid at $1,350 per week
	3	• QLD pays 7% above the national average[2] • QLD is highest paid at $1,573 per week • ACT is the lowest paid at $1,375 per week
	4	• QLD pays 7% above the national average[2] • QLD is highest paid at $1,617 per week • ACT is the lowest paid at $1,401 per week
	Maximum	• QLD pays 5% above the national average • NSW is highest paid at $1,727 per week • TAS is the lowest paid at $1,341 per week

[2] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

7
PATIENT TRANSPORT OFFICER

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between the Patient Transport Officer in QAS and the comparable role in each interstate Ambulance Service.

Table 10. Comparative Role Analysis – Patient Transport Officer

State / Territory	Position Title	Key Differences
ACT	Patient Transport Officer	• Transports only one patient at a time. • Does not require a minimum Year 10 Certificate.
NSW	Patient Transport Officer	• Not required to conduct clinical observations. • The dispatch systems of NSW Ambulance and HealthShare NSW are not integrated. As a result, NSW Ambulance do not have visibility of the on-road location of HealthShare's Patient Transport Officers and are unable to dispatch these roles as a first responder to provide advanced first aid if they are the closest resource.
NT	Patient Transport Officer	• Applicants require Advanced First Aid Certificate. • Successful applicants undertake a 6 week initial training program in Non-Emergency Patient Transport. • Receive approximately 160 hours mentoring from a Qualified Patient Transport Officer during first year. • Patient Transport Officers that are training may be partnered together.
SA	Patient Transport Services	• Receives one job at a time and doesn't receive guidance on the route to take. • Employees undertake Certificate IV in Health Care (Ambulance). • No formal mentoring period.
TAS	Patient Transport Officer	• Infrequently (couple times in a year) dispatched to provide advanced first aid as first responder on 1A jobs (Critical Incidents) if they are the closest and operationally required until paramedics arrive. • Receives one job at a time and doesn't receive guidance on the route to take. • Does not require a minimum Year 10 Certificate.

State / Territory	Position Title	Key Differences
VIC	Patient Transport Officer	• Transports one patient at a time. • Ambulance VIC do not dispatch these roles as a first responder to provide advanced first aid if they are the closest.
WA	Patient Transport Officer	• Infrequently (couple times in a year) dispatched to provide advanced first aid as first responder on 1A jobs (Critical Incidents) if they are the closest and operationally required until paramedics arrive. • Can transport two patients at a time. • Successful applicants undertake a 3.5 week induction program and employees receive twelve shifts of mentoring. • Does not require Certificate III in Non-Emergency Patient Transport.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Patient Transport Officer pay points in QAS.

Table 11. Pay Point Comparison – Patient Transport Officer

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Patient Transport Officer 1	Ambulance Support Officer Level 1.1	Patient Transport Officer Trainee	Patient Transport Officer Year 1	Patient Transport Services Ambulance Officer 1.1	Health Services Officer Level 5.2	-	Ambulance Transport Officer Year 1
Patient Transport Officer 2	Ambulance Support Officer Level 1.2	Patient Transport Officer	Patient Transport Officer Year 2	Patient Transport Services Ambulance Officer 1.2	Health Services Officer Level 5.3	Patient Transport Officer Year 1	Ambulance Transport Officer Year 2
Maximum Patient Transport Officer 2	Ambulance Support Officer Level 1.4	Patient Transport Officer	Patient Transport Officer Year 3	Patient Transport Services Ambulance Officer 1.4	Health Services Officer Level 5.5	Patient Transport Officer Year 3	Ambulance Transport Officer Year 5

REMUNERATION ANALYSIS

Figure 3. Base Rate Comparison (April 2017) – Patient Transport Officer

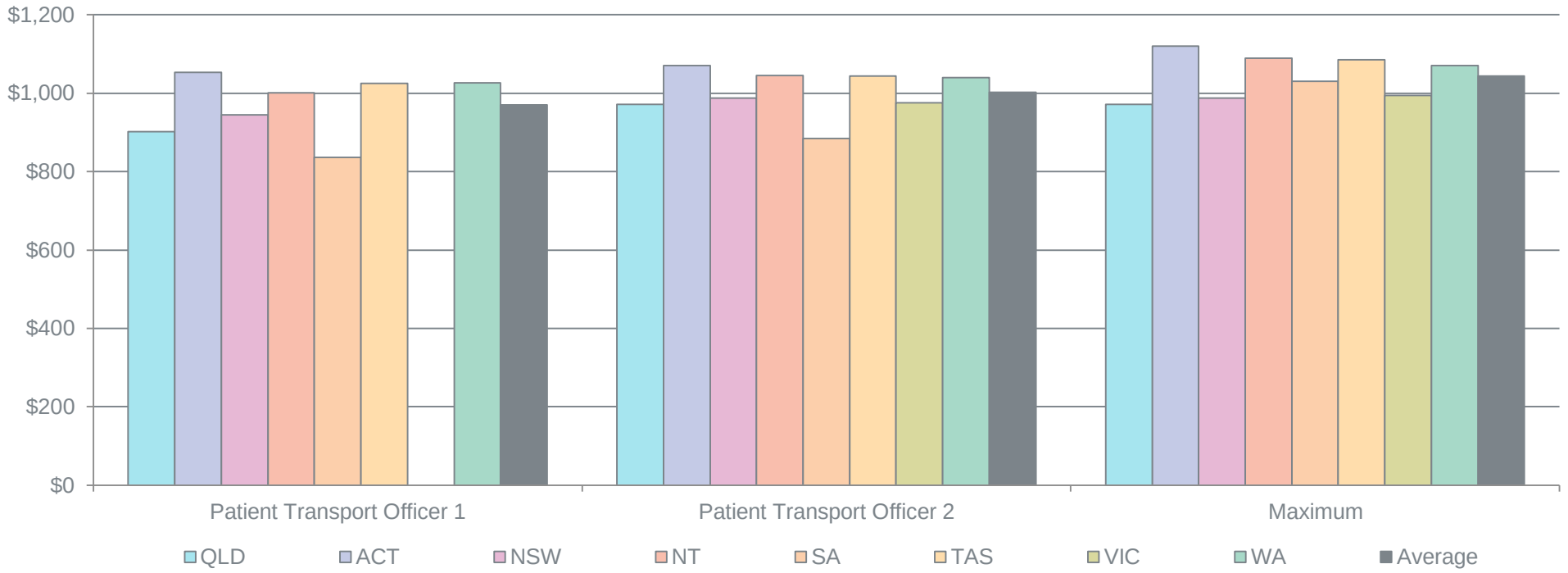

Table 12. Base Rate Comparison (April 2017) – Patient Transport Officer

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Patient Transport Officer 1	$901.48	$1,053.47	$945.40	$1,000.72	$836.56	$1,024.64	-	$1,027.11	$969.91
Patient Transport Officer 2	$971.99	$1,070.51	$987.50	$1,045.15	$885.10	$1,043.96	$976.20	$1,039.19	$1,002.45
Maximum	$971.99	$1,119.52	$987.50	$1,089.58	$1,030.56	$1,085.33	$994.60	$1,070.35	$1,043.68

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Patient Transport Officer pay points in QAS and the comparable pay point in each interstate Ambulance Service.

Table 13. Base Rate Comparison Key Findings – Patient Transport Officer

Role	Pay Point	Key Findings
Patient Transport Officer	1	• QLD pays 7% below the national average • ACT is highest paid at $1,053 per week • SA is the lowest paid at $837 per week
	2	• QLD pays 3% below the national average • ACT is highest paid at $1,071 per week • SA is the lowest paid at $885 per week
	Maximum	• QLD pays 7% below the national average • ACT is highest paid at $1,120 per week • QLD is the lowest paid at $972 per week

8
GRADUATE PARAMEDIC

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between Graduate Paramedic in QAS and the comparable role in each interstate Ambulance Service.

Table 14. Comparative Role Analysis – Graduate Paramedic

State / Territory	Position Title	Key Differences
ACT	Graduate Paramedic Intern	• Will not operate in the field without supervision of a qualified Paramedic. • Undertakes an 18 month internship, and only makes decisions under close supervision of a qualified Paramedic.
NSW	Paramedic Intern	• Makes decisions under close supervision of a qualified Advanced Care or Critical Care Paramedic during the 12 month internship and receives on-the-job direction as required.
NT	Paramedic Intern	• Depending on resourcing, a graduate will be partnered with a qualified paramedic or another graduate for a shift. In the instance of two graduates being dispatched and a high level of decision making is required, the Supervisor will be dispatched too.
SA	Paramedic Intern	• First 6 months: Work under the guidance of a clinical instructor in an intern vehicle. • Will not operate in the field without supervision of a qualified Paramedic. • Successful applicants undertake an 8-12 week induction course comprising practical application of clinical skills.
TAS	Paramedic Intern	• There is no set timeframe for an Intern; however it is typically 2 years. • Will not operate in the field without supervision of a qualified Paramedic.
VIC	Graduate Ambulance Paramedic	• Will not operate in the field without supervision of a qualified Paramedic within first 6 months.
WA	Ambulance Officer	• Successful applicants undertake an 11 week induction course and 3.5 days driver training course.

State / Territory	Position Title	Key Differences
		• Applicants have completed one year of a degree in Paramedicine or Health Science (Paramedic) at Curtin University. – Year 1: Second year university student. Works under close supervision of a qualified paramedic. Cannot make decisions without first confirming. – Year 2: Third year university student. Makes decisions under close supervision of a qualified Paramedic and receives on-the-job direction. – Year 3: Completes university degree in semester one and undertakes a 6 month internship working with a qualified paramedic and operating with the same scope of practice as a qualified paramedic. • Will not operate in the field without supervision by a qualified Paramedic. • Role is not required to work in regional locations.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Graduate Paramedic pay points in QAS.

Table 15. Pay Point Comparison – Graduate Paramedic

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Advanced Care Paramedic 1	Graduate Paramedic Intern 1	Paramedic Intern Year 1	Intern Paramedic	Intern 1.2	Paramedic Intern (IPARB) Level 1	Graduate Ambulance Paramedic Level 2	Ambulance Officer Grade 2
Maximum Advanced Care Paramedic 1	Graduate Paramedic Intern 1	Paramedic Intern Year 2	Intern Paramedic	Intern 1.2	Paramedic Intern (IPARB) Level 1	Graduate Ambulance Paramedic Level 3	Ambulance Officer Grade 2

REMUNERATION ANALYSIS

Figure 4. Base Rate Comparison (April 2017) – Graduate Paramedic

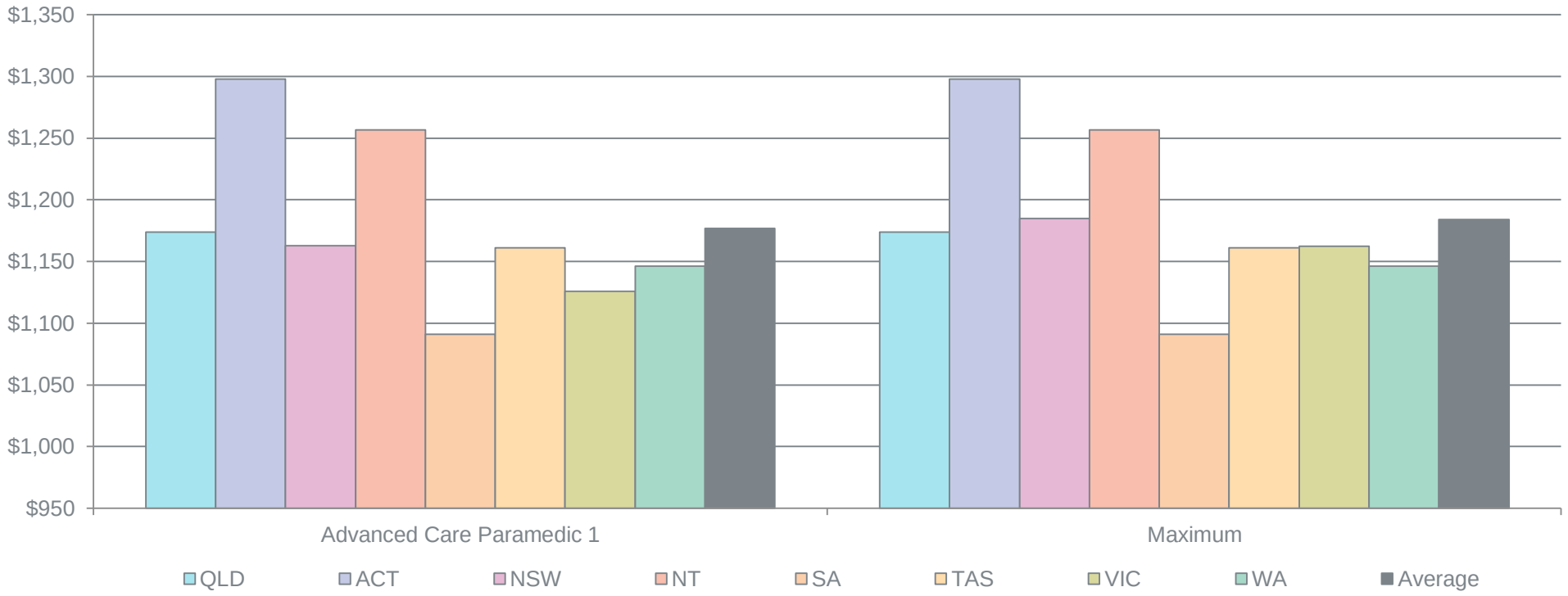

Table 16. Base Rate Comparison (April 2017) – Graduate Paramedic

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Advanced Care Paramedic 1	$1,173.99	$1,298.04	$1,162.80	$1,256.50	$1,091.17	$1,161.00	$1,125.75	$1,146.07	$1,176.92
Maximum	$1,173.99	$1,298.04	$1,185.10	$1,256.50	$1,091.17	$1,161.00	$1,162.20	$1,146.07	$1,184.26

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Graduate Paramedic pay points in QAS and the comparable pay point in each interstate Ambulance Service.

Table 17. Base Rate Comparison Key Findings – Graduate Paramedic

Role	Pay Point	Key Findings
Graduate Paramedic	1	• QLD pays at the national average • ACT is highest paid at $1,298 per week • SA is the lowest paid at $1,091 per week
	Maximum	• QLD pays 1% below the national average • ACT is highest paid at $1,298 per week • SA is the lowest paid at $1,091 per week

9
ADVANCED CARE PARAMEDIC

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between the Advanced Care Paramedic in QAS and the comparable role in each interstate Ambulance Service. The Council of Ambulance Authorities (CAA) and NSW Ambulance have provided a comparison of the clinical scopes of practice and the scope of clinical procedures, respectively, for the Advanced Care Paramedic and comparable roles in each interstate Ambulance Service (see Appendix C).

Table 18. Comparative Role Analysis – Advanced Care Paramedic

State / Territory	Position Title	Key Differences
ACT	Ambulance Paramedic	• Receives advice in the field from a Communications Centre Clinician over the radio as required. • Cannot undertake interventions or administer medications that are an extension of their standard clinical scope of practice, even under the guidance of a Clinician or Intensive Care Paramedic. • Requires 18 months experience working under an Ambulance Paramedic or Intensive Care Paramedic.
NSW	Paramedic	• N/A
NT	Ambulance Paramedic	• Minimal expectation of this role to provide mentoring and supervision to Graduate Paramedics. • Employees receive less frequent structured clinical updates (every 12 months or so).
SA	Paramedic	• After 6 months, the role provides mentoring and supervision to Graduate Paramedics.
TAS	Paramedic	• Provides clinical and operational supervision to Volunteers. • Contributes to the overall management of the Branch by organising rosters, conducting training and branch maintenance. • Typically 2 years' experience working under a qualified Advanced Care or Critical Care Paramedic.
VIC	Advanced Life Support Ambulance Paramedic	• N/A

State / Territory	Position Title	Key Differences
WA	Paramedic	• 3 years' experience as an Ambulance Officer working under a qualified paramedic. • Does not request back up from a Critical Care Paramedic.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Advanced Care Paramedic pay points in QAS.

Table 19. Pay Point Comparison – Advanced Care Paramedic

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Advanced Care Paramedic 1	Ambulance Paramedic 1	Paramedic Year 1	Qualified Paramedic 0-2	Paramedic 2.3	Paramedic (PARB) Level 1	Advanced Life Support Ambulance Paramedic Year 1	Ambulance Paramedic 1
Advanced Care Paramedic 2	Ambulance Paramedic 3	Paramedic Year 2↓	Qualified Paramedic 3+↓	Paramedic 2.6	Paramedic (PARB) Level 4	Advanced Life Support Ambulance Paramedic Year 3↓	Ambulance Paramedic 2
Advanced Care Paramedic 3	-	-	Qualified Paramedic 5+↓	-	Paramedic (PARB) Level 6↓	Advanced Life Support Ambulance Paramedic Year 6↓	Ambulance Paramedic 3↑
Maximum Advanced Care Paramedic 3	Ambulance Paramedic 4	Paramedic Year 2↓	Qualified Paramedic 5+↓	Paramedic 2.6	Paramedic (PARB) Level 6↓	Advanced Life Support Ambulance Paramedic Year 6↓	Ambulance Paramedic 3

REMUNERATION ANALYSIS

Figure 5. Base Rate Comparison (April 2017) – Advanced Care Paramedic

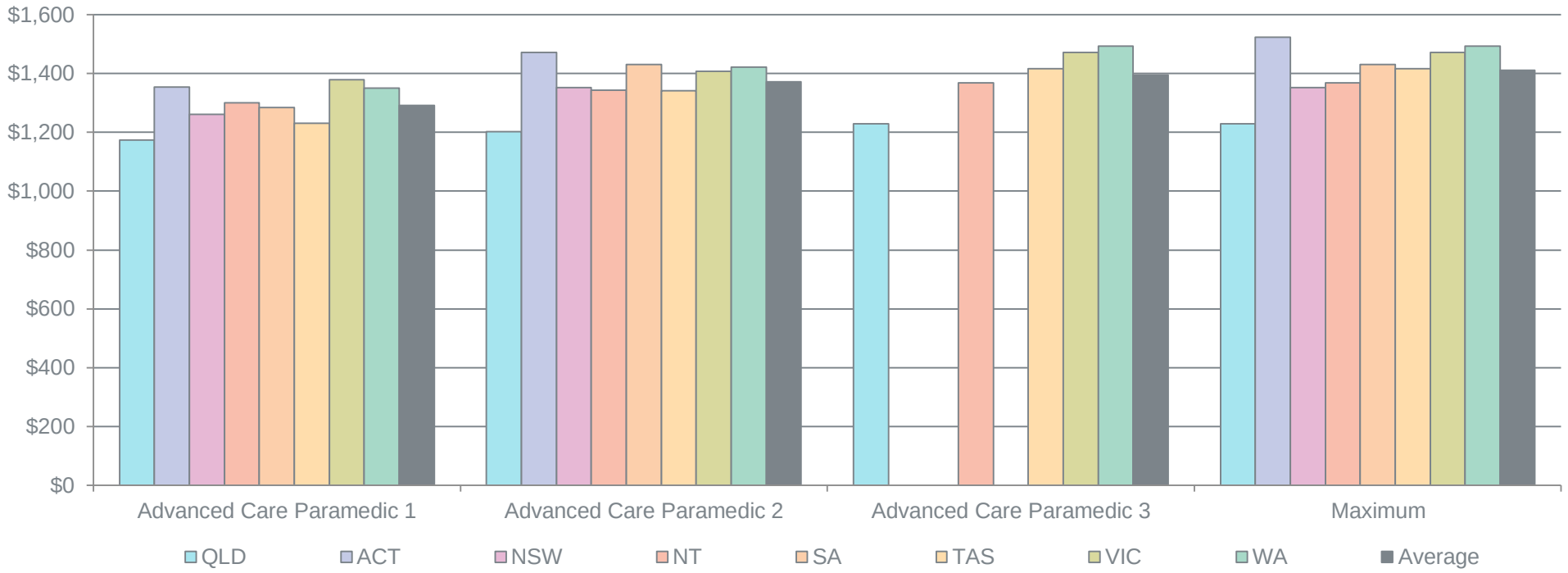

Table 20. Base Rate Comparison (April 2017) – Advanced Care Paramedic

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Advanced Care Paramedic 1	$1,173.99	$1,354.43	$1,261.20	$1,301.35	$1,285.17	$1,231.54	$1,379.30	$1,351.11	$1,292.26
Advanced Care Paramedic 2	$1,201.99	$1,472.26	$1,352.30↓	$1,344.12↓	$1,430.67	$1,342.38	$1,407.50↓	$1,422.43	$1,371.71
Advanced Care Paramedic 3	$1,229.00	-	-	$1,369.03↓	-	$1,416.25↓	$1,472.15↓	$1,494.03↑	$1,396.09
Maximum	$1,229.00	$1,523.68	$1,352.30	$1,369.03	$1,430.67	$1,416.25	$1,472.15	$1,494.03	$1,410.89

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Advanced Care Paramedic pay points in QAS and the comparable pay point in each interstate Ambulance Service.

Table 21. Base Rate Comparison Key Findings – Advanced Care Paramedic

Role	Pay Point	Key Findings
Advanced Care Paramedic	1	• QLD pays 9% below the national average • VIC is highest paid at $1,379 per week • QLD is the lowest paid at $1,174 per week
	2	• QLD pays 12% below the national average • ACT is highest paid at $1,472 per week • QLD is the lowest paid at $1,202 per week
	3	• QLD pays 12% below the national average • WA is highest paid at $1,494 per week • QLD is the lowest paid at $1,229 per week
	Maximum	• QLD pays 13% below the national average • ACT is highest paid at $1,524 per week • QLD is the lowest paid at $1,229 per week

10
CRITICAL CARE PARAMEDIC

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between the Critical Care Paramedic in QAS and the comparable role in each interstate Ambulance Service. The Council of Ambulance Authorities (CAA) and NSW Ambulance have provided a comparison of the clinical scopes of practice and the scope of clinical procedures, respectively, for the Critical Care Paramedic and comparable roles in each interstate Ambulance Service (see Appendix C).

Table 22. Comparative Role Analysis – Critical Care Paramedic

State / Territory	Position Title	Key Differences
ACT	Intensive Care Paramedic	• Receives advice in the field from a Communications Centre Clinician over the radio as required. • Flight Intensive Care Paramedic is a separate role and is not performed by the Intensive Care Paramedic.
NSW	Intensive Care Paramedic	• Do not require a Graduate Diploma in Intensive Care Paramedical Practice, though are required to complete an internal course on Intensive Care. • Undertakes a regular certification process to ensure skills are maintained. • Flight Intensive Care Paramedic is a separate role and is not performed by the Intensive Care Paramedic.
NT	Intensive Care Paramedic	• N/A. • Note there is no Flight Intensive Care Paramedic in NT.
SA	Intensive Care Paramedic	• Employees undertake 12 month internship comprising case audits, internal assessment and professional development during first year. • Flight Intensive Care Paramedic is a separate role and is not performed by the Intensive Care Paramedic.
TAS	Intensive Care Paramedic	• Provides clinical and operational supervision to Volunteers. • Contributes to the overall management of the Branch by organising rosters, conducting training and branch maintenance. • Employees undertake an Advanced Diploma in Intensive Care Paramedicine comprising work experience, mentoring and

State / Territory	Position Title	Key Differences
		professional development during first year. • Flight Intensive Care Paramedic is a separate role and is not performed by the Intensive Care Paramedic.
VIC	Mobile Intensive Care Paramedic	• N/A. • Flight Intensive Care Paramedic is a separate role and is not performed by the Intensive Care Paramedic.
WA	Critical Care Paramedic	• N/A.

COMPARATIVE PAY POINT ANALYSIS A – CRITICAL CARE PARAMEDIC

The following table details the pay points within each interstate Ambulance Service that have been matched to the Critical Care Paramedic pay points in QAS.

Table 23. Pay Point Comparison – Critical Care Paramedic

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Intensive Care Paramedic 1	Intensive Care Paramedic Level 1.1	Paramedic Specialist Year 1	Intensive Care Paramedic 0-2	Intensive Care Paramedic 3.2	Intensive Care Paramedic (ICPB) Level 1	Mobile Intensive Care Ambulance Paramedic Year 1	Critical Care Paramedic
Intensive Care Paramedic 2	Intensive Care Paramedic Level 1.4	Paramedic Specialist Year 3↓	Intensive Care Paramedic 5+↓	Intensive Care Paramedic 3.5	Intensive Care Paramedic (ICPB) Level 4	Mobile Intensive Care Ambulance Paramedic Year 3	-
Intensive Care Paramedic 3	Intensive Care Paramedic Level 2.3	-	-	-	Intensive Care Paramedic (ICPB) Level 6↓	Mobile Intensive Care Ambulance Paramedic Year 6	-
Maximum Intensive Care Paramedic 3	Intensive Care Paramedic Level 2.3	Paramedic Specialist Year 3↓	Intensive Care Paramedic 5+↓	Intensive Care Paramedic 3.5	Intensive Care Paramedic (ICPB) Level 6↓	Mobile Intensive Care Ambulance Paramedic Year 6	Critical Care Paramedic

REMUNERATION ANALYSIS A – CRITICAL CARE PARAMEDIC

Figure 6. Base Rate Comparison (April 2017) – Critical Care Paramedic

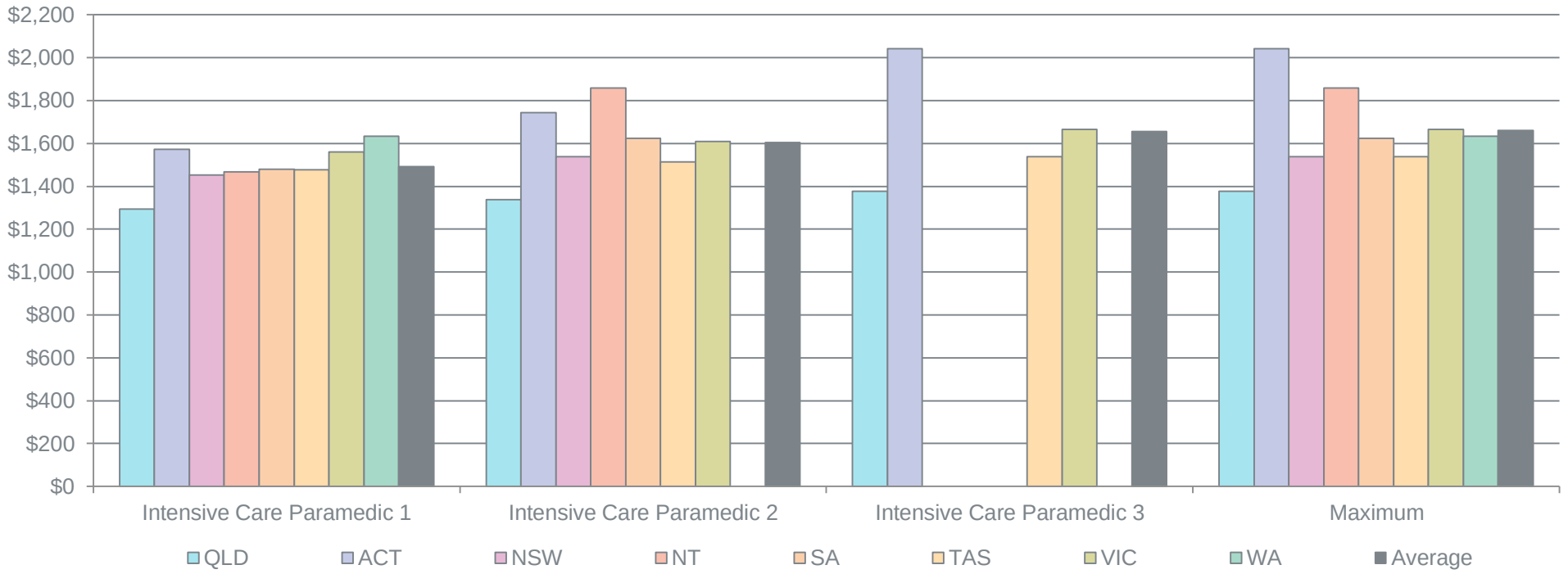

Table 24. Base Rate Comparison (April 2017) – Critical Care Paramedic

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Intensive Care Paramedic 1	$1,294.48	$1,573.27	$1,453.60	$1,467.86	$1,479.21	$1,477.83	$1,560.50	$1,632.80	$1,492.44
Intensive Care Paramedic 2	$1,337.99	$1,743.21	$1,538.40↓	$1,859.01↓	$1,624.63	$1,514.81	$1,608.55	-	$1,603.80
Intensive Care Paramedic 3	$1,376.49	$2,042.12	-	-	-	$1,539.42↓	$1,665.95	-	$1,656.00
Maximum	$1,376.49	$2,042.12	$1,538.40	$1,859.01	$1,624.63	$1,539.42	$1,665.95	$1,632.80	$1,659.85

KEY FINDINGS A – CRITICAL CARE PARAMEDIC

The following table provides key findings on the differences in base rates between the Critical Care Paramedic pay points in QAS and the comparable pay point in each interstate Ambulance Service.

Table 25. Base Rate Comparison Key Findings – Critical Care Paramedic

Role	Pay Point	Key Findings
Critical Care Paramedic	1	• QLD pays 13% below the national average • WA is highest paid at $1,633 per week • QLD is the lowest paid at $1,294 per week
	2	• QLD pays 17% below the national average • NT is highest paid at $1,859 per week • QLD is the lowest paid at $1,338 per week
	3	• QLD pays 17% below the national average • ACT is highest paid at $2,042 per week • QLD is the lowest paid at $1,376 per week
	Maximum	• QLD pays 17% below the national average • ACT is highest paid at $2,042 per week • QLD is the lowest paid at $1,376 per week

REMUNERATION ANALYSIS B - DIFFERENCE BETWEEN ACP MAXIMUM AND FIRST CCP PAY POINT

The following table provides a comparison of base rates between the maximum pay point for Advanced Care Paramedics in each interstate Ambulance Service and the first pay point for Critical Care Paramedics in that interstate Ambulance Service.

Table 26. Base Rate Comparison (April 2017) – Advanced Care Paramedic Maximum Pay Point against Critical Care Paramedic Pay Point 1

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Advanced Care Paramedic Maximum Pay Point	$1,229.00	$1,523.68	$1,352.30	$1,369.03	$1,430.67	$1,416.25	$1,472.15	$1,494.03	$1,410.89
Critical Care Paramedic Pay Point 1	$1,294.48	$1,573.27	$1,453.60	$1,467.86	$1,479.21	$1,477.83	$1,560.50	$1,632.80	$1,492.44
Difference	**$65.48**	**$49.59**	**$101.30**	**$98.83**	**$48.54**	**$61.58**	**$88.35**	**$138.77**	**$81.55**
	5.3%	**3.3%**	**7.5%**	**7.2%**	**3.4%**	**4.3%**	**6.0%**	**9.3%**	**5.8%**

KEY FINDINGS B - DIFFERENCE BETWEEN ACP MAXIMUM AND FIRST CCP PAY POINT

Table 27. Base Rate Comparison Key Findings – Advanced Care Paramedic Maximum Pay Point against Critical Care Paramedic Pay Point 1

Analysis	Key Findings
Difference between Advanced Care Paramedic Maximum and Critical Care Paramedic First Pay Point	• QLD provides an increase of 20% below the national average • WA provides the highest increase at $139 per week • SA provides the lowest increase at $49 per week • ACT provides a comparatively low increase at $50 per week, however is the highest paid Critical Care Paramedic (at the maximum)

COMPARATIVE PAY POINT ANALYSIS C – FLIGHT CRITICAL CARE PARAMEDIC

Mercer notes that Flight Critical Care Paramedic positions within the interstate Ambulance Services were not analysed during role discussions as these duties are performed as a subset of the Critical Care Paramedic role within QAS whereas other interstate Ambulance Services have a dedicated position and classification. In addition, Mercer understands that QAS Critical Care Paramedics do not require specialist qualifications in Aeromedical Paramedicine to perform flight duties while an additional Diploma level qualification is required by comparable roles in some interstate Ambulance Services. The following table details the pay points within each interstate Ambulance Service that have been matched to the Flight Critical Care Paramedic pay points in QAS.[3]

Table 28. Pay Point Comparison – Flight Critical Care Paramedic

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Intensive Care Paramedic 1	-	Critical Care Paramedic (Aeromedical) Year 1	-	-	Flight Paramedic (Fixed Wing and Helicopter)	Mobile Intensive Care Flight Paramedic Year 1	Critical Care Paramedic
Intensive Care Paramedic 2	Intensive Care Paramedic Level 2.1↑	Critical Care Paramedic (Aeromedical) Year 2↓	-	Special Operations Team Intensive Care Paramedic 4.1	-	Mobile Intensive Care Flight Paramedic Year 3↓	-
Intensive Care Paramedic 3	Intensive Care Paramedic Level 2.3	-	-	Special Operations Team Intensive Care Paramedic 4.4↓	-	-	-
Maximum Intensive Care Paramedic 3	Intensive Care Paramedic Level 2.3	Critical Care Paramedic (Aeromedical) Year 2↓	-	Special Operations Team Intensive Care Paramedic 4.4↓	Flight Paramedic (Fixed Wing and Helicopter)	Mobile Intensive Care Flight Paramedic Year 3↓	Critical Care Paramedic

[3] Note QAS does not have a specific Flight Critical Care Paramedic classification. Employees performing these duties within QAS are remunerated under the Critical Care Paramedic structure.

REMUNERATION ANALYSIS C – FLIGHT CRITICAL CARE PARAMEDIC

Figure 7. Base Rate Comparison (April 2017) – Flight Critical Care Paramedic

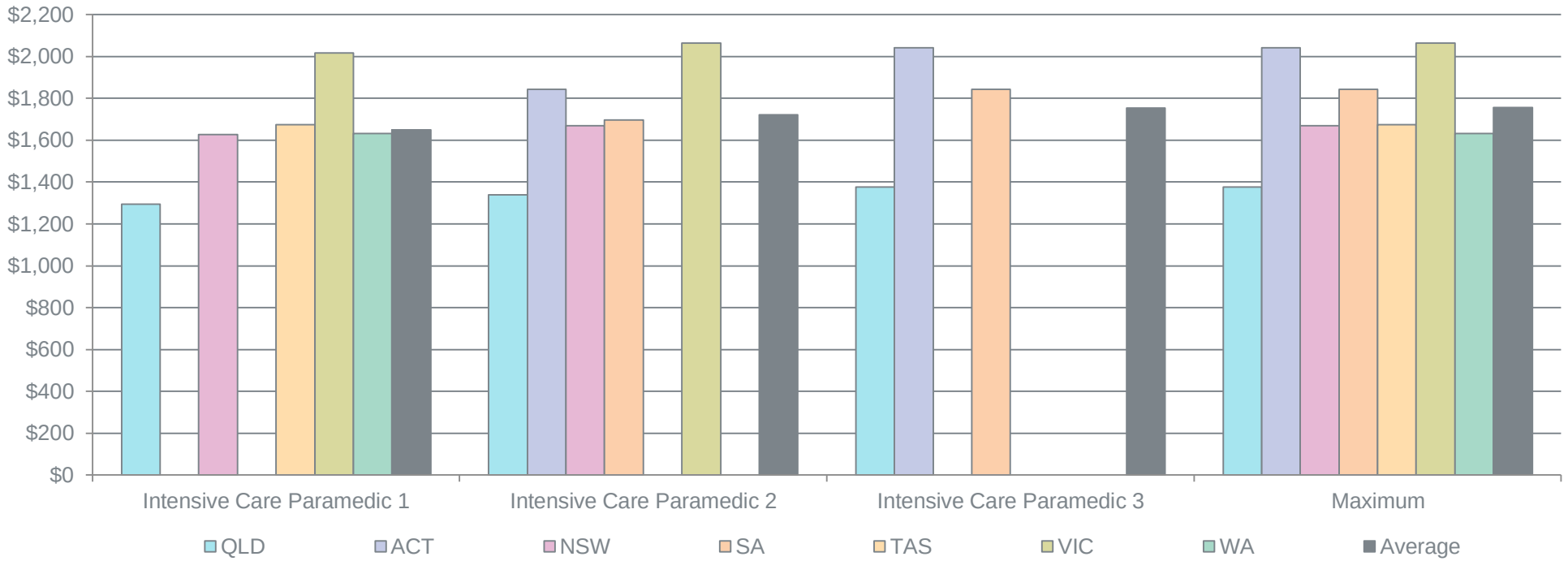

Table 29. Base Rate Comparison (April 2017) – Flight Critical Care Paramedic

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Intensive Care Paramedic 1	$1,294.48	-	$1,626.50	-	-	$1,674.90	$2,018.25	$1,632.80	$1,649.39
Intensive Care Paramedic 2	$1,337.99	$1,842.27↑	$1,668.70↓	-	$1,697.42	-	$2,064.85↓	-	$1,722.25
Intensive Care Paramedic 3	$1,376.49	$2,042.12	-	-	$1,842.88↓	-	-	-	$1,753.83
Maximum	$1,376.49	$2,042.12	$1,668.70	-	$1,842.88	$1,674.90	$2,064.85	$1,632.80	$1,757.54

KEY FINDINGS C – FLIGHT CRITICAL CARE PARAMEDIC

The following table provides key findings on the differences in base rates between the Flight Critical Care Paramedic pay points in QAS and the comparable pay point in each interstate Ambulance Service.[3]

Table 30. Base Rate Comparison Key Findings – Flight Critical Care Paramedic

Role	Pay Point	Key Findings
Flight Critical Care Paramedic	1	• QLD pays 22% below the national average • VIC is highest paid at $2,018 per week • QLD is the lowest paid at $1,294 per week
	2	• QLD pays 22% below the national average • VIC is highest paid at $2,065 per week • QLD is the lowest paid at $1,338 per week
	3	• QLD pays 22% below the national average • ACT is highest paid at $2,042 per week • QLD is the lowest paid at $1,376 per week
	Maximum	• QLD pays 22% below the national average • VIC is highest paid at $2,065 per week • QLD is the lowest paid at $1,376 per week

11
CLINICAL SUPPORT OFFICER

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between Clinical Support Officer in QAS and the comparable role in each interstate Ambulance Service.

Table 31. Comparative Role Analysis – Clinical Support Officer

State / Territory	Position Title	Key Differences
ACT	Training and Development Officer	• Minimum qualifications, training and experience are those of an Intensive Care Paramedic (equivalent to Critical Care Paramedic). • Does not undertake audit programs and investigations of Paramedics.
NSW	Clinical Training Officer	• Does not undertake audit programs and investigations of Paramedics. • Provides clinical leadership, support and guidance to the workforce on best practice, though does not provide operational leadership.
NT	No Comparable Role	• N/A
SA	Clinical Support Officer	• This role does not provide in-field support to paramedics. • Minimum qualifications, training and experience are those of a Paramedic – Critical Care.
TAS	Clinical Support Officer	• Minimum qualifications, training and experience are those of a Paramedic – Critical Care.
VIC	Clinical Support Officer	• Minimum qualifications, training and experience are those of a Mobile intensive Care Ambulance Paramedic (equivalent to Critical Care Paramedic).
WA	Clinical Support Paramedic	• Focus of role is audit and clinical governance, rather than education and training. • Primary point of escalation for volunteers and paramedics on complex matters. • Does not require Certificate IV in Training and Assessment.

State / Territory	Position Title	Key Differences
		• No minimum experience requirement as Paramedic. • Successful applicants undertake a 2 week initial training program.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Clinical Support Officer pay points in QAS.

Table 32. Pay Point Comparison – Clinical Support Officer

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Station Officer L1 P1/P2	-	-	-	-	-	-	-
Station Officer L1 P3.1 *	-	Clinical Training Officer	-	-	-	-	-
Station Officer L1 P3.2 *	-	-	-	-	-	-	-
Station Officer L1 P3.3 *	-	-	-	-	-	-	-
Station Officer L1 P4.1 #	Intensive Care Paramedic Level 2.1	Clinical Training Officer	-	Clinical Support Officer 5.3	Clinical Support Officer (CSOB) Level 1	Clinical Support Officer Year 1	Clinical Support Paramedic
Station Officer L1 P4.2 #	Intensive Care Paramedic Level 2.2	-	-	Clinical Support Officer 5.4	Clinical Support Officer (CSOB) Level 2	-	-
Station Officer L1 P4.3 #	Intensive Care Paramedic Level 2.3	-	-	-	Clinical Support Officer (CSOB) Level 3	Clinical Support Officer Year 3	-
Maximum Station Officer L1 P4.3 #	Intensive Care Paramedic Level 2.3	Clinical Training Officer	-	Clinical Support Officer 5.4	Clinical Support Officer (CSOB) Level 3	Clinical Support Officer Year 3	Clinical Support Paramedic

REMUNERATION ANALYSIS

Figure 8. Base Rate Comparison (April 2017) – Clinical Support Officer

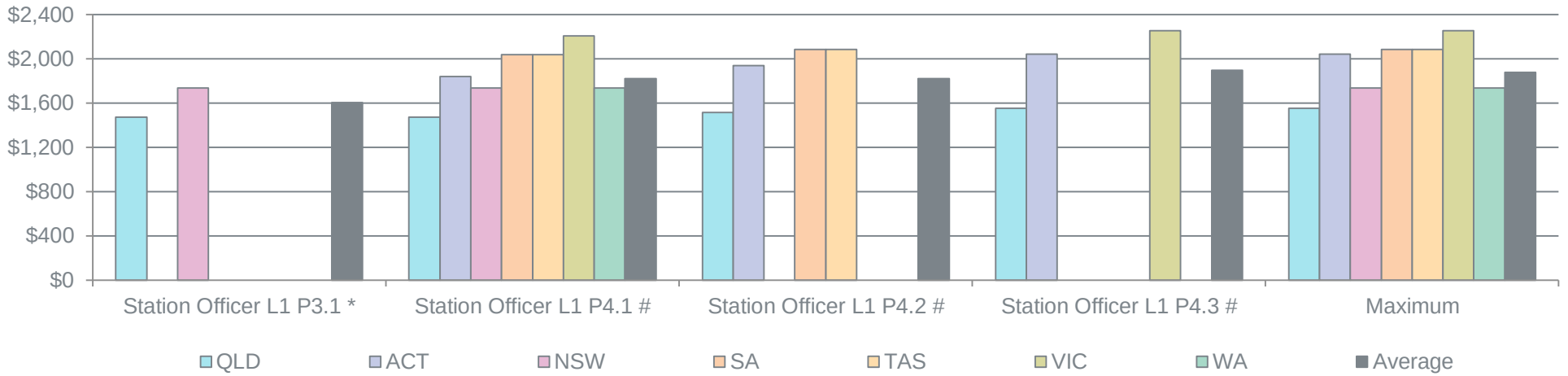

Table 33. Base Rate Comparison (April 2017) – Clinical Support Officer

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Station Officer L1 P1/P2	$1,473.48	-	-	-	-	-	-	-	$1,473.48
Station Officer L1 P3.1 *	$1,473.48	-	$1,738.50	-	-	-	-	-	$1,605.99
Station Officer L1 P3.2 *	$1,500.49	-	-	-	-	-	-	-	$1,500.49
Station Officer L1 P3.3 *	$1,527.99	-	-	-	-	-	-	-	$1,527.99
Station Officer L1 P4.1 #	$1,473.48	$1,842.27	$1,738.50	-	$2,036.90	$1,724.17	$2,207.75	$1,737.70	$1,822.91
Station Officer L1 P4.2 #	$1,516.99	$1,942.20	-	-	$2,085.38	$1,736.46	-	-	$1,820.16
Station Officer L1 P4.3 #	$1,554.99	$2,042.12	-	-	-	$1,748.77	$2,253.15	-	$1,899.66
Maximum	$1,554.99	$2,042.12	$1,738.50	-	$2,085.38	$1,748.77	$2,253.15	$1,737.70	$1,880.03

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Clinical Support Officer pay points in QAS and the comparable pay point in each interstate Ambulance Service. Mercer notes that some Clinical Support Officer pay points in QAS do not have enough comparable pay points in the interstate Ambulance Services to develop a reliable representation of the national average.

Table 34. Base Rate Comparison Key Findings – Clinical Support Officer

Role	Pay Point	Key Findings
Clinical Support Officer	L1 P1/P2	• Not applicable
	L1 P3.1 *	• QLD pays 8% below the national average[4] • NSW is highest paid at $1,739 per week • QLD is the lowest paid at $1,473 per week
	L1 P3.2 *	• Not applicable
	L1 P3.3 *	• Not applicable
	L1 P4.1 #	• QLD pays 19% below the national average • VIC is highest paid at $2,208 per week • QLD is the lowest paid at $1,473 per week
	L1 P4.2 #	• QLD pays 17% below the national average • SA is highest paid at $2,085 per week • QLD is the lowest paid at $1,517 per week
	L1 P4.3 #	• QLD pays 18% below the national average • VIC is highest paid at $2,253 per week • QLD is the lowest paid at $1,555 per week

[4] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

Role	Pay Point	Key Findings
	Maximum	• QLD pays 17% below the national average • VIC is highest paid at $2,253 per week • QLD is the lowest paid at $1,555 per week

12
OFFICER IN CHARGE

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between Officer in Charge in QAS and the comparable role in each interstate Ambulance Service.

Table 35. Comparative Role Analysis – Officer in Charge

State / Territory	Position Title	Key Differences
ACT	No Comparable Role	• N/A
NSW	Station Officer	• Is not accountable for fleet and capital asset management. • Requires a Certificate IV in Frontline Management.
NT	Station Officer	• Given there isn't a comparable role to the Clinical Support Officer role in NT, this role is required to undertake these responsibilities. • Does not undertake equivalent training to the Emergency Management Course.
SA	No Comparable Role	• Mercer gave consideration to the Area Team Leader as a comparator role, however, found it to not be appropriate given the following key differences: – Manages a team and works laterally across 3-5 stations. – Responsible for improving levels of clinical practice and assisting with the clinical education and audit of operational staff.
TAS	No Comparable Role	• Mercer gave consideration to the Duty Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Oversees all aspects of day to day Ambulance Service delivery for a region comprising multiple stations. – Provides tactical and short term strategic planning and deployment of emergency response resources. – Applicants require relevant management experience and qualifications.

State / Territory	Position Title	Key Differences
VIC	Team Manager/Senior Team Manager	• For stations with Mobile intensive Care Ambulance Paramedics, the role requires minimum qualifications, training and experience of a Mobile intensive Care Ambulance Paramedic (equivalent to Critical Care Paramedic). • Responsible for clinical performance only of their team.
WA	Station Manager	• Does not undertake an equivalent to the Emergency Management Course (1 week course). • Does not oversee disaster/emergency management situations as these are led by the Area Manager. • This role has no direct reports as all operational staff within an Area report to the Area Manager. • Is not accountable for the management of human resources or rostering.

COMPARATIVE PAY POINT ANALYSIS A – OFFICER IN CHARGE (SO1)

The following table details the pay points within each interstate Ambulance Service that have been matched to the Officer in Charge (SO1) pay points in QAS.

Table 36. Pay Point Comparison – Officer in Charge (SO1)

QLD	ACT	NSW	NT[5]	SA	TAS	VIC	WA
Station Officer L1 P1/P2	-	-	-	-	-	-	-
Station Officer L1 P3.1 *	-	Team Leader	-	-	-	Team Manager ALS <10 Employees Year 1	Station Manager Gd 2
Station Officer L1 P3.2 *	-	-	-	-	-	-	-
Station Officer L1 P3.3 *	-	-	-	-	-	Team Manager ALS <10 Employees Year 3	-
Station Officer L1 P4.1 #	-	Team Leader	-	-	-	Team Manager MICA <10 Employees Year 1	-
Station Officer L1 P4.2 #	-	-	-	-	-	-	-
Station Officer L1 P4.3 #	-	-	-	-	-	Team Manager MICA <10 Employees Year 3	-

[5] Comparable role is on an individual agreement.

QLD	ACT	NSW	NT[5]	SA	TAS	VIC	WA
Maximum Station Officer L1 P4.3 #	-	Team Leader	-	-	-	Team Manager MICA <10 Employees Year 3	Station Manager Gd 2

REMUNERATION ANALYSIS A – OFFICER IN CHARGE (SO1)

Figure 9. Base Rate Comparison (April 2017) – Officer in Charge (SO1)

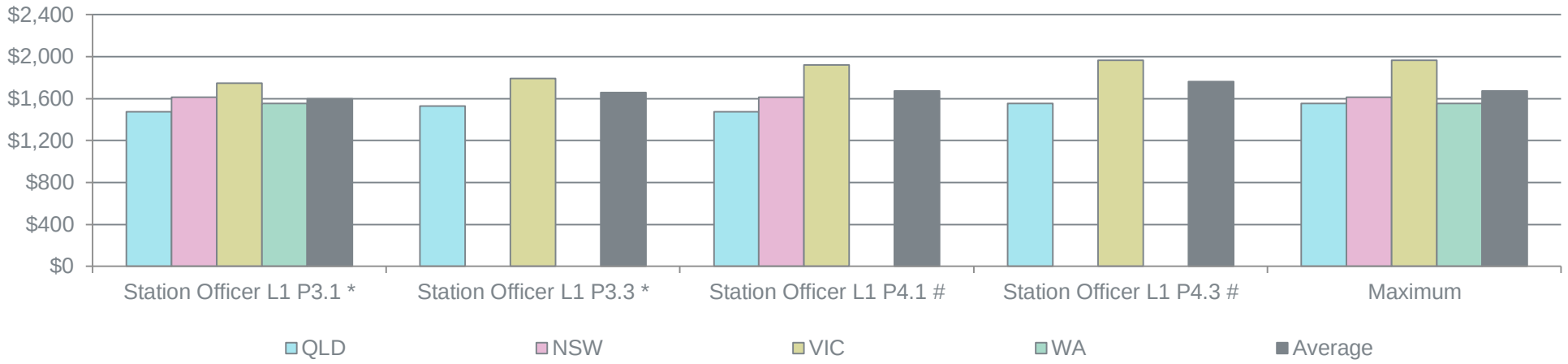

Table 37. Base Rate Comparison (April 2017) – Officer in Charge (SO1)

Pay Point	QLD	ACT	NSW	NT[5]	SA	TAS	VIC	WA	Average
Station Officer L1 P1/P2	$1,473.48	-	-	-	-	-	-	-	$1,473.48
Station Officer L1 P3.1 *	$1,473.48	-	$1,615.40	-	-	-	$1,745.20	$1,555.42	$1,597.38
Station Officer L1 P3.2 *	$1,500.49	-	-	-	-	-	-	-	$1,500.49
Station Officer L1 P3.3 *	$1,527.99	-	-	-	-	-	$1,790.30	-	$1,659.14
Station Officer L1 P4.1 #	$1,473.48	-	$1,615.40	-	-	-	$1,922.40	-	$1,670.43
Station Officer L1 P4.2 #	$1,516.99	-	-	-	-	-	-	-	$1,516.99
Station Officer L1 P4.3 #	$1,554.99	-	-	-	-	-	$1,967.45	-	$1,761.22
Maximum	$1,554.99	-	$1,615.40	-	-	-	$1,967.45	$1,555.42	$1,673.32

KEY FINDINGS A – OFFICER IN CHARGE (SO1)

The following table provides key findings on the differences in base rates between the Officer in Charge (SO1) pay points in QAS and the comparable pay point in each interstate Ambulance Service. Mercer notes that some Officer in Charge (SO1) pay points in QAS do not have enough comparable pay points in the interstate Ambulance Services to develop a reliable representation of the national average.

Table 38. Base Rate Comparison Key Findings – Officer in Charge (SO1)

Role	Pay Point	Key Findings
Officer in Charge (SO1)	L1 P1/P2	• Not applicable
	L1 P3.1 *	• QLD pays 8% below the national average • VIC is highest paid at $1,745 per week • QLD is the lowest paid at $1,473 per week
	L1 P3.2 *	• Not applicable
	L1 P3.3 *	• QLD pays 8% below the national average[6] • VIC is highest paid at $1,790 per week • QLD is the lowest paid at $1,528 per week
	L1 P4.1 #	• QLD pays 12% below the national average[6] • VIC is highest paid at $1,922 per week • QLD is the lowest paid at $1,473 per week
	L1 P4.2 #	• Not applicable
	L1 P4.3 #	• QLD pays 12% below the national average[6] • VIC is highest paid at $1,967 per week • QLD is the lowest paid at $1,555 per week

[6] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

Role	Pay Point	Key Findings
	Maximum	• QLD pays 7% below the national average • VIC is highest paid at $1,967 per week • QLD is the lowest paid at $1,555 per week

COMPARATIVE PAY POINT ANALYSIS B – OFFICER IN CHARGE (SO2)

The following table details the pay points within each interstate Ambulance Service that have been matched to the Officer in Charge (SO2) pay points in QAS.

Table 39. Pay Point Comparison – Officer in Charge (SO2)

QLD	ACT	NSW	NT[7]	SA	TAS	VIC	WA
Station Officer L2 P1/P2	-	-	-	-	-	-	-
Station Officer L2 P3.1 *	-	Team Leader	-	-	-	Team Manager ALS >10 Employees Year 1	Station Manager Gd 2
Station Officer L2 P3.2 *	-	-	-	-	-	-	-
Station Officer L2 P3.3 *	-	-	-	-	-	Team Manager ALS >10 Employees Year 3	-
Station Officer L2 P4.1 #	-	Team Leader	-	-	-	Team Manager MICA >10 Employees Year 1	-
Station Officer L2 P4.2 #	-	-	-	-	-	-	-
Station Officer L2 P4.3 #	-	-	-	-	-	Team Manager MICA >10 Employees Year 3	-

[7] Role in NT is not comparable to the Officer in Charge (SO2) level.

QLD	ACT	NSW	NT′	SA	TAS	VIC	WA
Maximum Station Officer L2 P4.3 #	-	Team Leader	-	-	-	Team Manager MICA >10 Employees Year 3	Station Manager Gd 2

REMUNERATION ANALYSIS B – OFFICER IN CHARGE (SO2)

Figure 10. Base Rate Comparison (April 2017) – Officer in Charge (SO2)

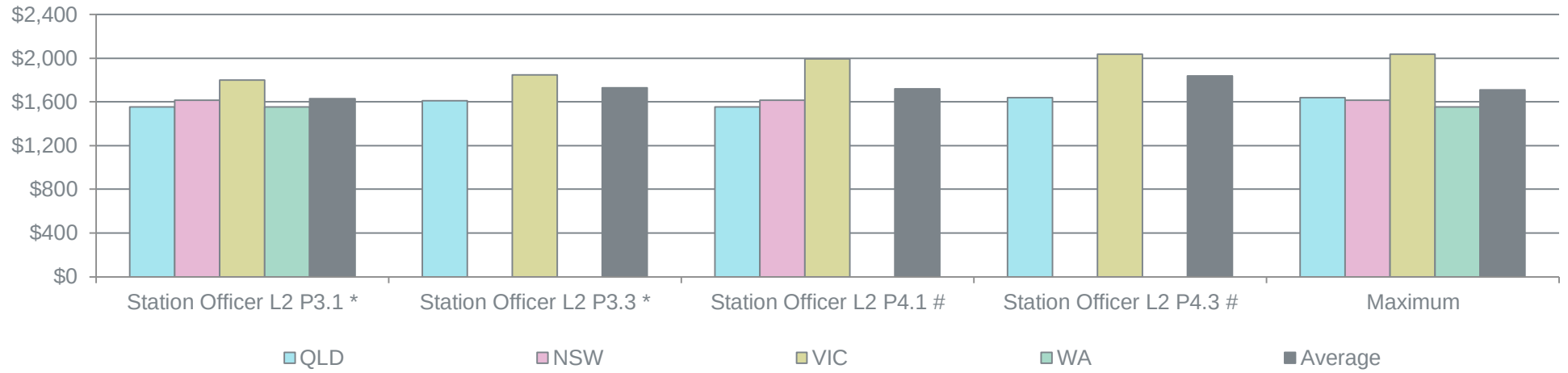

Table 40. Base Rate Comparison (April 2017) – Officer in Charge (SO2)

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Station Officer L2 P1/P2	$1,555.49	-	-	-	-	-	-	-	$1,555.49
Station Officer L2 P3.1 *	$1,555.49	-	$1,615.40	-	-	-	$1,802.25	$1,555.42	$1,632.14
Station Officer L2 P3.2 *	$1,582.99	-	-	-	-	-	-	-	$1,582.99
Station Officer L2 P3.3 *	$1,610.49	-	-	-	-	-	$1,848.05	-	$1,729.27
Station Officer L2 P4.1 #	$1,555.49	-	$1,615.40	-	-	-	$1,992.45	-	$1,721.11
Station Officer L2 P4.2 #	$1,599.49	-	-	-	-	-	-	-	$1,599.49
Station Officer L2 P4.3 #	$1,637.48	-	-	-	-	-	$2,037.35	-	$1,837.41
Maximum	$1,637.48	-	$1,615.40	-	-	-	$2,037.35	$1,555.42	$1,711.41

KEY FINDINGS B – OFFICER IN CHARGE (SO2)

The following table provides key findings on the differences in base rates between the Officer in Charge (SO2) pay points in QAS and the comparable pay point in each interstate Ambulance Service. Mercer notes that some Officer in Charge (SO2) pay points in QAS do not have enough comparable pay points in the interstate Ambulance Services to develop a reliable representation of the national average.

Table 41. Base Rate Comparison Key Findings – Officer in Charge (SO2)

Role	Pay Point	Key Findings
Officer in Charge (SO2)	L2 P1/P2	• Not applicable
	L2 P3.1 *	• QLD pays 5% below the national average • VIC is highest paid at $1,802 per week • WA is the lowest paid at $1,555 per week
	L2 P3.2 *	• Not applicable
	L2 P3.3 *	• QLD pays 7% below the national average[8] • VIC is highest paid at $1,848 per week • QLD is the lowest paid at $1,610 per week
	L2 P4.1 #	• QLD pays 10% below the national average[8] • VIC is highest paid at $1,992 per week • QLD is the lowest paid at $1,555 per week
	L2 P4.2 #	• Not applicable
	L2 P4.3 #	• QLD pays 11% below the national average[8] • VIC is highest paid at $2,037 per week • QLD is the lowest paid at $1,637 per week

[8] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

Role	Pay Point	Key Findings
	Maximum	• QLD pays 4% below the national average • VIC is highest paid at $2,037 per week • WA is the lowest paid at $1,555 per week

COMPARATIVE PAY POINT ANALYSIS C – OFFICER IN CHARGE (SO3)

The following table details the pay points within each interstate Ambulance Service that have been matched to the Officer in Charge (SO3) pay points in QAS.

Table 42. Pay Point Comparison – Officer in Charge (SO3)

QLD	ACT	NSW	NT[9]	SA	TAS	VIC	WA
Station Officer L3 P1/P2	-	-	-	-	-	-	-
Station Officer L3 P3.1 *	-	-	-	-	-	Senior Team Manager ALS Year 1	Station Manager Gd 3
Station Officer L3 P3.2 *	-	-	-	-	-	-	-
Station Officer L3 P3.3 *	-	-	-	-	-	Senior Team Manager ALS Year 3	-
Station Officer L3 P4.1 #	-	-	-	-	-	Senior Team Manager MICA Year 1	-
Station Officer L3 P4.2 #	-	-	-	-	-	-	-
Station Officer L3 P4.3 #	-	-	-	-	-	Senior Team Manager MICA Year 3	-

[9] Role in NT is not comparable to the Officer in Charge (SO3) level.

QLD	ACT	NSW	NT[9]	SA	TAS	VIC	WA
Maximum Station Officer L3 P4.3 #	-	-	-	-	-	Senior Team Manager MICA Year 3	Station Manager Gd 3

REMUNERATION ANALYSIS C – OFFICER IN CHARGE (SO3)

Figure 11. Base Rate Comparison (April 2017) – Officer in Charge (SO3)

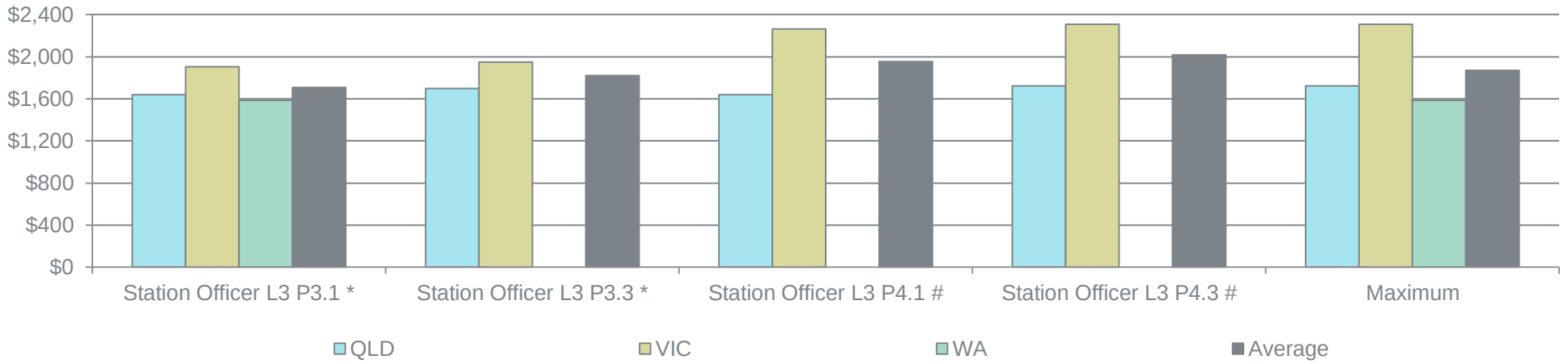

Table 43. Base Rate Comparison (April 2017) – Officer in Charge (SO3)

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Station Officer L3 P1/P2	$1,640.99	-	-	-	-	-	-	-	$1,640.99
Station Officer L3 P3.1 *	$1,640.99	-	-	-	-	-	$1,902.35	$1,585.69	$1,709.68
Station Officer L3 P3.2 *	$1,667.99	-	-	-	-	-	-	-	$1,667.99
Station Officer L3 P3.3 *	$1,695.99	-	-	-	-	-	$1,948.10	-	$1,822.04
Station Officer L3 P4.1 #	$1,640.99	-	-	-	-	-	$2,263.35	-	$1,952.17
Station Officer L3 P4.2 #	$1,684.49	-	-	-	-	-	-	-	$1,684.49
Station Officer L3 P4.3 #	$1,722.99	-	-	-	-	-	$2,308.85	-	$2,015.92
Maximum	$1,722.99	-	-	-	-	-	$2,308.85	$1,585.69	$1,872.51

KEY FINDINGS C – OFFICER IN CHARGE (SO3)

The following table provides key findings on the differences in base rates between the Officer in Charge (SO3) pay points in QAS and the comparable pay point in each interstate Ambulance Service. Given VIC and WA are the only interstate Ambulance Services with a role comparable to the Officer in Charge (SO3) in QAS, Mercer is unable to develop a reliable representation of the national average.

Table 44. Base Rate Comparison Key Findings – Officer in Charge (SO3)

Role	Pay Point	Key Findings
Officer in Charge (SO3)	L3 P1/P2	• Not applicable
	L3 P3.1 *	• QLD pays 4% below the national average[10] • VIC is highest paid at $1,902 per week • WA is the lowest paid at $1,586 per week
	L3 P3.2 *	• Not applicable
	L3 P3.3 *	• QLD pays 7% below the national average[10] • VIC is highest paid at $1,948 per week • QLD is the lowest paid at $1,696 per week
	L3 P4.1 #	• QLD pays 16% below the national average[10] • VIC is highest paid at $2,263 per week • QLD is the lowest paid at $1,641 per week
	L3 P4.2 #	• Not applicable
	L3 P4.3 #	• QLD pays 15% below the national average[10] • VIC is highest paid at $2,309 per week • QLD is the lowest paid at $1,723 per week

[10] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

Role	Pay Point	Key Findings
	Maximum	• QLD pays 8% below the national average[10] • VIC is highest paid at $2,309 per week • WA is the lowest paid at $1,586 per week

COMPARATIVE PAY POINT ANALYSIS D – OFFICER IN CHARGE (SO4)

The following table details the pay points within each interstate Ambulance Service that have been matched to the Officer in Charge (SO4) pay points in QAS.

Table 45. Pay Point Comparison – Officer in Charge (SO4)

QLD	ACT	NSW	NT[11]	SA	TAS	VIC	WA
Station Officer L4 P1/P2	-	-	-	-	-	-	-
Station Officer L4 P3.1 *	-	-	-	-	-	Senior Team Manager ALS Year 1	-
Station Officer L4 P3.2 *	-	-	-	-	-	-	-
Station Officer L4 P3.3 *	-	-	-	-	-	Senior Team Manager ALS Year 3	-
Station Officer L4 P4.1 #	-	-	-	-	-	Senior Team Manager MICA Year 1	-
Station Officer L4 P4.2 #	-	-	-	-	-	-	-
Station Officer L4 P4.3 #	-	-	-	-	-	Senior Team Manager MICA Year 3	-

[11] Role in NT is not comparable to the Officer in Charge (SO4) level.

QLD	ACT	NSW	NT[11]	SA	TAS	VIC	WA
Maximum Station Officer L4 P4.3 #	-	-	-	-	-	Senior Team Manager MICA Year 3	-

REMUNERATION ANALYSIS D – OFFICER IN CHARGE (SO4)

Figure 12. Base Rate Comparison (April 2017) – Officer in Charge (SO4)

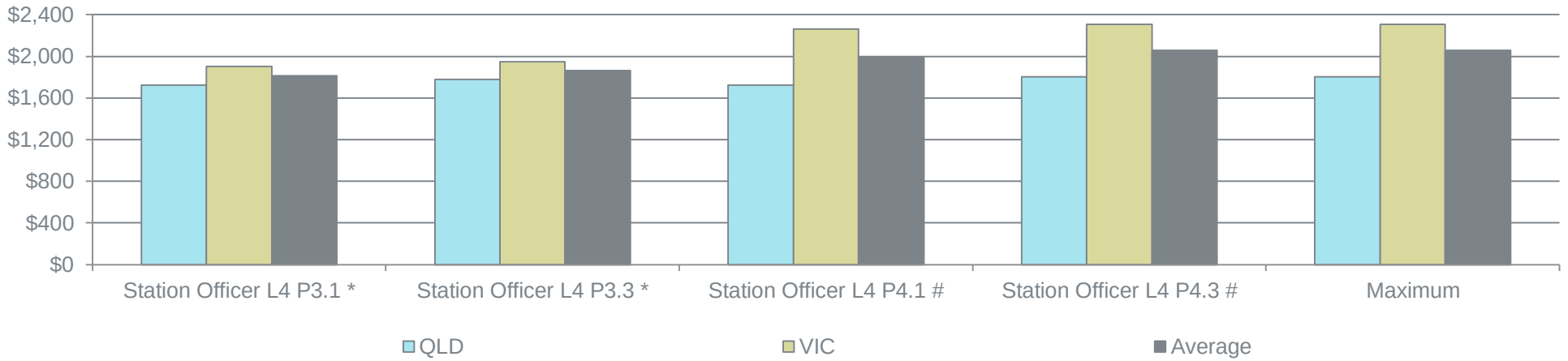

Table 46. Base Rate Comparison (April 2017) – Officer in Charge (SO4)

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Station Officer L4 P1/P2	$1,723.49	-	-	-	-	-	-	-	$1,723.49
Station Officer L4 P3.1 *	$1,723.49	-	-	-	-	-	$1,902.35	-	$1,812.92
Station Officer L4 P3.2 *	$1,750.49	-	-	-	-	-	-	-	$1,750.49
Station Officer L4 P3.3 *	$1,778.49	-	-	-	-	-	$1,948.10	-	$1,863.30
Station Officer L4 P4.1 #	$1,723.49	-	-	-	-	-	$2,263.35	-	$1,993.42
Station Officer L4 P4.2 #	$1,767.00	-	-	-	-	-	-	-	$1,767.00
Station Officer L4 P4.3 #	$1,804.98	-	-	-	-	-	$2,308.85	-	$2,056.92
Maximum	$1,804.98	-	-	-	-	-	$2,308.85	-	$2,056.92

KEY FINDINGS D – OFFICER IN CHARGE (SO4)

The following table provides key findings on the differences in base rates between the Officer in Charge (SO4) pay points in QAS and the comparable pay point in each interstate Ambulance Service. Given VIC is the only interstate Ambulance Service with a role comparable to the Officer in Charge (SO4) in QAS, Mercer is unable to develop a reliable representation of the national average.

Table 47. Base Rate Comparison Key Findings – Officer in Charge (SO4)

Role	Pay Point	Key Findings
Officer in Charge (SO4)	L4 P1/P2	• Not applicable
	L4 P3.1 *	• QLD pays 5% below the national average[12] • VIC is highest paid at $1,902 per week • QLD is the lowest paid at $1,723 per week
	L4 P3.2 *	• Not applicable
	L4 P3.3 *	• QLD pays 5% below the national average[12] • VIC is highest paid at $1,948 per week • QLD is the lowest paid at $1,778 per week
	L4 P4.1 #	• QLD pays 14% below the national average[12] • VIC is highest paid at $2,263 per week • QLD is the lowest paid at $1,723 per week
	L4 P4.2 #	• Not applicable
	L4 P4.3 #	• QLD pays 12% below the national average[12] • VIC is highest paid at $2,309 per week • QLD is the lowest paid at $1,805 per week

[12] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

Role	Pay Point	Key Findings
	Maximum	• QLD pays 12% below the national average[12] • VIC is highest paid at $2,309 per week • QLD is the lowest paid at $1,805 per week

13
OPERATIONS SUPERVISOR

COMPARATIVE ROLE ANALYSIS

The following table provides an overview of the key differences between Operations Supervisor in QAS and the comparable role in each interstate Ambulance Service.

Table 48. Comparative Role Analysis – Operations Supervisor

State / Territory	Position Title	Key Differences
ACT	Duty Officer	• Minimum qualifications, training and experience are those of a Critical Care Paramedic. • Supervises the attendance, performance and conduct of staff. • Examines and evaluates work practices, recommends changes, develops and implements service policy and procedures. • Manages short-term roster arrangements for current/next shift, including crew composition/station allocation in consultation with Ambulance Communications staff. • Assists in the management and development of Critical Care Paramedic staff and students. • Contributes to the planning and development of training programs and assist in their delivery.
NSW	No Comparable Role	• Mercer gave consideration to the Duty Operations Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Oversees Station Officers and Paramedics either at a large station or a number of stations. – Manages the day-to-day resourcing requirements of the stations, including Volunteers and Community First Responders. – Ensures the coordination and delivery of training for Volunteers and Community First Responders, including facilitation of the reaccreditation process. – Is responsible for the operational, clinical and financial governance of ambulance stations at the first line level. – Reviews and authorises staff hours and timesheets and oversees the professional development plans of Station Officers and Paramedics.
NT	No Comparable Role	• N/A

State / Territory	Position Title	Key Differences
SA	No Comparable Role	• Mercer gave consideration to the Operations Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Provides leadership to the management team within a region through strategic planning, performance management and improvement, staff support and management, policy development and implementation and financial planning. – Develops, implements and maintains continuous quality improvement projects, initiatives and programs. – Manages the acquisition, and effective and efficient utilisation of financial and physical resources. – Manages all aspects of the region's budgets and financial operations, including preparing and submitting budgets, funding proposals and ministerial reports. – Requires previous leadership experience in a management position.
TAS	No Comparable Role	• Mercer gave consideration to the Regional Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Reports to the Chief Executive Officer – Manages the provision of ambulance and non-emergency patient transport services for a region. – Provides strategic and operational planning management, and assists in setting and monitoring operational, clinical and financial standards. – Is accountable for all financial, administrative and operational resources within a region – Establishes regional procedures.
VIC	No Comparable Role	• Mercer gave consideration to the Group Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Oversees a team of 8-12 Team Managers. – Represents Ambulance Victoria at forums and to the media. – Establishes performance objectives and measures with Team Managers and Team Leaders and provides regular feedback on their performance progress.
WA	No Comparable Role	• Mercer gave consideration to the Area Manager as a comparator role, however, found it to not be appropriate given the following key differences: – Applicants aren't required to be qualified paramedics, rather they require management skills and experience. – Supported by Station Managers who are qualified paramedics that are also responsible for facilities management (including fleet and capital asset management) and administration within the station. – All operational staff within the Area are direct reports to the role. – Assume full responsibility for the Area's operational readiness for the provision of ambulances services.

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within each interstate Ambulance Service that have been matched to the Operations Supervisor pay points in QAS.

Table 49. Pay Point Comparison – Operations Supervisor

QLD	ACT	NSW	NT	SA	TAS	VIC	WA
Station Officer L2 P1/P2	-	-	-	-	-	-	-
Station Officer L2 P3.1 *	-	-	-	-	-	-	-
Station Officer L2 P3.2 *	-	-	-	-	-	-	-
Station Officer L2 P3.3 *	-	-	-	-	-	-	-
Station Officer L2 P4.1 #	Intensive Care Paramedic Level 2.1	-	-	-	-	-	-
Station Officer L2 P4.2 #	Intensive Care Paramedic Level 2.2	-	-	-	-	-	-
Station Officer L2 P4.3 #	Intensive Care Paramedic Level 2.3	-	-	-	-	-	-
Maximum Station Officer L2 P4.3 #	Intensive Care Paramedic Level 2.3	-	-	-	-	-	-

REMUNERATION ANALYSIS

Figure 13. Base Rate Comparison (April 2017) – Operations Supervisor

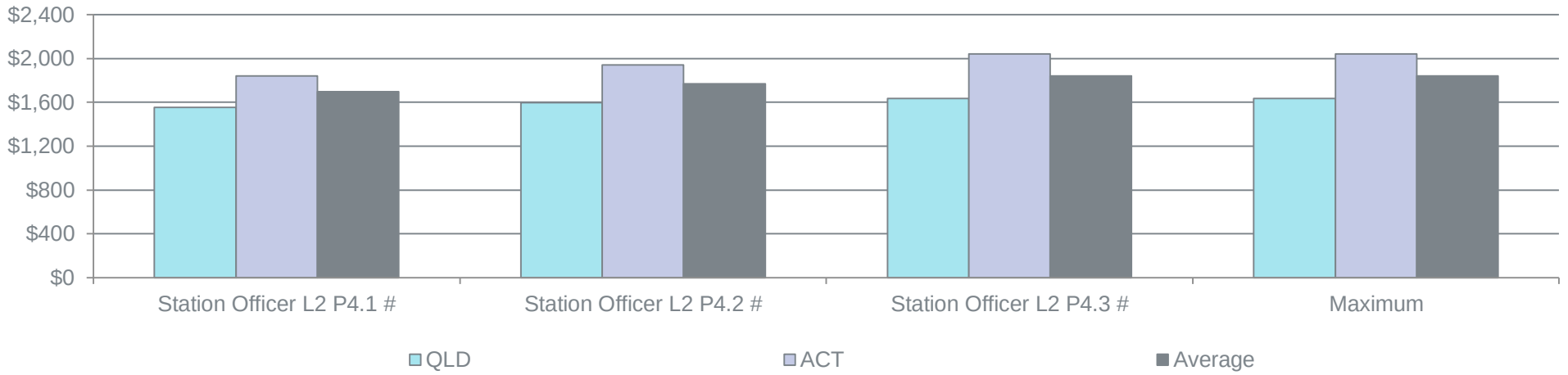

Table 50. Base Rate Comparison (April 2017) – Operations Supervisor

Pay Point	QLD	ACT	NSW	NT	SA	TAS	VIC	WA	Average
Station Officer L2 P1/P2	$1,555.49	-	-	-	-	-	-	-	$1,555.49
Station Officer L2 P3.1 *	$1,555.49	-	-	-	-	-	-	-	$1,555.49
Station Officer L2 P3.2 *	$1,582.99	-	-	-	-	-	-	-	$1,582.99
Station Officer L2 P3.3 *	$1,610.49	-	-	-	-	-	-	-	$1,610.49
Station Officer L2 P4.1 #	$1,555.49	$1,842.27	-	-	-	-	-	-	$1,698.88
Station Officer L2 P4.2 #	$1,599.49	$1,942.20	-	-	-	-	-	-	$1,770.85
Station Officer L2 P4.3 #	$1,637.48	$2,042.12	-	-	-	-	-	-	$1,839.80
Maximum	$1,637.48	$2,042.12	-	-	-	-	-	-	$1,839.80

KEY FINDINGS

The following table provides key findings on the differences in base rates between the Operations Supervisor pay points in QAS and the comparable pay point in each interstate Ambulance Service. Given ACT is the only interstate Ambulance Service with a role comparable to the Operations Supervisor in QAS, Mercer is unable to develop a reliable representation of the national average.

Table 51. Base Rate Comparison Key Findings – Operations Supervisor

Role	Pay Point	Key Findings
Operations Supervisor	L2 P1/P2	• Not applicable
	L2 P3.1 *	• Not applicable
	L2 P3.2 *	• Not applicable
	L2 P3.3 *	• Not applicable
	L2 P4.1 #	• QLD pays 8% below the national average[13] • ACT is highest paid at $1,842 per week • QLD is the lowest paid at $1,555 per week
	L2 P4.2 #	• QLD pays 10% below the national average[13] • ACT is highest paid at $1,942 per week • QLD is the lowest paid at $1,599 per week
	L2 P4.3 #	• QLD pays 11% below the national average[13] • ACT is highest paid at $2,042 per week • QLD is the lowest paid at $1,637 per week
	Maximum	• QLD pays 11% below the national average[13] • ACT is highest paid at $2,042 per week • QLD is the lowest paid at $1,637 per week

[13] For the purpose of comparison, Mercer notes that a sample size of two is not a reliable representation of the national average.

14
COMPARISON OF KEY ENTITLEMENTS AND CONDITIONS

Mercer conducted a review of industrial instruments and related remuneration documentation for each interstate Ambulance Service to analyse the key conditions and entitlements affecting the employment of the positions under review.

The conditions and entitlements included in this analysis are:

- Ordinary hours
- Superannuation
- Casual loading
- Public holiday and weekend loading
- Overtime
- Shift allowances
- Meal allowances
- Flying allowances
- Driving licence allowances
- Laundry allowances
- Travelling allowances
- Higher duties
- Regional allowances
- On-call allowances
- Mentoring/clinical Instructor allowances
- Additional skills/training allowances
- Annual leave and loading
- Sick leave
- Compassionate leave
- Long service leave
- Maternity and parental leave
- Jury service leave

Appendix F provides a concise summary of the key conditions and entitlements for each interstate Ambulance Service. This information has been validated by representatives of each interstate Ambulance Service to ensure the summaries are current, with the intent of the conditions and entitlements maintained.

KEY FINDINGS

The following table provides key findings in relation to common conditions and entitlements provided in each interstate Ambulance Service. Note that due to the complex, lengthy and integrated nature of conditions and entitlements, the key findings below are designed to provide a guide only, and must be read in conjunction with the detail in Appendix F.

Table 52. Key Conditions and Entitlements – Key Findings

Conditions and Entitlements	Key Findings
Ordinary hours	• All jurisdictions, except ACT, NSW, TAS (Patient Transport) and WA (Paramedics), provide employees that work a standard roster exceeding 38 ordinary hours per week with an accrual of 2 hours' each week towards Accrued Days Off. • WA (Paramedics) provides 10 accrued days off per annum and rolls the remaining 2 days (0.4 of a week) into the base hourly rate of pay for employees working a standard roster exceeding 38 ordinary hours per week.
Superannuation	• All jurisdictions, except VIC (Paramedics) and WA provide at least 9.5% OTE employer superannuation. • QLD and WA offer additional contributions to employees that make additional contributions to superannuation. • VIC (Paramedics) operational employees have compulsory membership to a defined benefit fund with a current employer liability of 12%.
Casual loading	• All jurisdictions, except QLD, TAS (Paramedics and Communications) and NSW provide a casual loading of 25% for work performed on weekdays. – QLD provides a casual loading of 23%. – TAS (Paramedics and Communications) provides a casual loading of 20%. – NSW provides a casual loading of 10% and annual leave.
Public holiday and weekend loading	• Loadings of 150% for work performed on Saturdays, 200% for Sundays and 250% for public holidays are the most common public holiday and weekend loadings, with exception to: – SA who provides Sunday loadings of 150%. – NSW and WA (Patient Transport) who provide Sunday loadings of 175%. – QLD, SA, VIC (Paramedics), WA (Paramedics) and WA (Communications) who provide varying entitlements for employees receiving rolled-in rates of pay or additional leave in lieu of public holiday loadings.
Overtime	• QLD (shift workers and regular on-call workers), NT, TAS and WA provide a 200% loading for all time worked outside of standard rostered hours on weekdays. • QLD (all other employees), ACT, NSW, SA and VIC provide a reduced loading of 150% for the first 2-3 hours and 200% thereafter for overtime on weekdays.

Conditions and Entitlements	Key Findings
	• All jurisdictions, except NSW, SA and VIC (Communications) provide a 200% loading for all time worked outside of standard rostered hours on Saturdays. • Employees required to work outside of their ordinary hours of work on short notice in: – SA: are reimbursed reasonable child care costs (if less than 24 hours' notice) or paid an allowance of $14.82 (if less than 48 hours' notice). – VIC (Communications): one hour of overtime (150%) per day (if less than 5 days' notice) until the 5 day notice period has lapsed.
Shift allowances	• All jurisdictions provide shift allowances as a percentage of an employee's hourly rate of pay. • Shift allowance values and the timeframes in which they apply vary significantly across States and Territories for afternoon and/or night shifts. • While 15% is a commonly provided shift allowance value, the timeframe and particulars on when it applies varies across jurisdictions. • Only QLD provides a minimum shift allowance for afternoon ($9.70 per shift) and night shifts ($19.40 per shift).
Meal allowances	• All jurisdictions, except NSW and TAS (Paramedic and Communications) provide explicit overtime meal allowances. Note that NSW and TAS (Paramedic and Communications) provide paid meal breaks for working overtime. • The QLD overtime meal allowance ($12.85) is less competitive than ACT ($27.62), NT ($23.26), VIC (Communications) ($21.75) and WA ($14.26 to $14.54). • QLD, ACT (excluding Paramedics and ICPs), NT, TAS, VIC (Paramedics) and WA (Communications) provide broken/spoilt meal allowances. • The QLD broken meal allowance ($14.30) is less competitive than ACT ($16.57), NT ($23.26) and TAS ($25.90). • In addition to overtime and broken meal allowances, VIC (Paramedics) receive a meal allowance of $7.25 per shift to compensate for the cost of purchasing a meal away from the branch, which is included in the aggregated base rate of pay and not paid as an allowance. • Only QLD, NSW and SA (excluding Patient Transport) provide paid meal/crib breaks.
Flying allowances	• Only QLD, VIC and WA provide flying allowances: – QLD: $12.51 per trip. – VIC: $1.38 per hour worked plus overtime. – WA: $77.20 per shift worked on the helicopter.
Driving licence allowances	• All jurisdictions, except QLD, ACT, NSW, TAS (Patient Transport) and VIC (Communications) reimburse the associated costs of a driving licence.

Conditions and Entitlements	Key Findings
Laundry allowances	• Only NSW, NT and TAS (Paramedics and Communications) provide laundry allowances, reimburse laundering costs or provide commercial cleaning of uniforms.
Travelling allowances	• All jurisdictions, except ACT, NSW and WA provide meal allowances while travelling. • QLD meal allowances (up to $70.62 per day) are the least competitive, paying less per day than NT (up to $75.00), SA (up to $74.35), TAS (up to $106.90) and VIC (up to $88.59). • Only TAS and WA (Paramedics) provide allowances to cover accommodation costs where accommodation has not been provided to the employee when travelling overnight. • Motor vehicle allowances are provided to employees while travelling by all jurisdictions. ACT provides the highest reimbursement rate per kilometre. QLD rates ($0.77 per km) are less competitive than ACT (up to $0.91 per km) and NT (up to $0.81 per km), though are more competitive than NSW ($0.66 per km), SA ($0.58 per km), VIC (up to $0.75 per km) and WA ($0.75 per km).
Higher duties	• All jurisdictions provide higher duties allowances.
Regional allowances	• All jurisdictions, except ACT, TAS (Paramedics and Communications), VIC and WA (Communications and Patient Transport), provide/offer regional allowances. • QLD rates (up to $334) per fortnight are more competitive than NSW (up to $17.64), SA (up to $214.88) and TAS (up to $143.23).
On-call allowances	• All jurisdictions provide on-call allowances. • QLD (from 15% to 30%), ACT (from 10% to 40%), NT (from 15% to 37.5%) and SA (country employees) (from 15% to 50%) provide on-call allowances as a percentage of employee's hourly rate of pay. • The remaining jurisdictions, NSW ($23.90 to $47.10 per day), SA (regional employees) ($43.58 per week), TAS ($3.80 per hour), VIC (Paramedics) ($7.91 per hour) and WA (Paramedics) ($5.10 per hour) provide on-call allowances as a fixed amount.
Mentoring/Clinical Instructor allowances	• All jurisdictions, except QLD, ACT, NSW and VIC (Communications – discontinued from March 2017) provide mentoring/clinical instructor allowances. • Only VIC (Paramedics) requires an instructor/mentor course be completed prior to allowing employees to undertake mentoring.
Additional skills/training allowances	• Only TAS, VIC and WA provide additional allowances for employees that undertake extra duties or have completed additional training. • QLD provides a clinical skills allowance for employees with ACP or CCP qualifications that operate in roles classified as

Conditions and Entitlements	Key Findings
	Station Officers.
Annual leave and loading	• Annual leave practices vary significantly across the jurisdictions. TAS (Paramedics and Communications Shift Workers) is the most competitive, providing 7 weeks annual leave. • All jurisdictions, except NSW, TAS (Patient Transport), VIC (Communications) and WA (Patient Transport) provide annual leave entitlements of greater than 5 weeks for employees required to work on public holidays. • All jurisdictions, except NT, VIC and SA provide annual leave loading of 17.5% or the value of penalties they would have received had they not been on leave, whichever is the greater. – NT provides a roster allowance of 32.4% during annual leave for employees on a roster with a regular night shift. – NT (all other employees) and VIC provide annual leave loading of 17.5%. – SA provides annual leave loading of 20%. • Where employees receive additional annual leave, the jurisdictions typically do not pay annual leave loading (or the value of penalties employees would have received) on the total number of weeks of leave. (For example, Brisbane Communications Centre Employees accrue 6 weeks of annual leave each year, though annual leave loading paid on only 5 of those weeks.
Sick leave	• QLD sick leave entitlement (96 hours) is more competitive than NSW (76 hours) and WA (Patient Transport – 76 hours). • ACT (144 hours), NT (15 days), SA (120 hours), TAS (152 hours), VIC (Paramedics - 96 hours to 168 hours based on years of experience; and Communications – 125.4 hours) and WA (Paramedics and Communications - 108.57 hours) provide more competitive sick leave entitlements than QLD.
Compassionate leave	• All jurisdictions provide paid compassionate leave. • QLD's paid compassionate leave (2 days) entitlement is the least competitive, compared to ACT (up to 5 days, or more on an ad hoc basis), NSW (up to 6 days), NT (5 days), SA (3 days), TAS (up to 10 days, or more on an ad hoc basis), VIC (4 days) and WA (4 days).
Long service leave	• At the completion of 10 years of service, QLD, ACT, NT, SA, VIC (Communications) and WA all provide 13 weeks of leave. • VIC (Paramedics) provides the most competitive long service leave entitlement (6 months after 15 years, pro-rata after 10 years). • NSW and TAS are the least competitive at the completion of 10 years of service, providing 2 months and 8.6 weeks, respectively.
Maternity and parental leave	• All jurisdictions provide paid maternity/adoption leave. • QLD's paid maternity/adoption leave entitlement (14 weeks) is: – More competitive than NT (6 weeks), TAS (12 weeks), VIC (Paramedics) (10 weeks) and WA (12 weeks).

Conditions and Entitlements	Key Findings
	– As competitive as NSW (14 weeks) and VIC (Communications) (14 weeks). – Less competitive than ACT (18 weeks), SA (up to 18 weeks). • Parental/partner leave is provided at the base rate of pay by NSW (1 week), NT (2 weeks), TAS (Patient Transport) (1 day), VIC (1 week) and WA (8 calendar days without loss of pay).
Jury service leave	• All jurisdictions, except NSW, NT, SA and TAS, provide employees jury service leave without loss of pay, less the value of jury service fees received by the employee. – NSW and TAS maintain employees' normal wages though employees cannot claim attendance fees from the court. – NT provides employees with jury service leave without loss of pay for 10 days. – SA provides special leave with pay.

15
EMERGENCY MEDICAL DISPATCHER ROSTER SCENARIO

ROSTER SCENARIO

The following table details the variables included in the fortnight 'roster scenario' for the Emergency Medical Dispatcher positions in QLD, NSW and VIC Ambulance Services. Refer to Section 3 for further details on the 'roster scenario' methodology.

Table 53. Roster Scenario – Emergency Medical Dispatcher

Roster Scenario (Fortnight)	Day (Hours)	Afternoon (Hours)	Night (Hours)	Additional Variables
Monday	-	-	-	• One shift extension of four hours on a weekday shift • One broken meal allowance • One meal overtime allowance
Tuesday	-	-	-	
Wednesday	12	-	-	
Thursday	24	-	-	
Friday	12	-	6	
Saturday	-	-	18	
Sunday	-	-	8	

COMPARATIVE VALUES WITHIN ANALYSIS

The following table details the values of the base rates, conditions and entitlements in QLD, NSW and VIC Ambulance Services that is applicable to the fortnight 'roster scenario' variables for the Emergency Medical Dispatcher positions. Refer to Appendix F for further details on the conditions and entitlements used.

Table 54. Comparison of Conditions and Entitlement Values – Emergency Medical Dispatcher

Values	QLD	NSW	VIC
Maximum Base Rate (Weekly)	$1,158.49	$1,226.90	$1,317.37
Four Hour Shift Extension	200%	150% first 2 hours 200% thereafter	150% first 2 hours 200% thereafter
Broken Meal Allowance	$14.02	100%	N/A
Meal Overtime Allowance	$12.60	N/A	$21.75
Saturday Penalty	150%	150%	150%
Sunday Penalty	200%	175%	200%
Afternoon Shift Allowance	12.5% each hour	12.5% each hour	15% each hour
Night Shift Allowance	15% each hour	15% each hour	25% each hour

The roster scenario and entitlements are based on a fortnightly roster, however for ease of comparison the outcomes are converted to a weekly payment (roster findings divided by two). Mercer notes the analysis overleaf provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

REMUNERATION OUTCOMES (WEEKLY)

Figure 14. Roster Scenario Weekly Remuneration Outcomes (April 2017) – Emergency Medical Dispatcher

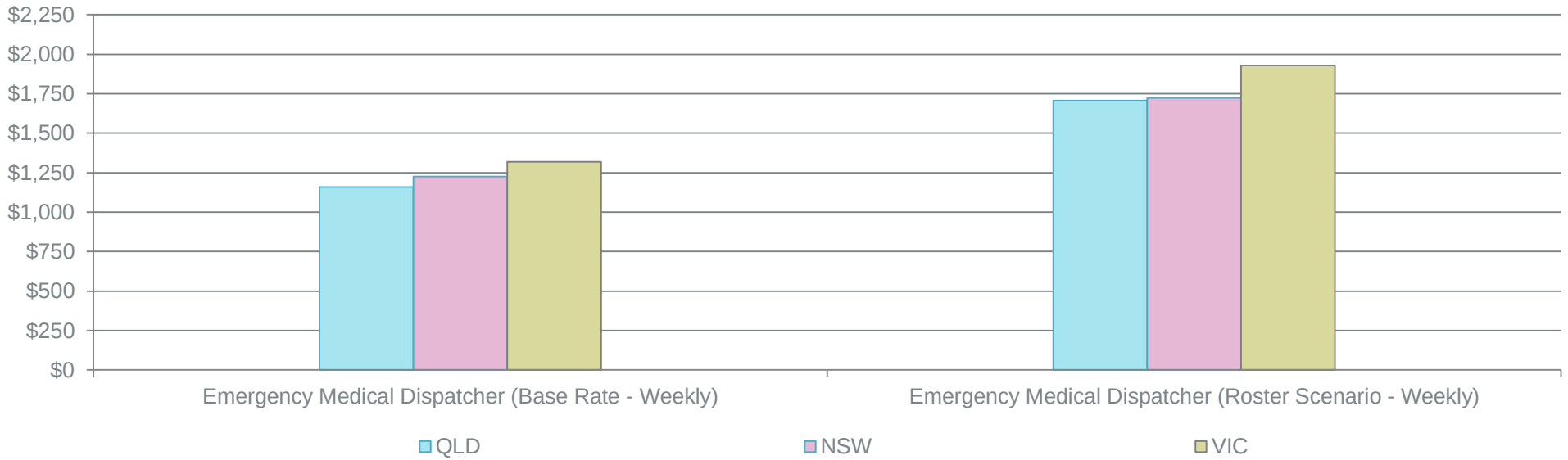

Table 55. Roster Scenario Weekly Remuneration Outcomes Comparison (April 2017) – Emergency Medical Dispatcher

Position	Value	QLD	NSW	VIC	Key Findings
Emergency Medical Dispatcher	Base Rate	$1,158.49	$1,226.90	$1,317.37	• In comparing weekly base rates, QLD pays $68 or 6% less than NSW and $159 or 12% less than VIC.
	Roster Scenario	$1,706.46	$1,722.51	$1,928.43	• However, when comparing one week's pay under the roster scenario (fortnightly roster rate divided by 2), QLD pays $16 or 1% less than NSW and $222 or 12% less than VIC. • As a result, QLD pay becomes 5% more competitive against NSW and <1% more competitive against VIC when conditions and entitlements are taken into consideration under the roster scenario.

16

PATIENT TRANSPORT OFFICER ROSTER SCENARIO

ROSTER SCENARIO

The following table details the variables included in the fortnight 'roster scenario' for the Patient Transport Officer positions in QLD, NSW and VIC Ambulance Services. Refer to Section 3 for further details on the 'roster scenario' methodology.

Table 56. Roster Scenario – Patient Transport Officer

Roster Scenario (Fortnight)	Day (Hours)	Afternoon (Hours)	Night (Hours)	Additional Variables
Monday	16	-	-	• One shift extension of four hours on a weekday shift • One broken meal allowance • One meal overtime allowance
Tuesday	16	-	-	
Wednesday	16	-	-	
Thursday	16	-	-	
Friday	16	-	-	
Saturday	-	-	-	
Sunday	-	-	-	

COMPARATIVE VALUES WITHIN ANALYSIS

The following table details the values of the base rates, conditions and entitlements in QLD, NSW and VIC Ambulance Services that is applicable to the fortnight 'roster scenario' variables for the Patient Transport Officer positions. Refer to Appendix F for further details on the conditions and entitlements used.

Table 57. Comparison of Conditions and Entitlement Values – Patient Transport Officer

Values	QLD	NSW	VIC
Maximum Base Rate (Weekly)	$971.99	$987.50	$994.60
Four Hour Shift Extension	150%	150% first 2 hours 200% thereafter	150% first 2 hours 200% thereafter
Broken Meal Allowance	$14.02	100%	$7.25
Meal Overtime Allowance	$12.60	N/A	$9.06

The roster scenario and entitlements are based on a fortnightly roster, however for ease of comparison the outcomes are converted to a weekly payment (roster findings divided by two). Mercer notes the analysis overleaf provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

REMUNERATION OUTCOMES (WEEKLY)

Figure 15. Roster Scenario Weekly Remuneration Outcomes (April 2017) – Patient Transport Officer

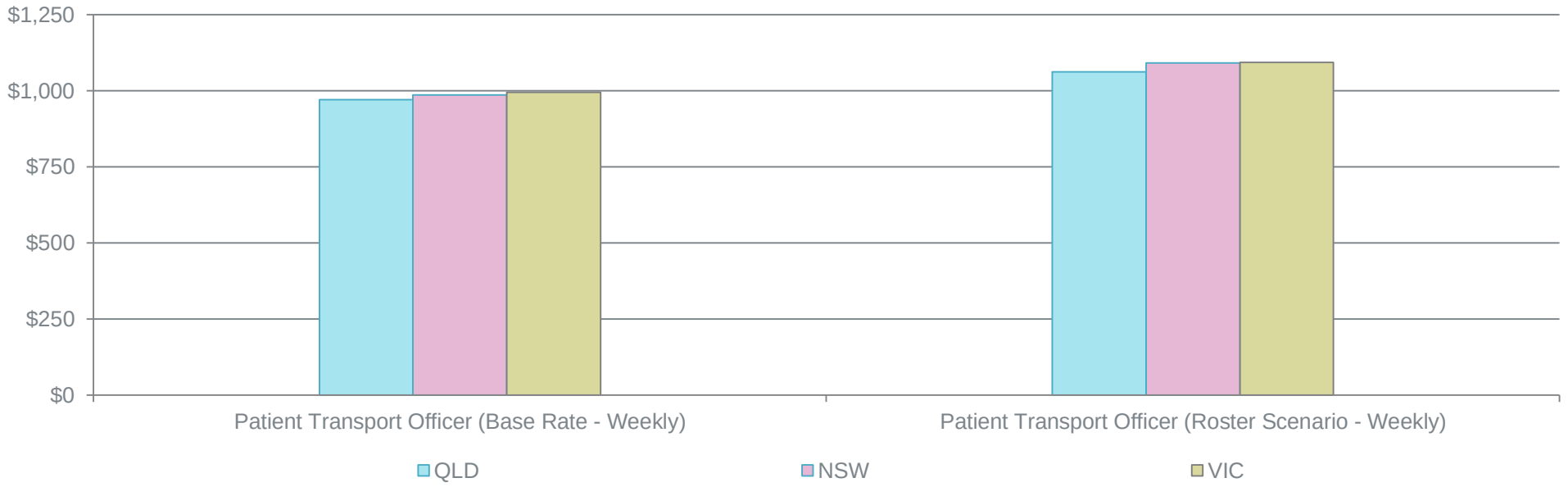

Table 58. Roster Scenario Weekly Remuneration Outcomes Comparison (April 2017) – Patient Transport Officer

Position	Value	QLD	NSW	VIC	Key Findings
Patient Transport Officer	Base Rate	$971.99	$987.50	$994.60	• In comparing weekly base rates, QLD pays $16 or 2% less than NSW and $23 or 2% less than VIC.
	Roster Scenario	$1,062.04	$1,091.45	$1,094.37	• However, when comparing one week's pay under the roster scenario (fortnightly roster rate divided by 2), QLD pays $29 or 3% less than NSW and $32 or 3% less than VIC. • As a result, QLD pay becomes 1% less competitive against NSW and VIC when conditions and entitlements are taken into consideration under the roster scenario.

17
GRADUATE PARAMEDIC ROSTER SCENARIO

ROSTER SCENARIO

The following table details the variables included in the fortnight 'roster scenario' for the Graduate Paramedic positions in QLD, NSW and VIC Ambulance Services. Refer to Section 3 for further details on the 'roster scenario' methodology.

Table 59. Roster Scenario – Graduate Paramedic

Roster Scenario (Fortnight)	Day (Hours)	Afternoon (Hours)	Night (Hours)	Additional Variables
Monday	-	10	5	• One shift extension of four hours on a weekday shift • One broken meal allowance • One meal overtime allowance
Tuesday	-	-	12	
Wednesday	-	-	7	
Thursday	-	-	-	
Friday	-	10	-	
Saturday	12	-	5	
Sunday	12	-	7	

COMPARATIVE VALUES WITHIN ANALYSIS

The following table details the values of the base rates, conditions and entitlements in QLD, NSW and VIC Ambulance Services that is applicable to the fortnight 'roster scenario' variables for the Graduate Paramedic positions. Refer to Appendix F for further details on the conditions and entitlements used.

Table 60. Comparison of Conditions and Entitlement Values – Graduate Paramedic

Values	QLD	NSW	VIC
Maximum Base Rate (Weekly)	$1,173.99	$1,185.10	$1,162.20
Four Hour Shift Extension	200%	150% first 2 hours 200% thereafter	150% first 2 hours 200% thereafter
Broken Meal Allowance	$14.02	100%	$7.25
Meal Overtime Allowance	$12.60	N/A	$9.06
Saturday Penalty	150%	150%	150%
Sunday Penalty	200%	175%	150%
Afternoon Shift Allowance	12.5% each hour	12.5% each hour	$1.67 each hour
Night Shift Allowance	15% each hour	15% each hour	$1.85 each hour

The roster scenario and entitlements are based on a fortnightly roster, however for ease of comparison the outcomes are converted to a weekly payment (roster findings divided by two). Mercer notes the analysis overleaf provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

REMUNERATION OUTCOMES (WEEKLY)

Figure 16. Roster Scenario Weekly Remuneration Outcomes (April 2017) – Graduate Paramedic

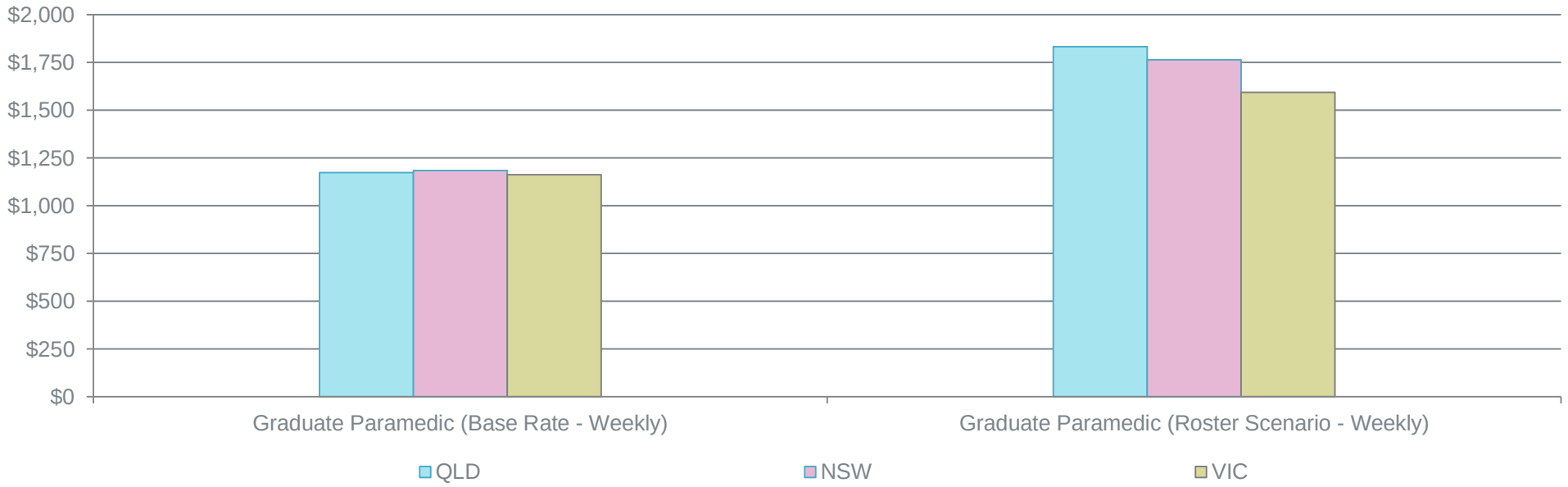

Table 61. Roster Scenario Weekly Remuneration Outcomes Comparison (April 2017) – Graduate Paramedic

Position	Value	QLD	NSW	VIC	Key Findings
Graduate Paramedic	Base Rate	$1,173.99	$1,185.10	$1,162.20	• In comparing weekly base rates, QLD pays $11 or 1% less than NSW and $12 or 1% more than VIC.
	Roster Scenario	$1,833.77	$1,763.62	$1,593.22	• However, when comparing one week's pay under the roster scenario (fortnightly roster rate divided by 2), QLD pays $70 or 4% more than NSW and $241 or 15% more than VIC. • As a result, QLD pay becomes 5% more competitive against NSW and 14% more competitive against VIC when conditions and entitlements are taken into consideration under the roster scenario.

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ADVANCED CARE PARAMEDIC ROSTER SCENARIO

ROSTER SCENARIO

The following table details the variables included in the fortnight 'roster scenario' for the Advanced Care Paramedic positions in QLD, NSW and VIC Ambulance Services. Refer to Section 3 for further details on the 'roster scenario' methodology.

Table 62. Roster Scenario – Advanced Care Paramedic

Roster Scenario (Fortnight)	Day (Hours)	Afternoon (Hours)	Night (Hours)	Additional Variables
Monday	-	10	5	• One shift extension of four hours on a weekday shift • One broken meal allowance • One meal overtime allowance
Tuesday	-	-	12	
Wednesday	-	-	7	
Thursday	-	-	-	
Friday	-	10	-	
Saturday	12	-	5	
Sunday	12	-	7	

COMPARATIVE VALUES WITHIN ANALYSIS

The following table details the values of the base rates, conditions and entitlements in QLD, NSW and VIC Ambulance Services that is applicable to the fortnight 'roster scenario' variables for the Advanced Care Paramedic positions. Refer to Appendix F for further details on the conditions and entitlements used.

Table 63. Comparison of Conditions and Entitlement Values – Advanced Care Paramedic

Values	QLD	NSW	VIC
Maximum Base Rate (Weekly)	$1,229.00	$1,352.30	$1,472.15
Four Hour Shift Extension	200%	150% first 2 hours 200% thereafter	150% first 2 hours 200% thereafter
Broken Meal Allowance	$14.02	100%	$7.25
Meal Overtime Allowance	$12.60	N/A	$9.06
Saturday Penalty	150%	150%	150%
Sunday Penalty	200%	175%	150%
Afternoon Shift Allowance	12.5% each hour	12.5% each hour	$1.67 each hour
Night Shift Allowance	15% each hour	15% each hour	$1.85 each hour

The roster scenario and entitlements are based on a fortnightly roster, however for ease of comparison the outcomes are converted to a weekly payment (roster findings divided by two). Mercer notes the analysis overleaf provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

REMUNERATION OUTCOMES (WEEKLY)

Figure 17. Roster Scenario Weekly Remuneration Outcomes (April 2017) – Advanced Care Paramedic

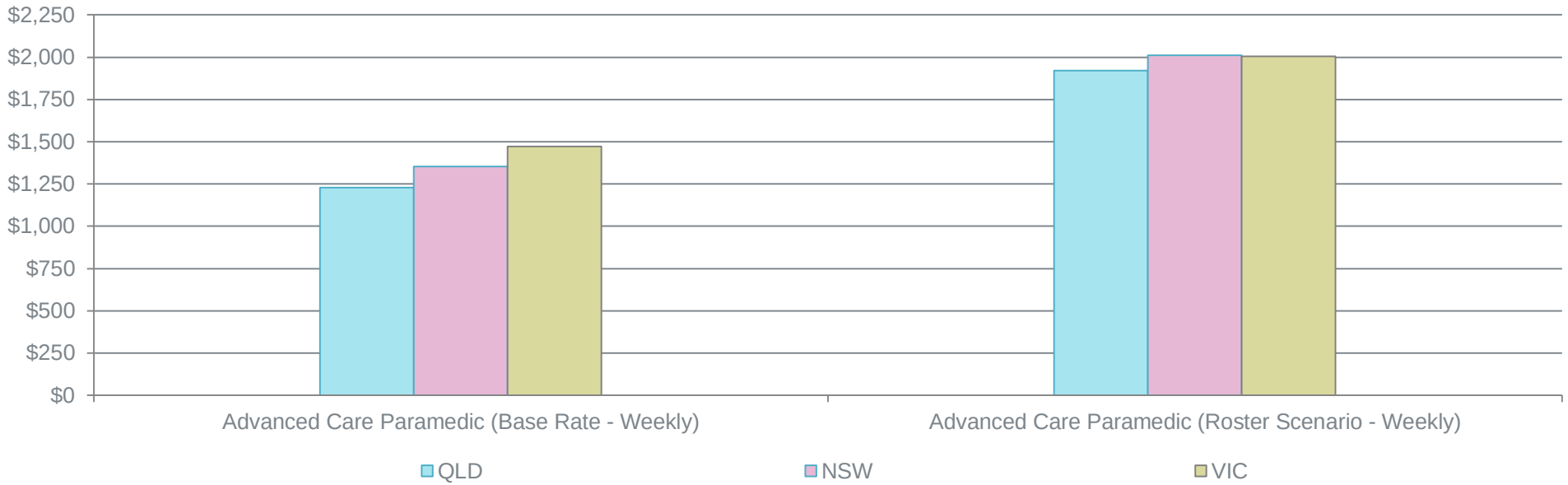

Table 64. Roster Scenario Weekly Remuneration Outcomes Comparison (April 2017) – Advanced Care Paramedic

Position	Value	QLD	NSW	VIC	Key Findings
Advanced Care Paramedic	Base Rate	$1,229.00	$1,352.30	$1,472.15	• In comparing weekly base rates, QLD pays $123 or 9% less than NSW and $243 or 17% less than VIC.
	Roster Scenario	$1,919.07	$2,012.44	$2,005.13	• However, when comparing one week's pay under the roster scenario (fortnightly roster rate divided by 2), QLD pays $93 or 5% less than NSW and $86 or 4% less than VIC. • As a result, QLD pay becomes 4% more competitive against NSW and 12% more competitive against VIC when conditions and entitlements are taken into consideration under the roster scenario.

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CRITICAL CARE PARAMEDIC ROSTER SCENARIO

ROSTER SCENARIO

The following table details the variables included in the fortnight 'roster scenario' for the Critical Care Paramedic positions in QLD, NSW and VIC Ambulance Services. Refer to Section 3 for further details on the 'roster scenario' methodology.

Table 65. Roster Scenario – Critical Care Paramedic

Roster Scenario (Fortnight)	Day (Hours)	Afternoon (Hours)	Night (Hours)	Additional Variables
Monday	-	10	5	• One shift extension of four hours on a weekday shift • One broken meal allowance • One meal overtime allowance
Tuesday	-	-	12	
Wednesday	-	-	7	
Thursday	-	-	-	
Friday	-	10	-	
Saturday	12	-	5	
Sunday	12	-	7	

COMPARATIVE VALUES WITHIN ANALYSIS

The following table details the values of the base rates, conditions and entitlements in QLD, NSW and VIC Ambulance Services that is applicable to the fortnight 'roster scenario' variables for the Critical Care Paramedic positions. Refer to Appendix F for further details on the conditions and entitlements used.

Table 66. Comparison of Conditions and Entitlement Values – Critical Care Paramedic

Values	QLD	NSW	VIC
Maximum Base Rate (Weekly)	$1,376.49	$1,538.40	$1,665.95
Four Hour Shift Extension	200%	150% first 2 hours 200% thereafter	150% first 2 hours 200% thereafter
Broken Meal Allowance	$14.02	100%	$7.25
Meal Overtime Allowance	$12.60	N/A	$9.06
Saturday Penalty	150%	150%	150%
Sunday Penalty	200%	175%	150%
Afternoon Shift Allowance	12.5% each hour	12.5% each hour	$1.90 each hour
Night Shift Allowance	15% each hour	15% each hour	$2.12 each hour

The roster scenario and entitlements are based on a fortnightly roster, however for ease of comparison the outcomes are converted to a weekly payment (roster findings divided by two). Mercer notes the analysis overleaf provides an indication of the competitiveness across a sample of interstate Ambulance Services when maximum base rates are observed in conjunction with a number of regularly received shift allowances, weekend loadings, overtime penalties and meal allowances. This analysis is used to supplement other key findings provided in this report and is not representative of actual weekly remuneration values received given QAS and VIC provide aggregate wage rates in lieu of individually calculated conditions and entitlements.

REMUNERATION OUTCOMES (WEEKLY)

Figure 18. Roster Scenario Weekly Remuneration Outcomes (April 2017) – Critical Care Paramedic

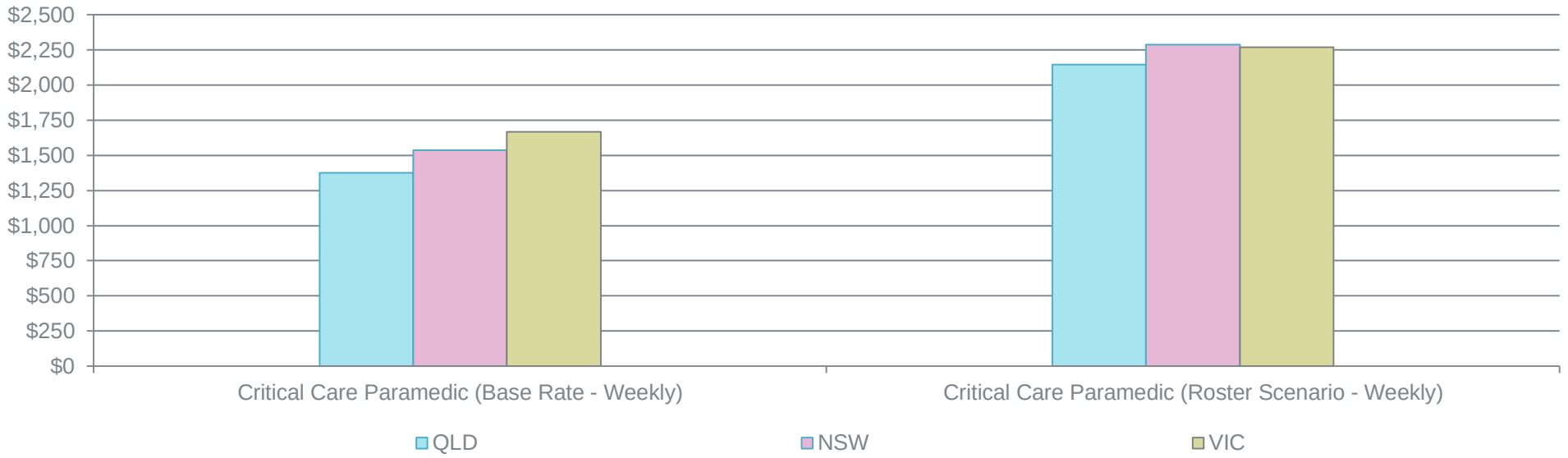

Table 67. Roster Scenario Weekly Remuneration Outcomes Comparison (April 2017) – Critical Care Paramedic

Position	Value	QLD	NSW	VIC	Key Findings
Critical Care Paramedic	Base Rate	$1,376.49	$1,538.40	$1,665.95	• In comparing weekly base rates, QLD pays $162 or 11% less than NSW and $289 or 17% less than VIC.
	Roster Scenario	$2,147.78	$2,289.38	$2,268.47	• However, when comparing one week's pay under the roster scenario (fortnightly roster rate divided by 2), QLD pays $142 or 6% less than NSW and $121 or 5% less than VIC. • As a result, QLD pay becomes 5% more competitive against NSW and 12% more competitive against VIC when conditions and entitlements are taken into consideration under the roster scenario.

STAGE 2

QUEENSLAND GOVERNMENT COMPARISON

20
EMERGENCY MEDICAL DISPATCHER ROLE ANALYSIS

EVALUATIONS

The following table provides the key findings from Mercer's work value assessments of the Emergency Medical Dispatcher (EMD) in QAS and the Communications Officer (CO) within QFES. For more information on the methodology used to conduct the work value assessments, refer to Appendix G.

Table 68. Work Value Assessment Key Findings – Emergency Medical Dispatcher and Comparable Role

Department	Position	Work Value Key Findings
QAS	Emergency Medical Dispatcher	• Mercer's assessment of the EMD and CO positions found there was no difference in the work value outcomes. • Mercer would therefore typically place these positions within the same grade of a grading structure.
QFES	Communications Officer	

COMMENTARY

The EMD and CO positions are responsible for receiving emergency calls, providing essential pre-arrival advice, and coordinating the dispatch of QAS and QFES resources, respectively. The roles use the same CAD, telephony and technical equipment; operate within an environment where tasks must be performed in accordance with established Standard Operating Procedures as a result of structured training; provide mentoring to new staff; and are able to seek guidance from supervisors as required. Both positions must undertake a Certificate III to attain the required skills to conduct emergency communications. However, Mercer understands QAS has the additional requirement for a Certificate IV before dispatch duties can be undertaken whereas QFES CO roles attain skills in dispatch as part of the Certificate III. Another key difference between the roles is the higher workload within the QAS environment, driven by the higher call volumes to QAS relative to QFES. Further, QFES' CO positions in regional locations have limited access to direct onsite support from supervisors.

Mercer notes the CO roles do not provide advice to callers based on different call types, and do not ask in-depth incident-specific questions given the unscripted nature of their calls. In contrast, EMDs use the ProQA system which generates incident-specific scripted questions based on the responses provided by callers.

While Mercer acknowledges the differences in workload, this does not influence the work value outcome under the JEMS methodology. Differences in qualification requisites and supervisory structures noted above also do not provide for disparity in the positions' work value outcomes.

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EMERGENCY MEDICAL DISPATCHER REMUNERATION ANALYSIS

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within QFES that have been matched to the Emergency Medical Dispatcher pay points in QAS. Refer to Appendix H for more information on the pay point progression and increments for each role. In addition, Appendix I documents any base rate increases provided over the past eight years for the roles.

Table 69. Pay Point Comparison – Emergency Medical Dispatcher

QAS	QFES
Communications Officer 1	Communications Officer 1
Communications Officer 2	Communications Officer 2
Communications Officer 3	Communications Officer 3
Communications Officer 4	Communications Officer 4
Communications Officer 5	-
Maximum Communications Officer 5	Communications Officer 4

REMUNERATION ANALYSIS

Figure 19. Base Rate Comparison (April 2017) – Emergency Medical Dispatcher

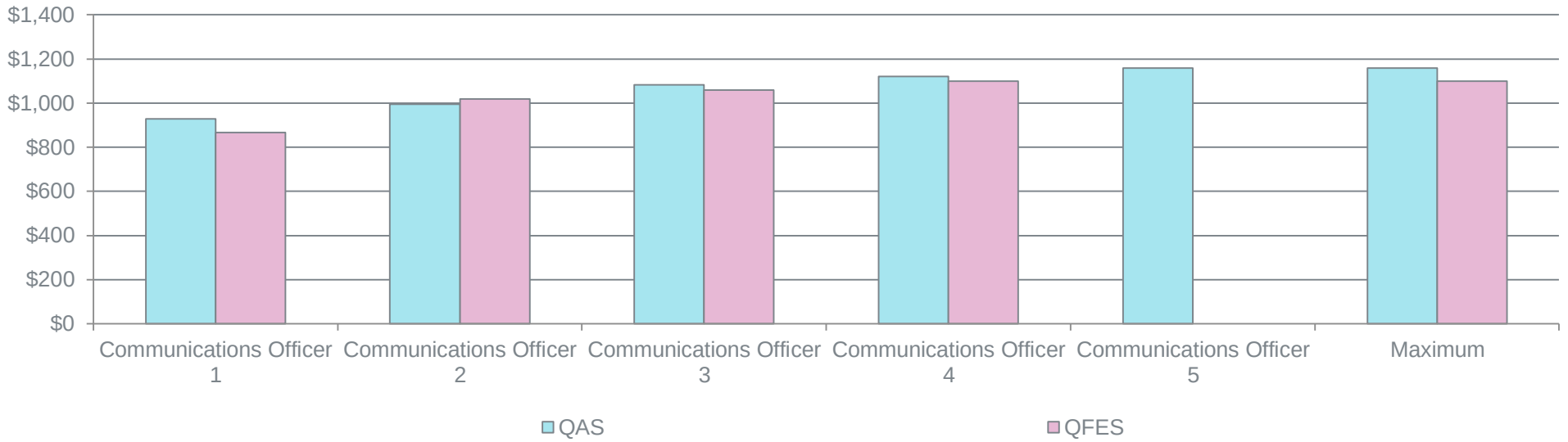

Table 70. Base Rate Comparison and Key Findings (April 2017) – Emergency Medical Dispatcher

Pay Point	QAS	QFES	Key Findings
Communications Officer 1	$928.49	$866.13	• QFES pays $866, which is $62 or 6.7% less per week than QAS
Communications Officer 2	$994.49	$1,019.64	• QFES pays $1,020, which is $25 or 2.5% more per week than QAS
Communications Officer 3	$1,081.50	$1,058.92	• QFES pays $1,059, which is $23 or 2.1% less per week than QAS
Communications Officer 4	$1,119.98	$1,099.35	• QFES pays $1,099, which is $21 or 1.8% less per week than QAS
Communications Officer 5	$1,158.49	-	• Not applicable
Maximum	$1,158.49	$1,099.35	• QFES pays $1,099, which is $59 or 5.1% less per week than QAS

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GRADUATE PARAMEDIC ROLE ANALYSIS

EVALUATIONS

The following table provides the key findings from Mercer's work value assessments of the Graduate Paramedic in QAS, the Emergency Department Graduate Registered Nurse (Graduate Nurse) in QH, and the Recruit within QFES. For more information on the methodology used to conduct the work value assessments, refer to Appendix G.

Table 71. Work Value Assessment Key Findings – Graduate Paramedic and Comparable Roles

Department	Position	Work Value Key Findings
QAS	Graduate Paramedic	• Mercer's assessment of the Graduate Paramedic and Graduate Nurse positions found there was ~10% difference in the work value outcomes.[14] • Given that this is not a significant percentage differential in the work value outcomes, Mercer would typically place these positions within the same grade of a grading structure.
QH	Emergency Department Graduate Registered Nurse (Year 1)	
QAS	Graduate Paramedic	• Mercer's assessment found that the Graduate Paramedic has a work value outcome that is ~60% higher than the Recruit position. • Given the significant percentage differential in the work value outcomes, Mercer would typically place these positions within different grades of a grading structure.
QFES	Recruit	

[14] Mercer notes that position evaluations under the JEMS methodology are typically not conducted based on the pay point (or number of years of experience) within a role. While uncommon, this is the best method available to conduct a 'like-for-like' assessment of the Graduate Paramedic and Graduate Nurse positions given the significant variations in operating context and environments. In assessing the Graduate Nurse, Mercer has assumed the role is undertaking a 12 month preceptorship program within an Emergency Department. Mercer recognises that the operating context of the Registered Nurse position can vary depending on a number of factors including the hospital and specialty in which they work and the exposure to particular patients. Mercer's evaluation of the role is intended to capture the 'typical' expertise, judgement and accountability requirements of a Graduate Nurse within an Emergency Department for the purpose of broadly assessing the relativity with the Graduate Paramedic role. Information relating to this assessment is not valid for any other purpose.

COMMENTARY

Comparison with Graduate Nurse

The Graduate Paramedic and Graduate Nurse positions both work under the supervision of experienced, appropriate clinical personnel to administer medication and treatments to patients. The positions require an undergraduate degree in Paramedicine (Graduate Paramedics) or Nursing (Graduate Nurses) and both undertake 12 months of work experience and professional development during their first year post-graduation to consolidate knowledge and skills.

Both positions apply clinical reasoning and analytical skills within well-defined processes to assess patients' needs and review patient health care records. Graduate Paramedics are required to assess situations, develop plans of action and provide front-line care in an uncontrolled pre-hospital environment within the guidelines of the Clinical Practice Manual. Conversely, Graduate Nurses operate in a controlled health service setting under the direction of a team of healthcare professionals with clear definition of the required outcomes for tasks in the work plan process.

Comparison with QFES Recruits

The QFES Recruits provide preventative and responsive services for fire, road crash rescue, technical rescues, hazardous material and other emergency incidents under the supervision of an experienced officer. For appointment to the Recruit position, the mandatory requirements are Certificates in Applied First Aid and Advanced Resuscitation. Upon successful appointment, incumbents receive 16 weeks of work experience and professional development. Recruits also operate in an uncontrolled environment though have limited discretion in the selection of methods for completing duties or tasks.

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ADVANCED CARE PARAMEDIC ROLE ANALYSIS

EVALUATIONS

The following table provides the key findings from Mercer's work value assessments of the Advanced Care Paramedic (ACP) in QAS, the Emergency Department Registered Nurse Year 4 (RN Year 4) in QH, and the First Class Firefighter (FCF) within QFES. For more information on the methodology used to conduct the work value assessments, refer to Appendix G.

Table 72. Work Value Assessment Key Findings – Advanced Care Paramedic and Comparable Roles

Department	Position	Work Value Key Findings
QAS	Advanced Care Paramedic (Pay Point 2)	• Mercer's assessment of the ACP and RN Year 4 positions found there was ~10% difference in the work value outcomes.[15] • Given that this is not a significant differential in the work value outcomes, Mercer would typically place these positions within the same grade of a grading structure.
QH	Emergency Department Registered Nurse (Year 4)	
QAS	Advanced Care Paramedic (Pay Point 2)	• Mercer's assessments found that the ACP has a work value outcome that is 30% higher than the FCF position. • Based on this percentage differential in the work value outcomes, Mercer would typically place these positions within different grades of a grading structure.
QFES	First Class Firefighter	

[15] Mercer notes that position evaluations under the JEMS methodology are typically not conducted based on the pay point (or number of years of experience) within a role. While uncommon, this is the best method available to conduct a 'like-for-like' assessment of the ACP and RN positions given the significant variations in operating context and environments. In assessing the RN Year 4, Mercer has assumed the role has completed a 12 month preceptorship program within an Emergency Department and has continued to operate competently within the Emergency Department for a further 3 years following this program. Mercer recognises that the operating context of the Registered Nurse position can vary depending on a number of factors including the hospital and specialty in which they work and the exposure to particular patients. Mercer's evaluation of the role is intended to capture the 'typical' expertise, judgement and accountability requirements of a RN Year 4 within an Emergency Department for the purpose of broadly assessing the relativity with the ACP role. Information relating to this assessment is not valid for any other purpose.

COMMENTARY

Comparison with Emergency Department Registered Nurse Year 4

The ACP and RN Year 4 positions administer medication and treatments to patients, and have developed the knowledge, skills and experience in their fields to be able to provide supervision to Graduate Paramedics and Graduate Nurses respectively. Mercer notes that while the RN Year 4 is considered to be 'proficient' and would be capable of providing supervision to Graduate Nurses, the role would not typically undertake these duties due to the availability of guidance from practitioners with more advanced qualifications and experience (e.g. Registered Nurse Year 7, Doctors, etc.). Conversely, it is an expectation that all ACPs can be rostered to provide supervision to Graduate Paramedics and/or Paramedic Students.

A key point of differentiation in the operating contexts of the positions is that ACPs are accountable for determining the front-line care to be provided (or confirming the front-line care provided by Graduate Paramedics) in an uncontrolled pre-hospital environment within the guidelines of the Clinical Practice Manual. In comparison, the RN Year 4 positions operate in a controlled health service setting to provide patient care assessments in collaboration with a doctor; work under the direction of a team of experienced healthcare professionals; and have ready access to direct onsite support.

The positions both require an undergraduate degree in Paramedicine (ACPs) or Nursing (RNs) and have completed 12 months of work experience and professional development during their first year post-graduation.

Comparison with First Class Firefighter

The FCFs provide preventative and responsive services for fire, road crash rescue, technical rescues, hazardous material and other emergency incidents. Having demonstrated competency as a Recruit/Firefighter within QFES, the FCFs have undergone three years' work experience and training to attain a Certificate II and Certificate III in Public Safety. FCFs also operate in an uncontrolled environment and provide supervision to Recruits, though limited choice in the selection of methods and techniques which may be used in completing work remains a feature of this role.

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CRITICAL CARE PARAMEDIC ROLE ANALYSIS

EVALUATIONS

The following table provides the key findings from Mercer's work value assessments of the Critical Care Paramedic (CCP) in QAS and the Emergency Department Registered Nurse Year 7 (RN Year 7) within QH. For more information on the methodology used to conduct the work value assessments, refer to Appendix G.

Table 73. Work Value Assessment Key Findings – Critical Care Paramedic and Comparable Role

Department	Position	Work Value Key Findings
QAS	Critical Care Paramedic (Pay Point 1)	• Mercer's assessments found that the CCP has a work value outcome that is ~20% higher than the RN Year 7 position.[16] • Based on this percentage differential in the work value outcomes, Mercer does not have a typical practice for placing the roles within the same or different grade of a grading structure.
QH	Emergency Department Registered Nurse (Year 7)	

[16] Mercer notes that position evaluations under the JEMS methodology are typically not conducted based on the pay point (or number of years of experience) within a role. While uncommon, this is the best method available to conduct a 'like-for-like' assessment of the CCP and RN positions given the significant variations in operating context and environments. In assessing the RN Year 7, Mercer has assumed the role has completed a 12 month preceptorship program within an Emergency Department and has continued to operate competently within the Emergency Department for a further 6 years following this program. Mercer recognises that the operating context of the Registered Nurse position can vary depending on a number of factors including the hospital and specialty in which they work and the exposure to particular patients. Mercer's evaluation of the role is intended to capture the 'typical' expertise, judgement and accountability requirements of a RN Year 7 within an Emergency Department for the purpose of broadly assessing the relativity with the CCP role. Information relating to this assessment is not valid for any other purpose.

COMMENTARY

Comparison with Emergency Department Registered Nurse Year 7

The CCP and RN Year 7 positions administer medication and treatments to patients with complex presentations in an emergency setting. In addition, both positions have gained the knowledge, skills and experience to be considered 'experts' within their field and provide supervision and leadership to less experienced staff including Graduate Paramedics and ACPs (CCPs), and Graduate Nurses and other RNs (RN Year 7).

A key point of differentiation in the operating contexts of the positions is that CCPs are ultimately accountable for determining the front-line care to be provided (or confirming the front-line care provided by Graduate Paramedics and ACPs) in a complex, uncontrolled pre-hospital environment within the guidelines of the Clinical Practice Manual. In comparison, the RN Year 7 positions operate in a controlled health service setting to provide complex patient care assessments in collaboration with a doctor; work under the direction of a team of experienced healthcare professionals; and have ready access to direct onsite support.

The knowledge, skills and experience requirements of the positions also vary considerably. The RN Year 7 requires an undergraduate degree in Nursing and progresses to the role automatically after competent performance for 7 years, with Master's degree in Critical Care highly desirable. In comparison, the CCP requires an undergraduate degree in Paramedicine; Graduate Diploma in Intensive Care Paramedical Practice (or a Master's degree in Critical Care is desirable); and the successful completion of a selection process that assesses the clinical, leadership and communication capabilities of individuals.

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PARAMEDICS (GRADUATE, ADVANCED CARE AND CRITICAL CARE) REMUNERATION ANALYSIS

COMPARATIVE PAY POINT ANALYSIS

The following table details the pay points within QH and QFES that have been matched to the Graduate, Advance Care and Critical Care Paramedic pay points in QAS. Given the comparator roles within QH and QFES are not 'like-for-like' comparisons with the Graduate Paramedic, Advanced Care Paramedic and Critical Care Paramedic roles, a different methodology has been applied for matching the pay points. The QH and QFES pay point with the most similar JEMS work value outcome has been matched for each role (refer to Section 3 for further details).

Table 74. Pay Point Comparison – Graduate, Advanced Care and Critical Care Paramedics

Position	QAS	QH	QFES
Graduate Paramedic	Advanced Care Paramedic pp1	Nurse Grade 5 Year 1	Recruit Firefighter
Advanced Care Paramedic	Advanced Care Paramedic pp2	Nurse Grade 5 Year 4	First Class Firefighter pp2[17]
Critical Care Paramedic	Intensive Care Paramedic pp1	Nurse Grade 5 Year 7	-

Refer to Appendix H for more information on the pay point progression and increments for each role. In addition, Appendix I documents any base rate increases provided over the past eight years for the roles.

[17] Mercer notes that the First Class Firefighter Pay Point 2 was recently established, with the first incumbents progressing to this pay point on 30 June 2017. While there are no incumbents at this pay point currently, base rates effective as at October 2016 have been provided by QFES. Given the availability of this data, the First Class Firefighter Pay Point 2 has been used as it is the most appropriate comparator for the Advanced Care Paramedic (refer to Section 3 for further details).

REMUNERATION ANALYSIS

Figure 20. Base Rate Comparison (April 2017) – Graduate, Advanced Care and Critical Care Paramedics

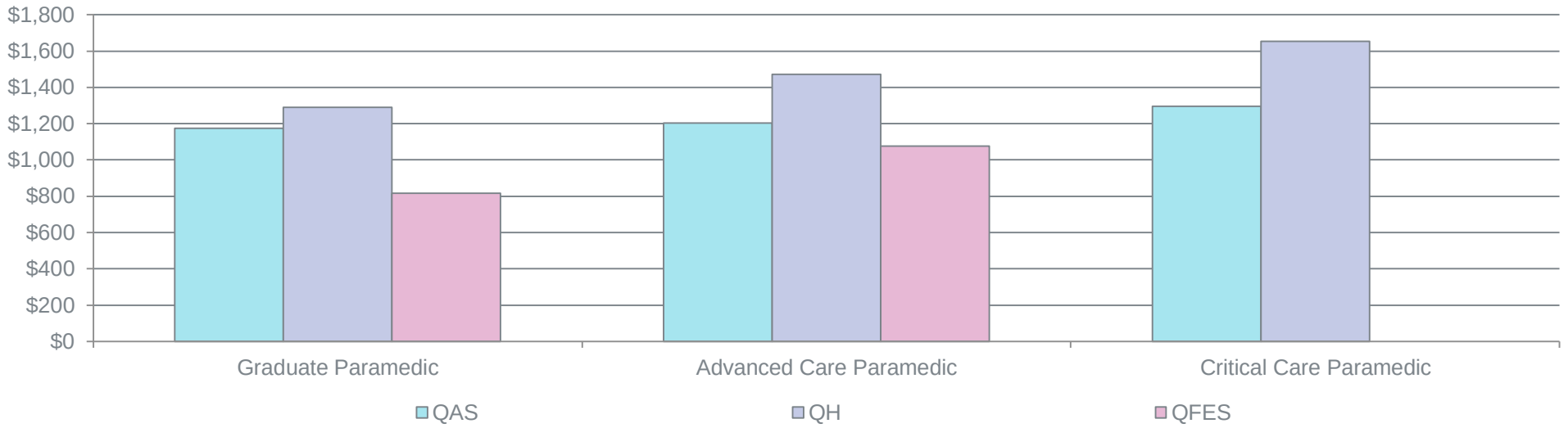

Table 75. Base Rate Comparison and Key Findings (April 2017) – Graduate, Advanced Care and Critical Care Paramedics

Position	QAS	QH	QFES	Key Findings
Graduate Paramedic	$1,173.99	$1,289.70	$817.50	• QH pays $1,290, which is $116 or 9.9% more per week than QAS • QFES pays $817, which is $356 or 30.4% less per week than QAS
Advanced Care Paramedic	$1,201.99	$1,471.70	$1,075.87	• QH pays $1,472, which is $270 or 22.4% more per week than QAS • QFES pays $1,076, which is $126 or 10.5% less per week than QAS
Critical Care Paramedic	$1,294.48	$1,654.25	-	• QH pays $1,654, which is $360 or 27.8% more per week than QAS

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COMPARISON OF KEY ENTITLEMENTS AND CONDITIONS

Mercer conducted a review of industrial instruments and related remuneration documentation for QAS, QH and QFES to analyse the key conditions and entitlements affecting the employment of the positions under review.

The conditions and entitlements included in this analysis are:

- Ordinary hours
- Superannuation
- Casual loading
- Public holiday and weekend loading
- Overtime
- Shift allowances
- Meal allowances
- Flying allowances
- Driving licence allowances
- Laundry allowances
- Travelling allowances
- Higher duties
- Regional allowances
- On-call allowances
- Mentoring/clinical Instructor allowances
- Additional skills/training allowances
- Annual leave and loading
- Sick leave
- Compassionate leave
- Long service leave
- Maternity and parental leave
- Jury service leave

Appendix J provides a concise summary of the key conditions and entitlements for QAS, QH and QFES. This information has been validated by representatives of each service to ensure the summaries are current, with the intent of the conditions and entitlements maintained.

KEY FINDINGS

The following table provides key findings in relation to common conditions and entitlements provided in QAS, QH and QFES. Note that due to the complex, lengthy and integrated nature of conditions and entitlements, the key findings below are designed to provide a guide only, and must be read in conjunction with the detail in Appendix J.

Table 76. Key Conditions and Entitlements – Key Findings (QLD Government)

Conditions and Entitlements	Key Findings
Ordinary hours	• QAS, QH and QFES provide employees that work a standard roster exceeding 38 ordinary hours per week with an accrual towards Accrued Days Off.
Superannuation	• All organisations provide up to a 17.75% total contribution, comprising a standard superannuation contribution of 12.75% by the employer and 5% by the employee as per QSuper Scheme. The range is from a total of 11.75% (9.75% employer and 2% employee), this calculation is compared against the Federal Government legislative 9.5% OTE employer superannuation and the higher value is paid.
Casual loading	• All organisations provide 23% casual loading.
Public holiday and weekend loading	• QAS and QFES both provide penalties of 150% for Saturdays and 200% for Sundays. • QH provides penalties of 150% for Saturdays and 175% for Sundays, along with a 25% shift allowance for all hours worked on a Sunday Shift. • QAS, QH and QFES provide employees varying public holiday penalties depending on employment scenarios.
Overtime	• QAS and QH provide a loading of 150% for the first 3 hours and 200% thereafter for working outside of standard rostered hours on weekdays. Note rostered shift workers within QAS receive 200% for all overtime hours worked. • QFES provides a 200% loading for all time outside of standard rostered hours on weekdays. • All organisations provide a 200% loading for all time worked outside of standard rostered hours on weekends. • QAS pays double the overtime rate for overtime worked on public holidays.
Shift allowances	• All organisations provide shift allowances as a percentage of an employee's hourly rate of pay. • Only QAS provides a minimum shift allowance for afternoon ($9.70 per shift) and night shifts ($19.40 per shift). • QH provides the highest shift allowance as a proportion of salary for night shifts (QH: 20%; QAS: 15%; QFES: 15%). • QFES does not provide an afternoon shift allowance.
Meal allowances	• All organisations provide an explicit overtime meal allowance of $12.85.

Conditions and Entitlements	Key Findings
	• Only QAS provides a broken meal allowance ($14.30).
Flying allowances	• QAS is the only organisation to provide a flying allowance ($12.51 per trip).
Driving licence allowances	• No organisation provides a driving licence allowance.
Laundry allowances	• QH will launder employees' uniforms or provide an allowance of $2.18 per fortnight. • QFES will bear all costs for the necessary cleaning of employees' firefighting apparel. • QAS does not provide a laundry allowance.
Travelling allowances	• QAS, QH and QFES all provide motor vehicle reimbursement of $0.77 per km and $0.26 per km for a motorcycle. • QFES employees are reimbursed 'reasonable expenses' for accommodation, meals and incidental expenses. Conversely, QAS provides defined meal and incidental allowance quanta and QH does not specify the provision reimbursement or defined allowances.
Higher duties	• All organisations provide higher duties allowances.
Regional allowances	• All organisations provide/offer regional allowances. • QAS rates (up to $334 per fortnight) are more competitive than QFES (up to $91.60 per fortnight) and QH in some instances (up to $134.62 per fortnight in Year 1; up to $403.85 per fortnight in Year 2; and up to $269.23 per fortnight in Year 3).
On-call allowances	• All organisations provide on-call allowances. • QAS provides on-call allowances as a percentage of an employee's hourly rate of pay (from 15% to 30%). • QH provides on-call allowances as a fixed amount ($24.45 for weekdays and $44.73 for weekends). • QFES has a mixed practice, providing on-call allowances both as a percentage of employee's hourly rate of pay (from 47.5% to 90% of one hour's pay) and as a fixed amount ($31.50).
Mentoring/Clinical Instructor allowances	• No organisation provides mentoring/clinical instructor allowances.
Additional skills/training allowances	• QFES does not provide additional skills/training allowances, though QH provides a suite of additional skills/training allowances.

Conditions and Entitlements	Key Findings
Annual leave and loading	• QFES provides the highest amount (264 hours) of annual leave entitlement for shift workers compared to QAS (243.2 hours for shift workers or 228 hours for Brisbane Communications staff) and QH (228 hours). Note these leave provisions include additional leave in lieu of penalty rates for working public holidays. • QH provides the highest annual leave loading of 27.5% on 5 weeks of leave. • QAS and QFES provide annual leave loading on 5 weeks of leave of 17.5% or the value of penalties they would have received had they not been on leave, whichever is the greater.
Sick leave	• QAS provides the most competitive sick leave entitlement (96 hours), compared to QH (76 hours) and QFES (80 hours).
Compassionate leave	• All organisations provide employees with 2 days of paid bereavement leave on each occasion.
Long service leave	• All organisations provide 13 weeks long service leave for 10 years of continuous service and provide accrual of 1.3 weeks for each year of continuous service thereafter.
Maternity and parental leave	• All organisations provide paid maternity leave (14 weeks).
Jury service leave	• All organisations pay the difference between fees received for attending jury service and the employee's ordinary pay for the time they are absent.

STAGE 3

CHANGES TO QAS ROLES OVER TIME

27
EMPLOYEE SURVEY RESULTS

The following figures present the demographics and findings of the employee survey administered by Mercer to further understand the employees' perspective on how key benchmark roles have evolved within the past ten years (including changes that impact the work value of roles, changes to the qualifications required, the nature of the work, and skills and responsibilities).

Survey results are based on responses from 2,217 QAS staff.

DEMOGRAPHICS

Figure 21. Demographics – Age (In Years)

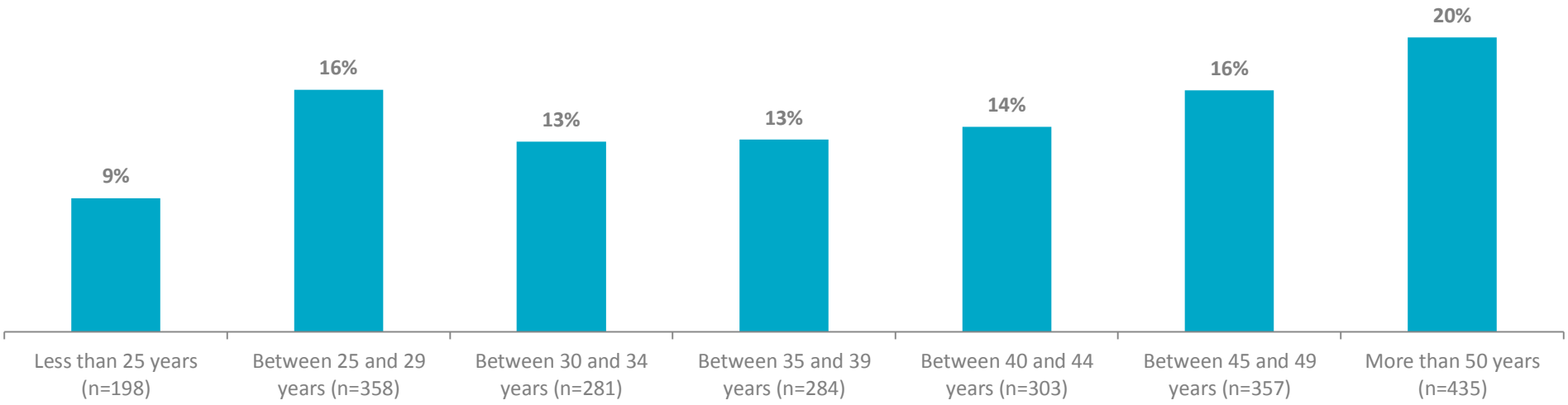


Figure 22. Demographics – Gender

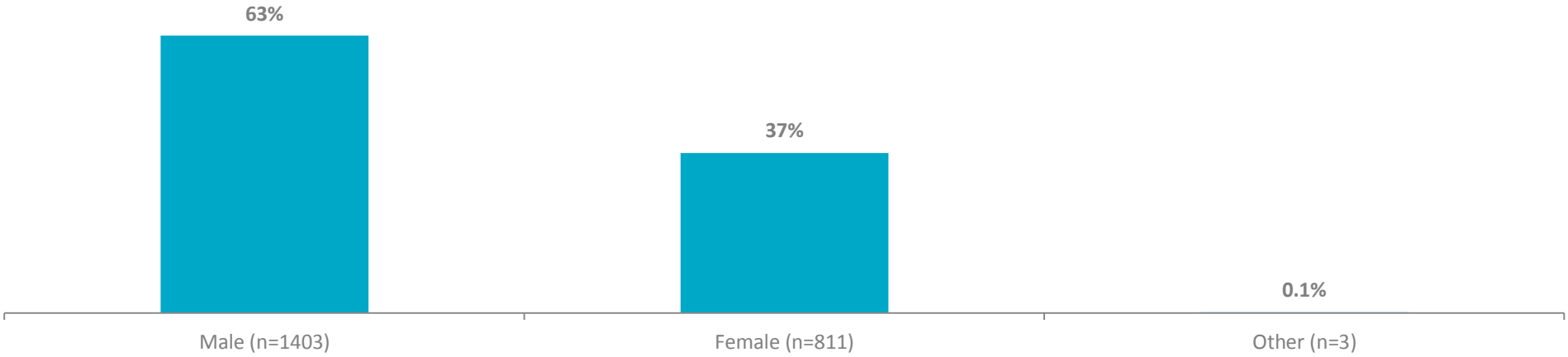


Figure 23. Demographics – Length of QAS Employment (In Years)

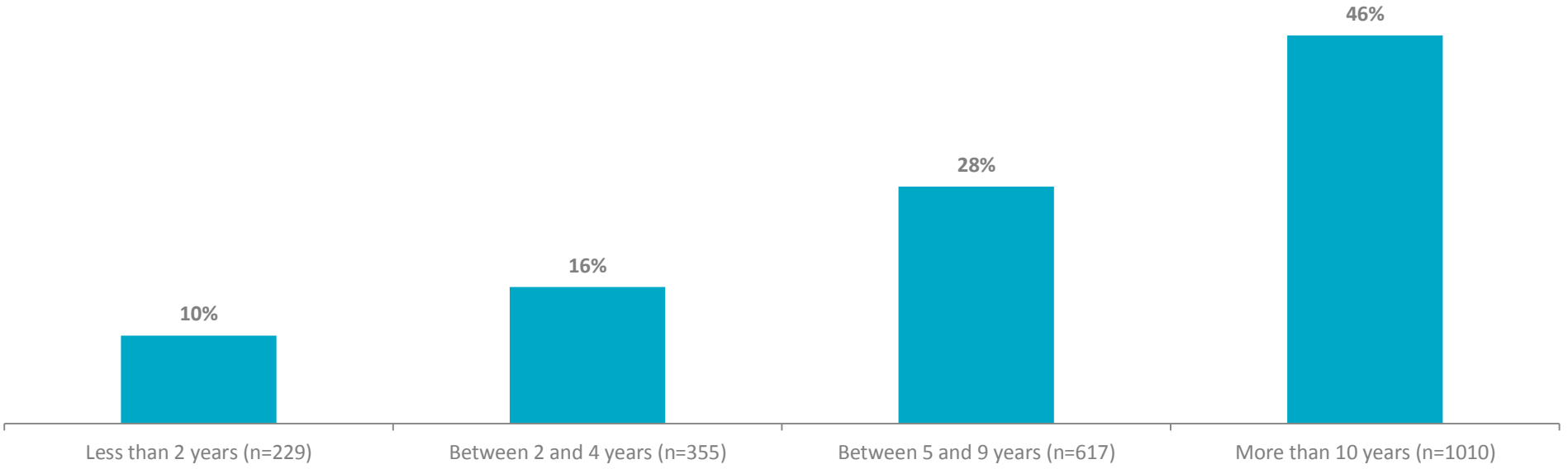


Figure 24. Demographics – Length of Other Ambulance Service Employment (In Years)

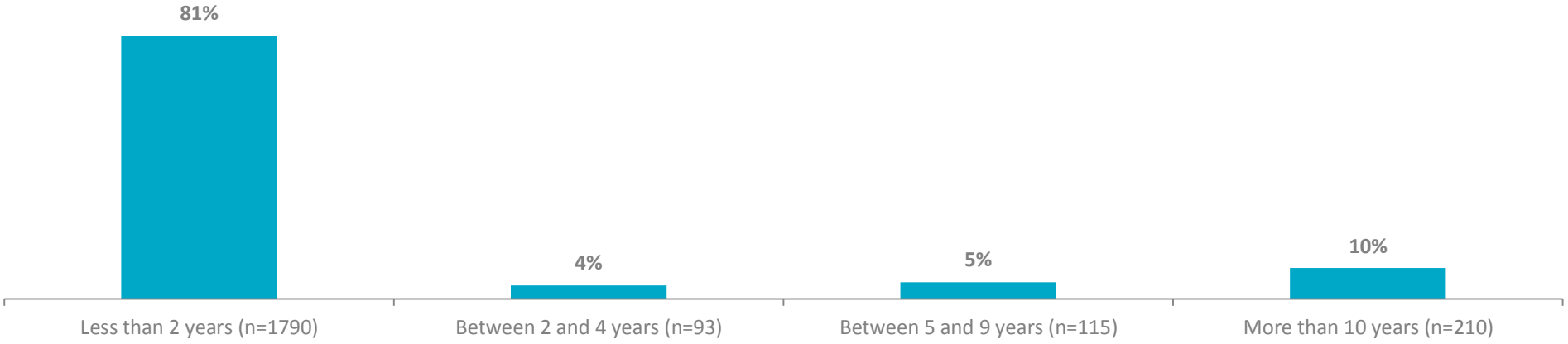


Figure 25. Demographics – LASN

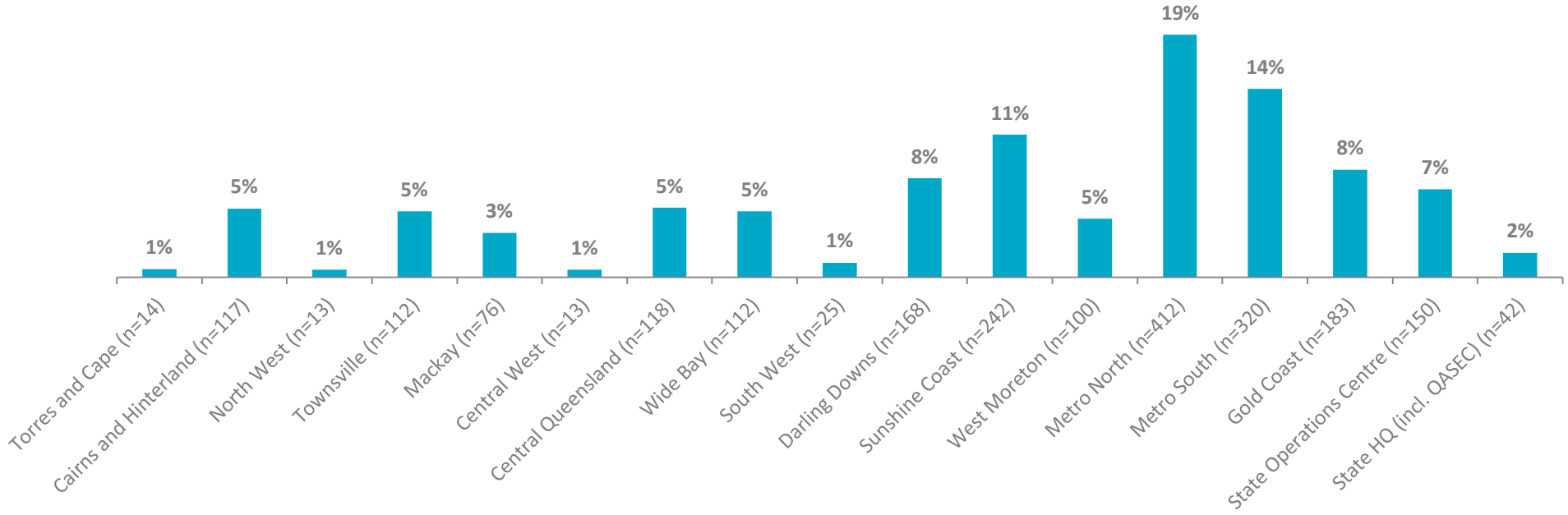


Figure 26. Demographics – Number of each qualification (or equivalent) held that is relevant to QAS

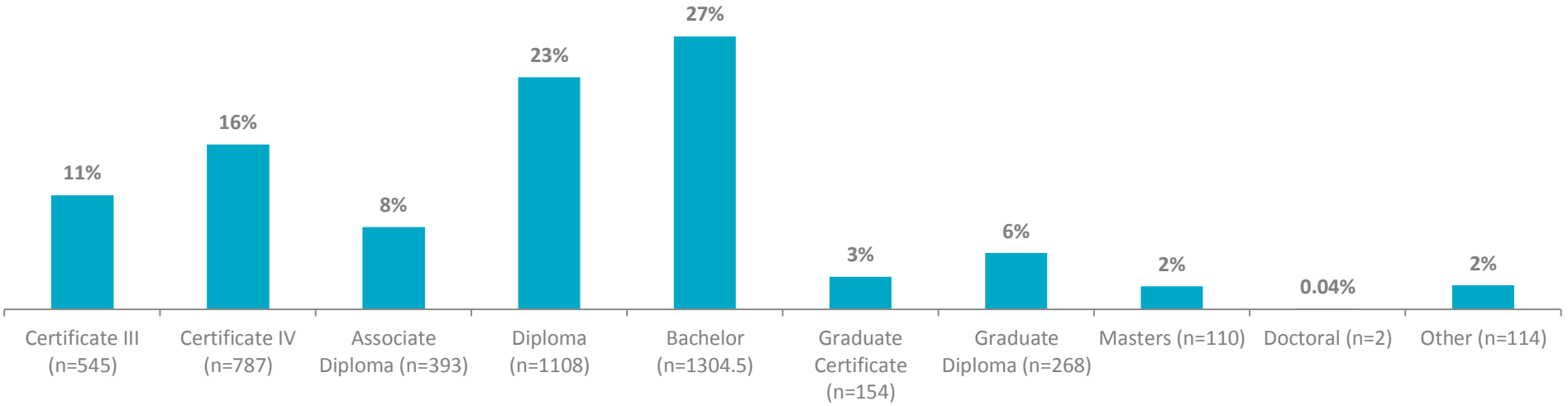


Figure 27. Demographics – Clinical Rank

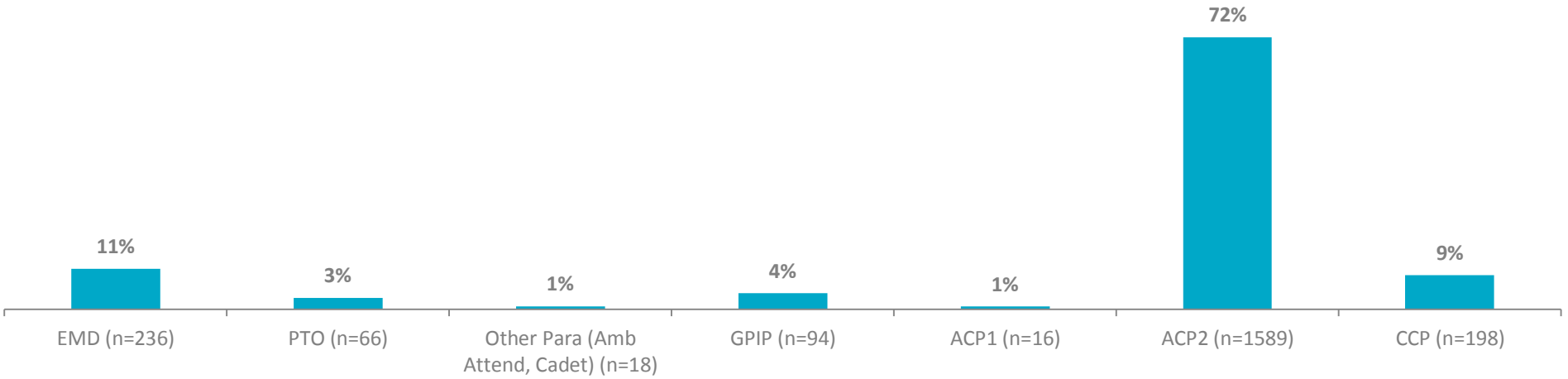


Figure 28. Demographics – Acting and/or Substantive Role

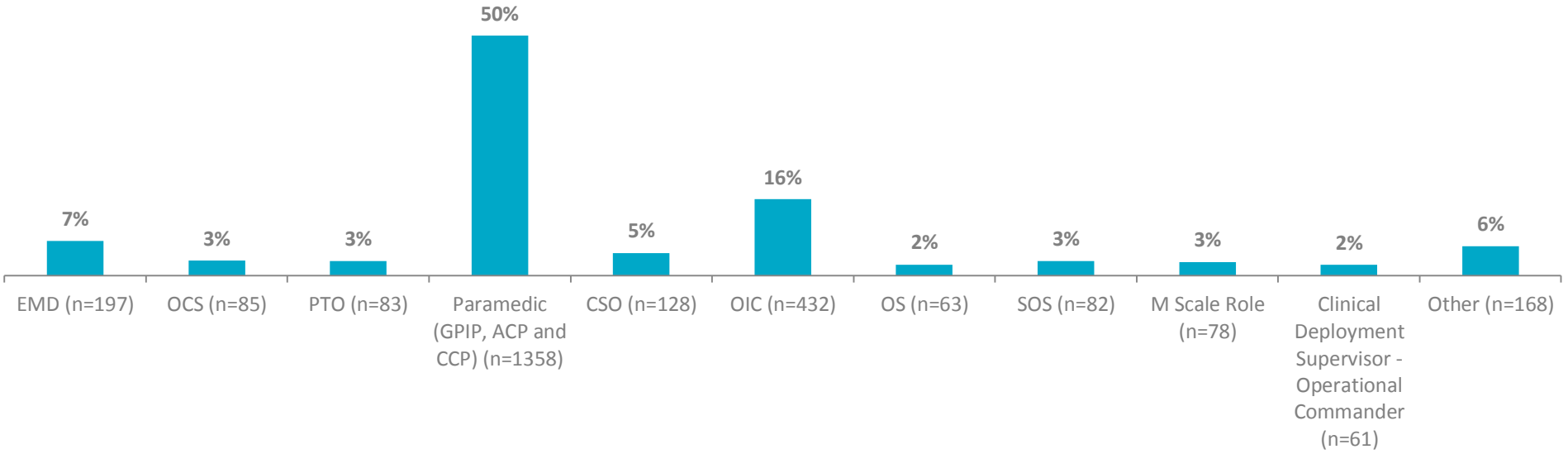


Figure 29. Demographics – Employment Type

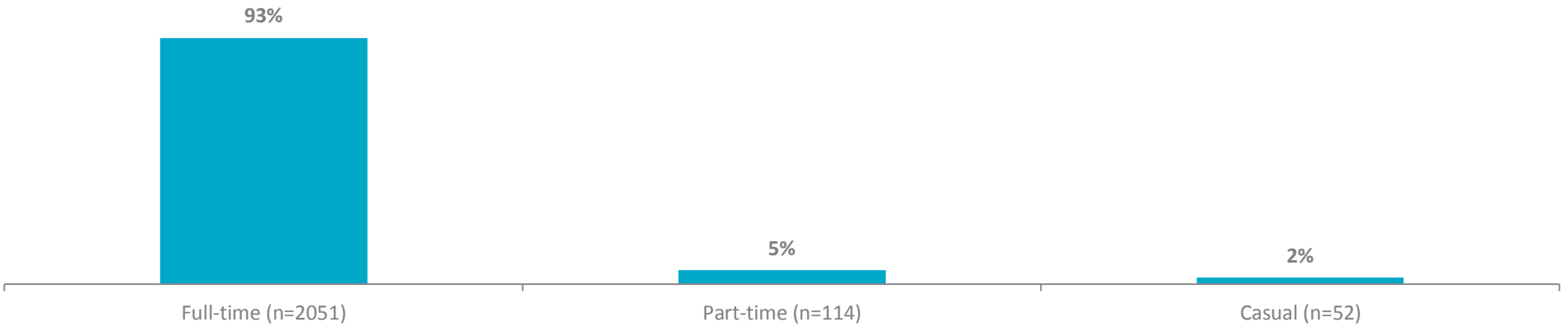
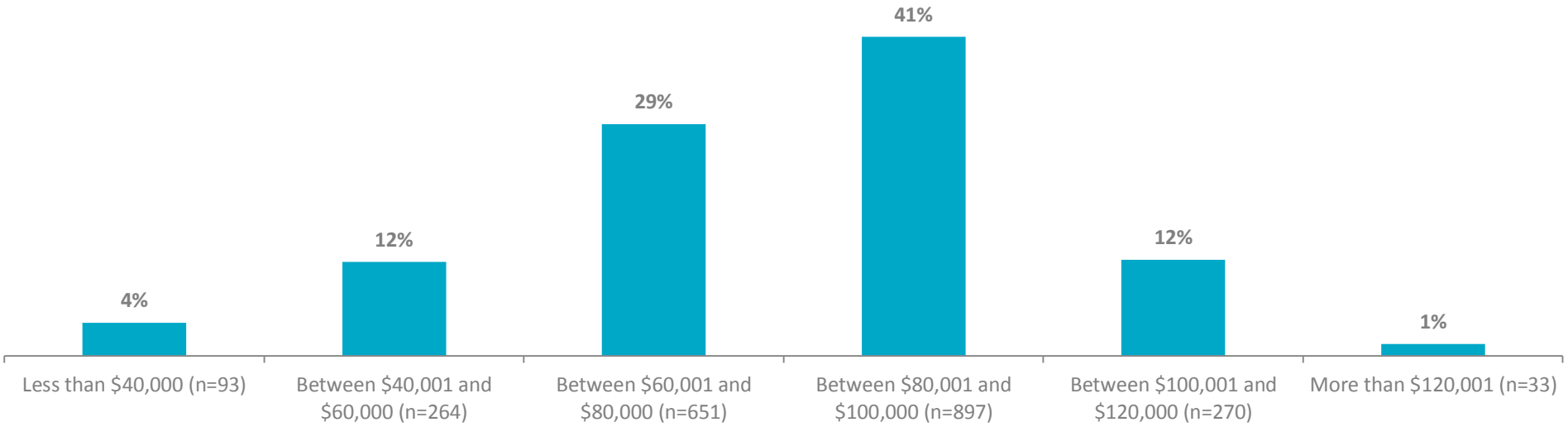


Figure 30. Demographics – Gross Earnings for FY 2015/16



ALL ROLES

Figure 31. All Roles – Work Environment (n=2,217)

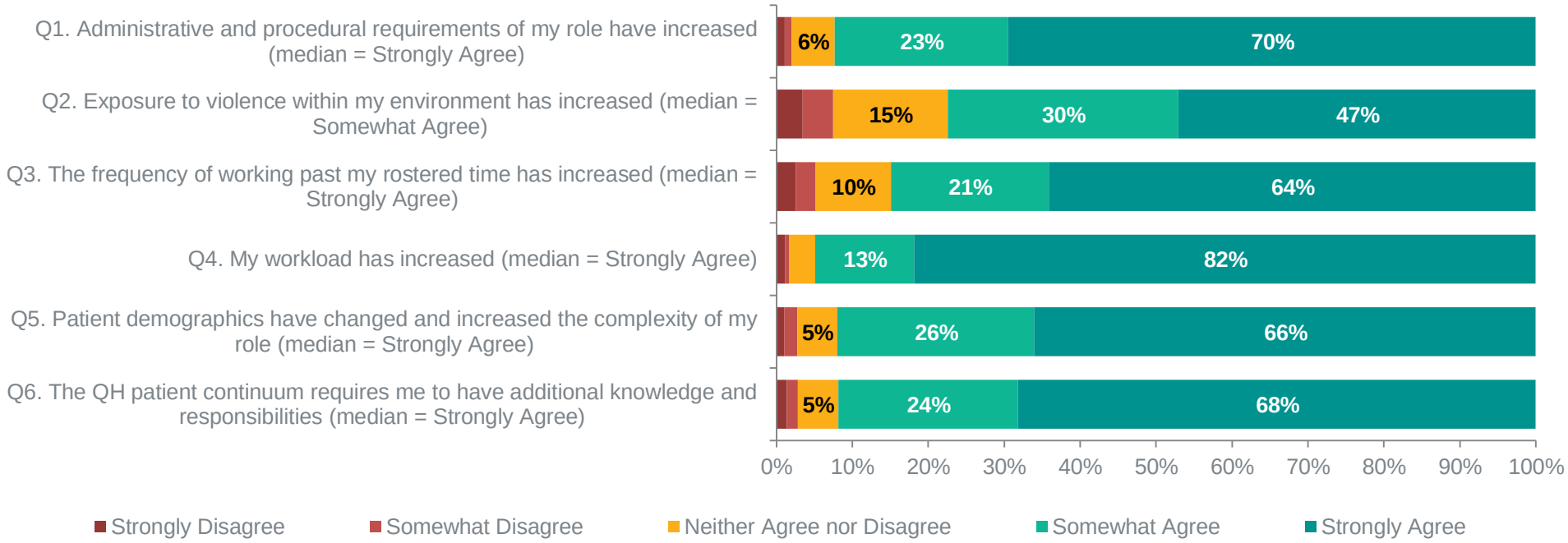


Figure 32. All Roles – Roles and Responsibilities (n=2,217)

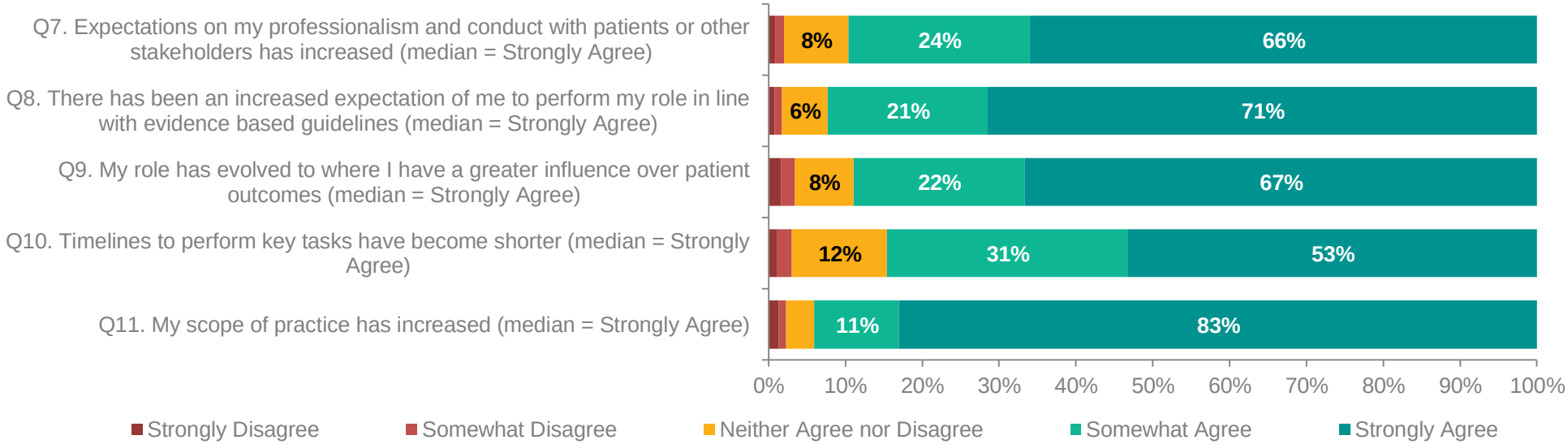


Figure 33. All Roles – Technology and Innovation (n=2,217)

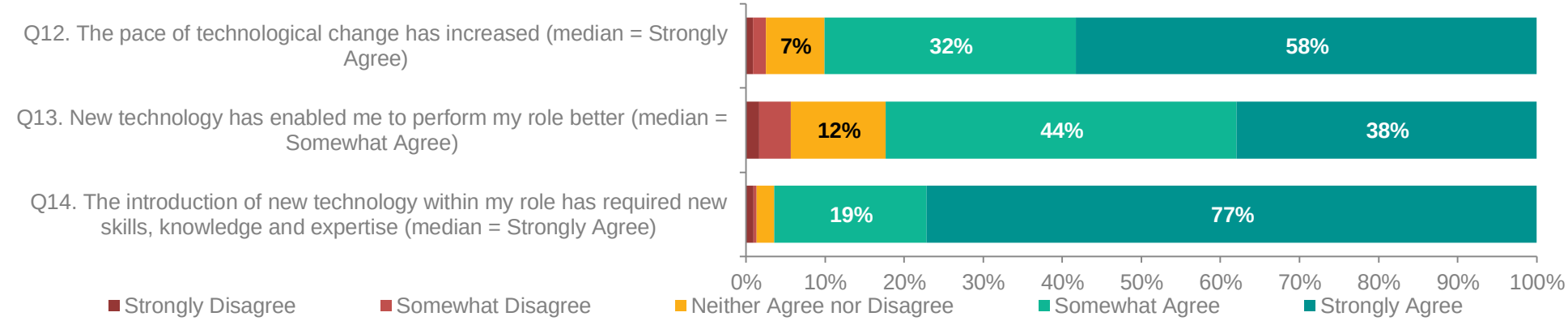
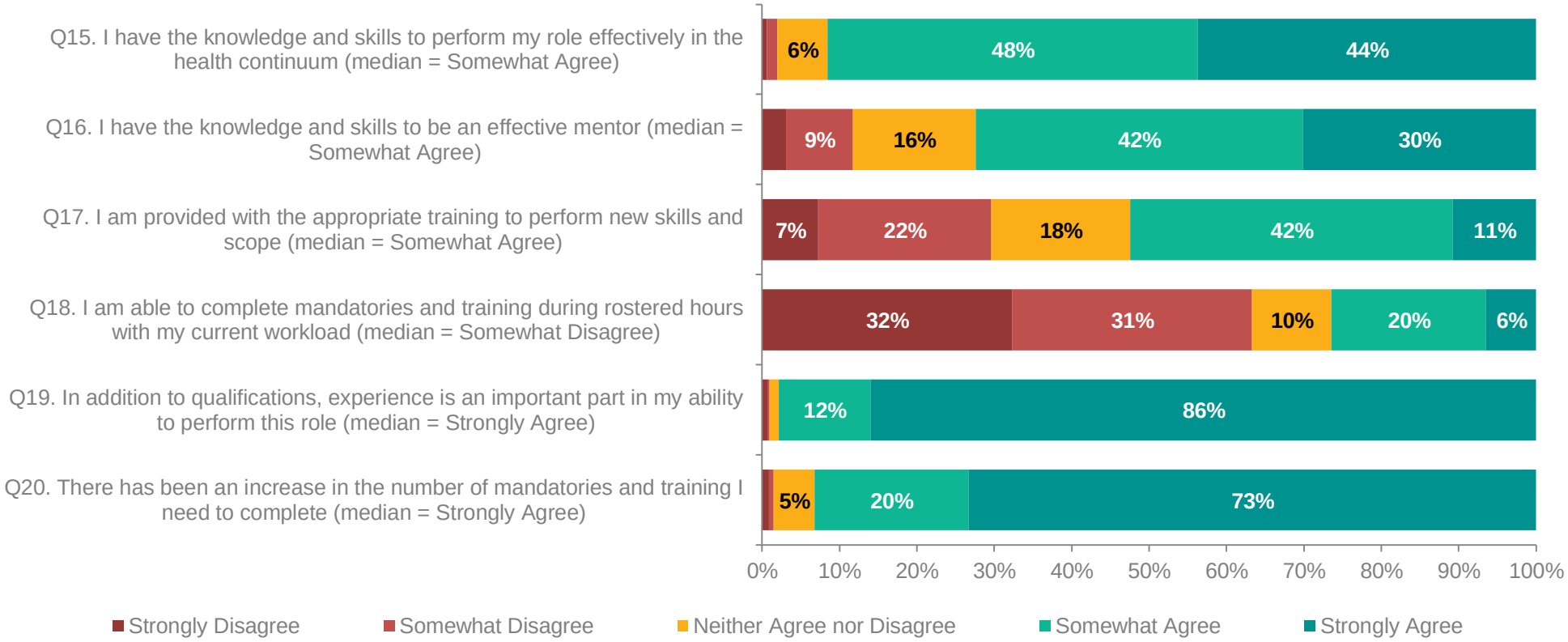


Figure 34. All Roles – Qualifications and Experience (n=2,217)



EMERGENCY MEDICAL DISPATCHER

Figure 35. Overall – Emergency Medical Dispatcher (n=248)

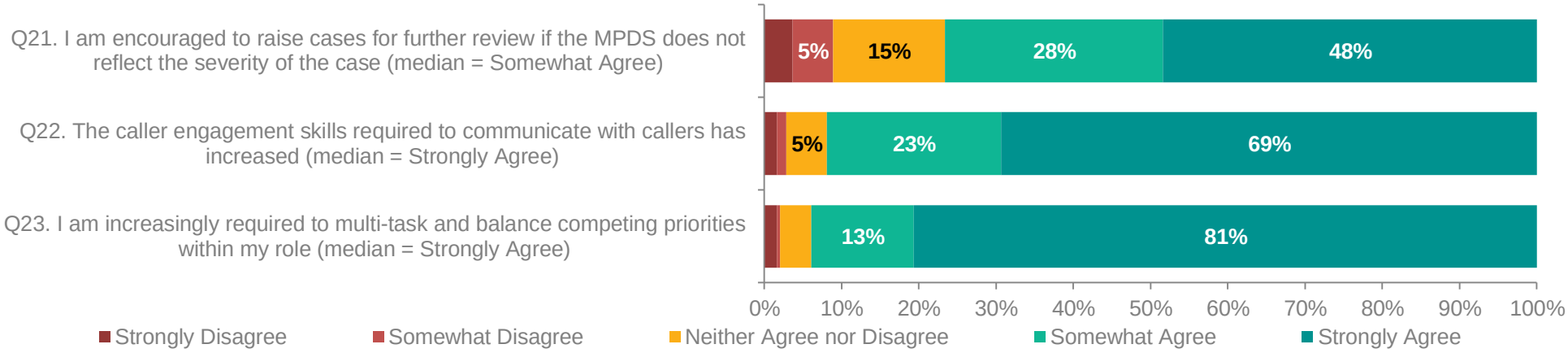
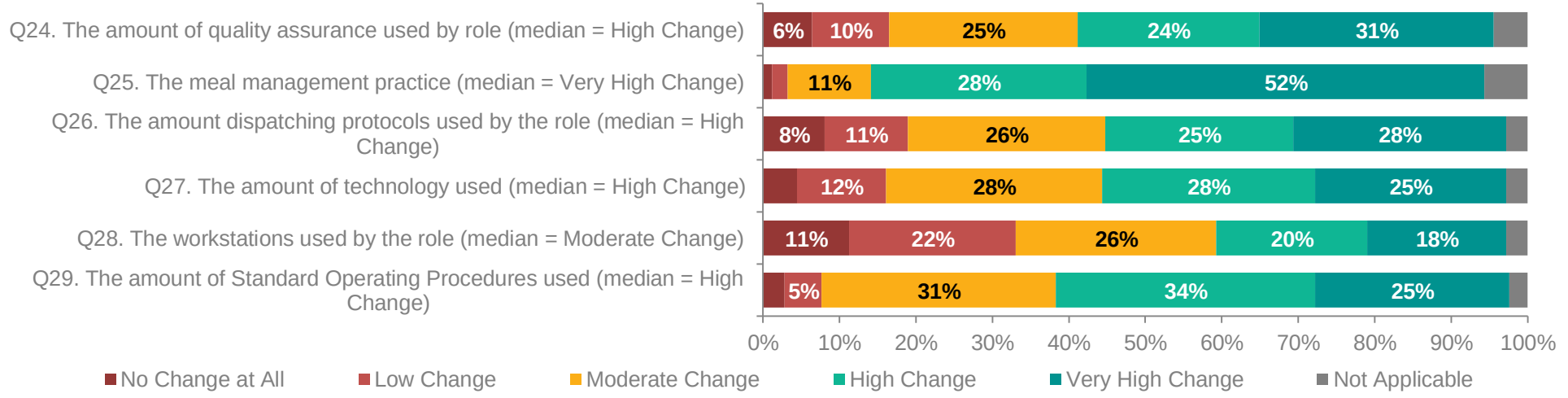
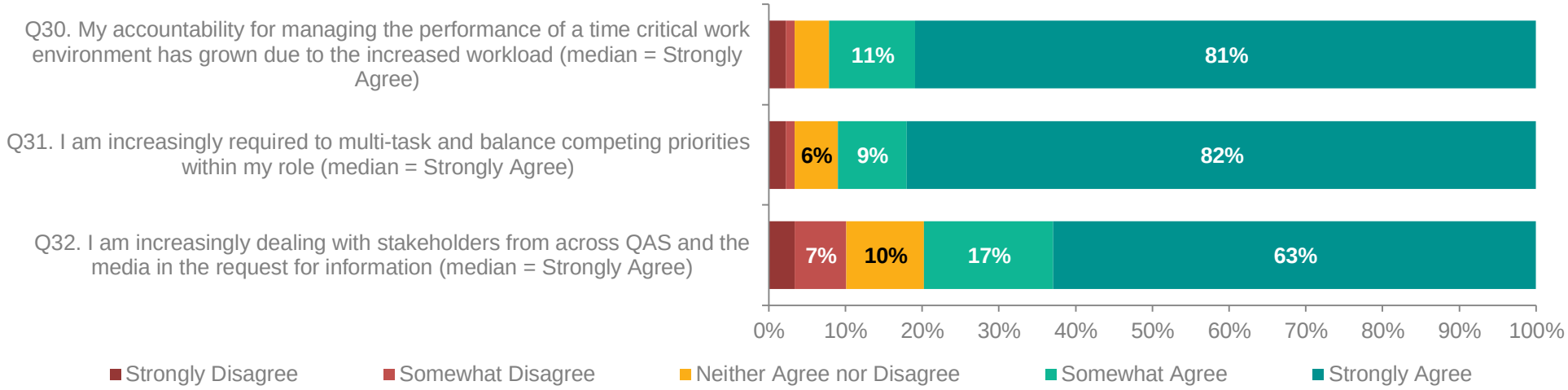


Figure 36. Overall – Emergency Medical Dispatcher Scope of Practice (n=248)



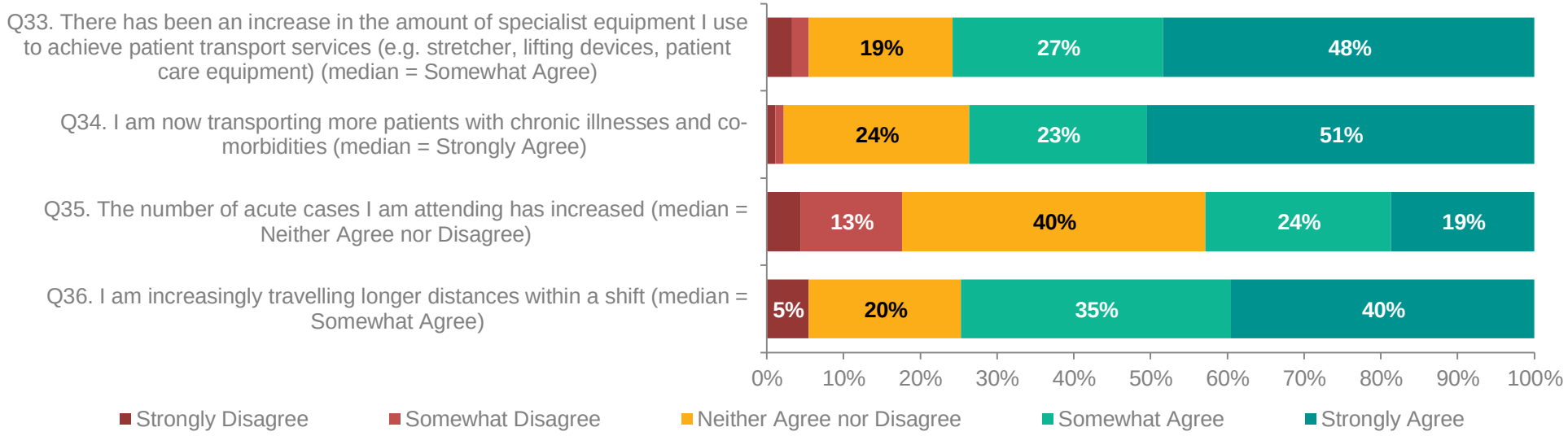
OPERATIONS CENTRE SUPERVISOR

Figure 37. Overall – Operations Centre Supervisor (n=89)



PATIENT TRANSPORT OFFICER

Figure 38. Overall – Patient Transport Officer (n=91)



PARAMEDIC (GPIP, ACP AND CCP)

Figure 39. Overall – Paramedic (GPIP, ACP and CCP) (n=1,917)

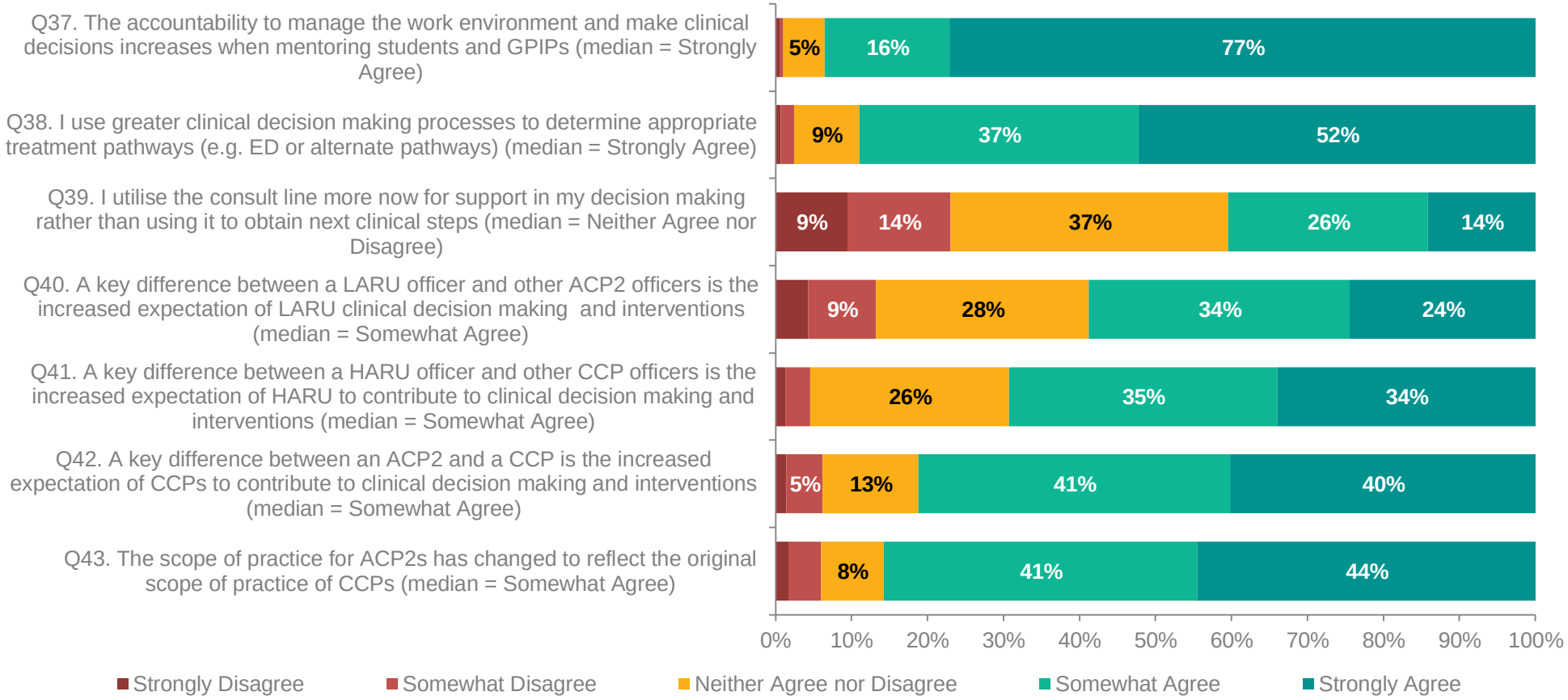


Figure 40. Overall – Paramedic (GPIP, ACP and CCP) Clinical Practice Guidelines (n=1,356)

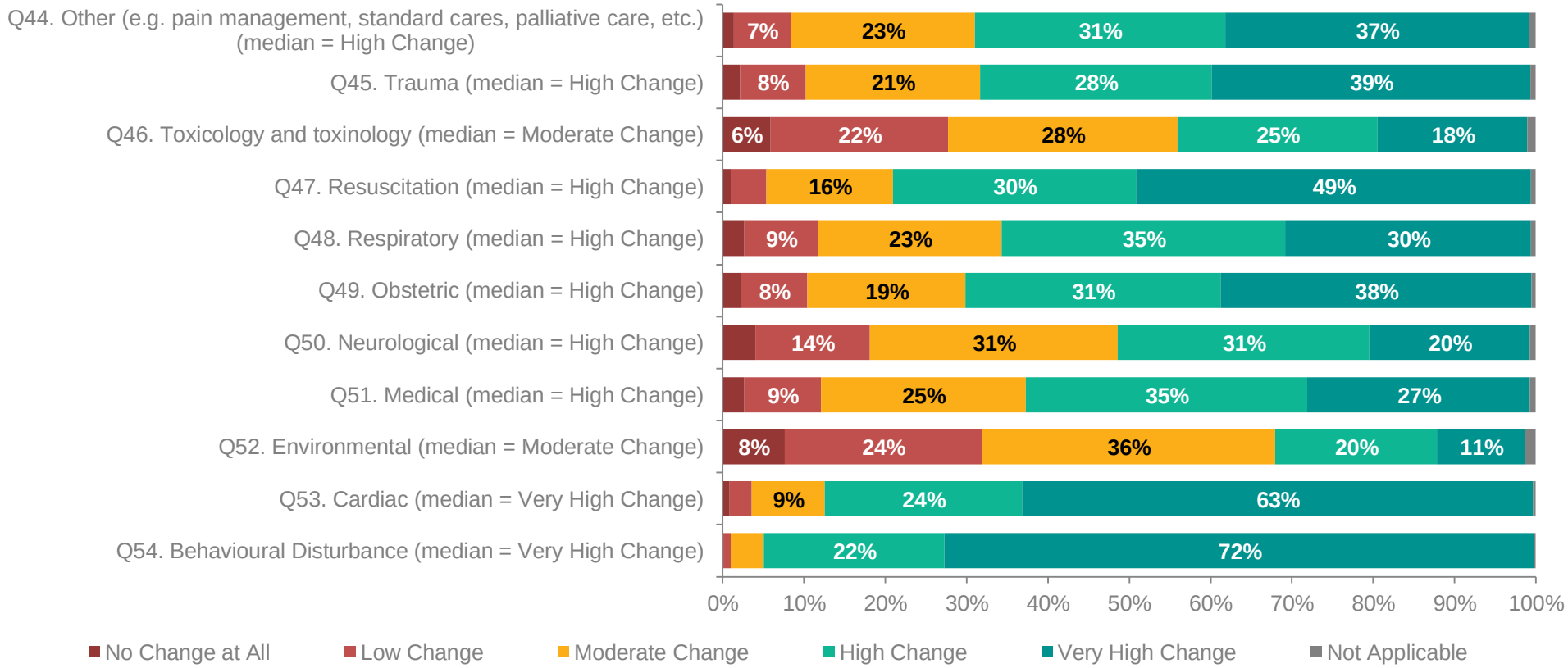
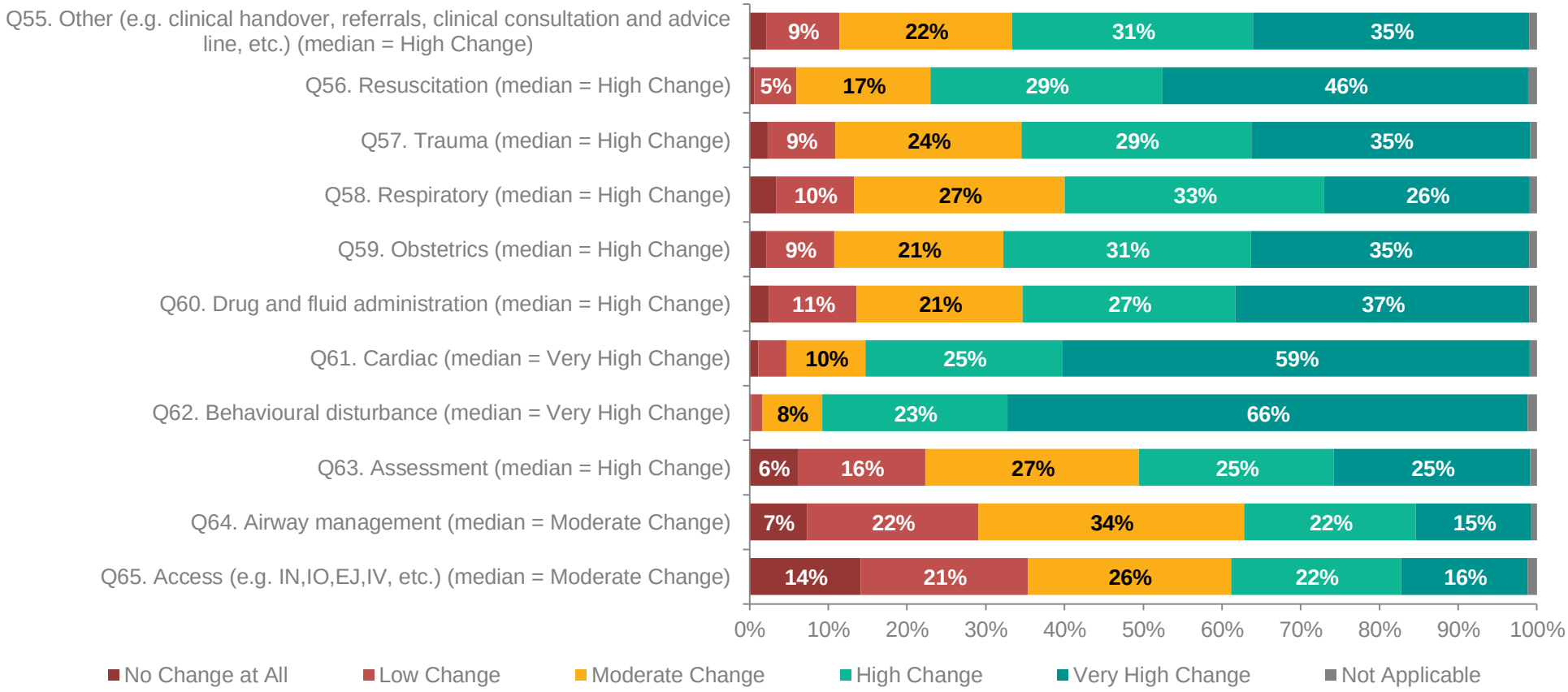
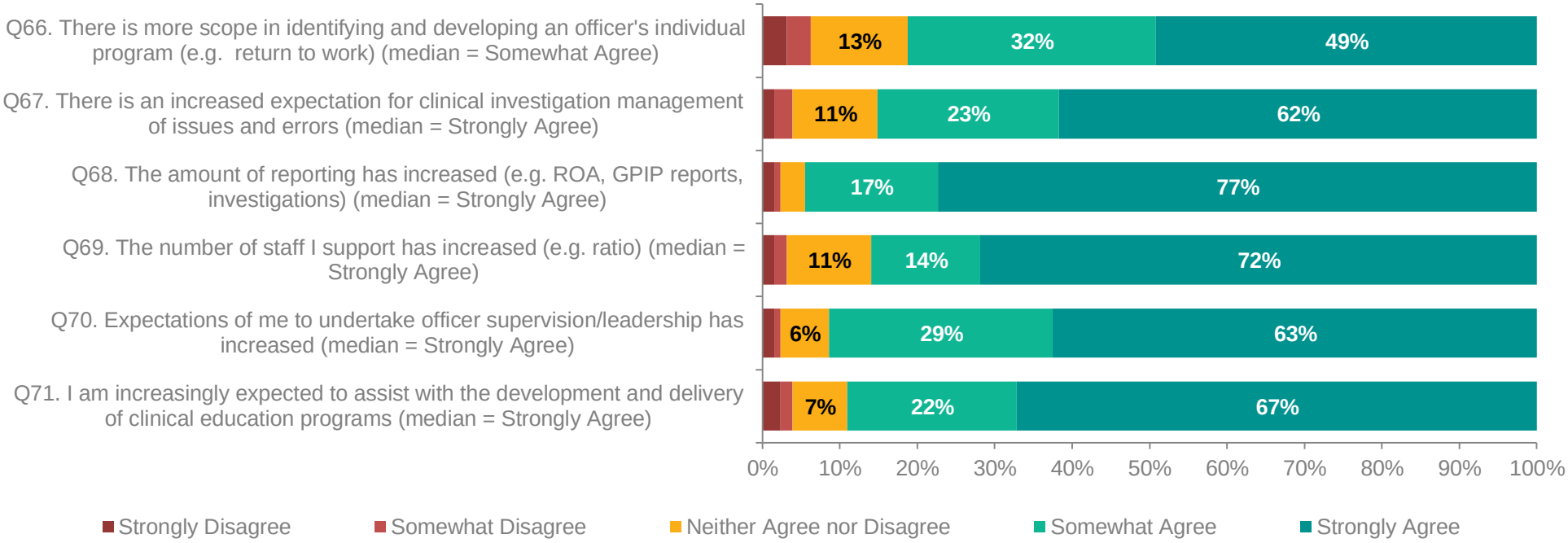


Figure 41. Overall – Paramedic (GPIP, ACP and CCP) Clinical Practice Procedures (n=1,915)



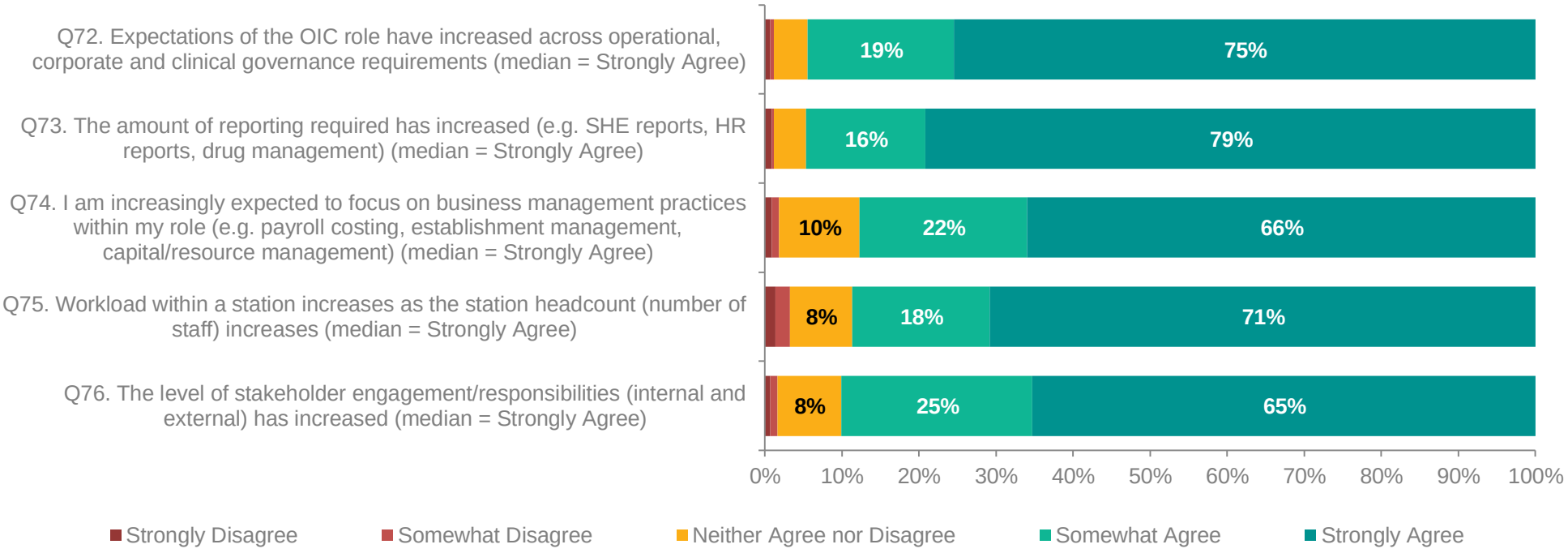
CLINICAL SUPPORT OFFICER

Figure 42. Overall – Clinical Support Officer (n=128)



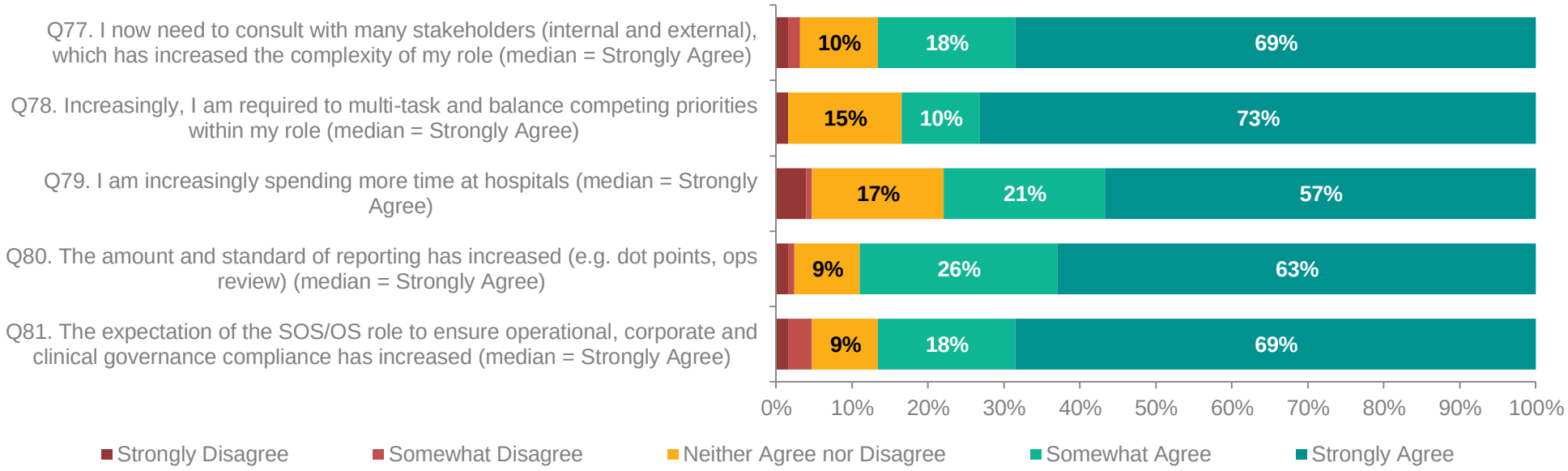
OFFICER IN CHARGE

Figure 43. Overall – Officer in Charge (n=432)



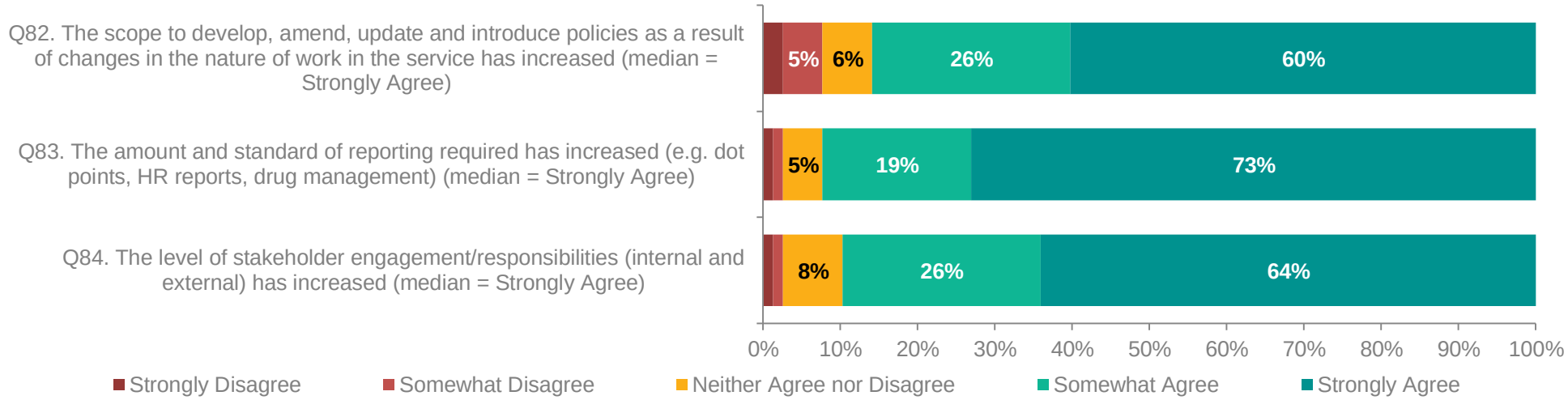
(SENIOR) OPERATIONS SUPERVISOR

Figure 44. Overall – (Senior) Operations Supervisor (n=127)



MANAGERIAL SCALE

Figure 45. Overall – Managerial Scale (n=78)



KEY THEMES FROM OVERALL FREE RESPONSES

- **Pay rates** are poor relative to the service being provided.
  - Pay should be based on years of service.
  - Pay rates should reflect skill enhancement (i.e. increased pay for increased skills).
  - Pay for Paramedics should be increased to align with Nurses.
  - Pay should be increased to align with other Australian states and territories.
  - Superannuation contributions should be linked to actual earnings.
  - Pay should reflect the uncontrolled environment in which employees work, with particular reference to violent patients and aggressive interactions with members of the public
- **Roles and responsibilities**, including the scope and volume of work, have increased over the last decade.
  - Increasing expectations from managers and members of the public.
  - Heavy workload mentoring students and graduates.
- Insufficient time is provided for **training and education**.
  - Training programs are often not meeting the needs of participants.
  - Access to training materials and trainers is limited.
  - Employees are required to continue learning through formal education, mandatories and skill maintenance.
- Unable to take **meal breaks**.
  - Meals need to be properly managed by the Service to fix the problem with meal overtime and broken meals.
- Lack of **work-life balance**.
  - High stress and fatigue levels are impacting employees' personal life.
  - WorkCover doesn't acknowledge stress caused by the job.
  - Fatigue management policy requires a review.
- **Equipment and technology** lacks consistency (across Operations Centres and Stations).
  - Tools often are to an insufficient standard (i.e. regular failures).

28
QAS ORGANISATIONAL REVIEW

This section details changes to QAS at an organisational level within the past ten years relating to workload, performance, resources and assets.

WORKLOAD AND PERFORMANCE

Incidents

QAS has experienced yearly growth at an average of 4.8% in incidents (Codes 1 to 4) across the reporting period, resulting in an average of 40,152 additional incidents per year. It is expected that in FY 2016/17 this will exceed 1 million.

Figure 46. Change in Number of Incidents (Codes 1 to 4)

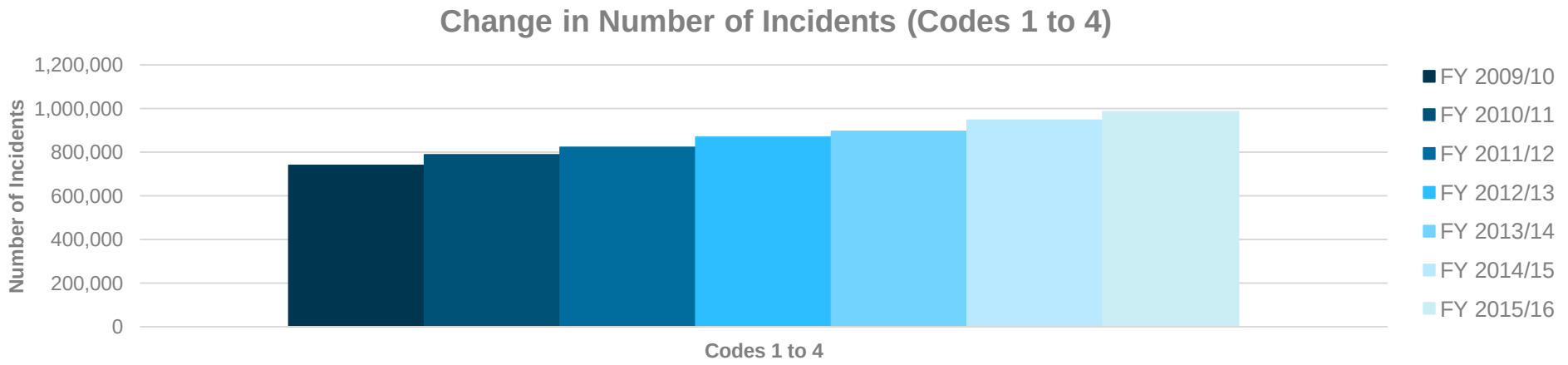


Table 77. Change in Number of Incidents (Codes 1 to 4)

Number of Incidents	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
All Codes	739,395	788,633	821,961	867,743	895,964	945,850	985,807

Acute incident codes (Codes 1 and 2) make up more than 70% of total workload. The number of Code 1 and 2 incidents have grown considerably across the reporting period, seeing total growth of 50.8% and 37.6%, respectively. Non-acute codes (Code 3 and 4) have experienced slow overall growth for the reporting period, with an additional 8.4% Code 3 incidents and 13.6% Code 4 incidents.

Figure 47. Change in Number of Incidents (Codes 1 to 4)

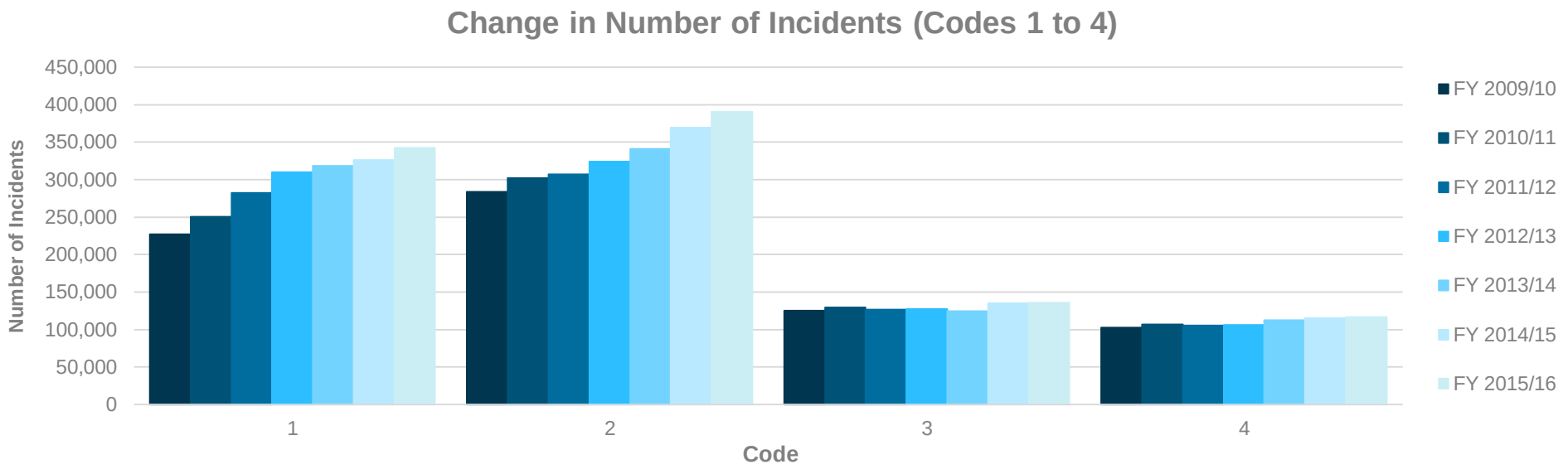


Table 78. Change in Number of Incidents (Codes 1 to 4)

Number of Incidents	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Code 1	227,264	250,388	282,550	310,013	318,215	325,877	342,613
Code 2	283,798	302,160	306,835	323,903	340,826	369,106	390,377
Code 3	125,366	129,524	127,013	127,408	124,683	135,195	135,850
Code 4	102,967	106,561	105,563	106,419	112,240	115,672	116,967

Code 1 sub-priorities B and C have experienced considerable growth across the reporting period at 54.3% and 49.2%, respectively. Other sub-priorities that reported notable growth across the period were Codes 2A (49.2%), 2C (50.6%), 3B (20.2%) and 4B (22.6%).

Three sub priorities saw an overall decline in the number of incidents across the reporting period. Code 2B incidents declined -9.9%, 3A -8.0%, and 4A -51.1%.

Figure 48. Change in Number of Incidents (Codes 1 to 4 and Sub-Priorities)

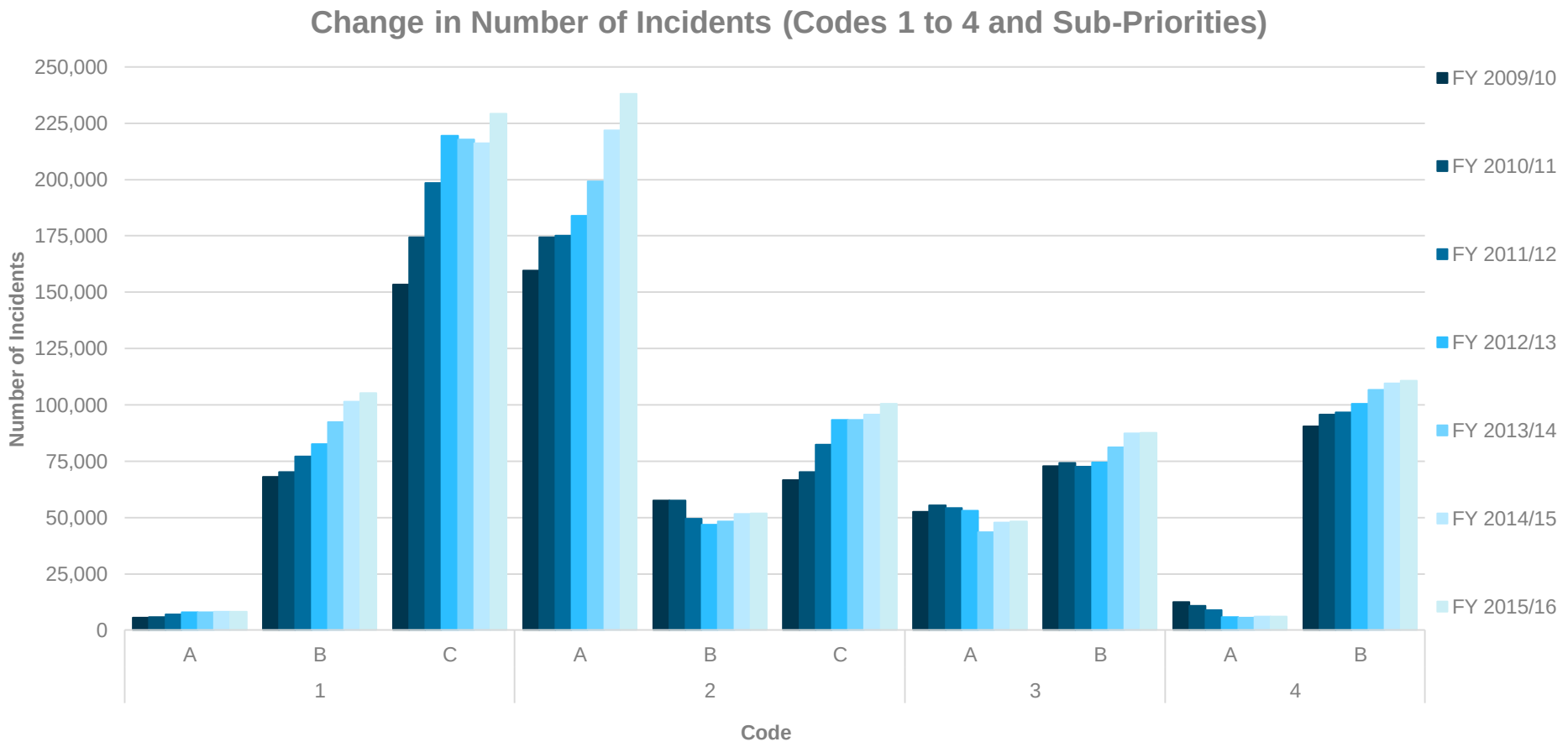


Table 79. Change in Number of Incidents (Codes 1 to 4 and Sub-Priorities)

Number of Incidents		FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Code 1	A	5,587	5,875	6,987	7,864	7,934	8,124	8,322
	B	68,151	70,180	77,019	82,712	92,489	101,540	105,159
	C	153,526	174,333	198,544	219,437	217,792	216,213	229,132
Code 2	A	159,540	174,346	175,030	183,832	199,253	221,780	238,063
	B	57,551	57,576	49,457	46,757	48,272	51,684	51,853
	C	66,707	70,238	82,348	93,314	93,301	95,642	100,461
Code 3	A	52,550	55,382	54,340	52,992	43,438	47,740	48,339
	B	72,816	74,142	72,673	74,416	81,245	87,455	87,511
Code 4	A	12,535	10,846	8,880	5,882	5,586	6,064	6,130
	B	90,432	95,715	96,683	100,537	106,654	109,608	110,837

Responses

Similar to the change in number of incidents over the reporting period, there was a yearly growth in responses (Codes 1 to 4) across the reporting period with an average annual increase of 5.1% (or 48,271 additional incident responses per year).

Figure 49. Number of Responses (Codes 1 to 4)

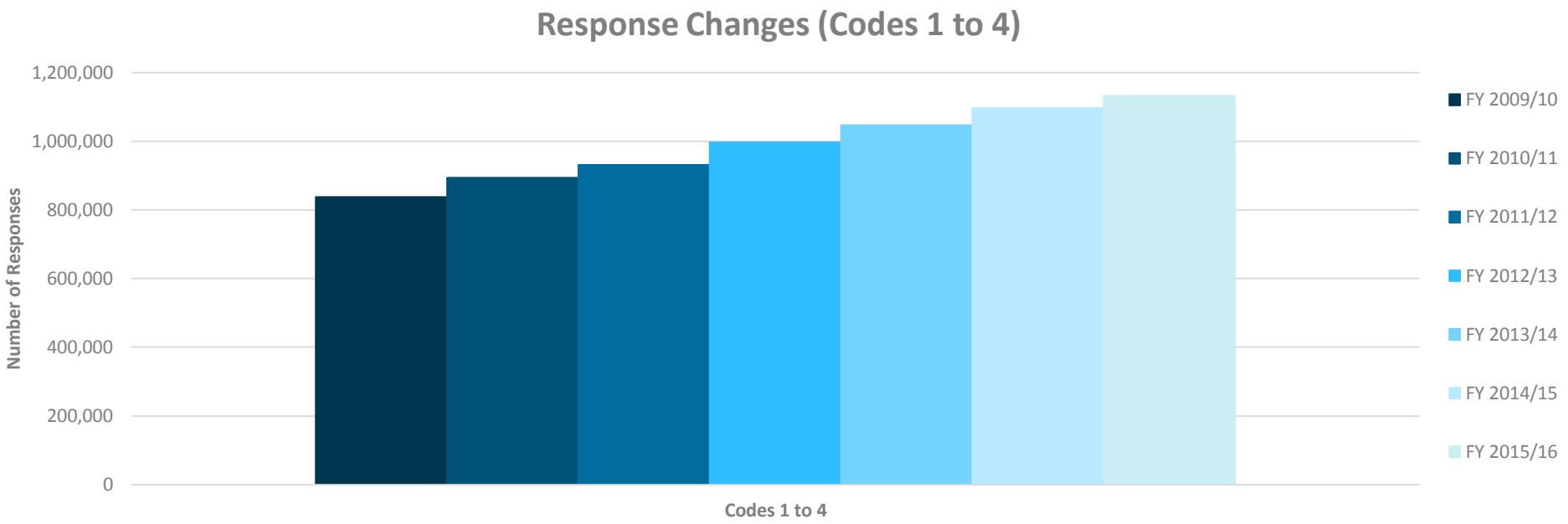


Table 80. Response Changes Over Time (Codes 1 to 4)

Number of Responses	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
All Codes	837,555	893,966	931,333	996,632	1,047,723	1,097,145	1,132,703

Responses to the Acute codes, Codes 1 and 2, grew over the period by 44.5% and 40.0% respectively. Responses to Non-Acute codes grew at slower rates for the reporting period at 18.0% for responses to Code 3 incidents and 13.9% to Code 4 incidents.

Figure 50. Number of Responses (Codes 1 to 4)

Table 81. Response Changes (Codes 1 to 4)

Number of Responses	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Code 1	304,952	331,033	368,193	409,031	426,766	429,263	440,661
Code 2	308,772	331,537	335,817	358,495	377,639	409,828	432,357
Code 3	117,629	121,503	118,957	119,134	127,328	138,415	138,753
Code 4	106,202	109,893	108,366	109,972	115,990	119,639	120,932

The codes which saw the largest growth over the reporting period were 1A (55.4%), 1B (40.5%), 1C (45.9%), 2A (50.4%) and 2C (56.6%). Two sub-priorities saw a decline in responses over the period, with responses to 2B incidents decreasing by -8.6% and 4A by -50.6%.

Figure 51. Number of Responses (Codes 1 to 4 and Sub-Priorities)

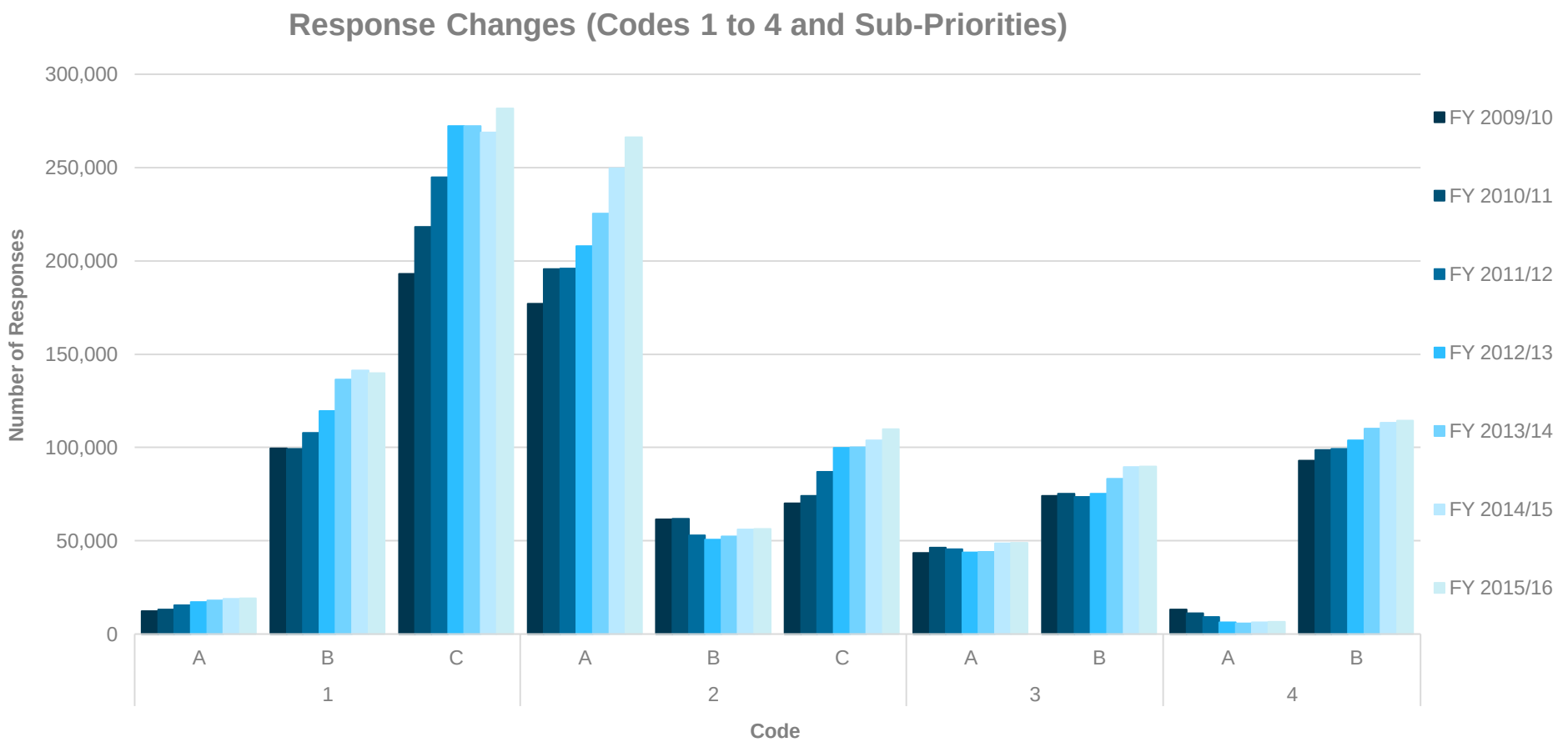


Table 82. Response Changes (Codes 1 to 4 and Sub-Priorities)

Number of Incidents		FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Code 1	A	12,328	13,311	15,441	17,311	18,069	18,999	19,155
	B	99,624	99,388	107,928	119,457	136,445	141,422	139,951
	C	193,000	218,334	244,824	272,263	272,252	268,842	281,555
Code 2	A	177,147	195,602	195,920	207,926	225,335	249,695	266,376
	B	61,567	61,762	52,905	50,704	52,246	56,180	56,260
	C	70,058	74,173	86,992	99,865	100,058	103,953	109,721
Code 3	A	43,559	46,242	45,482	43,763	44,204	48,773	49,049
	B	74,070	75,261	73,475	75,371	83,124	89,642	89,704
Code 4	A	13,105	11,299	9,179	6,268	5,883	6,391	6,473
	B	93,097	98,594	99,187	103,704	110,107	113,248	114,459

Acute Response Times

A key measure for assessing acute operational performance is response times (50th and 90th percentiles), which measure the time taken from dispatch to on-scene arrival for all Code 1 and Code 2A incidents. QAS targets 8.2 minutes for the 50th percentile and 16.5 minutes for the 90th percentile.

Figure 52. Acute Response Times (50th and 90th Percentile)

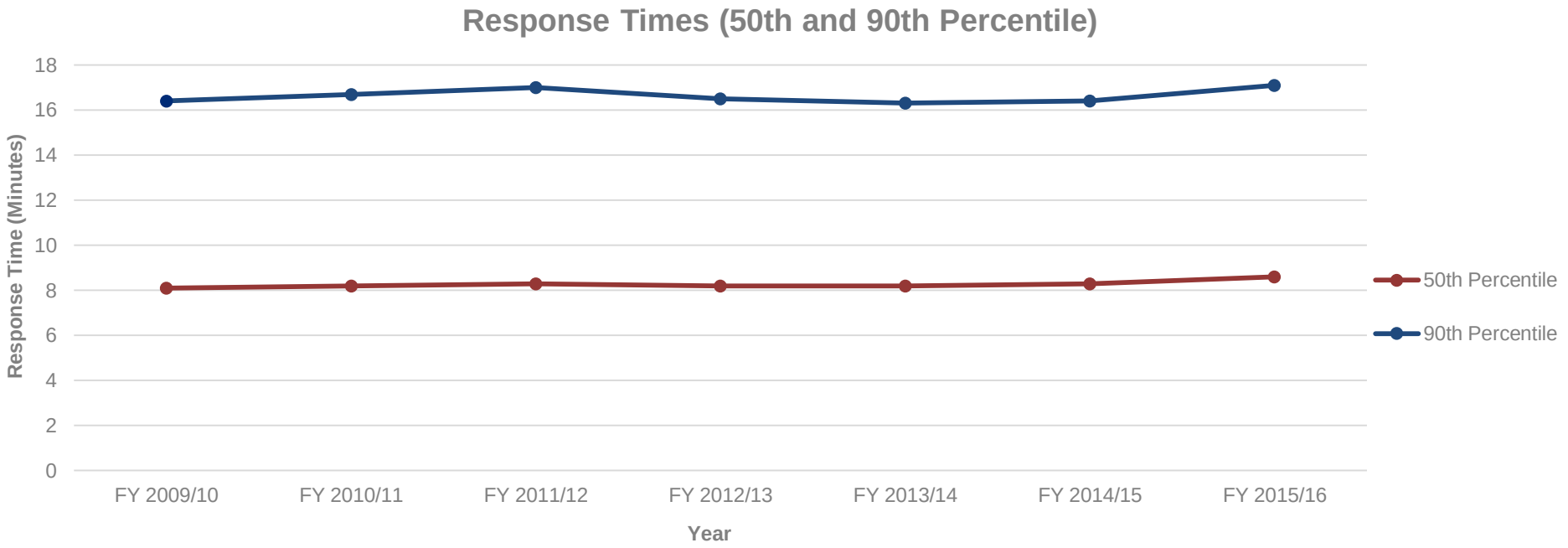


Table 83. Acute Response Times (50th and 90th Percentiles)

Acute Response Times	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
50th Percentile	8.1	8.2	8.3	8.2	8.2	8.3	8.6
90th Percentile	16.4	16.7	17.0	16.5	16.3	16.4	17.1

Triple Zero Calls

The QAS Operations Centre (previously Communications Centres) has seen an average growth in Triple Zero calls of 7.1% per annum (or 41,552 calls per annum) across the reporting period.

Figure 53. Number of Triple Zero Calls Over Time

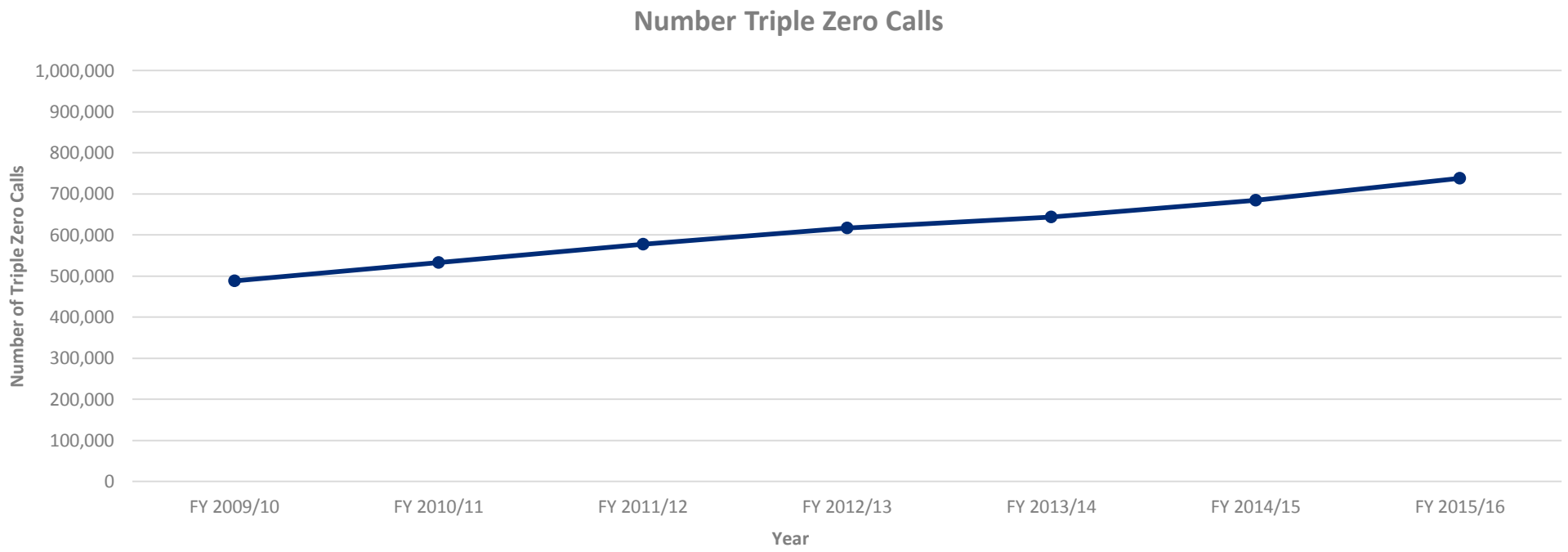


Table 84. Number of Triple Zero Calls

Triple Zero Calls	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Total	488,489	532,950	577,689	617,729	643,410	684,446	737,803

Triple Zero Answered

The key measure for Operations Centre performance is that 90% of Triple Zero calls are answered within 10 seconds. Across all reported years QAS has met or exceeded this target.

Figure 54. Percentage of Calls Answered Within 10 Seconds

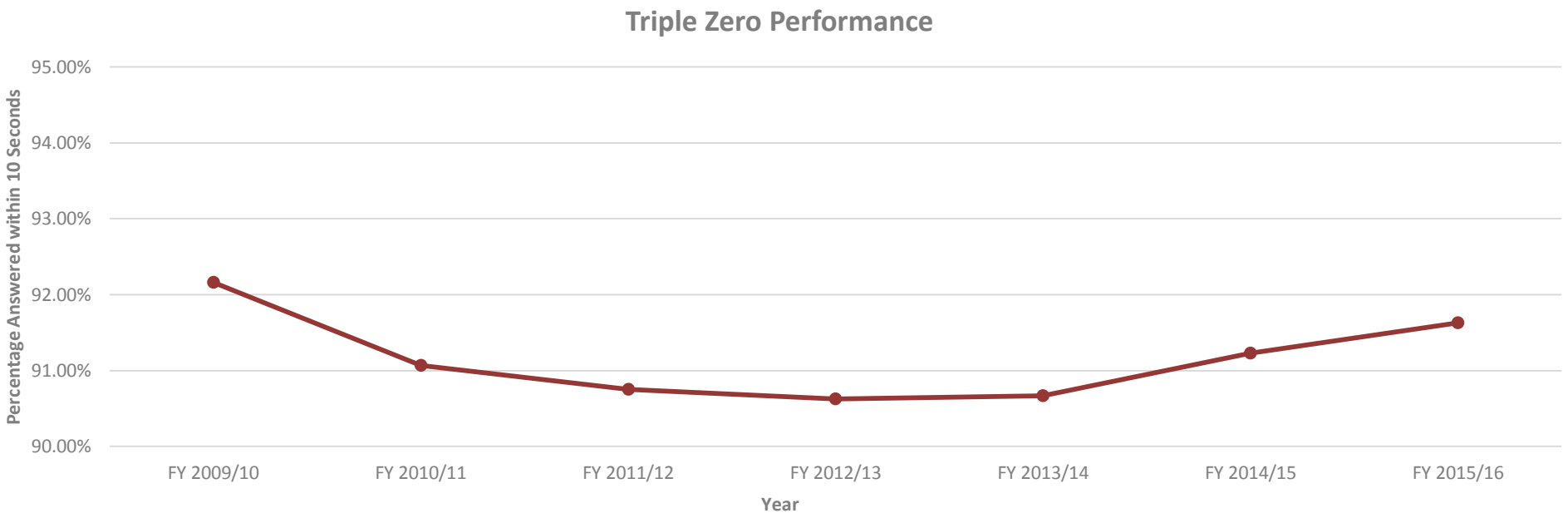


Table 85. Percentage of Calls Answered Within 10 Seconds

Triple Zero Calls	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15	FY 2015/16
Answered within 10 Seconds	92.16%	91.07%	90.75%	90.63%	90.67%	91.23%	91.63%

RESOURCES AND ASSETS

Staff Numbers

QAS has seen growth in the number of Ambulance Operatives (patient transport officers, students and base level ambulance officers, qualified ambulance officers, other clinical personnel and communications operatives) over the reporting period of 13.5%.

Figure 55. Staff Numbers (Ambulance Operatives)

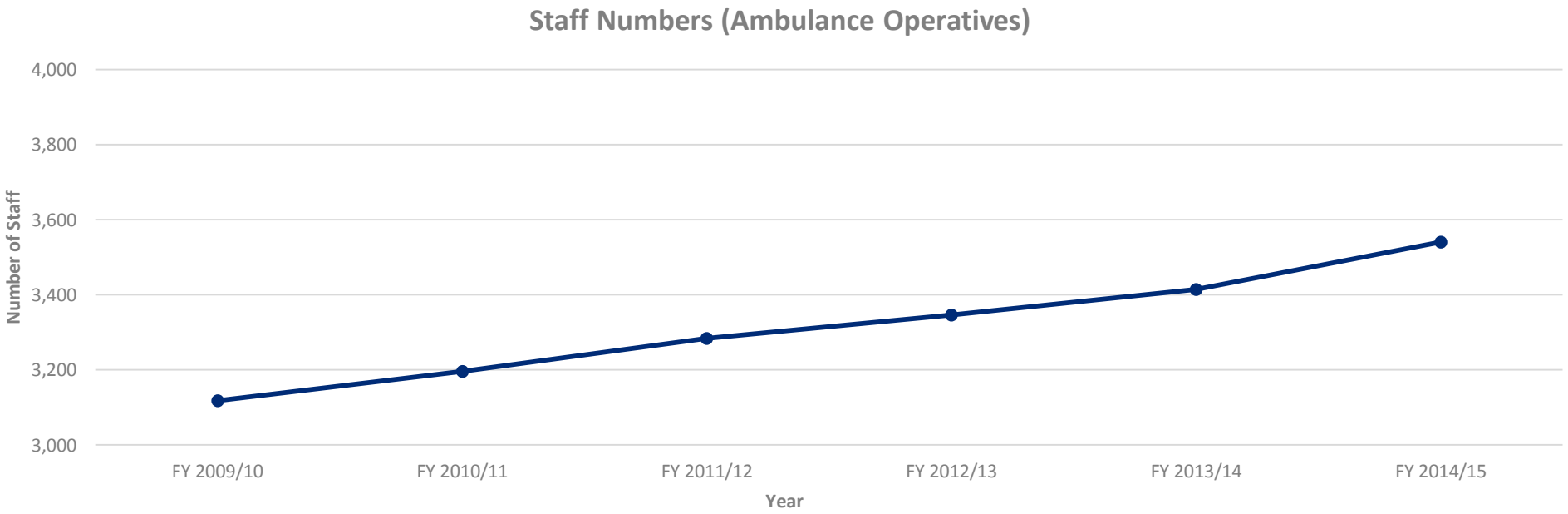


Table 86. Staff Numbers (Ambulance Operatives)

Staff Numbers	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Ambulance Operatives	3,118	3,196	3,284	3,346	3,415	3,540

Response Locations

QAS has seen a somewhat static number of response locations (the total number of separate sites operated by the ambulance service and serviced by either an ambulance general purpose or special operations vehicles, and paid staff) across the reporting period, except for FY2012/13 due to a change in mine site locations.

Figure 56. Number of Response Locations (with paid staff)

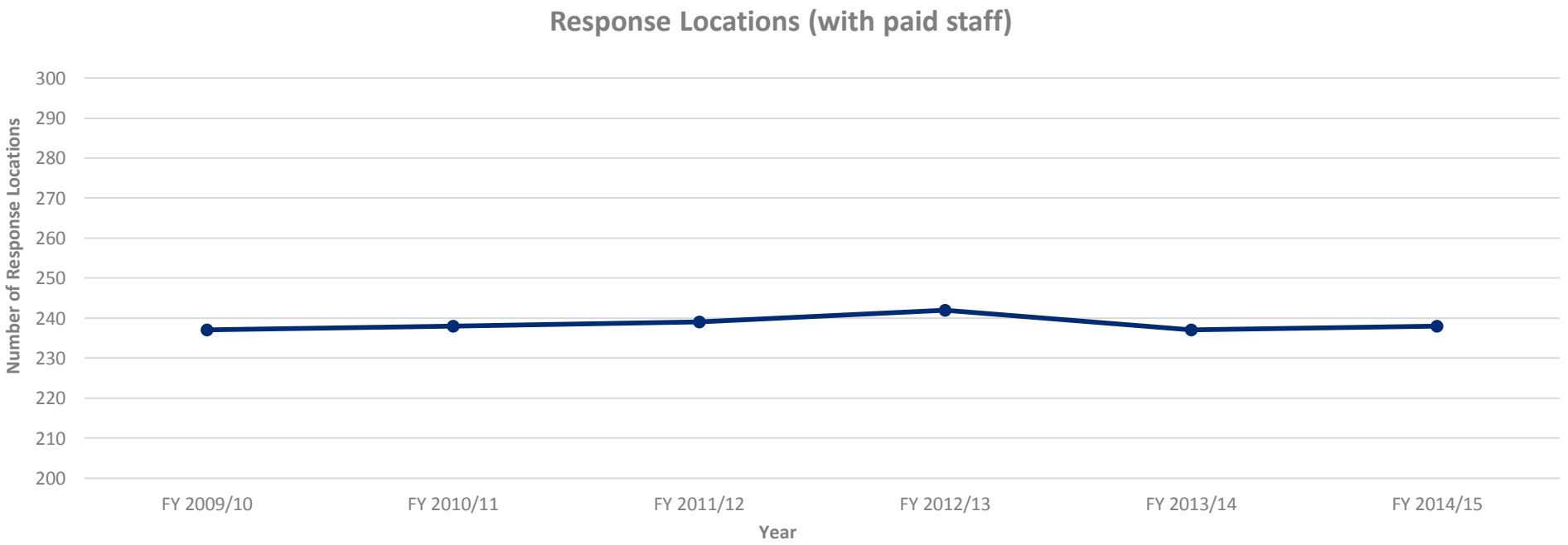


Table 87. Number of Response Locations (with paid staff)

Response Locations	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total	237	238	239	242	237	238

Vehicles

QAS has experienced an overall growth in the number of ambulance vehicles (including ambulance general purpose, patient transport vehicles, operational support vehicles and special operations vehicles) across the reporting period of 8.6%.

Figure 57. Number of Ambulance Vehicles

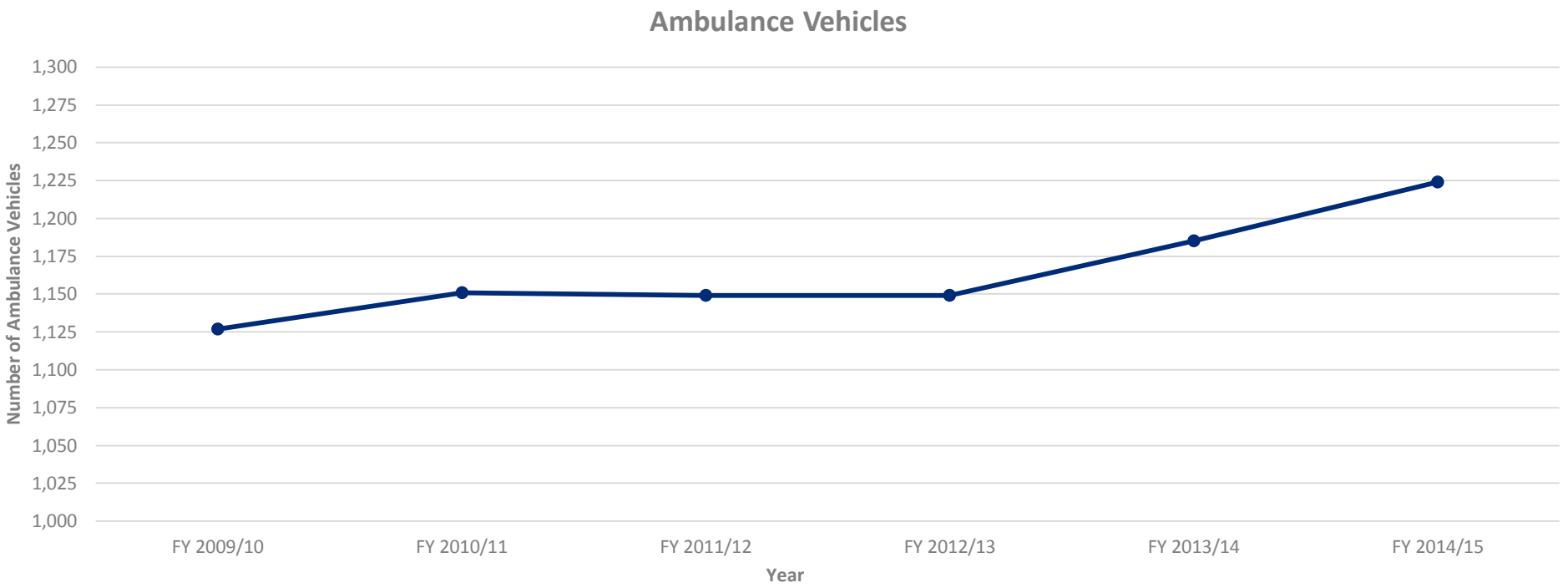


Table 88. Number of Ambulance Vehicles

Ambulance Vehicles	FY 2009/10	FY 2010/11	FY 2011/12	FY 2012/13	FY 2013/14	FY 2014/15
Total	1,127	1,151	1,149	1,149	1,185	1,224

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EMERGENCY MEDICAL DISPATCHER

The following table provides an overview of changes that have occurred to the EMD role in QAS within the past ten years. Refer to Appendix M for further information.

Table 89. Changes to Role – Emergency Medical Dispatcher

Summary of Change	Commentary	Level of Change
ROLES AND RESPONSIBILITIES		
All qualified EMDs are expected to mentor unqualified EMDs.	• Qualified EMDs are expected to actively participate in the mentoring, teaching and development of trainees, and to support students in meeting their learning objectives. • Mentoring is delivered under a structured program with the overall management of trainees, program content and processes the responsibility of Operations Centre Professional Development Officers. • Qualified EMDs provide mentoring by drawing from on-the-job experience and knowledge attained from base qualifications. Note there is no formal training program that must be completed prior to becoming a mentor. • Mentoring unqualified EMDs has continued to be a responsibility of the role throughout the period and few changes have occurred to the process/requirements.	Low Change
WORK ENVIRONMENT		
On average, Triple Zero calls for QAS have grown 6% per annum from 2009 to 2016 while staff levels have grown 2.8% per annum over the same period.	• Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of EMDs agree that their workload has increased and that timelines to perform key tasks have become shorter. • In addition to growth in the number of Triple Zero calls received, EMDs in the employee survey: – Agree that patient demographics have changed and increased the complexity of their roles. – Agree that the caller engagement skills required to communicate with callers have increased. – Neither agree nor disagree that the frequency of working past their rostered time has increased. – Neither agree nor disagree that exposure to violence within their environment has increased.	Low Change

Summary of Change	Commentary	Level of Change
TECHNOLOGY AND INNOVATION		
Technological systems and hardware have been gradually introduced to improve daily operations of the role.	• While a number of technological systems and hardware changes have been implemented (gradually through trial and training) over the review period, many of the changes indirectly impact the role through 'back-end' automated processes that enable EMDs to be more efficient without necessarily requiring a change in skillset. Changes include: – Improved access to accurate information that enables case management, information recall and review/quality assurance. – Improved workload distribution. – Reduction in manual data entry workload. – Increased requirement and capacity to multi-task. – Increased guidance by systems for decision making. • Mercer's site visits revealed that although comprehensive guidance is provided by systems for decision making, some human intervention is required to ensure system recommendations appropriately reflect the severity of cases. • Consistent with the changes listed above, the employee survey revealed that the majority of EMDs agree or perceive that: – new technology has enabled them to perform their roles better. – there is a high change in the amount of quality assurance used by role. – their role has evolved to where they have a greater influence over patient outcomes. – there is a high change in the number of Standard Operating Procedures used in their role. – they are increasingly required to multi-task and balance competing needs within their roles. – they are encouraged to raise cases for further review if the MPDS does not reflect the severity of the case.	Moderate Change
QUALIFICATIONS AND TRAINING		
Base qualifications remain unchanged since 2010.	• The following base qualifications are required for the roles, and have retained similar content, delivery and requirements over the review period: – Certificate III in Ambulance Communications - Call Taking (AQF Level 3) – Certificate IV in Ambulance Communications - Dispatch (AQF Level 4)	No Change

Summary of Change	Commentary	Level of Change
Minimum typing speed and accuracy is no longer an entry requirement.	• Removal of minimum typing speed and accuracy as an entry requirement is not a significant change to the role.	Low Change
Number of in-house mandatory training has increased.	• In-house mandatory training requirements have increased from 14 courses per annum in 2007 to 45 courses in 2013. • Increases can be attributed in part to the introduction of new technology over the review period which has required additional training in: – Using the technology (new and recertification) – Multi-tasking – Caller engagement • Based on the employee survey, the majority of EMDs: – Agree the introduction of new technology within their role has required new skills, knowledge and expertise. – Agree there has been an increase in the number of mandatories and training they need to complete. – Disagree that they are able to complete mandatories and training during rostered hours with their current workload.	Moderate Change
OVERALL		
The most prominent changes over the review period are to the qualifications and training, and technology and innovation factors.	• The number of in-house mandatory training requirements has tripled over the reporting period. • Case workload (Triple Zero calls) has increased by 6% per annum on average, however a number of technological improvements enabling automation and multi-tasking have decreased the impact of the additional workload. In addition, staffing levels have grown by 2.8% per annum on average.	Low Change

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PATIENT TRANSPORT OFFICER

The following table provides an overview of changes that have occurred to the PTO role in QAS within the past ten years. Refer to Appendix M for further information.

Table 90. Changes to Role – Patient Transport Officer

Summary of Change	Commentary	Level of Change
ROLES AND RESPONSIBILITIES		
All qualified PTOs are expected to mentor unqualified PTOs.	• Qualified PTOs are expected to actively participate in the mentoring, teaching and development of trainees, and to support students in meeting their learning objectives. • Mentoring is delivered under a structured program with the overall management of trainees, program content and processes the responsibility of Clinical Support Officers and Officers in Charge. • Qualified PTOs provide mentoring by drawing from on-the-job experience and knowledge attained from base qualifications. Note there is no formal training program that must be completed prior to becoming a mentor. • Mentoring unqualified PTOs has continued to be a responsibility of the role throughout the period and few changes have occurred to the process/requirements.	Low Change
There have been no significant additions or changes in clinical practice over the review period.	• Not applicable.	No Change
WORK ENVIRONMENT		
On average, the number of Code 3B and 4B incidents requiring Patient Transport Services have grown 3.4% per annum from 2010 to 2016 while staff levels have grown 0.5% over the same	• While PTO staff levels have increased at a low rate of 0.5% per annum over the review period relative to the increase in Code 3B and 4B workload, capacity to deliver this additional workload has been supplemented by other Ambulance Officer positions. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of PTOs agree that their workload has increased and that timelines to perform key tasks have become shorter.	Low Change

Summary of Change	Commentary	Level of Change
period.	• The majority of PTOs also agree that the frequency of working past their rostered time has increased. • In addition to the growth in Code 3B and 4B incidents, PTOs in the employee survey indicated that their work environment was impacted by: – Changes in patient demographics which have increased the complexity of their roles. – the requirement to increasingly travelling longer distances within a shift. – The need to transport more patients with chronic illnesses and co-morbidities. – However, employees neither agree nor disagree that exposure to violence within their environment has increased.	
For the review period, the average number of PTO responses to acute cases indicates low growth since the start of the review period.	• There has been considerable year-on-year fluctuation in the number of PTO responses to acute cases during the review period, however, the average number of responses (1,113 cases per annum) indicates a trend of low growth since the start of the review period (1,051 cases in 2007). • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of PTOs neither agree nor disagree that the number of acute cases they are attending has increased.	Low Change
Changes to the Patient Transport Services business model have occurred to enable better coordination and supervision of PTOs.	• In 2015/16, the implementation of a new South-East Queensland Patient Transport Services business model has enabled better coordination and supervision of PTOs, including: – Increased supervision in the field for PTOs to ensure they receive more support in the delivery of their tasks. – Improved management of overtime (shift extensions) through the centralised coordination of cases. • The above changes are designed to make the role of PTO easier through increased supervision and workload management by managers.	Low Change
TECHNOLOGY AND INNOVATION		
Minor vehicle and equipment changes have been implemented during the review period to allow for a safer work environment through reduced lifting, etc.	• Minor changes to the vehicles (type and layout) and equipment used by PTOs have occurred during the period in order to minimise or mitigate potential workplace injuries. • These changes do not require significant additional training, result in additional responsibilities of note, or add complexity to the roles. • Based on the employee survey, the majority of PTOs agree that new technology has enabled them to perform their roles better.	Low Change

Summary of Change	Commentary	Level of Change
QUALIFICATIONS AND TRAINING		
Base qualifications remain unchanged since 2010.	• The Certificate III in Patient Transport (AQF Level 3) base qualification is required for the roles, and has retained similar content, delivery and requirements over the review period.	No Change
Number of in-house mandatory training has increased.	• In-house mandatory training requirements have increased from 10 courses per annum in 2004 to 35 courses in 2016. • Increases can be attributed in part to the introduction of changes to vehicles and equipment over the review period which has required additional training in the use of the equipment and the mitigation of workplace injuries. • Based on the employee survey, the majority of PTOs agree there has been an increase in the number of mandatories and training they need to complete. However, they disagree that they are able to complete mandatories and training during rostered hours with their current workload.	Moderate Change
OVERALL		
The most prominent changes over the review period are to the qualifications and training, and work environment factors.	• Case workload (Code 3B and 4B incidents) has increased by 3.4% per annum on average, however staffing levels and support from other Ambulance Officer positions in the delivery of cases have decreased the impact of the additional workload. • The number of in-house mandatory training requirements has tripled over the reporting period. • PTOs now receive increased supervision and support from managers in the coordination of their workload and delivery of tasks following the implementation of a new business model.	Low Change

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ADVANCED CARE PARAMEDIC

The following table provides an overview of changes that have occurred to the ACP role in QAS within the past ten years. Refer to Appendix M for further information.

Table 91. Changes to Role – Advanced Care Paramedic

Summary of Change	Commentary	Level of Change
ROLES AND RESPONSIBILITIES		
All ACPs are expected to mentor Graduate Paramedics and students.	• ACPs are expected to actively participate in the mentoring, teaching and development of Graduate Paramedics (that now hold Bachelor's Degree qualifications), and to support students in meeting their learning objectives. Similar responsibility for this existed previously, however, ACPs were mentoring employees with Diploma level academic qualifications. • Mentoring is delivered under a structured program with the overall management of trainees, program content and processes the responsibility of Clinical Support Officers and Officers in Charge. • ACPs provide mentoring by drawing from on-the-job experience and knowledge attained from base qualifications. Note there is no formal training program that must be completed prior to becoming a mentor. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of ACPs agree that the accountability for managing the work environment and make clinical decisions increases when mentoring students and GPIPs. • ACP feedback during the site visits suggested a higher degree of change, and that mentoring Graduate Paramedics and students adds responsibility to the role given the requirement to ensure the quality of work performed by the mentee, as well as their safety.	Low Change

Summary of Change	Commentary	Level of Change
Clinical guidelines, procedures and drugs used by ACPs have increased considerably over the review period.* *Note this assessment has been provided by QAS as Mercer is not qualified to comment on the clinical impact of changes made.	• While Mercer is not able to comment on the clinical impact of changes to the clinical practice manual of ACPs, QAS has provided a summary of the changes and an assessment of the level of change in Appendix N. • The largest number of changes is to the obstetrics, cardiac management and acute behavioural disturbance areas for the ACP during the review period. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of ACPs agree: – the scope of practice for ACP2s has changed to reflect the original scope of practice of CCPs. – they use greater clinical decision making processes to determine appropriate treatment pathways. – their role has evolved to where they have a greater influence over patient outcomes. – there has been an increased expectation to perform their roles in line with evidence based guidelines. – expectations on their professionalism and conduct with patients or other stakeholders has increased.	High Change*
WORK ENVIRONMENT		
On average, the number of acute incidents has increased by 5.8% per year over the review period, and staff levels have increased by 10%.	• Mercer notes that acute incidents are also managed by CCPs (and infrequently by PTOs). • While Mercer is not able to comment comprehensively on the impact on workload, employees have indicated through the survey that their workload has increased and that timelines to perform key tasks have become shorter, despite the increase in staff levels relative to the number of acute incidents. • In addition, the majority of ACPs also agree that the frequency of working past their rostered time has increased.	Moderate Change
The complexity of the work environment has increased during the review period as ACPs now form part of the QH patient continuum, patient demographics have changed and there is greater exposure to violence.	• In addition to increases in workload, ACPs in the employee survey agree that: – the QH patient continuum requires them to have additional knowledge and responsibilities. – patient demographics have changed and increased the complexity of their roles. – exposure to violence within their environment has increased. • The requirement to account for these changes to the work environment during the review period adds complexity to the ACP roles.	High Change

Summary of Change	Commentary	Level of Change
TECHNOLOGY AND INNOVATION		
Minor vehicle and equipment changes have been implemented during the review period to allow for a safer work environment through reduced lifting, etc.	• Minor changes to the vehicles (type and layout) and equipment used by ACPs have occurred during the period in order to minimise or mitigate potential workplace injuries. • These changes do not require significant additional training, result in additional responsibilities of note, or add complexity to the roles.	Low Change
QUALIFICATIONS AND TRAINING		
Base qualifications requirements have increased considerably from a Diploma to a Bachelor's Degree.	• The base qualification required for the role has undergone significant change from a Diploma of Paramedical Science (AQF Level 5) to a Bachelor's Degree in Paramedicine or Health Science (AQF Level 7).	High Change
Knowledge and training in clinical guidelines, procedures and drugs have increased considerably over the review period.* *Note this assessment has been provided by QAS as Mercer is not qualified to comment on the clinical impact of changes made.	• While Mercer is not able to comment on the changes to the clinical practice manual of ACPs, QAS has provided a summary of the changes and an assessment of the level of change in Appendix N. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of ACPs agree: – the scope of practice for ACP2s has changed to reflect the original scope of practice of CCPs. – they use greater clinical decision making processes to determine appropriate treatment pathways. • However, based on the employee survey the majority of ACPs neither agree nor disagree that they utilise the consult line more now for support in their decision making rather than using it to obtain next clinical steps. • Refer to Figure 40 for employee survey results on the level of change to clinical guidelines and Figure 41 for the clinical procedures.	High Change*

Summary of Change	Commentary	Level of Change
Number of in-house mandatory training has increased.	• In-house mandatory training requirements have increased from 12 courses per annum in 2007 to 39 courses in 2016. • Increases can be attributed in part to the introduction of new clinical guidelines, procedures and drugs, as well as changes to vehicles and equipment over the review period which have required additional training. • Based on the employee survey, the majority of ACPs agree that the introduction of new technology within their role has required new skills, knowledge and expertise, and that there has been an increase in the number of mandatories and training they need to complete. • However, they disagree that they are able to complete mandatories and training during rostered hours with their current workload.	Moderate Change
OVERALL		
The most prominent changes over the review period are to the roles and responsibilities, work environment, and qualifications and training factors.	• Case workload (acute incidents) has increased by 5.8% per annum on average, and the frequency of ACPs working past their rostered time has increased. • The work environment has also become more complex as ACPs now form part of the QH patient continuum, and have experienced changing patient demographics and increased exposure to violence. • ACPs now require a Bachelor's Degree as the base qualification for the role. • The clinical guidelines, procedures and drugs used have undergone considerable change, also impacting the knowledge and training required of the roles.	High Change

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CRITICAL CARE PARAMEDIC

The following table provides an overview of changes that have occurred to the CCP role in QAS within the past ten years. Refer to Appendix M for further information.

Table 92. Changes to Role – Critical Care Paramedic

Summary of Change	Commentary	Level of Change
ROLES AND RESPONSIBILITIES		
Clinical guidelines, procedures and drugs used by CCPs have increased over the review period.* *Note this assessment has been provided by QAS as Mercer is not qualified to comment on the clinical impact of changes made.	• While Mercer is not able to comment on the clinical impact of changes to the clinical practice manual of CCPs, QAS has provided a summary of the changes and an assessment of the level of change in Appendix N. • The largest number of changes is to the obstetrics, respiratory and cardiac management areas for the CCP during the review period. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of CCPs agree: – the scope of practice for CCPs has increased. – they use greater clinical decision making processes to determine appropriate treatment pathways. – their role has evolved to where they have a greater influence over patient outcomes. – there has been an increased expectation to perform their roles in line with evidence based guidelines.	Moderate Change*
Expectations of the decision making by CCPs in providing the most effective care and treatment to patients have increased the responsibility of the role.	• During the review period, additional accountability has been placed on CCPs to manage, administer and supply medication and treatment according to relevant legislation, regulations, guidelines, protocols, policies and procedures and to ensure the provision of the most effective care and treatment to the patient in an ethical and professional manner. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of CCPs agree that expectations on their professionalism and conduct with patients or other stakeholders have increased. In addition, both ACPs and CCPs agree that a key difference between an ACP2 and a CCP is the increased expectation of CCPs to contribute to clinical decision making and interventions.	Moderate Change

Summary of Change	Commentary	Level of Change
WORK ENVIRONMENT		
On average, the number of acute incidents has increased by 5.8% per year over the review period, while staff levels have increased by 2.4%.	• Mercer notes that acute incidents are also managed by ACPs (and infrequently by PTOs). • While Mercer is not able to comment comprehensively on the impact on workload, employees have indicated through the survey that their workload has increased and that timelines to perform key tasks have become shorter, despite the increase in staff levels relative to the number of acute incidents. • In addition, the majority of CCPs also agree that the frequency of working past their rostered time has increased.	Moderate Change
The complexity of the work environment has increased during the review period as CCPs now form part of the QH patient continuum, patient demographics have changed and there is greater exposure to violence.	• In addition to increases in workload, CCPs in the employee survey agree that: – the QH patient continuum requires them to have additional knowledge and responsibilities. – patient demographics have changed and increased the complexity of their roles. – exposure to violence within their environment has increased. • The requirement to account for these changes to the work environment during the review period adds complexity to the CCP roles.	High Change
TECHNOLOGY AND INNOVATION		
Minor vehicle and equipment changes have been implemented during the review period to allow for a safer work environment through reduced lifting, etc.	• Minor changes to the vehicles (type and layout) and equipment used by CCPs have occurred during the period in order to minimise or mitigate potential workplace injuries. • These changes do not require significant additional training, result in additional responsibilities of note, or add complexity to the roles.	Low Change

Summary of Change	Commentary	Level of Change
QUALIFICATIONS AND TRAINING		
Base qualifications require a Graduate Diploma prior to appointment where this was previously attained during employment in the role.	• Employees are required to attain a Graduate Diploma in Intensive Care Paramedicine (AQF Level 8) prior to being appointed to the role of CCP whereas they would previously attain the qualification during employment.	Low Change
Knowledge and training in clinical guidelines, procedures and drugs have increased considerably over the review period.* *Note this assessment has been provided by QAS as Mercer is not qualified to comment on the clinical impact of changes made.	• While Mercer is not able to comment on the changes to the clinical practice manual of CCPs, QAS has provided a summary of the changes and an assessment of the level of change in Appendix N. • Based on the employee survey, and aligned with key themes identified during Mercer's site visits, the majority of CCPs agree they use greater clinical decision making processes to determine appropriate treatment pathways. • However, based on the employee survey the majority of CCPs neither agree nor disagree that they utilise the consult line more now for support in their decision making rather than using it to obtain next clinical steps. • Refer to Figure 40 for employee survey results on the level of change to clinical guidelines and Figure 41 for the clinical procedures.	High Change*
Number of in-house mandatory training has increased.	• In-house mandatory training requirements have increased from 12 courses per annum in 2007 to 38 courses in 2016. • Increases can be attributed in part to the introduction of new clinical guidelines, procedures and drugs, as well as changes to vehicles and equipment over the review period which have required additional training. • Based on the employee survey, the majority of CCPs agree that the introduction of new technology within their role has required new skills, knowledge and expertise, and that there has been an increase in the number of mandatories and training they need to complete. • However, they disagree that they are able to complete mandatories and training during rostered hours with their current workload.	Moderate Change
OVERALL		
The most prominent changes over the review period are to the roles and responsibilities, work	• CCPs have gained greater accountability for decision making in determining the most effective care and treatment to patients. • Case workload (acute incidents) has increased by 5.8% per annum on average, and the frequency of CCPs	Moderate Change

Summary of Change	Commentary	Level of Change
environment, and qualifications and training factors.	working past their rostered time has increased. • The work environment has also become more complex as CCPs now form part of the QH patient continuum, and have experienced changing patient demographics and increased exposure to violence. • CCPs now require a Graduate Diploma as the base qualification prior to appointment in the role. • The clinical guidelines, procedures and drugs used have undergone considerable change, also impacting the knowledge and training required of the roles.	

APPENDICES

APPENDIX A

SEVEN-DIMENSION ROLE ANALYSIS FRAMEWORK

The following table outlines the definition of the seven dimensions used to analyse the QAS benchmark roles and comparator roles in other interstate Ambulance Services.

Table 93. Definitions – Role Analysis Dimensions

Dimension	Definition
Purpose and Responsibilities	• Statements that describe the main purpose of the role, conveying why this job exists and its contribution to the organisation.
Scope of Practice	• Clinical and/or operational guidelines implemented by the organisation that governs the actions of the role.
Work Environment	• Features of the environment in which the role operates; the complexities faced within that environment; and the reasoning and thinking challenges encountered.
Stakeholder Communications	• Nature of internal and external communication requirements, concentrating on those that are critical to the achievement of the role's Purpose & Responsibilities.
Qualifications and Training	• Minimum knowledge, skill and experience requirements for appointment to the first pay point of the Classification. • Additional qualifications and training undertaken by the role to progress to the highest pay point.
Reports To	• Title of the role's immediate supervisor.
Progression	• Typical next stage in the career path for the role.

APPENDIX B

QAS ROLE ANALYSIS

EMERGENCY MEDICAL DISPATCHER

The following table provides an analysis of the Emergency Medical Dispatcher in QAS.

Table 94. QAS Role Analysis – Emergency Medical Dispatcher

Dimension	Detail
Purpose and Responsibilities	• Receive emergency calls, provide essential pre-arrival advice, and coordinate and dispatch QAS resources and patient movements.
Scope of Practice	• As per the Operations Centre Standard Operating Procedures (SOPs).
Work Environment	• Can operate within a high intensity and high workload environment. • Operates within well-defined systematic processes where every action is recorded and heavily audited. • Receives recommendations on how a job should be dispatched from the Computer Aided Dispatch system. • Interprets data that underpins system recommendations and applies human intervention as required to ensure the best patient outcomes. Exercises judgement on the dispatch of resources including re-prioritisation of paramedic workloads to ensure responsiveness to high priority cases. • Ready access to an Operations Centre Supervisor to receive on-the-job direction during complex situations and clinical direction on complex matters from a Clinical Deployment Supervisor or Operations Supervisor.
Stakeholder Communications	• Influences patients, relatives, health professionals, members of the public and other emergency services in an environment of enhanced stress to participate in the coordination of QAS resources and patient movements. • Communicates with people of diverse cultural background. • Interacts with distraught callers in emergency situations and requires the ability to de-escalate difficult conversations.
Qualifications and Training	• Applicants do not require qualifications upon appointment but do require a first aid certificate with a CPR component. • Successful applicants undertake a seven week intensive course based on the Certificate III (Ambulance Communications – Call Taking). Employees then receive several shifts of mentoring, and undertake a consolidation period to acquire all the competencies necessary for the Certificate III (completed by approximately 6 months from time of hiring).

Dimension	Detail
	• Employees then undertake a Certificate IV (Ambulance Communications - Dispatch) over a 12 month period. • Employees are certified every 2 years in the Medical Priority Dispatch System. • Employees receive advanced training in caller engagement.
Reports To	• Operations Centre Supervisor and/or Operations Centre Manager.
Progression	• Operations Centre Supervisor.

OPERATIONS CENTRE SUPERVISOR

The following table provides an analysis of the Operations Centre Supervisor in QAS.

Table 95. QAS Role Analysis – Operations Centre Supervisor

Dimension	Detail
Purpose and Responsibilities	• Supervision and day-to-day management of Operations Centre staff, including support in implementation of reforms and service improvement initiatives to ensure provision of efficient front-line operational service delivery.
Scope of Practice	• As per the Operations Centre Standard Operating Procedures (SOPs).
Work Environment	• Primary point of escalation for Emergency Medical Dispatchers (7-35 employees, depending on location) on complex matters or where standard procedures do not cover the situation. • Operates in an emergency management environment with fluctuating workloads, requiring the role to multi-task and prioritise resources according to patient needs. • Authority to make decisions as required in the moment, escalating details on jobs after the fact. • Ready access to on-the-job direction from a Senior Operations Supervisor and clinical direction on complex matters from a Clinical Deployment Supervisor.
Stakeholder Communications	• Leads, influences and inspires teams of Emergency Medical Dispatchers in an environment of competing priorities and needs, and finite resources. • Contributes to the professional development of Emergency Medical Dispatchers. • Influences patients, relatives, health professionals, members of the public and other emergency services in an environment of enhanced stress to participate in the coordination of QAS resources and patient movements. • Communicates with people of diverse cultural background. • Interacts with distraught patients in emergency situations and requires the ability to de-escalate difficult conversations.
Qualifications and Training	• Applicants require a minimum Certificate III (Ambulance Communications – Call Taking) and/or hold, or have enrolled and attained within 12 months of commencement, a Certificate IV (Ambulance Communications – Dispatch). – QAS certificate of practice as an Operations Centre Supervisor. • Employees are certified every 2 years in the Medical Priority Dispatch System. • Employees receive advanced training in caller engagement.
Reports To	• Manager Operations Centre.
Progression	• Manager Operations Centre and specialty roles within an Operations Centre.

PATIENT TRANSPORT OFFICER

The following table provides an analysis of the Patient Transport Officer in QAS.

Table 96. QAS Role Analysis – Patient Transport Officer

Dimension	Detail
Purpose and Responsibilities	• Provides patient transport services in the community including pre-booked, non-urgent services such as home-to-hospital or inter-facility transfers. Maintains all equipment and vehicles in a state of readiness. • Provides limited acute care to patients, working in collaboration with another Patient Transport Officer to monitor stable patients for symptoms through observation and communication.
Scope of Practice	• Provides advanced first aid (including use of some specialised ambulance equipment and basic clinical procedures) and specialised transport for non-emergency patients.
Work Environment	• Works within a defined schedule for the collection and delivery of non-emergency patients (can transport multiple patients at a time). • Receives guidance on the route to take, though has the ability to exercise discretion to ensure the best outcome for patients. • Escalates all clinical interventions outside of their scope of practice, logistical issues, and complaints from patients or other stakeholders to the Operations Supervisor, Senior Operations Supervisor or Manager, Patient Transport Services. • Provides advanced first aid until a paramedic arrives, should the clinical needs of the patient change. • Dispatched to provide advanced first aid as first responder on 1A jobs (Critical Incidents) if they are the closest and operationally required until paramedics arrive.
Stakeholder Communications	• Communicates with patients, relatives, health professionals and members of the public on routine, non-urgent matters.
Qualifications and Training	• Applicants require a minimum Year 10 Certificate and Senior First Aid Certificate (Apply First Aid with Apply Cardio-Pulmonary Resuscitation). • Successful applicants undertake a 4 week initial training program in Non-Emergency Patient Transport. – QAS certificate of practice as a Patient Transport Officer. • Employees undertake a Certificate III in Non-Emergency Patient Transport and receive 400 hours mentoring from a Qualified Patient Transport Officer during the first year. • Employees undertake a 1 week advance driving course.
Reports To	• Officer in Charge.
Progression	• Not applicable.

GRADUATE PARAMEDIC

The following table provides an analysis of the Graduate Paramedic in QAS.

Table 97. QAS Role Analysis – Graduate Paramedic

Dimension	Detail
Purpose and Responsibilities	• Works under supervision of experienced, appropriate clinical personnel to provide front-line out of hospital care, medical retrieval and health related transport for sick and injured people in an emergency and non-emergency setting.
Scope of Practice	• ACPII under supervision or ACPI without supervision. • Refer to Appendix C.
Work Environment	• Applies clinical reasoning and analytical skills within well-defined processes to assess patients' needs and review patient health care records to determine appropriate care under supervision (e.g. medication and treatment administration). • Applies a varied range of techniques, methods and processes available to assess situations and make clinical decisions under supervision. • First 6 months: Cannot make decisions without confirming practice with a qualified Advanced Care or Critical Care Paramedic. • Second 6 months: Makes decisions under close supervision of a qualified Advanced Care or Critical Care Paramedic and receives on-the-job direction as required to ensure the best outcome for patients. • If operating in the field without supervision of a qualified Advanced Care or Critical Care Paramedic, the role is restricted to a reduced level of clinical practice.
Stakeholder Communications	• Influences patients, relatives, health professionals, members of the public and other emergency services to comply with requests in an environment of varying complexity.
Qualifications and Training	• Applicants require a Degree in Paramedicine or Health Science (Paramedic) or equivalency of qualification as determined by QAS. • Successful applicants undertake a 5 week induction course comprising practical application of clinical skills and a 1 week advanced driving course. • Employees undertake a 12 month internship comprising work experience, mentoring and professional development during first year. – QAS authority of practice as an ACP II with the condition of practicing supervised.
Reports To	• Officer in Charge.
Progression	• Advanced Care Paramedic.

ADVANCED CARE PARAMEDIC

The following table provides an analysis of the Advanced Care Paramedic in QAS.

Table 98. QAS Role Analysis – Advanced Care Paramedic

Dimension	Detail
Purpose and Responsibilities	• Provide front-line out of hospital care, medical retrieval and health related transport for sick and injured people in an emergency and non-emergency setting. • Provides mentoring and supervision to Graduate Paramedics as required to ensure the best outcomes for patients.
Scope of Practice	• ACPII. • Refer to Appendix C.
Work Environment	• Applies clinical reasoning and analytical skills to autonomously assess patients' needs and review patient health care records to determine appropriate care within the clinical guidelines. • Applies a varied range of techniques, methods and processes available to assess situations and make clinical decisions (e.g. medications and treatment administration) within defined parameters of the clinical guidelines. • Ready access to phone advice in the field from Consult Line (experienced Critical Care Paramedic or if escalated a Doctor), or alternatively can request back up from a Critical Care Paramedic.
Stakeholder Communications	• Influences patients, relatives, health professionals, members of the public and other emergency services to comply with requests in an environment of varying complexity.
Qualifications and Training	• Applicants require a Degree in Paramedicine or Health Science (Paramedic) or equivalency of qualification as determined by QAS. • 12 months of experience working under a qualified Advanced Care or Critical Care Paramedic. – QAS authority of practice as an ACP II. • Employees receive structured clinical updates every 6 months.
Reports To	• Officer in Charge.
Progression	• Critical Care Paramedic. • Station Officer.

CRITICAL CARE PARAMEDIC

The following table provides an analysis of the Critical Care Paramedic in QAS.

Table 99. QAS Role Analysis – Critical Care Paramedic

Dimension	Detail
Purpose and Responsibilities	• Provide medical assessment and targeted management plan care in the treatment of patients in acute, life-threatening emergencies. • Provide clinical leadership, mentoring and supervision to Paramedics as required to ensure the best outcomes for patients. • Provide informal clinical leadership to Graduate Paramedics and Advanced Care Paramedics.
Scope of Practice	• CCP • Refer to Appendix C.
Work Environment	• Applies highly advanced clinical reasoning and analytical skills to autonomously assess patients' needs and review patient health care records to determine appropriate care within the clinical guidelines. • Applies an extensive range of techniques, methods and processes available to assess complex situations and make advanced clinical decisions (e.g. medications and treatment administration) within more flexible clinical parameters of the clinical guidelines. • Ready access to phone advice in the field from Consult Line (experienced Critical Care Paramedic or if escalated a Doctor).
Stakeholder Communications	• Leads, influences and inspires paramedics to perform work in an environment of competing priorities and needs, and finite resources. • Influences patients, relatives, health professionals, members of the public and other emergency services to comply with requests in an environment of increased complexity.
Qualifications and Training	• Qualifications, training and experience as a Paramedic – Advanced Care plus the below. • Graduate Diploma in Intensive Care Paramedical Practice. – QAS authority of practice as a CCP. • Employees receive structured clinical updates every 6 months.
Reports To	• Officer in Charge.
Progression	• Station Officer.

CLINICAL SUPPORT OFFICER

The following table provides an analysis of the Clinical Support Officer in QAS.

Table 100. QAS Role Analysis – Clinical Support Officer

Dimension	Detail
Purpose and Responsibilities	• Monitor, audit and enhance patient care effectiveness and clinical standards through education and training. • Design, prepare and facilitate education programs for operational staff. • Contributes to the review and development of clinical performance of paramedics by providing real time in-field support to paramedics, documenting and providing feedback on their individual performance.
Scope of Practice	• At the Advanced Care Paramedic or Critical Care Paramedic level depending on the incumbent's qualifications and training.
Work Environment	• Conducts audit programs and investigations to ensure educational and governance objectives are met. • Provides clinical and operational leadership, support and guidance to LASN workforce on best practice. • Can be dispatched to provide advanced care or critical care assistance in-field as required.
Stakeholder Communications	• Leads, influences and inspires paramedics to perform and vary work methods in an environment of competing priorities and needs, and finite resources. • Provides feedback to Officers in Charge and relevant LASN supervisors on the clinical performance of paramedics and provides recommendations for development. • Influences patients, relatives, health professionals, members of the public and other emergency services to comply with requests in an environment of increased complexity.
Qualifications and Training	• Degree in Paramedicine or Health Science (Paramedic) or equivalency of qualification as determined by QAS. • Certificate IV in Training and Assessment. • Employees are certified every 5 years in Training and Assessment. • Minimum qualifications, training and experience are those of a Paramedic – Advanced Care, though a Paramedic – Critical Care may also be appointed. – QAS authority of practice as an ACPII or CCP.
Reports To	• Either a Senior Clinical Educator (Station Officer Level 4) or Clinical Manager (M6 or M7).
Progression	• Senior Clinical Educator. • Officer in Charge.

OFFICER IN CHARGE

The following table provides an analysis of the Officer in Charge in QAS.

Table 101. QAS Role Analysis – Officer in Charge

Dimension	Detail
Purpose and Responsibilities	• Assume full responsibility within the Station's operational readiness in the provision of ambulances services and front-line operational delivery.
Scope of Practice	• At the Advanced Care Paramedic or Critical Care Paramedic level depending on the incumbent's qualifications and training.
Work Environment	• Leads and manages all aspects of operational, clinical and corporate governance and performance of a station (e.g. human resources, fleet and capital asset management). • Provides leadership and professional guidance to workforce in collaboration with other LASN supervisors (e.g. Clinical Support Officers and Operations Supervisors). • Leads and manages staff in emergency management capability for disasters, major incidents and mass crowd gatherings. • Contributes to strategic planning and the implementation and review of operational policies, procedures and projects within the LASN.
Stakeholder Communications	• Leads, influences and inspires staff employed within a Station (e.g. Paramedics, Patient Transport Officers and Volunteers) to perform and vary work methods in an environment of competing priorities and needs, and finite resources. • Represents the Station on behalf of QAS to the public, including the community (particularly for Stations in rural locations) and business leaders, federal and state members and Council (particularly for Stations in Urban locations).
Qualifications and Training	• Degree in Paramedicine or Health Science (Paramedic) or Certification to practice as a Paramedic in Queensland. – QAS certificate of practice as a Paramedic – Advance Care or Paramedic – Critical Care. • Classified Officers Development Program (2 x 1 week course). • Emergency Management Course (1 week course).
Reports To	• LASN Manager.
Progression	• Station Officer. • Managerial Scale.

OPERATIONS SUPERVISOR

The following table provides an analysis of the Operations Supervisor in QAS.

Table 102. QAS Role Analysis – Operations Supervisor

Dimension	Detail
Purpose and Responsibilities	• Provide real-time operational supervision and management of ambulance resources and personnel across the LASN, including tactical management, logistical resolution and application of the LASN's local objectives at the operational and patient interface.
Scope of Practice	• At the Advanced Care Paramedic or Critical Care Paramedic level depending on the incumbent's qualifications and training.
Work Environment	• Provides support and advice to the LASN Operations Director/Executive Manager in implementing and monitoring strategies, LASN operational plans, policies, standards, local work practices and service improvement initiatives that enable effective Ambulance Service delivery and enhanced patient safety outcomes. • Manages the complex and diverse coordination of pre-hospital care delivery, within an often demanding operational emergency service environment. • Coordinates and supervises ambulance resources at specified hospital Emergency Departments (EDs) to ensure ambulance crews are clear of the hospital and are made available to the Operations Centre. • Provides scene supervision to ensure adequate operational responses at multi-casualty situations. • Participates in LASN emergency management incident planning and preparedness activities, addresses emergency management education needs, provides specialist operational support and ensures operational capability in the event of major incidents or disaster. • After standard operating hours, is the senior decision maker and has responsibility for the LASN.
Stakeholder Communications	• Leads, influences and inspires staff employed within a LASN (e.g. Paramedics, Patient Transport Officers and Volunteers) to perform and vary work methods in an environment of competing priorities and needs, and finite resources. • Maintains relationships with key stakeholders including the LASN (e.g. Officer in Charge, corporate support staff), QH HHS staff, the Operations Centre and the Patient Safety Distribution Unit to ensure effective and efficient resource utilisation and deployment.
Qualifications and Training	• Degree in Paramedicine or Health Science (Paramedic) or Certification to practice as a Paramedic in Queensland. – QAS certificate of practice as an Advanced Care or Critical Care Paramedic. • Classified Officers Development Program (2 x 1 week course). • Emergency Management Course (1 week course).
Reports To	• LASN Operations Director/Executive Manager.
Progression	• Senior Operations Supervisor.

APPENDIX C

COMPARISON OF CLINICAL SCOPES OF PRACTICE ACROSS INTERSTATE AMBULANCE SERVICES

CLINICAL SKILLS COMPARISON (SOURCE: COUNCIL OF AMBULANCE AUTHORITIES)

The Council of Ambulance Authorities (CAA) is the representative body for the principal statutory providers of Ambulance Services in Australia, New Zealand and Papua New Guinea. The CAA actively contributes to public policy through the development of a body of knowledge comprising research, information exchange, monitoring and common KPI reporting; devising and implementing standards for improved quality of care and services, and facilitating the development of common systems and processes to leverage jointly funded initiatives for a common outcome.

The CAA has provided the following comparison of the clinical scopes of practice for the Advanced Care Paramedic 2 (ACP2), Critical Care Paramedic (CCP) and comparable roles in Ambulance Services across Australia. The information in the following table is current as at 2017 for QAS and 2016 for all other interstate Ambulance Services.

Table 103. Clinical Skills Comparison (Source: CAA) – Interstate Ambulance Services (as at 2017 for QAS and 2016 for all other interstate Ambulance Services)

Clinical Skill	ACP2	CCP	ACT	NSW	NT	SA	TAS	VIC	WA
Airway									
Intubation		✓	✓	✓		✓	✓	✓	✓
Cricothyrotomy		✓S	✓			✓	✓	✓	✓
Laryngeal Mask	✓	✓	✓	✓	✓	✓	✓	✓	✓
NP Airway	✓	✓	✓	✓	✓	✓	✓	✓	✓
Defibrillation									
Manual	✓	✓	✓	✓	✓	✓	✓	✓	✓
Semi-Auto	✓	✓	✓	✓	✓	✓	✓	✓	✓
Cardioversion		✓		✓	S	✓	✓	✓	✓S
Access/Fluids									
IV Cannulation	✓	✓	✓	✓	✓	✓	✓	✓	✓

Clinical Skill	ACP2	CCP	ACT	NSW	NT	SA	TAS	VIC	WA
Intraosseous device		✓	✓	✓	✓	✓	✓	✓	✓S
Interventions									
Chest decompression	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thrombolysis	✓	✓		✓				✓	✓
Cardiac pacing		✓	✓	T	S	✓	✓		
Equipment									
C-Collars	✓	✓	✓	✓	✓	✓	✓	✓	✓
KED/RED	✓	✓		✓	✓	✓	✓	✓	✓B
Spineboard/extrication board	✓	✓	✓	✓	✓	✓L	✓	✓	✓
Pelvic splint	✓	✓	✓	✓	✓	✓		✓	✓
Tourniquet	✓	✓		✓	✓	✓			✓
Pulse Oximetry Adult	✓	✓	✓	✓	✓	✓	✓	✓	✓
Pulse Oximetry Paed	✓	✓	✓	✓	✓	✓	✓	✓	
CPAP	✓	✓	✓	✓		✓	✓	✓	
PEEP Valves	✓	✓	✓		✓			✓	✓S
Colormetric CO2 detection		✓	✓	✓	✓	✓	✓	✓	✓
12 Lead ECG	✓	✓	✓	✓	✓	✓	✓	✓	✓
Peak exp. flow meters				✓			✓		
Glucometer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Thermometer	✓	✓	✓	✓	✓	✓	✓	✓	✓
Capnography wave form	✓	✓	✓	✓	✓	✓	✓	✓	✓
Analgesics									
Morphine	✓	✓	✓	✓	✓	✓	✓	✓	✓
Tramadol									
Methoxyflurane	✓	✓	✓	✓	✓	✓	✓	✓	✓
Entonox								✓	
Aspirin	✓	✓	✓	✓	✓	✓	✓	✓	✓
Panadol	✓	✓		✓	✓			✓	✓

Clinical Skill	ACP2	CCP	ACT	NSW	NT	SA	TAS	VIC	WA
Ketamine		✓	✓	✓	S	✓	✓	✓	✓
IV Fentanyl	✓	✓			✓	✓	✓	✓	✓
Intranasal Fentanyl	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vasodilation									
GTN patch							✓	✓	
GTN SL	✓	✓	✓	✓	✓	✓	✓	✓	
IV Nitroglycerine		✓S				✓	✓		
Cardiac Agents									
Adenosine			✓	T		✓	✓	✓	
Adrenaline	✓	✓	✓	✓	✓	✓	✓	✓	✓
Atropine		✓	✓	✓	✓	✓	✓	✓	✓S
Calcium		✓	✓	✓	✓				
Frusemide		✓S		✓	✓		✓	✓	
Lignocaine		✓	✓	✓					
Amiodarone	✓	✓	✓	✓		✓	✓	✓	✓
Aramine		✓S							✓
Magnesium for Torsades		✓	✓		✓		✓		
Clopidogrel	✓	✓		✓					
Asthma/Respiratory									
Salbutamol (puffer/spacer)			✓	✓S		✓	✓	✓	✓
Salbutamol (nebulised)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Salbutamol (IV)		✓					✓		
Adrenaline	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dexamethasone							✓	✓	
Magnesium		✓			✓		✓		
Ipratropium	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nebulized adrenaline for croup	✓	✓	✓	✓	✓	✓	✓	✓	✓
Nebulazation by air									

Clinical Skill	ACP2	CCP	ACT	NSW	NT	SA	TAS	VIC	WA
Hydrocortisone		✓	✓	✓	✓	✓			
Diabetic									
Glucagon	✓	✓	✓	✓	✓	✓	✓	✓	✓
Dextrose 10%	✓	✓	✓	✓	✓	✓	✓	✓	✓
Glucose Gel	✓	✓	✓	✓	✓	✓	✓	✓	✓
Sedation									
Droperidol	✓	✓		✓					
Propofol		✓							
Haloperidol		✓						✓	
Ketamine		✓	✓	✓	✓	✓		✓	
Diazapam						✓			
Midazolam	C	✓	✓	✓	✓	✓	✓	✓	✓
Power to sedate	✓	✓	✓	✓	✓		✓	✓	
Midazolam – sedation		✓	✓	✓	✓	✓	✓	✓	✓S
Antivenom									
Box Jelly	✓	✓							
Miscellaneous									
Diazepam oral						✓			
Midazolam – seizures	✓	✓	✓	✓	✓	✓	✓	✓	✓
Ondansetron	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hydrocortisone		✓	✓	✓	✓	✓			
Naloxone	✓	✓	✓	✓	✓	✓	✓	✓	✓
Metoclopramide			✓	✓	✓	✓	✓	✓	
Stemetil							✓	✓	
Sodium Bicarbonate	✓	✓	✓	✓	✓			✓	
Hydrocortisone for Addisons	✓	✓	✓	✓	✓				
Tranexamic Acid		T			B			T	T
Ketamine (RSI Induction)		✓S	✓					✓	✓S

Clinical Skill	ACP2	CCP	ACT	NSW	NT	SA	TAS	VIC	WA
Pancuronium					I			✓	
Rocuronium		✓S			I				✓S
Suxamethonium			✓		I			✓	✓S
Antibiotic for meningococcus	✓	✓	✓	✓	✓	✓	✓	✓	
Ceftriaxone	✓	✓	✓		✓		✓	✓	
Magnesium		✓	✓		✓		✓		
Adrenaline - for anaphylaxis	✓	✓	✓	✓	✓	✓	✓	✓	✓
Heparin	✓	✓			B				✓
Oxytocin	✓	✓						✓	
Ticagrelor	✓	✓			B				
Ergometrine							✓		
Cophenylcaine						✓			

LEGEND	
✓	Practiced
T	Trial or research in progress
B	Being phased in
I	Inter-hospital transfer, supervise but not initiate
C	Consult
S	Selected officers

ADVANCED CARE PARAMEDIC CLINICAL PROCEDURES COMPARISON (SOURCE: NSW AMBULANCE)

NSW Ambulance has provided a comparison of the scope of clinical procedures for the Advanced Care Paramedic role in QAS and the comparable roles in each interstate Ambulance Service. The following table presents a comparison of the Advanced Care Paramedics and is current as at 2017 for QAS and 2015 for all other interstate Ambulance Services.

Table 104. Clinical Procedures Comparison of Advanced Care Paramedics (Source: NSW Ambulance) – Interstate Ambulance Services (as at 2017 for QAS and 2015 for all other Ambulance Services)

	Advanced Care Paramedic							
Procedure	**QLD**	**ACT**	**NSW**	**NT[18]**	**SA**	**TAS**	**VIC**	**WA**
Oropharyngeal Airway	✓	✓	✓		✓	✓	✓	✓
Nasopharyngeal Airway	✓	✓	✓		✓	✓	✓	✓
Cricoid Pressure		✓	✓			✓	✓	✓
Intubation								✓
Intubation – RSI								
Laryngeal Mask Airway	✓[19]	✓	✓		✓	✓	✓	✓
Extubation								✓
Surgical Airway								✓
Intragastric Tube		✓[20]						
Laryngoscopy & Magills forceps	✓[21]	✓[22]	✓		✓	✓	✓	✓
CO2 Detector - Capnography	✓					✓		✓
CO2 Detector – Colourimetric						✓		
Tracheal Suction								✓
Oral Suction	✓	✓	✓		✓	✓	✓	✓
Bag Valve Mask Resuscitation	✓	✓	✓		✓	✓	✓	✓
CPAP	✓[23]	✓					✓	✓

[18] The comparison of scopes of clinical procedures conducted by NSW Ambulance did not include information on NT.

[19] QLD - Laryngeal Mask Airway: >8yo

[20] ACT - Intragastric Tube: VIA LMA

[21] QLD - Laryngoscopy & Magills forceps: >8yo

[22] ACT - Laryngoscopy & Magills forceps: Foreign Body

[23] QLD – CPAP: APO only

Advanced Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT[18]**	**SA**	**TAS**	**VIC**	**WA**
PEEP		✓						
Decompression of Tension Pneumothorax	✓[24]				✓		✓[25]	✓
Thoracostomy					✓		✓[26]	
Expiratory Assistance External Chest Compressions		✓	✓			✓	✓	✓
Peak Expiratory Flow Rate – PEFR			✓			✓		
Haemorrhage Control - Mechanical Arterial Tourniquet	✓		✓		✓			✓
12 Lead ECG Acquisition	✓	✓	✓		✓	✓		✓
Synchronised Cardioversion								
Synchronised Cardioversion with sedation								
External Pacing								
Valsalva Manoeuvre	✓	✓	✓			✓	✓	✓
Pulse Oximetry	✓	✓	✓		✓	✓	✓	✓
Mental Health - Patient Assessment	✓	✓	✓		✓	✓	✓	
Mental Health - Patient Search			✓		✓	✓	✓	
Femur Splint	✓	✓	✓		✓	✓	✓	
Pelvic Splinting	✓[27]	✓[27]	✓		✓		✓	✓
Wound Dressings	✓	✓	✓		✓	✓	✓	✓
Preservation of Severed Parts	✓	✓	✓		✓	✓	✓	✓
Dressings – Burns	✓	✓	✓		✓	✓	✓	✓
Fish Hook Removal	✓		✓					✓
Tick Removal			✓					✓
Infusion Sets	✓	✓	✓		✓	✓		✓
Injections - IM / SC	✓	✓	✓		✓	✓	✓[28]	✓
Intravenous Cannulation	✓	✓	✓		✓	✓	✓	✓

[24] QLD - Decompression of Tension Pneumothorax: Trauma or Consult

[25] VIC - Decompression of Tension Pneumothorax: Restricted

[26] VIC – Thoracostomy: Restricted Needle Only

[27] QLD & ACT - Pelvic Splinting: SAM

[28] VIC - Injections - IM / SC: IM Only

Advanced Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT[18]**	**SA**	**TAS**	**VIC**	**WA**
External jugular venous cannulation								✓
Mucosal Atomising Device	✓	✓	✓		✓	✓	✓	✓
Intraosseous – manual								
Intraosseous - IO Gun		✓[29]						✓
Infusion/Fluid Pump	✓	✓	✓					✓
Helmet Removal	✓	✓	✓		✓	✓	✓	✓
Patient Mechanical Restraint Device		✓	✓		✓	✓	✓	
Pre-Hospital birth	✓	✓	✓		✓	✓	✓	✓
Tazer Barb Removal	✓		✓				✓	
Flares			✓					
Neurological Spinal Assessment	✓	✓	✓		✓		✓	✓
Manual In-Line Stabilisation	✓	✓	✓		✓	✓	✓	✓
Cervical Collar	✓	✓	✓		✓	✓	✓	✓
NEIJ/KED Device	✓	✓	✓		✓		✓	
Log Roll	✓	✓	✓		✓	✓	✓	✓
Scoop Stretcher	✓	✓	✓			✓	✓	✓
Extrication Board	✓	✓	✓		✓	✓	✓	✓
Bariatric Care	✓	✓	✓		✓	✓	✓[30]	✓
Determining competency & capacity	✓	✓	✓		✓	✓	✓	✓
Gastrostomy Tube								
Hand assessment								
Mini mental state examination	✓							
Otoscopy								
Plaster back slab – forearm								
Plaster back slab – lower leg								
Sizing of Crutches								
Quickscreen falls assessment					✓			
Reduction annular ligament displaced								

[29] ACT - Intraosseous - IO Gun: Adult Arrest

[30] VIC - Bariatric Care: Restricted

Advanced Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT[18]**	**SA**	**TAS**	**VIC**	**WA**
Reduction PIP & DIP dislocation								
Reduction patella dislocation					✓			
Reduction anterior shoulder dislocation								
Sterile field (suturing) procedure								
Urinary catheterisation								
Urinalysis								
Gastrostomy Tube placement confirmation								
Foleys Catheter for failed gastrostomy placement								
Nasal Tampons								
Digital Nerve Block – Toes								
Digital Nerve Block – Fingers								
Sterile Field								
B-Ketone Test								
Knee Assessment					✓			
Beta HCG Test								
Catheterisation Female								
Catheterisation Supra-pubic								
Catheterisation Male								
Istat								
Wound closure sutures, staples & glue								
Chest Auscultation	✓	✓	✓					
15 Lead ECG								
Precordial Thump		✓						
BURP Manoeuvre		✓						
Needle Cricorthyrotomy - Paediatrics								
Tympanic Temperature Measurement	✓	✓	✓					
Blood Lactate Measurement		✓						
Sternal IO								
Ottowa Rules			✓		✓			
Arterial Line								
Ultrasound (FAST)								
Sedation Assessment Tool	✓							

Advanced Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT[18]**	**SA**	**TAS**	**VIC**	**WA**
Bimanual Compression	✓							
Skin stapler								
Blood warmer								

CRITICAL CARE PARAMEDIC CLINICAL PROCEDURES COMPARISON (SOURCE: NSW AMBULANCE)

The following table presents a comparison of the Critical Care Paramedics and is current as at 2017 for QAS and 2015 for all other interstate Ambulance Services.

Table 105. Clinical Procedures Comparison of Critical Care Paramedics (Source: NSW Ambulance) – Interstate Ambulance Services (as at 2017 for QAS and 2015 for all other Ambulance Services)

	Critical Care Paramedic							
Procedure	**QLD**	**ACT**	**NSW**	**NT**[31]	**SA**	**TAS**	**VIC**	**WA**
Oropharyngeal Airway	✓	✓	✓		✓	✓	✓	
Nasopharyngeal Airway	✓	✓	✓		✓	✓	✓	
Cricoid Pressure	✓[32]	✓	✓		✓	✓	✓	
Intubation	✓	✓[33]	✓		✓		✓	
Intubation – RSI	✓[34]	✓					✓	
Laryngeal Mask Airway	✓	✓	✓		✓	✓	✓	
Extubation	✓	✓	✓		✓	✓	✓	
Surgical Airway	✓[35]	✓			✓	✓	✓	
Intragastric Tube	✓	✓	✓		✓	✓	✓	
Laryngoscopy & Magills forceps	✓	✓			✓	✓	✓	
CO2 Detector - Capnography	✓	✓	✓		✓	✓	✓	
CO2 Detector – Colourimetric		✓	✓		✓	✓	✓	
Tracheal Suction	✓	✓	✓		✓	✓	✓	
Oral Suction	✓	✓			✓	✓	✓	
Bag Valve Mask Resuscitation	✓	✓			✓	✓	✓	
CPAP	✓	✓			✓	✓	✓	
PEEP	✓	✓					✓	
Decompression of Tension Pneumothorax	✓	✓	✓		✓	✓	✓	

31 The comparison of scopes of clinical procedures conducted by NSW Ambulance did not include information on NT or WA.

32 QLD - Cricoid Pressure: Laryngeal Manipulation ICP

33 ACT – Intubation: Airtraq or Bougie

34 QLD - Intubation – RSI: HARU Only

35 QLD - Surgical Airway: HARU Only

Critical Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT**[31]	**SA**	**TAS**	**VIC**	**WA**
Thoracostomy	✓[36]				✓		✓	
Expiratory Assistance External Chest Compressions		✓	✓			✓	✓	
Peak Expiratory Flow Rate – PEFR			✓		✓	✓		
Haemorrhage Control - Mechanical Arterial Tourniquet	✓		✓		✓			
12 Lead ECG Acquisition	✓	✓	✓		✓	✓	✓	
Synchronised Cardioversion	✓		✓		✓	✓	✓	
Synchronised Cardioversion with sedation	✓				✓	✓	✓	
External Pacing	✓	✓			✓	✓		
Valsalva Manoeuvre	✓	✓	✓		✓	✓	✓	
Pulse Oximetry	✓	✓	✓		✓	✓	✓	
Mental Health - Patient Assessment	✓	✓	✓		✓	✓	✓	
Mental Health - Patient Search			✓		✓	✓	✓	
Femur Splint	✓	✓	✓		✓	✓	✓	
Pelvic Splinting	✓[37]	✓	✓		✓		✓	
Wound Dressings	✓	✓	✓		✓	✓	✓	
Preservation of Severed Parts	✓	✓	✓		✓	✓	✓	
Dressings – Burns	✓	✓	✓		✓	✓	✓	
Fish Hook Removal	✓		✓					
Tick Removal			✓					
Infusion Sets	✓	✓	✓		✓	✓	✓	
Injections - IM / SC	✓	✓	✓		✓	✓	✓	
Intravenous Cannulation	✓	✓	✓		✓	✓	✓	
External jugular venous cannulation	✓	✓			✓	✓	✓	
Mucosal Atomising Device	✓	✓	✓		✓	✓	✓	
Intraosseous – manual		✓	✓		✓	✓	✓	
Intraosseous - IO Gun	✓	✓			✓		✓	
Infusion/Fluid Pump	✓	✓	✓		✓	✓	✓	

36 QLD - Thoracostomy: HARU Only

37 QLD – Pelvic Splinting: SAM

Critical Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT[31]**	**SA**	**TAS**	**VIC**	**WA**
Helmet Removal	✓	✓	✓		✓	✓	✓	
Patient Mechanical Restraint Device		✓	✓		✓	✓	✓	
Pre-Hospital birth	✓	✓	✓		✓	✓	✓	
Tazer Barb Removal	✓		✓				✓	
Flares			✓		✓			
Neurological Spinal Assessment	✓	✓	✓		✓		✓	
Manual In-Line Stabilisation	✓	✓	✓		✓	✓	✓	
Cervical Collar	✓	✓	✓		✓	✓	✓	
NEIJ/KED Device	✓	✓	✓		✓		✓	
Log Roll	✓	✓	✓		✓	✓	✓	
Scoop Stretcher	✓	✓	✓		✓	✓	✓	
Extrication Board	✓	✓	✓		✓	✓	✓	
Bariatric Care	✓	✓	✓		✓	✓	✓	
Determining competency & capacity	✓	✓	✓		✓	✓	✓	
Gastrostomy Tube								
Hand assessment								
Mini mental state examination	✓							
Otoscopy								
Plaster back slab – forearm								
Plaster back slab – lower leg								
Sizing of Crutches								
Quickscreen falls assessment					✓			
Reduction annular ligament displaced								
Reduction PIP & DIP dislocation								
Reduction patella dislocation					✓			
Reduction anterior shoulder dislocation					✓			
Sterile field (suturing) procedure								
Urinary catheterisation								
Urinalysis								
Gastrostomy Tube placement confirmation								
Foleys Catheter for failed gastrostomy placement								

Critical Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT**[31]	**SA**	**TAS**	**VIC**	**WA**
Nasal Tampons	✓[38]				✓			
Digital Nerve Block – Toes								
Digital Nerve Block – Fingers								
Sterile Field								
B-Ketone Test								
Knee Assessment					✓			
Beta HCG Test								
Catheterisation Female								
Catheterisation Supra-pubic								
Catheterisation Male								
Istat	✓[39]							
Wound closure sutures, staples & glue	✓[40]							
Chest Auscultation	✓	✓	✓					
15 Lead ECG		✓						
Precordial Thump		✓						
BURP Manoeuvre	✓	✓						
Needle Cricorthyrotomy - Paediatrics	✓	✓						
Tympanic Temperature Measurement	✓	✓	✓					
Blood Lactate Measurement		✓						
Sternal IO	✓[41]							
Ottowa Rules			✓		✓			
Arterial Line	✓[42]							
Ultrasound (FAST)	✓[43]							
Sedation Assessment Tool	✓							

38 QLD - Nasal Tampons: HARU Only

39 QLD - Istat: HARU Only

40 QLD – Wound Closure: HARU Only

41 QLD - Sternal IO: HARU Only

42 QLD - Arterial Line: Flight CCP Only

43 QLD - Ultrasound (FAST): HARU Only

Critical Care Paramedic								
Procedure	**QLD**	**ACT**	**NSW**	**NT**[31]	**SA**	**TAS**	**VIC**	**WA**
Bimanual Compression	✓							
Skin stapler	✓[44]							
Blood warmer	✓[45]							

44 QLD – Skin Stapler: HARU Only

45 QLD - Blood warmer: HARU Only

APPENDIX D

INTERSTATE AMBULANCE SERVICES COMPARISON OF PAY POINT PROGRESSION AND INCREMENTS

This section provides an overview of the pay point progression and increment details for the QAS positions and the comparable roles in each interstate Ambulance Service.

EMERGENCY MEDICAL DISPATCHER

The table below compares the pay point progression and increments for the Emergency Medical Dispatcher and the comparable role in each interstate Ambulance Service.

Table 106. Pay Point Progression Comparison - Emergency Medical Dispatcher

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Communications Officer.	5	5.7%	• Pay point 1: Employees undertaking Certificate III and IV training and operate under close supervision. • Pay point 2: Qualified Call Takers with 12 months experience at Pay Point 1 undertaking the role independently. • Pay point 3: Qualified Dispatchers/Call Takers using dispatch skills with 6 months experience at Pay Point 2. • Pay point 4: Employees with 12 months experience at Pay Point 3 that are using clinical and/or operational knowledge to provide advice to other Call Takers/Dispatchers. • Pay point 5: Employees with 12 months experience at Pay Point 4 that have completed a supervisors' course and are able to relieve in an Operations Centre Supervisor role.
ACT	• Emergency Medical Dispatcher.	12	1.9%	• Ambulance Support Officer Level 1.1: Employees undertaking training in the Certificate III Ambulance Communication (Call Taker). • Ambulance Support Officer Level 1.2: Employees that have completed the Certificate III. • Ambulance Support Officer Level 1.3: Employees that have 12 months experience at Level

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				1.2. • Ambulance Support Officer Level 1.4: Employees that have 12 months experience at Level 1.3. • Ambulance Support Officer Level 2.1: Employees undertaking the dispatch role and training in the Certificate IV Ambulance Communication (Dispatch). • Ambulance Support Officer Level 2.2: Employees that have completed the Certificate IV. • Ambulance Support Officer Level 2.3: Employees that have 12 months experience at Level 2.2. • Ambulance Support Officer Level 2.4: Employees that have 12 months experience at Level 2.3. • Ambulance Support Officer Level 3.1: Employees that hold either the Certificate III or Certificate IV, and have completed the ACTAS mentoring training package. • Ambulance Support Officer Level 3.2: Employees that have 12 months experience at Level 3.1. • Ambulance Support Officer Level 3.3: Employees that have 12 months experience at Level 3.2. • Ambulance Support Officer Level 3.4: Employees that have 12 months experience at Level 3.3.
NSW	• Trainee Ambulance Operations Centre Officer – Non Paramedic. • Ambulance Operations Centre Officer – Non Paramedic.	3	2.4%	• Trainee Ambulance Operations Centre Officer – Non Paramedic: Employees undertaking the requirements for appointment to an Ambulance Operations Centre Officer position. • Ambulance Operations Centre Officer – Non Paramedic Year 1: Employees that have completed the requirements set out for Trainee Ambulance Operations Centre Officers, and are undertaking their first year of qualified dispatch and movement of emergency and non-emergency Ambulance Services. • Ambulance Operations Centre Officer – Non Paramedic Year 2: Employees with 12 months of experience as an Ambulance Operations Centre Officer – Non Paramedic Year 1.
NT	• Emergency Medical Dispatch Officer.	4	8.3%	• EMD Trainee: Employees undertaking initial on the job training with another Qualified EMD, is enrolled in the AMPDS/ProQA ICAD training course. • EMD 1: Employees that have successfully completed their probation and the AMPDS/ProQA ICAD training and can demonstrate they are able to work as a solo operator in call-taking and

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				dispatching. • EMD 2: Employees that have completed the Certificate III in Ambulance Communications (Call Taking). • Senior EMD: Employees working solo for a minimum period of 2 years, have completed the Certificate IV in Ambulance Communications (Dispatch), and are able to provide assistance to new employees.
SA	• Probationary Emergency Medical Dispatch Support Officer. • Emergency Medical Dispatch Support Officer. • Probationary Coordinator. • Coordinator.	7	5.8%	• Probationary Emergency Medical Dispatch Support Officer: Employees that have completed the initial 6 weeks service as a Trainee Emergency Medical Dispatch Support Officer and is continuing to undertake the Certificate III in Ambulance Communications (Call Taking). • Emergency Medical Dispatch Support Officer: Employees that have an additional 12 weeks' experience have achieved the authority to practice, and have completed the Certificate III in Ambulance Communications (Call Taking). • Probationary Coordinator: Call Takers that have completed a minimum 1 year service after achieving the authority to practice and has been selected to undertake a probationary period of 9 weeks' service. • Coordinator Level 1: Probationary Coordinators that have successfully completed 9 weeks' service and the Certificate IV Ambulance Communications (Dispatch). • Coordinator Level 2: Employees with 1 year experience as a Coordinator Level 1, and is required to mentor the development of other Coordinators in the Communications Centre. • Coordinator Level 3: Employees with 2 years' experience as a Coordinator, have been selected to be trained in the coordination of ambulance resources, and are required to commence the Team Leader Technical Training and Development program. • Coordinator Level 4: Employees with 2 years' experience as a Coordinator Level 3 and have completed the Team Leader Technical Training and Development program.
TAS	• Emergency Medical Dispatch Support Officer (Call Taker). • Emergency Medical Dispatcher.	7	2.5%	• EMDSO Level 1: Employees undertaking call taking duties and/or non-emergency dispatch, is undertaking induction, 12 weeks of consolidation to achieve an authority to practice, and the Certificate III (Ambulance Communications – Call Taking). • EMDSO Level 2: Qualified Call Takers that have completed the Certificate III and have 12 months of service at Level 1. • EMDSO Level 3: Qualified Dispatchers that have completed the Certificate IV (Ambulance Communications – Dispatch) and authority to practice as an EMD.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				• EMD Level 1: Employees undertaking call taking and/or dispatch duties within the State Operations Centre and have completed the Certificate IV, which have been promoted from EMDSO Level 3. • EMD Level 2: Employees with 12 months experience at EMD Level 1. • EMD Level 3: Employees with 12 months experience at EMD Level 2. • EMD Level 4: Employees with 12 months experience at EMD Level 3.
VIC	• Call Taker. • Dispatcher.	8	10.0%	• Trainee Call Taker: Employees undertaking the relevant training to become a qualified Call Taker. • Call Taker Level 1: Employees that have completed the training required of a Trainee Call Taker. • Call Taker Level 2: Employees with 12 months experience at Level 1. • Call Taker Level 3: Employees with 12 months experience at Level 2. • Trainee Dispatcher: Employees undertaking the relevant training to become a qualified Dispatcher. • Dispatcher Level 1: Employees that have completed the training required of a Trainee Dispatcher. • Dispatcher Level 2: Employees with 12 months experience at Level 1. • Dispatcher Level 3: Employees with 12 months experience at Level 2.
WA	• Communications Officer.	4	4.8%	• Communications Officer Year 1: Employees appointed as a Communications Officer. • Communications Officer Year 2: Employees with 12 months of experience. • Communications Officer Year 3: Employees with 24 months of experience. • Communications Officer Year 4: Employees with 36 months of experience.

OPERATIONS CENTRE SUPERVISOR

The table below compares the pay point progression and increments for the Operations Centre Supervisor and the comparable role in each interstate Ambulance Service.

Table 107. Pay Point Progression Comparison – Operations Centre Supervisor

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Communications Centre Supervisor/Team Leader.	4	2.9%	• Pay point 1: Newly appointed Operations Centre Supervisor that possess abilities to competently direct employees, possession of a supervisors' course and Certificate III (Ambulance Communications-Call Taking) and either possession or enrolment in Certificate IV (Ambulance Communications – Dispatch). • Pay point 2: Employees with 12 months experience at Pay Point 1 who carries out daily planning, coordinating, directing and controlling functions of administrative and operational requirements. • Pay point 3: Employees with 12 months experience at Pay Point 2 within Secomm, North Coast and QEOC who contribute to developing and improving the quality of service delivery. • Pay point 4: Employees with 12 months experience at Pay Point 3 within QEOC who have demonstrated competence in all Operations Centre activities, operational resource knowledge and higher level knowledge of medical terminology.
ACT	• Communications Centre Coordinator.	7	2.1%	• Ambulance Support Officer Level 4.1: Employees that hold a Certificate IV Ambulance Communication and Certificate IV in Frontline Management, and are engaged to undertake a supervisor/team leader role. • Ambulance Support Officer Level 4.2: Employees that have 12 months experience at Level 4.1. • Ambulance Support Officer Level 4.3: Employees that have 12 months experience at Level 4.2. • Ambulance Support Officer Level 4.4: Employees that have 12 months experience at Level 4.3. • Ambulance Support Officer Level 4.5: Employees that have 12 months experience at Level 4.4. • Ambulance Support Officer Level 4.6: Employees that have 12 months experience at Level 4.5. • Ambulance Support Officer Level 4.7: Employees that have 12 months experience at Level

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				4.6.
NSW	• Duty Operations Centre Officer.	1	N/A	• Duty Operations Centre Officer: Paramedics that have completed the requirements to be appointed to a Duty Operations Centre Officer position and leads the dispatch and movement of emergency and non-emergency ambulances using management skills and provides advice regarding ambulance care.
NT	• Duty Operations Centre Officer.	0	N/A	• Employees are on individual agreements.
SA	• Communications Team Leader.	1	N/A	• Communications Team Leader: Coordinators that have completed the Team Leader Technical Training and Development program in addition to a minimum of 2 years' services as a Coordinator, and have been selected to provide leadership to Communications Teams in the Communications Centre.
TAS	• Communications Team Leader.	1	N/A	• Communications Team Leader Level 1: Employees that have completed a Certificate IV (Ambulance Communications – Dispatch), the Team Leader Technical Training and Development Program and 2 years of experience as an EMD.
VIC	• Team Leader.	2	4.7%	• Team Leader Level 1: Employees that have been appointed to Team Leader but have not successfully completed the ESTA Diploma of Management. • Team Leader Level 2: Team Leaders who successfully complete the ESTA Diploma of Management.
WA	• Duty Manager, Operations Centre.	0	N/A	• Employees are on individual agreements.

PATIENT TRANSPORT OFFICER

The table below compares the pay point progression and increments for the Patient Transport Officer and the comparable role in each interstate Ambulance Service.

Table 108. Pay Point Progression Comparison – Patient Transport Officer

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Patient Transport.	2	7.8%	• Pay point 1: Trainee Patient Transport Officers undertaking initial training, are enrolled in a Certificate III Non-Emergency Patient Transport, and are operating under close supervision of a Qualified Patient Transport Officer. • Pay point 2: Qualified Patient Transport Officers with 6 months experience at Pay Point 1, possess a Certificate III, are operating independently and provide coaching to Trainee Patient Transport Officers.
ACT	• Patient Transport Officer.	4	2.1%	• Ambulance Support Officer Level 1.1: Employees undertaking training in the Certificate III Non-Emergency Patient Transport. • Ambulance Support Officer Level 1.2: Employees that have completed the Certificate III. • Ambulance Support Officer Level 1.3: Employees that have 12 months experience at Level 1.2. • Ambulance Support Officer Level 1.4: Employees that have 12 months experience at Level 1.3.
NSW	• Patient Transport Officer Trainee. • Patient Transport Officer.	2	4.5%	• Patient Transport Officer Trainee: Employees undertaking training and work experience to become a Patient Transport Officer. • Patient Transport Officer: Employees that have completed the training and work experience required to become a Patient Tran sport Officer.
NT	• Patient Transport Officer.	3	4.3%	• Patient Transport Officer Year 1: Employees that work predominately in non-emergency pre-hospital environment providing non-emergency patient transport services and are enrolled in the Certificate IV in Non-Emergency Patient Transport and St John NT Driving course whilst completing their first year of service and obtaining their authority to practice as a Patient Transport Officer. • Patient Transport Officer Year 2: Employees with 12 months experience and an authority to practice as a Patient Transport Officer.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				• Patient Transport Officer Year 3: Employees with 24 months experience as a Patient Transport Officer.
SA	• PTS Ambulance Officer.	4	7.2%	• PTS Level 1.1: Employees hold a Certificate IV in Healthcare (Ambulance). • PTS Level 1.2: Employees with 12 months experience at Level 1.1. • PTS Level 1.3: Employees with 12 months experience at Level 1.2. • PTS Level 1.4: Employees with 12 months experience at Level 1.3.
TAS	• Health Services Officer Level 5.	4	2.0%	• HSO Level 5.2: Employees undertaking the Certificate III in Non-Emergency Patient Transport. • HSO Level 5.3: Employees with 12 months of experience at Level 5.2. • HSO Level 5.4: Employees with 12 months of experience at Level 5.3. • HSO Level 5.5: Employees with 12 months of experience at Level 5.4.
VIC	• Patient Transport Officer.	2	1.9%	• Patient Transport Officer Year 1: Employees that have completed the Certificate III Non-Emergency Client Transport and provide basic transport and care for non-emergency patients in stretcher and other vehicles. • Patient Transport Officer Year 3: Employees beginning their third year of experience as a Patient Transport Officer.
WA	• Patient Transport Officer.	4	1.4%	• Transport Officer Year 1: Employees in their first year of service as a Transport Officer. • Transport Officer Year 2: Employees in their second year of service as a Transport Officer. • Transport Officer Year 3: Employees in their third year of service as a Transport Officer. • Transport Officer Year 5: Employees in their fifth year of service as a Transport Officer.

GRADUATE PARAMEDIC

The table below compares the pay point progression and increments for the Graduate Paramedic and the comparable role in each interstate Ambulance Service.

Table 109. Pay Point Progression Comparison – Graduate Paramedic

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Advanced Care Paramedic.	1	N/A	• Pay point 1: Employees possess a Degree in Paramedicine or Health Science (Paramedic) with no additional skills or experience, and operate under close supervision of a Qualified Advanced Care Paramedic or Critical Care Paramedic in the first year. • Pay point 2: See Table 110. • Pay point 3: See Table 110.
ACT	• Graduate Paramedic Intern.	1	N/A	• Graduate Paramedic Intern: Employees that hold the Advanced Diploma of Paramedical Science and are undertaking a period of supervised clinical practice.
NSW	• Paramedic Intern.	2	1.9%	• Paramedic Intern Year 1: Employees undertaking the training and work experience to become a Paramedic. • Paramedic Intern Year 2: Paramedic Interns undertaking their second year of training and work experience towards becoming a Paramedic.
NT	• Intern Paramedic.	1	N/A	• Intern Paramedic: Employees that have completed a Bachelor in Health Science (Paramedic) and is working towards obtaining an authority to practice as a Paramedic. Employees operate under imposed constraints within their limited scope of practice.
SA	• Intern Paramedic.	2	4.6%	• Intern Paramedic Level 1.1: Employees undertaking a stage 1 internship prior to graduating in the Bachelor of Health Science (Paramedic). • Intern Paramedic Level 1.2: Employees that have completed the Bachelor of Health Science advance to stage 2 of the internship.
TAS	• Paramedic Intern.	1	N/A	• Paramedic Intern Level 1: Employees that have completed a Bachelor of Paramedic Science and are undertaking work experience to become a paramedic under the supervision of a paramedic or higher clinician throughout their internship.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
VIC	• Graduate Ambulance Paramedic.	2	3.2%	• Graduate Ambulance Paramedic Level 2: Employees that have completed a Bachelor of Health Science (Paramedic) and are performing duties under direct supervision for 6 months. • Graduate Ambulance Paramedic Level 3: Employees that are performing duties under indirect supervision for 6 months.
WA	• Ambulance Officer.	3	5.8%	• Student Ambulance Officer: Entry level for an Ambulance Officer having successfully completed the pre-employment course and been appointed to St John. • Ambulance Officer Grade 1: Employees with 12 months at the Student Ambulance Officer level and having successfully completed the theoretical and practical components of the second year of the Paramedical Science Degree. • Ambulance Officer Grade 2: Employees with 12 months at Grade 1 and having successfully completed the theoretical and practical components of the third year of the Paramedical Science Degree.

ADVANCED CARE PARAMEDIC

The table below compares the pay point progression and increments for the Advanced Care Paramedic and the comparable role in each interstate Ambulance Service.

Table 110. Pay Point Progression Comparison – Advanced Care Paramedic

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Advanced Care Paramedic.	3	2.3%	• Pay point 1: Employees that have successfully undertaken the graduate program for one year, as outlined in Table 109. • Pay point 2: Employees with 3 years of service as a qualified Advanced Care Paramedic. • Pay point 3: Employees with 6 years of service as a qualified Advanced Care Paramedic.
ACT	• Ambulance Paramedic.	4	4.0%	• Ambulance Paramedic 1: Employees that hold the Advanced Diploma of Paramedical Science have successfully completed a period of supervised clinical practice and have achieved an authority to practice. • Ambulance Paramedic 2: Employees with 12 months experience as an Ambulance Paramedic 1. • Ambulance Paramedic 3: Employees with 12 months experience as an Ambulance Paramedic 2. • Ambulance Paramedic 4: Employees with 12 months experience as an Ambulance Paramedic 3.
NSW	• Paramedic.	2	7.2%	• Paramedic Year 1: Employees that have completed the training and work experience to become a Paramedic. • Paramedic Year 2: Employees undertaking their second year as a qualified Paramedic.
NT	• Qualified Paramedic.	4	1.7%	• Paramedic 0-2: Employees that have completed a Bachelor in Health Science (Paramedic) and an authority to practice as a qualified paramedic. • Paramedic 2-3: Employees with 24 months experience at Paramedic 0-2. • Paramedic 3+: Employees with 12 months experience at Paramedic 2-3. • Paramedic 5+: Employees with 2 years of experience at Paramedic 3+ and has obtained a graduate certificate.
SA	• Paramedic.	4	3.6%	• Paramedic Level 2.3: Employees that hold a Bachelor of Health Science (Paramedic), 12

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				months internship experience and an authority to practice. • Paramedic Level 2.4: Employees with 12 months of experience at Level 2.3. • Paramedic Level 2.5: Employees with 12 months of experience at Level 2.4. • Paramedic Level 2.6: Employees with 12 months of experience at Level 2.5.
TAS	• Paramedic.	5	2.8%	• Paramedic Level 1: Employees that have completed a Bachelor of Paramedic Science and on-road work experience as a Paramedic Intern. • Paramedic Level 2: Employees with 12 months of experience at Paramedic Level 1. Paramedic Level 3: Employees with 12 months of experience at Paramedic Level 2. • Paramedic Level 4: Employees with 12 months of experience at Paramedic Level 3. • Paramedic Level 5: Employees with 12 months of experience at Paramedic Level 4. • Paramedic Level 6: Employees with 12 months of experience at Paramedic Level 5.
VIC	• Advance Life Support Ambulance Paramedic.	3	3.3%	• Advance Life Support Ambulance Paramedic Year 1: Employees that have completed a Bachelor of Health Science (Paramedic) and have completed on road experience as a Graduate Ambulance Paramedic for at least 12 months. • Advance Life Support Ambulance Paramedic Year 3: Employees beginning their third year of experience as an Advance Life Support Ambulance Paramedic. • Advance Life Support Ambulance Paramedic Year 6: Employees beginning their sixth year of experience as an Advance Life Support Ambulance Paramedic.
WA	• Paramedic.	3	5.2%	• Ambulance Paramedic 1: Employees with 12 months at Ambulance Officer Grade 2 and on successful completion of the theoretical and practical components of the Paramedical Science Degree. • Ambulance Paramedic 2: Employees that have completed 3 years of experience as an Ambulance Paramedic 1. • Ambulance Paramedic 3: Employees that have completed 4 years of experience as an Ambulance Paramedic 2.

CRITICAL CARE PARAMEDIC

The table below compares the pay point progression and increments for the Critical Care Paramedic and the comparable role in each interstate Ambulance Service.

Table 111. Pay Point Progression Comparison – Critical Care Paramedic

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Intensive Care Paramedic.[46]	3	3.1%	• Pay point 1: Employees that have performed at the clinical skill level of an ACPII for 2 years (post being a Graduate Paramedic); and successfully undertaken the internship program for 1 year. • Pay point 2: Employees with 3 years of service as a qualified Intensive Care Paramedic at Pay Point 1. • Pay point 3: Employees with 6 years of service as a qualified Intensive Care Paramedic.
ACT	• Intensive Care Paramedic.	7	4.4%	• Intensive Care Paramedic Level 1.1: Employees that hold the Advanced Diploma of Paramedical Science, have completed a period of supervised clinical practice and achieved an authority to practice as an ICP. • Intensive Care Paramedic Level 1.2: Employees with 12 months experience as an ICP Level 1.1. • Intensive Care Paramedic Level 1.3: Employees with 12 months experience as an ICP Level 1.2. • Intensive Care Paramedic Level 1.4: Employees with 12 months experience as an ICP Level 1.3. • Intensive Care Paramedic Level 2.1: Employees that have completed the Graduate Diploma in Intensive Care Paramedical Practice. • Intensive Care Paramedic Level 2.2: Employees with 12 months experience as an ICP Level 2.1. • Intensive Care Paramedic Level 2.3: Employees with 12 months experience as an ICP Level 2.2.

[46] Note that 'Intensive Care Paramedic' has been used to describe the classification of the QAS Critical Care Paramedic for consistency with terminology used within the QAS Award.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
NSW	• Paramedic Specialist.	3	2.9%	• Paramedic Specialist Year 1: Employees that have completed the training and work experience required to become a Paramedic Specialist – Intensive Care Paramedic. • Paramedic Specialist Year 2: Employees undertaking their second year as a qualified Paramedic Specialist. • Paramedic Specialist Year 3: Employees undertaking their third year as a qualified Paramedic Specialist.
NT	• Intensive Care Paramedic.	3	12.5%	• Intensive Care Paramedic 0-2: Employees that hold qualifications identified in Paramedic 3+ and have completed the clinical education and authority to practice required for advancement to the Intensive Care Paramedic classification. • Intensive Care Paramedic 2+: Employees with 24 months experience at ICP 0-2. • Intensive Care Paramedic 5+: Employees that have completed the Graduate Diploma Paramedical Science and are able to be appointed as a workplace assessor or equivalent.
SA	• Intensive Care Paramedic.	5	2.8%	• Paramedic Level 3.1: Employees have progressed to a minimum of Paramedic Level 2.3 and are undertaking an internship to provide more specialised levels of clinical knowledge, education provision or supervision. • Paramedic Level 3.2: Employees with 12 months of experience at Level 3.1. • Paramedic Level 3.3: Employees with 12 months of experience at Level 3.2. • Paramedic Level 3.4: Employees with 12 months of experience at Level 3.3. • Paramedic Level 3.5: Employees with 12 months of experience at Level 3.4.
TAS	• Intensive Care Paramedic.	6	0.8%	• ICP Level 1: Employees that hold a Bachelor of Paramedic Science and are appointed to the position of ICP. • ICP Level 2: Employees with 12 months of experience at ICP Level 1. • ICP Level 3: Employees with 12 months of experience at ICP Level 2. • ICP Level 4: Employees that have completed qualifications in Advanced Airway Management and 12 months of experience at ICP Level 3. • ICP Level 5: Employees with 12 months of experience at ICP Level 4. • ICP Level 6: Employees with 12 months of experience at ICP Level 5.
VIC	• Mobile Intensive Care Ambulance	4	3.5%	• Mobile Intensive Care Trainee Year 1: ALS Paramedics that are undertaking a Graduate Diploma in Emergency Health (Intensive Care Paramedic).

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
	Paramedic.			• Mobile Intensive Care Paramedic Year 1: ALS Paramedics that have completed a Graduate Diploma in Emergency Health (Intensive Care Paramedic) and commencing their first year as a MICA Paramedic. • Mobile Intensive Care Paramedic Year 3: Employees commencing their third year of experience as a MICA Paramedic. • Mobile Intensive Care Paramedic Year 6: Employees commencing their sixth year of experience as a MICA Paramedic.
WA	• Critical Care Paramedic.	1	N/A	• Critical Care Paramedic: Employees expected to mentor and assess other employees and who receive a minimum of 3 x 8 weeks per year of active operational duty on a helicopter.

FLIGHT CRITICAL CARE PARAMEDIC

The table below compares the pay point progression and increments for the Flight Critical Care Paramedic and the comparable role in each interstate Ambulance Service.

Table 112. Pay Point Progression Comparison – Flight Critical Care Paramedic

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Intensive Care Paramedic.[47]	3	3.1%	• Pay point 1: Performed at the clinical skill level of an ACPII for 2 years (post being a Graduate Paramedic); and successfully undertake the internship program for 1 year. • Pay point 2: Employees with 3 years of service as a qualified Intensive Care Paramedic at Pay Point 1. • Pay point 3: Employees with 6 years of service as a qualified Intensive Care Paramedic.
ACT	• Flight Intensive Care Paramedic.	3	5.3%	• Intensive Care Paramedic Level 2.1: Employees that have completed the Graduate Diploma in Intensive Care Paramedical Practice and all ACTAS requirements to undertake aero-medical flight duties. • Intensive Care Paramedic Level 2.2: Employees with 12 months experience as an ICP Level 2.1. • Intensive Care Paramedic Level 2.3: Employees with 12 months experience as an ICP Level 2.2.
NSW	• Critical Care Paramedic (Aeromedical).	2	2.6%	• Critical Care Paramedic (Aeromedical) Year 1: Employees that have completed the training and work experience required to become a Paramedic Specialist - Critical Care Paramedic (Aeromedical). • Critical Care Paramedic (Aeromedical) Year 2: Employees undertaking their second year as a qualified Paramedic Specialist - Critical Care Paramedic (Aeromedical).
NT	• No Comparable Role.	0	N/A	• N/A.

[47] Note that 'Intensive Care Paramedic' has been used to describe the classification of the QAS Critical Care Paramedic for consistency with terminology used within the QAS Award.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
SA	• Special Operations Team Intensive Care Paramedic.	4	2.8%	• Special Operations Team Intensive Care Paramedic Level 4.1: Employees provide more specialised levels of clinical knowledge beyond that of an intensive care paramedic and operates in an aeromedical/rescue setting. • Special Operations Team Intensive Care Paramedic Level 4.2: Employees with 12 months of experience at Level 4.1. • Special Operations Team Intensive Care Paramedic Level 4.3: Employees with 12 months of experience at Level 4.2. • Special Operations Team Intensive Care Paramedic Level 4.4: Employees with 12 months of experience at Level 4.3.
TAS	• Flight Paramedic - Fixed Wing or Helicopter.	1	N/A	• Flight Paramedic - Fixed Wing or Helicopter: Intensive Care Paramedics with a Graduate Certificate in Emergency Health (Aeromedical Retrieval).
VIC	• MICA Flight Paramedic.	2	2.3%	• MICA Flight Paramedic Year 1: MICA Paramedics who have completed a Graduate Certificate in Aeromedical Retrieval and works in helicopters and fixed wing aircraft. • MICA Flight Paramedic Year 3: Employees beginning their third year of experience as a MICA Flight Paramedic.
WA	• Critical Care Paramedic.	1	N/A	• Critical Care Paramedic: Employees expected to mentor and assess other employees and who receive a minimum of 3 x 8 weeks per year of active operational duty on a helicopter.

CLINICAL SUPPORT OFFICER

The table below compares the pay point progression and increments for the Clinical Support Officer and the comparable role in each interstate Ambulance Service.

Table 113. Pay Point Progression Comparison – Clinical Support Officer

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Station Officer Level 1.	Either 1 or 3 depending on clinical rank	N/A (P1/P2 Only)	• Pay Point P1/P2: Initially appointed at this level if the incumbent does not hold Advanced Care or Critical Care qualifications.
			1.8% (ACP* Only)	• Pay Point 3.1*: Initially appointed at this level if the incumbent holds Advanced Care qualifications. • Pay Point 3.2*: 12 months experience at Pay Point 3.1 • Pay Point 3.3*: 12 months experience at Pay Point 3.2
			2.7% (CCP# Only)	• Pay Point 4.1#: Initially appointed at this level if the incumbent holds Critical Care qualifications. • Pay Point 4.2#: 12 months experience at Pay Point 4.1 • Pay Point 4.3#: 12 months experience at Pay Point 4.2
ACT	• Training and Development Officer.	3	5.3%	• Intensive Care Paramedic Level 2.1: Employees that have completed the Graduate Diploma in Intensive Care Paramedical Practice. • Intensive Care Paramedic Level 2.2: Employees with 12 months experience as an ICP Level 2.1. • Intensive Care Paramedic Level 2.3: Employees with 12 months experience as an ICP Level 2.2.
NSW	• Clinical Training Officer.	1	N/A	• Clinical Training Officer: Employees that have completed the requirements for the Clinical Training Officer position and is responsible for the planning, delivery and evaluation of education and training programs for operational staff, including Trainee Paramedics, Paramedics and Patient Transport Officers.
NT	• No Comparable Role.	0	N/A	• N/A.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
SA	• Clinical Support Officer.	2	2.4%	• Clinical Support Officer Level 5.3: Employees using clinical knowledge and experience to provide a corporate support service to ambulance practice and services in education. • Clinical Support Officer Level 5.4: Employees with 12 months of experience at Level 5.3.
TAS	• Clinical Support Officer.	3	0.7%	• Clinical Support Officer Level 1: Intensive Care Paramedics that has completed a Certificate IV in Training and Assessment and delivers educational services and quality assurance activities. • Clinical Support Officer Level 2: Employees with 12 months of experience at Clinical Support Officer Level 1. • Clinical Support Officer Level 3: Employees with 12 months of experience at Clinical Support Officer Level 2.
VIC	• Clinical Support Officer.	2	2.1%	• Clinical Support Officer Year 1: MICA Paramedics that develop and deliver education programs and ongoing audits of clinical practice. • Clinical Support Officer Year 3: Employees commencing their third year of experience within the classification.
WA	• Clinical Support Paramedic.	1	N/A	• Clinical Support Paramedic: Employees appointed to undertake clinical audits, development of CPGs, clinical incident investigation, provision of patient care, clinical support, clinical education and mentoring.

OFFICER IN CHARGE

The table below compares the pay point progression and increments for the Officer in Charge and the comparable role in each interstate Ambulance Service.

Table 114. Pay Point Progression Comparison – Officer in Charge

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Station Officer with 4 levels.[48]	Either 1 or 3 depending on clinical rank	N/A (P1/P2 Only)	• Pay Point P1/P2: Initially appointed at this level if the incumbent does not hold Advanced Care or Critical Care qualifications.
			1.8% (ACP* Only)	• Pay Point 3.1*: Initially appointed at this level if the incumbent holds Advanced Care qualifications. • Pay Point 3.2*: 12 months experience at Pay Point 3.1 • Pay Point 3.3*: 12 months experience at Pay Point 3.2
			2.7% (CCP# Only)	• Pay Point 4.1#: Initially appointed at this level if the incumbent holds Critical Care qualifications. • Pay Point 4.2#: 12 months experience at Pay Point 4.1 • Pay Point 4.3#: 12 months experience at Pay Point 4.2
ACT	• No Comparable Role.	0	N/A	• N/A.
NSW	• Team Leader.	1	N/A	• Team Leader: Paramedics that have completed the requirements for the Team Leader position.
NT	• Station Officer.	0	N/A	• Employees are on individual agreements.
SA	• No Comparable Role.	0	N/A	• N/A.

[48] The levels for a QLD Officer in Charge are determined by an evaluation of a number of factors relating to the Station including staffing levels and critical activity rate.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
TAS	• No Comparable Role.	0	N/A	• N/A.
VIC	• Team Manager. • Senior Team Manager.	2	2.6% (ALS <10) 2.5% (ALS >10) 2.3% (MICA <10) 2.3% (MICA >10) 2.4% (Senior ALS) 2.0% (Senior MICA)	• Team Manager ALS <10 Staff Year 1: ALS Paramedics that have completed a Certificate IV in Frontline Management, is overseeing the financial and physical resources of a branch and manages a team of up to and including 9 employees. • Team Manager ALS <10 Staff Year 3: Employees commencing their third year of experience within the classification. • Team Manager ALS >10 Staff Year 1: ALS Paramedics that have completed a Certificate IV in Frontline Management, is overseeing the financial and physical resources of a branch and manages a team of 10 or more employees. • Team Manager ALS >10 Staff Year 3: Employees commencing their third year of experience within the classification. • Team Manager MICA <10 Staff Year 1: MICA Paramedics that have completed a Certificate IV in Frontline Management, is overseeing the financial and physical resources of a branch and manages a team of up to and including 9 employees. • Team Manager MICA <10 Staff Year 3: Employees commencing their third year of experience within the classification. • Team Manager MICA >10 Staff Year 1: MICA Paramedics that have completed a Certificate IV in Frontline Management, is overseeing the financial and physical resources of a branch and manages a team of 10 employees or more. • Team Manager MICA >10 Staff Year 3: Employees commencing their third year of experience within the classification. • Senior Team Manager ALS Year 1: In addition to the duties of Team Manager ALS, employees have greater responsibility for staff welfare, maximising effectiveness of AV resources and providing greater internal and external liaison. • Senior Team Manager ALS Year 3: Employees commencing their third year of experience within the classification. • Senior Team Manager MICA Year 1: In addition to the duties of Team Manager MICA, employees have greater responsibility for staff welfare, maximising effectiveness of AV resources and providing greater internal and external liaison. • Senior Team Manager MICA Year 3: Employees commencing their third year of experience within the classification.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
WA	• Station Manager.	2	1.9%	• Station Manager GD2: Employees that are Station Managers of Country or Metro Stations. • Station Manager GD3: Station Managers of Country or Metro Stations that are deemed (on an ad hoc basis) to have additional workload and responsibility.

OPERATIONS SUPERVISOR

The table below compares the pay point progression and increments for the Operations Supervisor and the comparable role in each interstate Ambulance Service.

Table 115. Pay Point Progression Comparison – Operations Supervisor

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QLD	• Station Officer Level 2.	Either 1 or 3 depending on clinical rank	N/A (P1/P2 Only)	• Pay Point P1/P2: Initially appointed at this level if the incumbent does not hold Advanced Care or Critical Care qualifications.
			1.8% (ACP* Only)	• Pay Point 3.1*: Initially appointed at this level if the incumbent holds Advanced Care qualifications. • Pay Point 3.2*: 12 months experience at Pay Point 3.1 • Pay Point 3.3*: 12 months experience at Pay Point 3.2
			2.7% (CCP# Only)	• Pay Point 4.1#: Initially appointed at this level if the incumbent holds Critical Care qualifications. • Pay Point 4.2#: 12 months experience at Pay Point 4.1 • Pay Point 4.3#: 12 months experience at Pay Point 4.2
ACT	• Duty Officer.	3	5.3%	• Intensive Care Paramedic Level 2.1: Employees that have completed the Graduate Diploma in Intensive Care Paramedical Practice. • Intensive Care Paramedic Level 2.2: Employees with 12 months experience as an ICP Level 2.1. • Intensive Care Paramedic Level 2.3: Employees with 12 months experience as an ICP Level 2.2.
NSW	• No Comparable Role.	0	N/A	• N/A.
NT	• No Comparable Role.	0	N/A	• N/A.
SA	• No Comparable	0	N/A	• N/A.

State / Territory	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
	Role.			
TAS	• No Comparable Role.	0	N/A	• N/A.
VIC	• No Comparable Role.	0	N/A	• N/A.
WA	• No Comparable Role.	0	N/A	• N/A.

APPENDIX E

INTERSTATE AMBULANCE SERVICES SALARY INCREASES OVER THE PAST SIX YEARS

In conducting the analysis of key conditions and entitlements for the interstate Ambulance Services, Mercer documented any base rate increases provided from 2012 to 2017. During the process of validating this information with the Ambulance Services, WA noted that base rate increases provided for paramedics were 1.2% (2017), 1.2% (2016), 1.5% (2015) and 1.5% (2014). Mercer notes that these increases vary from those described in the enterprise agreement - 1.6% (2017), 1.6% (2016), 2.4% (2015) and 2.4% (2014).

Table 116. Salary Increases

Year	QLD	ACT	NSW	NT	SA	TAS	VIC	WA
2017	-	1.5% (Apr)	**	**	**	All (excl. PTO): 2% (Dec)	**	Para: 1.2% (Jul)
2016	2.5% (Aug)	1.5% (Oct)	2.5% (Jul)	**	**	All (excl. PTO): 2% (Dec) Para: 4.6% (Dec) Intern Para: 3.8% (Jul)	All: 3% (Jul) Team Managers: 9% (Jul) and 9% (Dec)* Para: 5.125% (Jul) and 5.125% (Dec)*	Para: 1.2% (Jul) Comms: 2.5% (Jul) PTO: 2.5% (Jul)
2015	2.2% (Nov)	1.5% (Apr)	2.5% (Jul)	3% (Jul)	**	All (excl. PTO): 2% (Dec) Para & Intern Para: 4.5% (Jul)	All: 6% (Jan) All: 3% (Jul) Team Managers: 10% (Jul)* Para: 10% (Jul)*	Para: 1.5% (Jul) Comms: 2.5% (Jul) PTO: 2.5% (Jul)

Year	QLD	ACT	NSW	NT	SA	TAS	VIC	WA
2014	2.2% (Dec)	1.5% (Jul)	2.27% (Jul)	3% (Jul)	All: 2.5% (Dec) Para: 1% (Jul)	All: 2% (Dec)	**	Para: 1.5% (Jul) Comms: 2.75% (Jul) PTO: 3% (Jul)
2013	2.2% (Dec)	2% (Jul)	3.7% (Jul)	3% (Jul)	All: 3% (Dec)	All: 2% (Dec)	**	Para: 5% (Jul)
2012	0%	3.5% (Jul)	3.9% (Jul)	3% (Jul)	All: 3% (Dec) Para: 1% (July)	All: 2% (Dec) All: 1% (Jun)	**	Para: 5% (Jul)

* Work value increases.

** Information relating to increases not able to be attained as at April 2017.

APPENDIX F

INTERSTATE AMBULANCE SERVICES COMPARISON OF CONDITIONS AND ENTITLEMENTS

This section provides an overview of the conditions and entitlements for the QAS positions and the comparable roles in each interstate Ambulance Service.

ORDINARY HOURS

The following table compares the ordinary hours conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 117. Conditions and Entitlements – Ordinary Hours

State / Territory	Conditions and Entitlements
QLD	• 38 ordinary hours per week. • Rosters reflect an average of 40 hours per week over the roster cycle with officers accruing 2 hours accrued time every week.
ACT	• 38 hours per week.
NSW	• 38 ordinary hours per week in each roster cycle, inclusive of paid crib breaks.
NT	• The paid ordinary hours are 76 hours per fortnight and employees will be compensated for working additional hours in the roster by accruing 2 additional weeks leave and be paid a roster allowance (Operational and Darwin roster employees), or a composite rate (Communications roster employees). • Operational and Communications Roster employees will work 8 day cycles comprising 2 consecutive day shifts, 2 consecutive night shifts and 4 days off. Roster line shifts may vary from 10, 12 or 14 hours. • PTS Darwin roster employees also work 8 day cycles comprising 2 consecutive day shifts, 2 consecutive night shifts and 4 days off, and work shifts of 12 hours. • PTS Alice Spring roster employees work 7 day cycles comprising 5 consecutive afternoon shifts of 8 hours and 2 days off.

State / Territory	Conditions and Entitlements
SA	• 38 ordinary hours. • In each 4 week period, 1 ordinary day is taken as an accrued day off.
TAS	**Paramedic and Communications** • The ordinary hours of work for shift workers are 38 hours per week. • Shift workers accrue 2 hours per week of accrued days off for every week worked (76 hours per annum), to be taken as a rostered week off for each lot of 38 hours accrued. • Accrued days off do not accrue when an employee is rostered for annual leave or long service leave. • Shift workers are rostered on a schedule of 4 shifts on and 4 shifts off, with: – Employees attached to Urban Stations average rostered weekly hours not exceeding 40 ordinary hours plus 2 extra duty hours. – Employees at Rural Stations rostered for shifts of 11 hours and 25 minutes. – Employees at the State Communications Centre average working hours not exceeding 40 hours per week, and working rosters of approximately 12 hour shifts for day and night duty. **Patient Transport** • The ordinary hours for shift workers are not to exceed: – 8 in one day – 48 in one week – 88 in 14 consecutive days – 152 in the 28 day accounting period
VIC	**Paramedic** • Ordinary hours are 38 hours per week. • Operational employees working 40 ordinary hours per week are entitled to 12 accrued days off per year to be added to annual leave. **Communications** • Ordinary hours are 38 hours per week. • Communications employees who work shifts averaging more than 38 hours per week ordinary time will accrue 2 hours at ordinary time per week (104 hours per annum). Employees can take this accrual as either payment in lieu or time in lieu.
WA	**Paramedic** • 38 ordinary hours per week with a maximum rostered shift length of 14 hours.

State / Territory	Conditions and Entitlements
	• 224 Roster: Employees working a roster of 2 day shifts of 10 hours, 2 night shifts of 14 hours, and 4 days off. • 4x4 Roster: 2 early shifts followed by 2 late shifts and 4 days off. Early shift commence at 0700 or 0730 and Late shift commence at 1000 • The paid hours of work on average in a week are: – 38 ordinary hours – 2 hours overtime paid at 150% – 2 hours to be compensated as accrued days off. • To compensate employees working 2 additional hours under a 2, 2, 4 roster, employees accrue 12 days off in a 12 month period taken as: – 10 days will be taken pro rata as whole days off in conjunction with annual leave – the remaining 2 days (0.4 of a week) is rolled into the base hourly rate of pay. **Communications** • 38 ordinary hours per week on a 2 day shifts, 2 night shifts, 4 days off roster. Employees on day shift will receive a 30 minute unpaid meal break unless the meal break is not received **Patient Transport** • Employees are required to work an average of 42.5 hours per week across 5 shifts of 8.5 hours each, Monday to Friday. Weekly hours comprise 38 ordinary hours, and 4.5 additional hours which are compensated through 2 weeks' additional leave per year and an excess hours penalty.

SUPERANNUATION

The following table compares the superannuation conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 118. Conditions and Entitlements – Superannuation

State / Territory	Conditions and Entitlements
QLD	• Up to a 17.75% total contribution, comprising a standard superannuation contribution of 12.75% by QAS and 5% by the employee as per QSuper Scheme. The range is from a total of 11.75% (9.75% employer and 2% employee), this calculation is compared against the Federal Government legislative 9.5% OTE employer superannuation and the higher value is paid. • Unlimited Station Officer loading is included in the calculation for superannuation purposes.
ACT	• 9.5% of OTE.
NSW	• 9.5% of OTE.
NT	• 9.5% of OTE.
SA	• 9.5% of OTE. • Ordinary time earnings for the purpose of Superannuation means the base wage of salary and include shift and weekend penalties, Whyalla loading, on-call payments and in respect to Country Ambulance Officers and Paramedics, payments for work performed during on call periods. All other payments including overtime, annual leave loading and payment in lieu on termination are excluded.
TAS	• 9.5% of OTE.
VIC	**Paramedic** • Operational employees have compulsory membership to the ESSSuper Defined Benefit Fund. The current Employer liability is 12%. **Communications** • 9.5% of OTE.
WA	• Employees that have successfully completed their probationary period and contribute at least 5% of gross ordinary time earnings to their superannuation fund will receive an additional contribution of 1.5% from St John.

CASUAL LOADING

The following table compares the casual loading conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 119. Conditions and Entitlements – Casual Loading

State / Territory	Conditions and Entitlements
QLD	• 23% loading on ordinary hours with a minimum of 2 hours. This loading is not paid on a Sunday or Public Holiday, however, the Sunday or Public Holiday penalties are paid.
ACT	• 25% loading.
NSW	• 10% loading and additional entitlement to annual leave.
NT	• 25% loading.
SA	• 25% loading.
TAS	**Paramedic and Communications** • 20% loading. **Patient Transport** • 25% loading.
VIC	**Paramedic** • 25% loading, excluding work on Saturdays, Sundays and Public Holidays. **Communications** • 25% loading.
WA	• 25% loading.

PUBLIC HOLIDAY AND WEEKEND LOADING

The following table compares the public holiday and weekend loading conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 120. Conditions and Entitlements – Public Holiday and Weekend Loading

State / Territory	Conditions and Entitlements
QLD	• 150% between midnight on Friday and midnight on Saturday. • 200% between midnight on Saturday and midnight on Sunday. • Employees in receipt of additional 7 days annual leave (i.e. 6 weeks, 2 days) receive 250% for Labour Day. Note the additional leave is in lieu of an extra payment of 150% for any work performed on other Public Holidays. • Brisbane Communications Centre Employees in receipt of 5 additional days annual leave (i.e. 6 weeks) receive 250% for any ordinary work performed on Christmas Day, Good Friday or Labour Day. Note the additional leave is in lieu of an extra payment of 150% for any work performed on other Public Holidays. • PTOs and other employees who do not receive additional annual leave for having to work on a public holiday would receive 250% if required to work ordinary hours.
ACT	• Saturday Shift: 150% of the ordinary hourly rate of pay. • Sunday Shift: 200% of the ordinary hourly rate of pay. • Public Holiday: 250% of the ordinary hourly rate of pay. • Saturday Shift: Between midnight on Friday and midnight on Saturday. • Sunday Shift: Between midnight on Saturday and midnight on Sunday. • Public Holiday: Between midnight on the day before a public holiday, and midnight on the public holiday.
NSW	• Employees working public holiday or weekend shifts receive: – 150% for weekend shifts between midnight Friday and midnight Saturday. – 175% for weekend shifts between midnight Saturday and midnight Sunday. – 250% for the ordinary rostered hours of duty on a public holiday.
NT	• 150% loading: Saturday Shift means a shift commencing after midnight Friday and finishing before midnight Saturday. • 200% loading: Sunday Shift means a shift commencing after midnight Saturday and finishing before midnight Sunday. • 250% loading: Public Holiday shifts.
SA	• Employees not in receipt of the Rolled in Rate Allowance are entitled to 150% for all weekend work and 250% for ordinary hours worked on public

State / Territory	Conditions and Entitlements
	holidays.
TAS	**Paramedic and Communications** • When calculating the Rostered Weekly Hours Factor of the composite wage, if the major portion of a shift falls on a Saturday a 150% loading applies, and 200% where the major portion falls on a Sunday. • Refer to 'Annual Leave and Loading' entitlement for information regarding public holidays. **Patient Transport** • If the major portion of a shift falls on a Saturday a 150% loading applies, and 200% where the major portion falls on a Sunday. • Employees rostered to work on a public holiday receive the normal rate for that shift and accrue a day of public holiday leave. Where the public holiday falls on a Saturday or Sunday the employee receives 200% and does not accrue a public holiday leave day.
VIC	**Paramedic** • 150% for all rostered ordinary time worked between midnight Friday and midnight Sunday. • Special rates for Saturday and Sunday are not paid to operational employees receiving the rolled-in rate of pay. • Refer to 'Annual Leave and Loading' entitlement for information regarding public holidays. • Casual employees receive 75% for all work on Saturdays and Sundays, and 100% for all work on public holidays. **Communications** • 150% for Saturday shifts where half the shift is worked between midnight Friday and midnight Saturday, or where an equal number of hours are worked before and after midnight Saturday, the Sunday rate applies. • 200% for Sunday shifts where half the shift is worked between midnight Saturday and midnight Sunday, or a 6.30pm or 7.00pm Sunday to 6.30am or 7.00am Monday shift. • 250% for public holidays where half the shift is performed on the public holiday, or where the shift commences at 6.30pm or 7.00pm on the public holiday and concludes at 6.30am or 7.00am the following day. • Employees working on the 25th December, where the day falls on a Saturday or Sunday, are entitled to receive the weekend penalty rate plus a loading of 150%.
WA	**Paramedic** • Compensation for working public holidays is part of the additional leave entitlement of 8 weeks and the equivalent of 1 week's pay which has been rolled into the base hourly rate. • Refer to 'Annual Leave and Loading' entitlement for information regarding weekend loadings.

State / Territory	Conditions and Entitlements
	Communications • Compensation for working public holidays is the additional leave entitlement. • All ordinary hours worked between midnight Friday and midnight Sunday is paid at 150%. **Patient Transport** • Employees are paid 150% for all ordinary hours worked on a Saturday and 175% for Sunday. • Any work performed on a public holiday is paid at 250% for all hours worked.

OVERTIME

The following table compares the overtime conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 121. Conditions and Entitlements – Overtime

State / Territory	Conditions and Entitlements
QLD	• All time worked outside of normal rostered hours is overtime at the rates of: – 200% for rostered shift workers and employees who perform regular on-call. – 150% for the first three hours and 200% thereafter for all other employees. – 200% for all overtime worked on Saturdays, Sundays, or on an employee's rostered day off. – 200% if an employee resumes or continues work without having had ten consecutive hours off duty. • All overtime worked on public holidays is paid at double the overtime rate.
ACT	• Monday to Friday (inclusive): 150% for first two hours worked and 200% for any further overtime worked on that day/shift. • Saturday and Sunday: 200% of ordinary hourly rate of pay for all time worked. • Public Holiday: 250% of ordinary hourly rate of pay for all time worked. • Rest Relief: 200% of ordinary hourly rate until employee is released from duty when the employee doesn't receive ten consecutive hours off duty after a period of overtime post a rostered/normal shift (inclusive of reasonable travel time); excluding emergency duty. • Emergency Duty: 200% of ordinary hourly rate of pay plus half an hour travel on either side.
NSW	• An employee who works so much overtime after the completion of their shift on any day that results in less than 8 consecutive hours off duty before the commencement of their next shift will be released after the completion of such overtime until they have had eight consecutive hours off duty, with no loss of pay for ordinary working time occurring due to such absences. • If, at the employer's instruction, the employee is not released from duty to have the 8 hour break they will be paid at 200% until they are released. • All time worked in excess of the ordinary hours on any one day is paid at 150% for the first 2 hours and 200% thereafter. Any overtime worked on a Sunday is at 200% and any overtime worked on a public holiday is paid at 250%.
NT	• Employees working overtime will be paid at 200% for all overtime hours worked. • Employees who are required to resume duties without having had 10 consecutive hours off duty are paid at 200% for the hours in excess of the employee's rostered shift. All overtime payments are paid in block rates.
SA	• Employees working overtime are entitled to: – Monday to Friday: 150% for the first 2 hours and 200% thereafter.

State / Territory	Conditions and Entitlements
	– Saturday before 1200 hours: 150% for the first 2 hours and 200% thereafter. – Saturday after 1200 hours and Sunday: 200% for all time worked. – Public holidays in excess of the rostered shift: 250% for all time worked. • Where an employee is given less than 24 hours prior notice that they are required to work outside of their ordinary hours of work, and the employee utilises paid child care, SAAS will reimburse the reasonable child care costs incurred. • Employees required to change shift times with less than 48 hours' notice receive a payment of $14.82.
TAS	• 200% for all time outside of rostered ordinary hours.
VIC	**Paramedic** • Employees that agree to work 12 consecutive shifts without 24 hours off duty are paid for the 13th and further consecutive shifts at 300% until 24 hours off duty is provided. • Employees performing work outside rostered periods of duty are entitled to: – 150% for the first 2 hours and 200% thereafter for any work exceeding the number of hours fixed as a day's, week's or fortnight's work. – 250% for all time in excess of a rostered day on a public holiday. – 200% for work performed by employees not entitled to the rolled-in rate of pay on Saturdays and Sundays. – 200% the aggregated base rate of pay for all time worked by operational employees who work full shift overtime. These employees are not entitled to receive shift allowances for this shift. • Rostered overtime forming part of an extended hours roster in excess of 40 hours per week is calculated on an average fortnightly basis over the roster cycle at the rate of 150% of ordinary pay. • Where employees work incidental overtime in excess of the hours rostered, will be paid at incidental overtime rates of 150% for the first 2 hours and 200% thereafter. • Employees that are required to resume work without having had 10 consecutive hours off duty will be paid 200% until released from duty. • Shift allowance penalties are not payable during leave or overtime. **Communications** • Communications employees receive overtime for any time in excess of 40 hours per week. • Where ESTA changes a shift for an employee within 5 days from the start of the change, the employee will receive 1 hour of overtime (150%) per day until the 5 day notice period has lapsed. • Employees are paid at 150% for the first two hours and 200% thereafter, except on Sundays where all time is at 200%. Overtime worked on a public holiday in excess of the ordinary rostered hours is paid at 300%.

WA	**Paramedic** • All employees required to perform work outside of ordinary hours (extension of shifts) are paid at 200%. • Employees directed to resume work without 8 hours off duty will be paid 200% until released from duty, or are entitled to be absent until the employee has had 8 consecutive hours off duty without loss of pay. **Communications** • Employees required to perform work outside (extension of shifts) of ordinary hours are paid at 200%. • Employees directed to resume work without 9 hours off duty will be paid 200% until released from duty, or are entitled to be absent until the employee has had 9 consecutive hours off duty without loss of pay. **Patient Transport** • Employees are required to work 4.5 additional hours each week as part of their roster, and are paid the following Excess Hours Penalty per week for working an 0800 hours to 1800 hours roster: – Year 1: $119.19 – Year 2: $120.59 – Year 3: $121.86 – Year 5: $124.21 • Any hours worked above the ordinary hours and additional hours above are paid at 200%. Employees directed to resume work without 9 hours off duty will be paid 200% until released from duty, or are entitled to be absent until the employee has had 9 consecutive hours off duty without loss of pay.

SHIFT ALLOWANCE

The following table compares the shift allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 122. Conditions and Entitlements – Shift Allowance

State / Territory	Conditions and Entitlements
QLD	• Afternoon shift: 12.5% of the base hourly rate for each hour worked, or $9.70 per shift, whichever is greater. • Night shift: 15% of the base hourly rate for each hour worked, or $19.40 per shift, whichever is greater. • Afternoon shift means any shift finishing between 1800 and midnight. For shifts of 12 hours duration in Category 5 Stations and Communications Centres an Afternoon shift means any shift finishing after 1900 and at or before midnight. • Night shift means any shift finishing between midnight and 0800. • The Shift Allowance: – is not paid for shifts that attract penalty rates. – is not taken into account in the calculation of overtime, sick leave and long service leave. – may be paid during periods of annual leave.
ACT	• Shift Allowance: If any part of a shift falls between the hours of 1800 and 0630 results in shift penalties of 15% of the ordinary hourly rate of pay being paid for the whole shift.
NSW	• Day workers ordinary hours commence between 6.00am and 10.00am. • Employees working afternoon or night shifts receive: – 10% for afternoon shifts commencing between 10.00am and 1.00pm. – 12.5% for afternoon shifts commencing between 1.00pm and 4.00pm. – 15% for night shifts commencing between 4.00pm and 4.00am. – 10% for night shifts commencing between 4.00am and 6.00am.
NT	• 0% loading: Day Shift means a shift commencing between 6.00am and 10.00am. • 115% loading: Afternoon Shift means a shift finishing between 8.00pm and midnight. • 120% loading: Regular Afternoon Shift means an afternoon shift conducted Monday through Friday which does not rotate or alternate with night, Saturday or Sunday shifts. • 115% loading - Night Shift means a shift commencing between 6.00pm and 6.00am. • 132.4% loading - Roster allowance payable to employees performing ambulance transport and patient transport duties and working regular night shifts on a roster line in Alice Springs, Darwin and Katherine. This allowance covers all overtime, shift and weekend penalties.

State / Territory	Conditions and Entitlements
	• All shift and roster allowances do not apply to Emergency Medical Dispatchers.

SA	• Shift workers are entitled to:
	  – 17% for early morning shifts when working between midnight and 6.30am.
	  – 20.5% for night shifts when working between 7.00pm and 7.00am.
	• These penalties only apply to shift workers not in receipt of the Rolled in Rate Allowance.
	• Patient Transfer Officers working an afternoon shift commencing at 11.00am and finishing at 7.30pm receive a loading of 15%.

TAS	**Paramedic and Communications** • Casual employees receive a shift penalty of 9% for Monday to Friday. • All other employees receive a rolled in rate in lieu of shift allowances. • Day Shift means a shift worked between 7.00am and 6.00pm. • Afternoon/Late Shift means a shift finishing between 6.00pm and midnight. • Night Shift means a shift finishing between Midnight and 8.00am. **Patient Transport** • Employees on afternoon shift and night shift are paid an allowance of 15%. Where employees work an afternoon or night shift which does not continue for at least 5 successive afternoons or nights is paid an allowance of 50%. • Day Shift means a shift worked between 6.00am and 6.00pm. • Afternoon Shift means a shift finishing between 6.00pm and midnight. • Night Shift means a shift commencing between 4.00pm and 6.00am.
VIC	**Paramedic** • Employees whose ordinary rostered hours of duty commence between 6.00pm and 6.30am or finish between 6.00pm and 8.00am receive an allowance of 4.5% of the Ambulance Paramedic Year 3 aggregated base rate for each period. • In addition, employees whose rostered hours of duty finish between midnight and 8.00am receive 0.5% of the Ambulance Paramedic Year 3 rate. • MICA Paramedic shift allowances are calculated using the MICA Paramedic Year 3 rate. • For the purposes of the rolled-in rate calculation, where shifts are longer than 10 hours and finish between midnight and 8.00am, the first shift penalty will remain 4.5% and the second penalty will increase to 5%. • Shift Allowances are not paid to operational employees receiving the rolled-in rate of pay.

State / Territory	Conditions and Entitlements
	Communications • 15% for afternoon shifts on Monday to Friday where the shift commences after noon and half the shift is worked after 6pm, or where the shift is from 11am to 11pm. • 25% for night shifts where half the shift is worked after 11pm, or where an equal number of hours are worked before and after midnight Friday, the Saturday rate will apply. • Penalties are not payable during leave or overtime.
WA	**Paramedic** • Employees rostered for night shifts under the 2, 2, 4 roster receive an allowance (15%) of: – $38.43 per shift for Student Ambulance Officers – Operations – $38.88 per shift for Ambulance Officer Grade 1 – $42.97 per shift for Ambulance Officer Grade 2 – $50.66 per shift for Ambulance Paramedic 1 – $53.33 per shift for Ambulance Paramedic 2 – $56.02 per shift for Ambulance Paramedic 3 • Employees receive a shift penalty equal to 1 hour of the hourly rate per week. • Day shifts are rostered for 8am to 6pm. • Night shifts are rostered for 6pm to 8am. **Communications** • Employees receive a shift penalty of 15% for all time worked on: – Afternoon Shifts between 12pm and 6pm. – Night Shifts between 6pm and 7am. **Patient Transport** • Employees are paid a 15% loading for all hours worked between 6pm and 6am Monday to Friday.

MEAL ALLOWANCE

The following table compares the meal allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 123. Conditions and Entitlements – Meal Allowance

State / Territory	Conditions and Entitlements
QLD	• Broken meal allowance of $14.30 or provided with a suitable meal as compensation for the loss of meal. • Overtime meal allowance of $12.85 when an employee is required to work overtime of at least one hour after the normal ceasing time. • Broken meal: Is paid when officer has commenced their meal break and then called to attend a case. Only one allowance is payable per meal window. • Overtime meal allowance: One hour of overtime work is required if normal ceasing time is 1700 or later on a day shift, and 0600 or later on a night shift. However, if the day shift ends prior to 1700, two hours overtime is required to be worked. • Where an employee is required to take their meal break in an operationally convenient location and cannot return to their home station, the officer is provided a meal away from station allowance of $14.30. • Employees working a shift of 10 hours or less receive one paid 30 minute crib break, and where shifts are greater than 10 hours, two paid 30 minute breaks.
ACT	• Overtime meal allowance of $27.62 when an employee is required to work unscheduled overtime within the defined meal periods. • Late meal allowance: 60% of the Overtime meal allowance rate. Note that this does not apply to ICPs or APs. • Spoilt meal allowance: 60% of the Overtime meal allowance rate. Note that this does not apply to ICPs or APs.
NSW	• Employees required to work 2 or more hours overtime following completion of normal shift shall be allowed 20 minutes for partaking of a meal and a further 20 minutes after each subsequent four hours overtime or recall. All such time shall be counted as time worked. • Employees working less than 12 hour shifts shall have one paid 30 minute crib break. • Employees working 12 hour shifts are entitled to two paid 30 minute crib breaks. • If Officers are unable to take paid crib breaks within prescribed times due to operational requirements, they receive an additional payment of 1 hour at ordinary time rates.
NT	• Employees on shift receive a meal allowance of $23.26 if: – They perform ambulance transport, patient transport or communications duties for 4 continuous hours without a 30 minute meal break – They perform ambulance transport, patient transport or communications duties for 2 hours or more after the rostered finishing time, or – They are recalled to perform ambulance transport duties for more than 4 hours.

State / Territory	Conditions and Entitlements
SA	• Employees required to work overtime at the end of a shift for more than 2 hours without being notified the previous day or earlier are paid a meal allowance of $5.74. For every subsequent 4 hour period worked the employee is paid the meal allowance. • Operational employees (excluding Patient Transport Services employees) are entitled to paid crib breaks of: – 20 minutes for shifts between 8 and 10 hours. – 30 minutes for shifts of 10 hours. – Two 30 minute breaks for shifts between 10 and 14 hours. • Penalty payments of 150% apply where the employee is required to work more than 6 hours without a crib break.
TAS	**Paramedic and Communications** • A meal allowance of $25.90 is provided where employees are unable to take their meal break during the designated timeframe, and if a meal break is not provided within 1 hour of the designated timeframe an additional $25.90 will be paid. Employees will not receive more than $51.80 in any shift for missed meal breaks. • 1 paid meal break of 25 minutes for employees working a shift of up to 11 hours and 24 minutes. • 2 paid meal breaks of 25 minutes for employees working shifts of between 11 hours and 25 minutes and 14 hours. • Employees required to work an additional 2 hours beyond the end of their shift are entitled to an additional paid meal break of 30 minutes at the composite rate of pay. **Patient Transport** • Employees required to undertake duties more than 60 kilometres from the employee's normal work location and are required to purchase breakfast or an evening meal, or where an employee is required to commence/finish a shift at least 1.5 hours before/after the normal hours of duty, are entitled to an allowance ranging from $13.25 to $25.35.
VIC	**Paramedic** • Operational employees are entitled to a meal allowance of $7.25 per shift to compensate for the cost of purchasing a meal away from the branch. This is included in the aggregated base rate of pay and not paid as an allowance. • Non-operational employees required to work more than 5 consecutive hours without receiving a meal break are entitled to $2.84 per shift. • Employees called to duty before having consumed meals during a meal break are entitled to a spoilt meal allowance of $7.25 per shift. • Employees required to work overtime for more than 2 hours are entitled an overtime meal allowance of $9.06 per shift. • Where employees do not receive a crib meal break, they are entitled to $4.80 for the first hour, $4.80 for the second hour, and $9.60 per hour for the third and subsequent hours until the break has been taken or employee released from duty.

State / Territory	Conditions and Entitlements
	Communications • Employees required to work unplanned overtime for at least 2 hours beyond the end of their normal shift receive a meal allowance of $21.75.
WA	**Paramedic** • Employees required to work more than 1 hour of extension overtime without receiving notice on the previous day are paid a meal allowance of $14.26. Further entitlements to a meal allowance occur after each subsequent 4 hour interval. **Communications** • Employees required to work more than 1 hour of extension overtime without receiving notice on the previous day are paid a meal allowance of $15.20. Further entitlements to a meal allowance occur after each subsequent 4 hour interval. • Employees on day shift will receive a 30 minute unpaid meal break or be paid 30 minutes at 200% if the meal break is not received due to operational requirements. **Patient Transport** • Employees required to work more than 1 hour of extension overtime without receiving notice on the previous day are paid a meal allowance of $14.54. Further entitlements to a meal allowance occur after each subsequent 4 hour interval. Employees do not receive penalties in the event the meal break is interrupted, not taken or not allocated due to urgent operational needs.

FLYING ALLOWANCE

The following table compares the flying allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 124. Conditions and Entitlements – Flying Allowance

State / Territory	Conditions and Entitlements
QLD	• $12.51 per trip.
ACT	• N/A
NSW	• N/A
NT	• N/A
SA	• N/A
TAS	• N/A
VIC	• An appointed Flight Paramedic is paid an allowance of 4% of the Ambulance Paramedic BLS Year 3 rolled-in-rate of pay ($52.464), divided by 38 ($1.38), and multiplied by the number of hours worked in the shift, including overtime. This allowance is only payable when rostered to Air Ambulance operational duties.
WA	**Paramedic** • Employees classified as Critical Care Paramedics receive an allowance of $77.20 for each shift which they work on the helicopter.

DRIVING LICENCE ALLOWANCE

The following table compares the driving licence allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 125. Conditions and Entitlements – Driving Licence Allowance

State / Territory	Conditions and Entitlements
QLD	• N/A
ACT	• N/A
NSW	• N/A
NT	• Employees required to operate a motor vehicle are reimbursed the cost of a drivers licence at the rate of $2.32 per fortnight.
SA	• Employees required to hold a driving licence for performance of their duties are entitled to full reimbursement of the maintenance of that licence.
TAS	**Paramedic and Communications** • Officers required to drive a vehicle during normal duties are reimbursed the annual drivers licence cost. **Patient Transport** • N/A
VIC	**Paramedic** • Employees required to hold a current driving licence are reimbursed the cost of the licence annually. **Communications** • N/A
WA	**Paramedic** • Employees required to hold a drivers licence for the purpose of employment are reimbursed the renewal fees. **Patient Transport** • As above.

State / Territory	Conditions and Entitlements
	Communications • N/A

LAUNDRY ALLOWANCE

The following table compares the laundry allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 126. Conditions and Entitlements – Laundry Allowance

State / Territory	Conditions and Entitlements
QLD	• N/A
ACT	• N/A
NSW	• If the uniform of an employee is not laundered at the expense of the employer, an allowance of $4.87 is paid per week.
NT	• Employees will be reimbursed the laundering costs of soiled and/or contaminated uniforms.
SA	• N/A
TAS	**Paramedic and Communications** • Commercial cleaning of uniforms is provided if they become significantly contaminated. **Patient Transport** • N/A
VIC	• N/A
WA	• N/A

TRAVELLING ALLOWANCE

The following table compares the travelling allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 127. Conditions and Entitlements – Travelling Allowance

State / Territory	Conditions and Entitlements
QLD	• Where an employee has been absent overnight, entitled to provide a meal or pay the following allowances: – Breakfast $16.82 – Lunch $18.50 – Dinner $25.23 or $35.30 if adequate kitchen facilities are not available • In addition an incidental allowance of $12.59 is also payable. • Approved travel using private motor vehicle is reimbursed at the rate of 77c per kilometre for a car and 26c for a motorcycle.
ACT	• Per km Small Car (1600 cc non-rotary or 800cc rotary): $0.78. • Per km Medium Car (1601-2600cc non-rotary or 801-1300cc rotary) : $0.90 • Per km Large Car (>2600cc non-rotary or >1300cc rotary): $0.91 • Note these allowances are not used by ICPs or APs, only Ambulance Support Officers.
NSW	• Kilometre reimbursement: official business rate of $0.66 per kilometre and motor cycle rate of $0.33 per kilometre.
NT	• Where an employee is residing in St John NT provided accommodation whilst living away from home for more than 28 days but less than 3 months, the employee is paid a weekly living away from home allowance of $416.98. • If accommodated in private accommodation, the employee will receive the living away from home meal allowance of $25.41 only. • Employees on official duty involving overnight accommodation will be paid a travel allowance of $28.96 per meal where meals are not included with accommodation, up to a maximum of $75 per day for a maximum 28 days. • Employees travelling on official business are paid their hourly rate for actual travelling time, and where travelling by air, are paid 1 hour either side of the actual travelling time. • Employees will be reimbursed per kilometre at the rate of $0.76 per kilometre, plus an additional $0.05 per kilometre for carrying goods, passengers or towing.
SA	• Employees required to travel further than 100 kilometres from their home station, and where that extends over a meal period without being previously notified, will be paid a meal allowance of $5.74. • Employees required to work from a Station other that which was rostered, and where the employee is required to travel further than the distance

State / Territory	Conditions and Entitlements
	of their ordinarily rostered Station, receives an allowance of $0.58 per kilometre. • Employees travelling for work purposes that are required to be absent overnight are paid $18.30 (Breakfast), $18.30 (Lunch) and $37.75 (Dinner) per meal; and where they are not required to be absent overnight are paid $15.85 (Breakfast) and $22.60 (Dinner) per meal.
TAS	**Paramedic and Communications** • Employees travelling overnight receive a Travel Allowance Expense ranging between $157 and $216 if accommodation is not provided and a meal allowance of up to $106.90 per day (Breakfast $26.45, Lunch $29.75 and Dinner $50.70). • Employees also receive an Incidental Expense Allowance of $19.05 per overnight stay. • Employees occasionally using a private motor vehicle for work purposes receive either 41.17c (below 2 litre engine) or 47.87c (2 litres and above) per kilometre for the first 10,000 kilometres, and 25.37c and 22.02c per kilometre respectively thereafter. **Patient Transport** • Employees travelling overnight receive a Travel Allowance Expense ranging between $157 and $216 if accommodation is not provided and a meal allowance of up to $106.90 per day (Breakfast $26.45, Lunch $29.75 and Dinner $50.70). • Employees also receive an Incidental Expense Allowance of $19.05 per overnight stay. • Employees occasionally using a private motor vehicle for work purposes receive either 41.17c (below 2 litre engine) or 47.87c (2 litres and above) per kilometre for the first 10,000 kilometres, and 25.37c and 22.02c per kilometre respectively thereafter.
VIC	**Paramedic** • When required to live away from home to perform duties, a meal allowance of $88.59 (Breakfast $14.76, Lunch $29.53 and Dinner $44.30) is provided to cover daily meal expenses. Employees receiving the rolled-in rate receive 50% of the Lunch component of this amount. • In addition, employees are entitled to an overnight travel allowance of $19.99 per night. • Employees working at a branch station of 1-3 officers and who reside in quarters provided by the employer will have 10% of the employee's weekly rate of pay deducted for rent. • Employees required to use their own vehicle are entitle to a travelling allowance of: – $0.63 per km for vehicles with 1.6L or less engine capacity. – $0.74 per km for vehicles with 1.6L to 2.6L engine capacity. – $0.75 per km for vehicles with 2.6L or more engine capacity. **Communications** • N/A.

WA	**Paramedic** • Employees rostered to work away from their home station or preferred station with more than 7 days' notice receive a travel allowance of $0.75 per kilometre for the distance of the return trip from the home station to the rostered station less 20 kilometres. • Employees rostered to work away from their home station or preferred station with less than 7 days' notice, and where excess travel is involved receive $0.75 per kilometre and excess travel time at the employee's base rate of pay calculated at 1 minute per kilometre travelled in both directions (only payable for 7 days). • Country employees required to attend training in a town other than the sub-centre they are stationed receive a nightly country training travel allowance of $170.93. **Communications** • A Communications Officer who temporarily works at a new location may be entitled to a travel allowance of $0.75 per kilometre. **Patient Transport** • Employees rostered to attend continuing education programme courses or work away from their home station or preferred station with a minimum of 7 days' notice receive a travel allowance of $0.77 per kilometre for the distance of the return trip from the home station to the rostered station less 20 kilometres. • Employees rostered to work away from their home station or preferred station with less than 7 days' notice, and where excess travel is involved receive $0.77 per kilometre and excess travel time at the employee's base rate of pay calculated at 1 minute per kilometre travelled in both directions (only payable for 7 days).

HIGHER DUTIES

The following table compares the higher duties conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 128. Conditions and Entitlements – Higher Duties

State / Territory	Conditions and Entitlements
QLD	• Employees undertaking higher duties for more than four hours are paid at the higher rate for the whole day, and if less than four hours, then only the period the higher duties is performed.
ACT	• HDA is calculated as the difference between the staff member's current pay and a point in the pay range of the higher position determined by the head of service in accordance with pay points and increments. • The rate of payment for partial HDA will be a point in the pay range(s) of the intervening level(s). The head of service's decision on the rate of payment of partial HDA will take into account the specified part of the duties of the higher position that the officer is to perform. • An officer receiving HDA is entitled to normal incremental progression for the officer's substantive position. This increment gained while performing HDA is maintained upon the officer ceasing the higher duties. • Previous higher duties service will be considered in determining the appropriate pay point for future periods of higher duties.
NSW	• An employee called upon to relieve in a higher classification continuously for five working days or more and assumes the whole responsibilities shall be entitled to receive, for the period of relief, the minimum pay of such higher classification
NT	• Employees appointed to a higher position for a limited tenure are paid the pay scale applicable to the higher position for the period appointed.
SA	• Operations employees engaged for more than 2 hours in work of a higher classification during one day or shift are paid at the higher rate for such day.
TAS	**Paramedic and Communications** • An employee undertaking duties classified higher than their substantive band for a period of one or more consecutive days are entitled to a higher duties allowance equal to the difference between the employee's normal salary and the minimum salary level of the relevant higher band. **Patient Transport** • An employee undertaking duties classified higher than their substantive band is entitled to a higher duties allowance equal to the difference between the employee's normal salary and the minimum salary level of the relevant higher band.

VIC	**Paramedic** • Employees performing higher duties will be paid at the rate applicable to the higher classification, including for paid leave and public holidays. Employees will not be required to act for more than 3 months. **Communications** • Employees performing higher duties will be paid at the rate applicable to the higher classification provided the duties are performed for at least 2 hours. Employees that perform the higher duties for more than 4 shifts will be paid leave and public holidays at the higher rate.
WA	**Paramedic** • N/A **Communications** • Communications Officers appointed to extra duties positions receive an Extra Duties Allowance of $1.55 per hour. • Communications Officers relieving in the role of Ambulance Network Coordinator are paid an allowance of $4.80 per hour. **Patient Transport** • N/A

REGIONAL ALLOWANCE

The following table compares the regional allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 129. Conditions and Entitlements – Regional Allowance

State / Territory	Conditions and Entitlements
QLD	• Ranges from $86.8 to $334 per fortnight for employees who are employed in stations west of a line drawn on 146 degree longitude starting with the Queensland/New South Wales border to intersection with 22 degrees latitude then West to intersection with 144 degrees longitude and North to the border or officers who are in a station with a remote categorisation of 4 to 7 excluding mine sites.
ACT	• N/A
NSW	• Depending on the remoteness of the location, employees are entitled to a Climate and Isolation Allowances of $4.42 or $8.82 per week.
NT	• Employees located at Nhulunbuy and Tennant Creek do not receive a roster allowance or shift allowance. • A Nhulunbuy allowance ranging from $827.46 to $1,327.71 per fortnight is paid in lieu of roster, shift, on call and recall payments depending on the employee's classification. • A Tennant Creek allowance ranging from $827.46 to 1327.71 per fortnight is paid in lieu of roster, shift, on call and recall payments depending on the employee's classification. • A Remote Area Allowance of $346.15 is paid fortnightly to employees that are appointed to work in Tennant Creek, Nhulunbuy and Katherine. Employees provided with accommodation are only eligible for $153.85 per fortnight. • Employees with dependents under the age of 18 that reside in the Northern Territory receive a Northern Territory Allowance of $36.92 per fortnight.
SA	• Operational employees allocated to work in specified regional locations are entitled to an allowance ranging from $24.18 to $107.44 per week depending on the location and employee's tenure (years 1 to 5).
TAS	**Paramedic and Communications** • Does not apply to any new employees. **Patient Transport** • Employees working in isolated areas receive: – From $931 to $3,724 per annum depending on the location if the employee has dependent relatives residing with them.

State / Territory	Conditions and Entitlements
	– From $466 to $1,861 per annum depending on the location if the employee has no dependents.
VIC	• N/A.
WA	**Paramedic** • Employees working in specific locations receive a location allowance ranging from $15.16 to $212.83 per week. • Employees permanently residing in specific locations receive an air-conditioning allowance of $33.86 per week. • Employees posted at a country location for 30 to 52 weeks receive a country posting rent assistance allowance of $100 per week. • Employees relieving at a country location for up to 30 weeks are entitled to a country relief employee expenses allowance of $233 per week. • Relief employees working in a country sub-centre that elect not to stay in accommodation provided by St John are entitled to receive an allowance of $500 per week without the production of receipts or up to $709.83 per week where all receipts for expenditure have been provided. • Employees permanently appointed to specific locations are entitled to a remote location allowance of $355.53 per week. **Communications** • N/A **Patient Transport** • N/A

ON-CALL ALLOWANCE

The following table compares the on-call allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 130. Conditions and Entitlements – On-Call Allowance

State / Territory	Conditions and Entitlements
QLD	• Loading is applied to the hourly rate, in addition to their ordinary rate, as follows: – for the period that falls on the normal working day - 15%. – for the period that falls on a rostered day off - 20% (except in instances of a full 24 hour period). – for the period that falls on an annual leave day - re-crediting of a day of annual leave (7.6 hours). • If recalled, minimum payment of 2 hours. • Where a 24 hour period of duty and on-call occurs on a rostered day off payment will be as follows: – min 10 hours at overtime rates for the shift period – remainder of 24 hours receive 30% loading – all callouts paid at overtime rates
ACT	• Where an employee is required or directed, prior to ceasing duty, by the employee's supervisor to be contactable and available to be recalled to duty within a reasonable time outside the employee's ordinary hours of duty (a restricted situation), the employee will be entitled to be paid an on-call allowance of: – Monday to Friday: 10% of the employee's hourly rate of pay for each hour of on-call. – Saturday and Sunday: 15% of the employee's hourly rate of pay for each hour of on-call. – Public Holidays and ADOs: 20% of the employee's hourly rate of pay for each hour of on-call. • Where an employee is required or directed, prior to ceasing duty, by the employee's supervisor to be contactable and available for immediate recall to duty outside the employee's ordinary hours of duty (a close call situation), the employee will be entitled to be paid a close call allowance of: – Monday to Friday: 20% of the employee's hourly rate of pay for each hour of close-call. – Saturday and Sunday: 30% of the employee's- hourly rate of pay for each hour of close-call. – Public Holidays and ADOs: 40% of the employee's hourly rate of pay for each hour of close-call. • An employee placed in a close call situation must: – remain within a radius of thirty minutes vehicle travelling time from the work site; and – commence the return to work journey immediately on being recalled, being within five minutes from time of recall. • Note that this is only used within the management structure and is capped at the ICP2.3 rate.

State / Territory	Conditions and Entitlements
NSW	• Employees required to be on-call receive an allowance of $23.90 per 24 hours. • Employees required to be on-call on rostered days off shall be paid an allowance of $47.10 per 24 hours. • Employees recalled to duty receive a minimum of 4 hours at overtime rates for each time they are recalled. Should total time recalled exceed 4 hours, the employee will receive payment for actual time worked at overtime rates. If employees have not been formally released from duty and are recalled within the four hour minimum payment period, they are not entitled to any additional payment until the expiration of the four hour period. If the employee has been formally released from duty and is again recalled to duty, they are entitled to another 4 hours at overtime rates.
NT	• Employees required to be ready to respond to a call receive an allowance of: – 15% from Monday to Friday. – 20% on Saturdays. – 30% on Sundays. – 37.5% on Public Holidays. • Employees either called out, or recalled, are paid at 200% with a minimum payment of 2 hours per call out period, provided 2 hours has elapsed from the commencement of the previous call out.
SA	• In addition to the Regional Incentive Payments, operational employees in specified regional locations are entitled to special on call payments of $43.58 per week. • Employees recalled to work after having completed their normal daily hours are paid for a minimum of 3 hours at the overtime rate applicable to the day worked. • In addition to ordinary working hours, country employees are rostered on call and receive: – 15% of the base rate for up to and including 75 hours per fortnight. – 50% of the base rate for each hour in excess of the 75 hours per fortnight.
TAS	**Paramedic and Communications** • $3.80 per hour the employee is required to be available. • Employees recalled to work are paid at overtime rates for the actual period of duty, with a minimum payment of 3 hours per call (provided 3 hours has elapsed from the commencement of the previous call). **Patient Transport** • $3.80 per hour the employee is required to be available with a minimum payment for 8 hours. • Employees recalled to work are paid at overtime rates for the actual period of duty, with a minimum payment of 4 hours for the first recall. Where a second recall occurs 30 minutes after the employee finishes the first recall, a minimum payment of 2 hours overtime is provided. • Time spent travelling to and from work when recalled is regarded as time worked.

State / Territory	Conditions and Entitlements
VIC	**Paramedic** • All ALS, BLS and MICA Paramedics are required to work 8 weeks per annum as a Temporary Reserve Paramedic (TRP). TRPs receive an allowance of $196 per week or $49 for a single shift in lieu for any payment for travel time and mileage. • Where an employee's agreed permanent roster incorporates a reserve shift (and where the employee is not appointed as a Senior Reserve Paramedic), the employee will receive a $49 allowance for each reserve shift to cover travel time, mileage and disruption associated with the allocation of work whilst on the reserve roster. • Employees required to work on-call are entitled to an allowance of $7.91 per hour or part hour. • Employees called out for duty will be paid 200% with a minimum payment of 1.5 hours per call out, provided at least 1.5 hours has elapsed from the commencement of the previous call. • Where an employee who is not rostered on-call is requested to work, an allowance of $15.80 per hour or part hour is provided. • Employees that have completed a rostered shift, and are not rostered on-call, and are recalled to duty receive 200% for a minimum of 4 hours. **Communications** • Employees recalled to work overtime after leaving work are paid a minimum of 4 hours at overtime rates. Where an employee is requested to commence a shift early, they are paid overtime only for the hours worked prior to the normal shift commencement.
WA	**Paramedic** • Employees required to work an overtime shift with less than 90 minutes' notice are entitled to 1 hour of travel time at overtime rates in addition to actual time worked. In addition, employees receive a travel allowance of $0.75 per kilometre to the work location and return. • Employees required to be on call are entitled to $5.10 for each hour rostered or part thereof. Employees called out for duty while on call are paid 200% for the actual hours or part thereof on duty for a minimum of 2 hours per call - there is only one location in the state. • Employees not eligible for the on-call allowance, that are a permanent employee appointed to a sub-centre, are available for an participate in immediate call backs, and live within 15 kilometres from the sub-centre are paid a proximity allowance of $213.32 per week. • Where an employee is recalled for duty outside of normal hours of duty is paid 200% for a minimum of 3 hours. **Communications** • Off-duty employees required to report immediately without previous notice for duty will receive 1 hour at overtime rates in addition to the actual time worked and reasonable fares or travelling allowance for travel to the Operations Centre. • Where an employee is recalled for duty outside of normal hours of duty is paid 200% for a minimum of 3 hours.

State / Territory	Conditions and Entitlements
	Patient Transport • Employees required to work an overtime shift with less than 90 minutes' notice are entitled to 1 hour of travel time at overtime rates in addition to actual time worked. In addition, employees receive a travel allowance of $0.77 per kilometre to the work location and return. • Where an employee is recalled for duty outside of normal hours of duty is paid 200% for a minimum of 3 hours.

MENTOR/CLINICAL INSTRUCTOR ALLOWANCE

The following table compares the mentor/clinical instructor allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 131. Conditions and Entitlements – Mentor/Clinical Instructor Allowance

State / Territory	Conditions and Entitlements
QLD	• N/A
ACT	• N/A
NSW	• N/A
NT	• EMDs classified at EMD1 and EMD2 who undertake mentoring to more junior communications employees receive a Tutor Allowance of $13.90 per shift. • Qualified Paramedics registered as a mentor as per SJA requirements and is required to act as a guide for intern and supervised paramedics receive a Mentor Allowance of $84.62 per fortnight.
SA	• Intensive Care Paramedics classified at pay points 3.4 and 3.5 that are required to undertake clinical instructor duties for the 16 week Paramedic Internship Clinical Evaluation Report are paid an allowance equivalent to the next highest pay point for the duration.
TAS	**Paramedic and Communications** • $3.20 per hour for communications employees (other than Communications Team Leaders) for the time they act as a preceptor. **Patient Transport** • N/A
VIC	**Paramedic** • A Sessional Clinical Instructor is an ALS or MICA Paramedic who has successfully completed the AV Clinical Instructor training course. • An ALS Paramedic CI works on-road with Graduate Ambulance Paramedics and Ambulance Paramedics in a training capacity regularly assessing competency and assisting with attainment of the required competency standards. • A MICA CI also provides training to paramedics undertaking the Graduate Diploma in Health Science (MICA). • ALS and MICA CIs receive a sessional clinical instructor allowance of $5.03 per hour. • Operational employees remunerated at or below Relieving Paramedic that are required to perform operational duties while training a Graduate

State / Territory	Conditions and Entitlements
	Ambulance Paramedic Level 1, including Graduates crewed with other Graduates, are entitled to an allowance of $0.68 per hour. **Communications** • Employees selected as a workplace trainer and who complete a Certificate IV in Training and Assessment receive an annual allowance of $5,824. This amount is added to an employee's salary for all purposes. This allowance is being discontinued from 1 March 2017 with formal Workplace Trainers being appointed. • Employees accredited as ESTA mentors receive an allowance of $3.17 for each hour they are performing mentoring duties.
WA	**Paramedic** • Employees classified at Ambulance Paramedic or higher who perform the role of a tutor is paid an allowance of $17.07 for each occasion tutoring is provided. **Communications** • Employees performing the role of a mentor are paid a mentoring allowance of $18.19 per day. **Patient Transport** • Experience Ambulance Transport Officers are paid an allowance of $17.40 per day when required to provide guidance to a newly appointed Ambulance Transport Officer on-road.

ADDITIONAL SKILLS/TRAINING ALLOWANCE

The following table compares the additional skills/training allowance conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 132. Conditions and Entitlements – Additional Skills/Training Allowance

State / Territory	Conditions and Entitlements
QLD	• QLD provides a clinical skills allowance for employees with ACP or CCP qualifications that operate in roles classified as Station Officers.
ACT	• N/A
NSW	• N/A
NT	• N/A
SA	• N/A
TAS	**Paramedic and Communications** • $3.20 per hour for the shift employees are required to undertake the following duties: – Wilderness – USAR 2 – Driving Instructor – Certified Bariatric **Patient Transport** • Employees nominated to perform first aid duties and holds a current National Health Training Package First Aid Certificate is paid an allowance of $731 per annum.
VIC	**Paramedic** • Ambulance Paramedics that have completed a Bachelor of Health Science (Paramedic) and Advanced Life Support training and assessment receive an Ambulance Paramedic Skills Allowance that is already incorporated into the aggregate base rates. • MICA Paramedics that are employed as a MICA Paramedic receive a MICA Paramedic Advanced Skills Allowance that is already incorporated into the aggregate base rates. • Operational employees performing communication centre duties are paid an allowance of $8.40 per shift of 8 hours and an additional $1.05 for

State / Territory	Conditions and Entitlements
	each rostered hour in excess of 8 hours. • Employees undertaking operational stretcher duties as a single officer crew are entitled to an allowance of $2.49 per hour. **Communications** • N/A.
WA	**Paramedic** • N/A **Communications** • Employees that complete the certificate of competency based training are paid an allowance of $55.34 per week. • Employees performing the role of a dispatcher are paid an allowance of $5.95 for each hour worked as a dispatcher. • Employees appointed to perform country support duties are paid an allowance of $3.03 per hour. **Patient Transport** • N/A

ANNUAL LEAVE AND LOADING

The following table compares the annual leave and loading conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 133. Conditions and Entitlements – Annual Leave and Loading

State / Territory	Conditions and Entitlements
QLD	• Brisbane Communications Centre Employees: 6 weeks annual leave with a 17.5% loading on 5 of those weeks or projected penalties if higher than leave loading. • All other employees: 5 weeks annual leave and an additional 1 week and 2 days if required to work of public holidays. Employees also receive 17.5% loading on the 5 weeks of annual leave only or projected penalties if higher than leave loading. • Where employees are not required to work on public holidays, the entitlement is 5 weeks annual leave and leave loading of 17.5% on the 5 weeks annual leave.
ACT	• 152 hours per annum with an annual leave with a 17.5% loading of ordinary hourly rate or the value of penalties they would have received had they not been on leave, whichever is the greater. • A full time employee required to work ordinary hours of duty in accordance with a roster that includes public holidays, shall accrue an additional 80 hours annual leave credit. Part time employees will accrue additional pro rata credits based on the number of part time hours worked. • Shift workers who are regularly rostered to work on Sunday and work at least 10 Sundays in a year will be entitled to an additional 40 hours of paid annual leave. • Shift workers rostered to work on less than 10 Sundays during which annual leave will accrue, will be entitled to additional annual leave at the rate of one tenth of a working week for each Sunday so rostered. • On Family and Community Day, or any other additional public holiday, employees will receive a credit of 10 hours of annual leave or the applicable payment at the ordinary rate of pay.
NSW	• Employees are entitled to 4 weeks' annual leave plus additional annual leave depending on the number of Sundays and Public Holidays worked. Employees have the option of payment for rostered ordinary hours on Public Holidays to be 150%, with a day added to annual leave (in lieu of the 250%). • In addition, employees receive the greater of either a 17.5% annual leave loading, or if a greater value, the shift allowances and weekend penalties that would have been paid if at work.
NT	• Employees are entitled to 4 weeks annual leave per year, and 1 additional week per year for shift workers. • Employees receiving the roster allowance will continue to receive the roster allowance of 32.4% during annual leave. • In addition to annual leave, employees receive: – 2 weeks paid regional leave per 12 months.

State / Territory	Conditions and Entitlements
	– 1 week paid public holiday leave per 12 months in recognition of being required to work public holidays. – Employees on a 2, 2, 4 roster line performing ambulance transport and patient transport duties receive 2 additional weeks roster leave per 12 months. – EMDs and Senior EMDs receive 2 additional weeks of annual (communications) leave per 12 months. • Annual leave loading of 17.5% is paid on the weekly base rate applicable at the time the employee commences the leave. • Roster allowance counts as salary for all purposes with exception of long service leave.
SA	• Shift workers accrue 6 weeks of annual leave, and receive annual leave loading of 20% for 5 of those weeks.
TAS	**Paramedic and Communications** • 17.5% loading (though this cannot be lower than the amount an employee would receive had they worked the shift and cannot exceed the loading that would be paid to a Clinical Support Officer Level 1) on 5 weeks. • Shift workers receive 266 hours (7 weeks) annual leave per annum (152 annual leave hours, 38 additional annual leave hours for shift workers, 76 additional annual leave hours in lieu of public holidays). **Patient Transport** • Shift workers receive 190 hours (5 weeks) annual leave per annum (152 annual leave hours and 38 additional annual leave hours for shift workers). • 17.5% loading (though this cannot be lower than the amount an employee would receive had they worked the shift and cannot exceed the loading that would be paid to a B5-R1-1 ($1,230) position) on 5 weeks. • Shift workers required to work on a public holiday will receive the time in lieu of such holiday added to their annual recreation leave entitlement, except where the public holiday falls on a weekend as a payment of 200% for all hours worked is provided in lieu.
VIC	**Paramedic** • Employees are entitled to 4 weeks of Annual Leave at ordinary pay for each 12 months of service, with a 17.5% loading on a maximum of 5 weeks annual leave per annum. Seven-day shift employees that work regularly on Sundays and public holidays are entitled to an additional week of leave. • Shift allowance penalties are not payable during leave or overtime. • Employees are entitled to 11 public holidays without loss of pay, and an alternative day may be taken in lieu. • Where an employee works on a public holiday or the holiday occurs on the employee's rostered day off, they are entitled to either 1.5 extra days pay, equal time off in lieu or 1.5 days added to annual leave. All operational employees with the exception of Graduate Paramedics receive an additional 15 days (3 weeks) of Annual Leave in lieu of the gazetted public holidays. Graduate Paramedics receive payment at 150% for each public holiday rather than additional leave.

State / Territory	Conditions and Entitlements
	Communications • Shift workers are entitled to 5 weeks annual leave (190 hours) per annum. • A 17.5% annual leave loading is payable on all annual leave.
WA	**Paramedic** • Shift employees are entitled to 4 weeks annual leave each year plus an additional 1 week in lieu of regularly worked Sundays and public holidays, an additional 1 week in lieu of public holidays falling on rostered days off, and an additional 2 weeks in accrued days off. • Employees receive an annual leave loading of 17.5% or shift penalties, whichever is the greater, for 4 weeks of annual leave. Employees are paid their applicable shift allowances and shift penalties on all other annual or additional leave taken. **Communications** • Shift employees are entitled to 4 weeks annual leave each year plus an additional 1 week for the purposes of the National Employment Standards, an additional 1 week in lieu of public holidays, and a payment equivalent to 1 week's ordinary pay including penalties in lieu of any penalties for working on public holidays. • Employees will also receive an additional 1 week if the employee works a day, night, afternoon roster in lieu of the additional hour worked on the afternoon shift; or an additional 2 weeks if the employee works a day, night roster in lieu of a paid meal break on night shift. • Employees receive an annual leave loading of 17.5% or shift penalties, whichever is the greater, for 4 weeks of annual leave. **Patient Transport** • Employees are entitled to 4 weeks of annual leave and 2 weeks of additional leave in lieu of the 4.5 extra hours worked during the roster each week. • Employees receive an annual leave loading of 17.5% or excess hours and shift penalties, whichever is the greater, for 4 weeks of annual leave. Excess hours and shift penalties are paid on the 2 weeks additional leave.

SICK LEAVE

The following table compares the sick leave conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 134. Conditions and Entitlements – Sick Leave

State / Territory	Conditions and Entitlements
QLD	• 96 hours per annum
ACT	• 144 hours per annum.
NSW	• Employees are entitled to 76 hours paid sick leave per 12 months.
NT	• Employees are entitled to 15 paid personal/carers leave days per 12 months. • Employees with 5 years continuous service who terminates their employment will be paid unused sick leave at the following: – 10% for 5 years' service. – 20% for 6 years' service. – 30% for 7 years' service. – 40% for 8 years' service. – 50% for 9 years' service or more.
SA	• Non-shift employees are entitled to 10 days per annum of personal/carer's leave. • Shift workers are credited with 120 hours personal/carers leave per annum which continues to accrue at this rate from year to year without limit.
TAS	**Paramedic and Communications** • 152 hours per year (4 weeks) accrued at a rate of 12 hours and 40 minutes for each month of service. **Patient Transport** • 152 hours per year (4 weeks) accrued at a rate of 12 hours and 40 minutes for each month of service.
VIC	**Paramedic** • Employees are entitled to: – 96 hours in the first year of service. – 112 hours per annum in the second, third and fourth years.

State / Territory	Conditions and Entitlements
	– 168 hours per annum in the fifth and subsequent years. – an additional 40 hours personal leave to be added to an employee's entitlement if one day absences without providing a medical certificate are not taken for 5 consecutive years. **Communications** • Employees are entitled to 125.4 hours personal/carer's leave per year.
WA	**Paramedic** • Employees working a 2, 2, 4 roster or a 4x4 roster are entitled to 108.57 hours (120 shift hours) of paid personal/carer's leave per year. **Communications** • Employees are entitled to the equivalent of 2.5 shift rotations of paid personal/carer's leave per year. 117.5 shift hours (108.57 pay hours). **Patient Transport** • Employees working a Monday to Friday Roster are entitled to 76 paid hours (85 shift hours) per year, and 34 paid hours (34 shift hours) for employees working a weekend roster.

COMPASSIONATE LEAVE

The following table compares the compassionate leave conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 135. Conditions and Entitlements – Compassionate Leave

State / Territory	Conditions and Entitlements
QLD	• Full-time and part-time employees shall, on the death of a member of their immediate family or household, be entitled to paid bereavement leave up to and including the day of the funeral of such person. Such leave shall be without deduction of pay for a period not exceeding the number of hours worked by the employee in two ordinary days of work. Proof of such death is to be furnished by the employee to the satisfaction of the employer.
ACT	• Up to five days of compassionate leave on each occasion of the death of a member of the employee's immediate family or household. The head of service may grant an additional paid or unpaid period of compassionate leave for this purpose. • Up to two days of compassionate leave on each occasion of personal illness or injury of a member of the employee's immediate family or household that poses a serious threat to the person's life. The head of service may grant an additional paid or unpaid period of compassionate leave for this purpose.
NSW	• 3 days during the first year of service and 6 days in any period of two years after first year.
NT	• Employees are entitled to 5 days of compassionate leave at the base rate the employee would have been paid had they worked during the period.
SA	• 3 days paid leave.
TAS	• Up to 10 days of bereavement leave on each occasion, with the discretion of the employer to grant additional paid leave.
VIC	• 4 days paid compassionate leave.
WA	• Employees are entitled to the number of hours worked by the employee in 4 ordinary shifts of work on each occasion compassionate leave is taken.

LONG SERVICE LEAVE

The following table compares the long service leave conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 136. Conditions and Entitlements – Long Service Leave

State / Territory	Conditions and Entitlements
QLD	• 13 weeks for 10 years of continuous service; and one and one-third weeks for each year of continuous service after this. • Employees will be entitled to access pro rata long service leave after seven years' service. Pro rata cash equivalent of long service leave on termination will only be available in accordance with the terms of the Act.
ACT	• 13 weeks for 10 years of continuous service; and one and one-third weeks for each year of continuous service after this. • The head of service may grant long service leave to an employee to the extent of that employee's pro-rata long service leave credits after seven years eligible service.
NSW	• Employees are entitled to 2 months paid long service leave on completion of 10 years' service with the same employer, and thereafter 5 months of long service leave for each 10 years of service.
NT	• 13 weeks after 10 consecutive years of service, then 6.5 weeks after 5 subsequent years' service.
SA	• 13 weeks leave in respect of the first 10 years of service; and 1.3 weeks leave in respect of each subsequent year of service. • Operational employees are entitled to a rolled in rate allowance when taking accrued long service leave, and regional team leaders and clinical support officers are entitled to an allowance equivalent to the Metropolitan Composite Rate as payment in lieu of shift penalties.
TAS	• 8 and two third weeks of paid long service leave after completing 10 years of continuous employment. After each additional 5 years of continuous employment an employee is entitled to an additional 4 and two third weeks of leave.
VIC	**Paramedic** • 6 months on the completion of 15 years continuous service and an additional 2 months on the completion of each additional 5 years of service thereafter. • Employees are able to pro-rata long service leave between 10 and 15 years of service. **Communications** • Employees accrue 13 weeks leave on ordinary pay on completing 10 years continuous service.

State / Territory	Conditions and Entitlements
WA	• Employees are entitled to 13 weeks of long service leave at ordinary time at the completion of 10 years' of continuous service, and an additional 13 weeks of leave for each subsequent 7 years' of service. • Employees are able to cash out long service leave.

MATERNITY AND PARENTAL LEAVE

The following table compares the maternity and parental leave conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 137. Conditions and Entitlements – Parental Leave

State / Territory	Conditions and Entitlements
QLD	• 14 weeks paid maternity/adoption leave for employees with 12 months service.
ACT	• 18 weeks paid maternity leave for employees with 12 months service.
NSW	• Employees with 40 weeks continuous service may receive: – 14 weeks paid maternity or adoption leave. – 1 week of paid parental leave.
NT	• Employees with 12 months service are entitled to 6 weeks of paid parental or adoption leave, or paid partner leave for 2 weeks at the employee's base rate of pay.
SA	• Employees with 12 months continuous service are entitled to 16 weeks paid maternity or adoption leave, and employees with 5 years or more years of continuous service are entitled to 18 weeks at the ordinary rate of pay.
TAS	**Paramedic and Communications** • 12 weeks paid maternity and adoption leave for employees with 12 months service. **Patient Transport** • 12 weeks paid maternity and adoption leave for employees with 12 months service. Partners are also entitled to 1 day paid leave to attend the birth of the child. • Employees may, in lieu of or in conjunction with parental leave, access any accrued annual leave or long service leave entitlements subject to the total amount of leave not exceeding 52 weeks.
VIC	**Paramedic** • Employees with 12 months service are entitled to: – 10 weeks paid maternity leave. – 1 week paid paternity/partner leave.

State / Territory	Conditions and Entitlements
	– 10 weeks paid adoption leave if the primary caregiver. – 1 week paid adoption leave if the secondary caregiver. **Communications** • Employees with 12 months service receive 14 weeks paid parental leave, and partners of employees on birth related parental leave will be paid concurrent parental leave for 1 week at ordinary time rate of pay.
WA	• Primary Care Givers with 12 months service are entitled to 12 weeks' paid parental leave at the weekly base rate of pay. Where the employee receives paid parental leave under the Paid Parental Leave Act and the sum of the 12 weeks' pay is higher than the employee's entitlement under the PPL Act, St John will only pay to the employee a top up of the monetary difference between the two amounts. • Non-Primary Care Givers are entitled to 8 calendar days off work without loss of pay.

JURY SERVICE LEAVE

The following table compares the jury service leave conditions and entitlements for QAS with the comparable conditions and entitlements in each interstate Ambulance Service.

Table 138. Conditions and Entitlements – Jury Service Leave

State / Territory	Conditions and Entitlements
QLD	• An employee, other than a casual employee, required to attend for jury service during their ordinary working hours shall be reimbursed by the employer an amount equal to the difference between the amount paid in respect of their attendance for such jury service and the ordinary pay the employee would have been paid if the employee was not absent on jury service.
ACT	• Granted with pay to employees other than casual employees. If the employee is paid jury fees, this amount must be deducted from the employee's pay less reasonable out-of-pocket expenses.
NSW	• The employee maintains their full normal wage/salary during jury duty and cannot claim an attendance fee from the Court. They can however claim out of pocket expenses from the Court.
NT	• Employees receive their ordinary rate of pay for all time spent in attendance at court, plus reasonable travel expenses, less reimbursements from any other source. • Employees required to attend jury duty are entitled to leave for the first 10 days without loss of pay (less any jury service payments).
SA	• Employees receive special leave with pay as required to conduct jury service.
TAS	• Employees are granted the necessary leave of absence on full pay and are not permitted to claim jury fees.
VIC	**Paramedic** • Employees required to attend for jury service will be granted leave and be reimbursed an amount equal to the difference between the amount paid for jury service attendance and the ordinary time rate of pay. **Communications** • N/A.
WA	• Employees required to attend for jury service will be paid the difference between the amount paid in respect of the attendance for such jury service and the amount the employees would have earned in respect of the employee's scheduled working hours had the employee been at work.

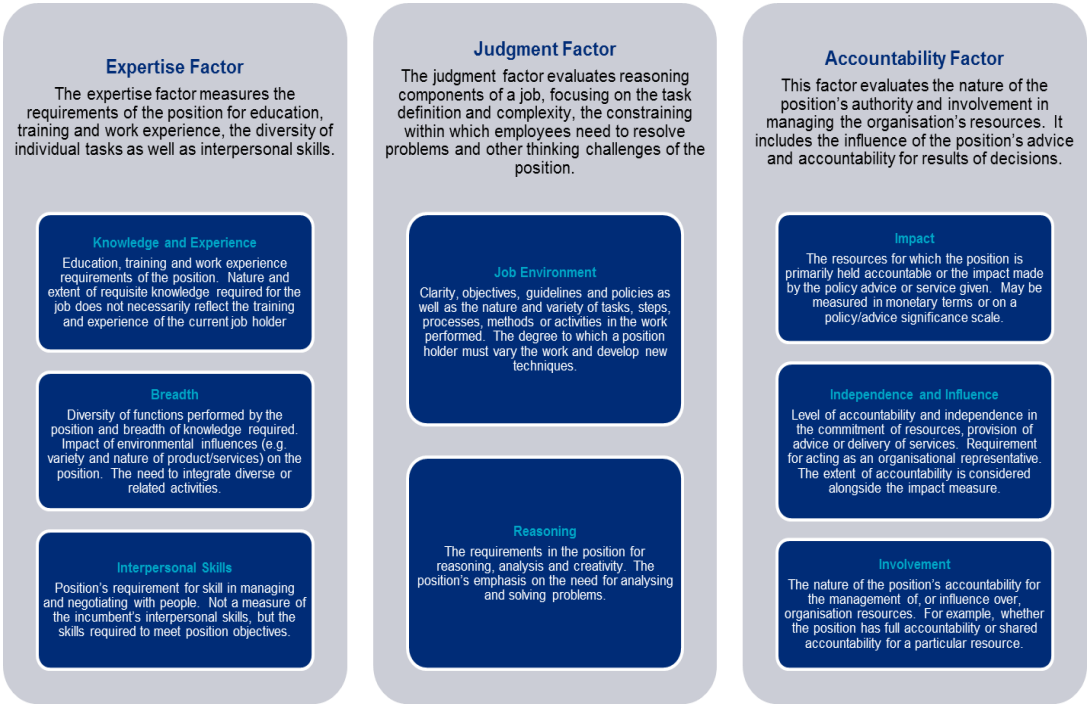
APPENDIX G

JEMS METHODOLOGY

Work value assessments for the positions within QAS, QH and QFES were conducted using the JEMS Methodology. The methodology is a 'points factor' system that enables the relative worth of a position to be expressed in terms of numerical points. The outcome is arrived through the examination of several factors that have been found to be common to all jobs. The system is a sound, consistent and reliable basis for ascertaining differences in job worth and is used extensively in the Queensland Public Service.

The work value points for a position are determined by assessing eight sub-factors which are based on a systems approach to understanding positions. The eight sub-factors form three primary factors that are interrelated. These are:

- **Expertise:** the knowledge, skills and experience required for the job, as well as the breadth of functions and interpersonal skills required
- **Judgment:** the policies and guidelines which exist and impact upon the reasoning and thinking challenges faced by the position, and
- **Accountability:** the measured outcomes expected from the position.



APPENDIX H

QUEENSLAND GOVERNMENT COMPARISON OF PAY POINT PROGRESSION AND INCREMENTS

This section provides an overview of the pay point progression and increments for the QAS positions and the comparable roles in QH and QFES.

EMERGENCY MEDICAL DISPATCHER

The table below compares the pay point progression and increments for the Emergency Medical Dispatcher and the comparable role in QFES.

Table 139. Pay Point Progression Comparison - Emergency Medical Dispatcher

Service	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QAS	• Communications Officer.	5	5.7%	• Pay point 1: Employees undertaking Certificate III and IV training and operate under close supervision. • Pay point 2: Qualified Call Takers with 12 months experience at Pay Point 1 undertaking the role independently. • Pay point 3: Qualified Dispatchers/Call Takers using dispatch skills with 6 months experience at Pay Point 2. • Pay point 4: Employees with 12 months experience at Pay Point 3 that are using clinical and/or operational knowledge to provide advice to other Call Takers/Dispatchers. • Pay point 5: Employees with 12 months experience at Pay Point 4 that have completed a supervisors' course and are able to relieve in an Operations Centre Supervisor role.
QFES	• Fire Communications Officer Level 1.	4	8.5%	• Pay point 1: Employees undertaking Certificate III training in Fire Communications Operations and work under close supervision. • Pay point 2: Employees that have completed the Certificate III and 1040 hours satisfactory performance. • Pay point 3: Employees that have completed additional training and development and 2080 hours satisfactory performance at pay point 2. • Pay point 4: Employees that have completed additional training and development and 2080

Service	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
				hours satisfactory performance at pay point 3.

GRADUATE PARAMEDIC

The table below compares the pay point progression and increments for the Graduate Paramedic and the comparable role in QH and QFES.

Table 140. Pay Point Progression Comparison – Graduate Paramedic

Service	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QAS	• Advanced Care Paramedic.	3	2.3%	• Pay point 1: Employees possess a Degree in Paramedicine or Health Science (Paramedic) with no additional skills or experience, and operate under close supervision of a Qualified Advanced Care Paramedic or Critical Care Paramedic in the first year. • Pay point 2: See Table 141. • Pay point 3: See Table 141.
QH	• Nurse Grade 5.	7	4.2%	• Pay point 1: Employees that provide nursing services within health service settings; possess a Degree in Nursing; have demonstrated competence in the provision of nursing care as specified by registration requirements with AHPRA; and operate under close supervision of an experienced Nurse. • Pay point 2: See Table 141. • Pay point 3: See Table 141. • Pay point 4: See Table 141. • Pay point 5: See Table 142. • Pay point 6: See Table 142. • Pay point 7: See Table 142.
QFES	• Recruit.	1	N/A	• Pay point 1: Employees possess current Certificates in Apply First Aid and Advanced Resuscitation, and a Manual Medium Rigid driver's licence.

ADVANCED CARE PARAMEDIC

The table below compares the pay point progression and increments for the Advanced Care Paramedic and the comparable role in QH and QFES.

Table 141. Pay Point Progression Comparison – Advanced Care Paramedic

Service	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QAS	• Advanced Care Paramedic.	3	2.3%	• Pay point 1: Employees that have successfully undertaken the graduate program for one year, as outlined in Table 140. • Pay point 2: Employees with 3 years of service as a qualified Advanced Care Paramedic. • Pay point 3: Employees with 6 years of service as a qualified Advanced Care Paramedic.
QH	• Nurse Grade 5.	7	4.2%	• Pay point 1: See Table 140. • Pay point 2: Employees with 12 months experience at pay point 1. • Pay point 3: Employees with 12 months experience at pay point 2. • Pay point 4: Employees with 12 months experience at pay point 3. • Pay point 5: See Table 142. • Pay point 6: See Table 142. • Pay point 7: See Table 142.
QFES	• First Class Firefighter	2	1.0%	• Pay point 1: Employees that have completed the minimum periods of 16 weeks' experience as a Recruit and 32 months experience as a Firefighter. Employees have also attained a Certificate II and Certificate III in Public Safety (Firefighting and Emergency Operations), and a Certificate III in Public Safety (Community Safety). • Pay point 2: Employees with 12 months experience at pay point 1.[49]

[49] Mercer notes that the First Class Firefighter Pay Point 2 was recently established, with the first incumbents progressing to this pay point on 30 June 2017. While there are no incumbents at this pay point currently, base rates effective as at October 2016 have been provided by QFES. Given the availability of this data, the First Class Firefighter Pay Point 2 has been used as it is the most appropriate comparator for the Advanced Care Paramedic (refer to Section 3 'Approach and Methodology' for further details).

CRITICAL CARE PARAMEDIC

The table below compares the pay point progression and increments for the Critical Care Paramedic and the comparable role in QH and QFES.

Table 142. Pay Point Progression Comparison – Critical Care Paramedic

Service	Classification	Number of Pay Points	Average $ Increase Per Pay Point	Pay Point Progression
QAS	• Intensive Care Paramedic.[50]	3	3.1%	• Pay point 1: Performed at the clinical skill level of an ACPII for 2 years (post being a Graduate Paramedic); and successfully undertake the internship program for 1 year. • Pay point 2: Employees with 3 years of service as a qualified Intensive Care Paramedic at Pay Point 1. • Pay point 3: Employees with 6 years of service as a qualified Intensive Care Paramedic.
QH	• Nurse Grade 5.	7	4.2%	• Pay point 1: See Table 140. • Pay point 2: See Table 141. • Pay point 3: See Table 141. • Pay point 4: See Table 141. • Pay point 5: Employees with 12 months experience at pay point 4. • Pay point 6: Employees with 12 months experience at pay point 5. • Pay point 7: Employees with 12 months experience at pay point 6.

[50] Note that 'Intensive Care Paramedic' has been used to describe the classification of the QAS Critical Care Paramedic for consistency with terminology used within the QAS Award.

APPENDIX I

QUEENSLAND GOVERNMENT SALARY INCREASES OVER THE PAST EIGHT YEARS

In conducting the analysis of key conditions and entitlements for QH and QFES, Mercer documented any base rate increases provided.

Table 143. Salary Increases

Year	QAS	QH	QFES
2017	-	2.5% (Apr)	2.5% (Jul)
2016	2.5% (Aug)	2.5% (Apr)	2.5% (Oct)
2015	2.2% (Nov)	$500 to annual base	2.2%
2014	2.2%	3%	2.2%
2013	2.2%	3%	2.2%
2012	0%	3%	0%
2011	3%	4%	4%
2010	4%*	4%	4.5%

* In addition to new wage relativities.

APPENDIX J

QUEENSLAND GOVERNMENT COMPARISON OF CONDITIONS AND ENTITLEMENTS

This section provides an overview of the conditions and entitlements for the QAS positions and the comparable roles in QH and QFES.

ORDINARY HOURS

The following table compares the ordinary hours conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 144. Conditions and Entitlements – Ordinary Hours

Service	Conditions and Entitlements
QAS	• Rosters reflect an average of 40 hours per week over the roster cycle with officers, comprising 38 ordinary hours and accruing 2 hours accrued time every week.
QH	• 38 hours per week but no greater than 80 in any one fortnight to be worked as follows: – 19 shifts of 8 hours worked and one shift of 8 hours to be taken as a paid accrued day off (ADO) in any four weekly cycle. – In shifts not exceeding 10 hours or less than 4 hours, with the hours worked in excess of an average 38 per week over a four weekly cycle being credited towards an ADO. – ADOs may be accumulated up to a maximum of 5 days, or 12 days in exceptional circumstances. • Employees ceasing employment that have accrued credits not used under the ADO system are paid such credits on termination. Where an ADO has been taken in anticipation of credits, any shortfall at the date of termination may be recovered from the employee.
QFES	• Employees work a standard roster of 42 ordinary hours per week, comprising 38 ordinary hours, a 38 hour week allowance and accruing 2 hours Accrued Days Off every week.

SUPERANNUATION

The following table compares the superannuation conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 145. Conditions and Entitlements – Superannuation

Service	Conditions and Entitlements
QAS	• Up to a 17.75% total contribution, comprising a standard superannuation contribution of 12.75% by QAS and 5% by the employee as per QSuper Scheme. The range is from a total of 11.75% (9.75% employer and 2% employee), this calculation is compared against the Federal Government legislative 9.5% OTE employer superannuation and the higher value is paid. • Unlimited Station Officer loading is included in the calculation for superannuation purposes.
QH	• Up to a 17.75% total contribution, comprising a standard superannuation contribution of 12.75% by QH and 5% by the employee as per QSuper Scheme. The range is from a total of 11.75% (9.75% employer and 2% employee), this calculation is compared against the Federal Government legislative 9.5% OTE employer superannuation and the higher value is paid.
QFES	• Up to a 17.75% total contribution, comprising a standard superannuation contribution of 12.75% by QFES and 5% by the employee as per QSuper Scheme. The range is from a total of 11.75% (9.75% employer and 2% employee), this calculation is compared against the Federal Government legislative 9.5% OTE employer superannuation and the higher value is paid.

CASUAL LOADING

The following table compares the casual loading conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 146. Conditions and Entitlements – Casual Loading

Service	Conditions and Entitlements
QAS	• 23% loading on ordinary hours with a minimum payment of 2 hours. The loading is not paid on a Sunday or Public Holiday, however, Sunday or Public Holiday penalties are paid.
QH	• Casual employees receive a loading of 23% of the ordinary hourly rate for the level of work performed, with a minimum payment of 2 hours for each engagement. The loading is not paid on a Sundays, however, Sunday penalties are paid.
QFES	• 23% loading on ordinary hours with a minimum payment of 2 hours. Loading is not paid on a Public Holiday, however, Public Holiday penalties are paid.

PUBLIC HOLIDAY AND WEEKEND LOADING

The following table compares the public holiday and weekend loading conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 147. Conditions and Entitlements – Public Holiday and Weekend Loading

Service	Conditions and Entitlements
QAS	• 150% between midnight on Friday and midnight on Saturday. • 200% between midnight on Saturday and midnight on Sunday. • Employees in receipt of additional 7 days annual leave (i.e. 6 weeks, 2 days) receive 250% for Labour Day. Note the additional leave is in lieu of an extra payment over and above 150% (i.e. not paid 250%) for any work performed on other Public Holidays. • Brisbane Communications Centre Employees in receipt of 5 additional days annual leave (i.e. 6 weeks) receive 250% for any ordinary work performed on Christmas Day, Good Friday or Labour Day. Note the additional leave is in lieu of an extra payment of 150% for any work performed on other Public Holidays.
QH	• Employees are paid 150% for all ordinary hours worked between midnight Friday and midnight Saturday. • Employees are paid 175% for all ordinary hours worked between midnight Saturday and midnight Sunday. • Employees receive a 25% shift allowance for all hours worked after midnight on a Sunday night shift, though only where the shift started on the

Service	Conditions and Entitlements
	Sunday and finished on the Monday. The Sunday penalty rate of 175% applies up to midnight. • Employees in receipt of the additional 38 hours annual leave receive the additional leave in lieu of extra payment for work performed on Public Holidays. • Employees who perform work on a public holiday as part of ordinary rostered hours are paid at the following rates for all hours worked, with a minimum of 4 hours: – Labour day: Full day's wage at 100% and 150% the ordinary rate of pay. – Easter Saturday: 250% the ordinary rate of pay. – All other public holidays: 150% the ordinary rate of pay. • Employees are paid public holiday penalty rates only for the night shift hours that fall on a public holiday. Employees are paid the shift penalty applicable for that day for all night shift hours that fall immediately before and after a public holiday. Employees who do not work on a public holiday are paid: – Labour Day: A full day's wage at the ordinary rate (100%). – Show Day and Easter Saturday: A full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day or where the employee is on a rostered day off. – All other public holidays: a full day's wage at the ordinary rate (100%) where the employee would ordinarily be required to work on that day. • Employees entitled to payment for work on a public holiday and who performs work on 25 December will be paid a Christmas Day special loading of 100% for all hours worked. This does not apply to work performed on a day gazetted as Christmas Day that does not fall on 25 December. • The Christmas Day special loading is paid as follows: – 25 December is Saturday: 250% loading – 25 December is Sunday: 275% loading – 25 December is Monday to Friday (gazetted as Christmas Day): 250% loading – Christmas Day gazetted on Monday 27th or Tuesday 28th December: 150% loading
QFES	• All ordinary hours of duty worked by an employee on a weekend or public holiday is paid as follows: – 150% between 0000 and 2400 on a Saturday. – 200% between 0000 and 2400 on a Sunday. – 250% between 0000 and 2400 on a Public Holiday.

OVERTIME

The following table compares the overtime conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 148. Conditions and Entitlements – Overtime

Service	Conditions and Entitlements
QAS	• All time worked outside of normal rostered hours is overtime at the rates of: – 200% for rostered shift workers and employees who perform regular on-call. – 150% for the first three hours and 200% thereafter for all other employees. – 200% for all overtime worked on Saturdays, Sundays, or on an employee's rostered day off. – 200% if an employee resumes or continues work without having had ten consecutive hours off duty. • If recalled, minimum payment of 2 hours. • QAS pays double the overtime rate for overtime worked on public holidays.
QH	• Employees must be provided a rest break of not less than 10 hours, or 8 hours by agreement, between the termination of a shift of ordinary hours and the commencement of another shift of ordinary hours. Where this has not occurred, the employee is paid 200% until released from duty for 8 or 10 hours. • Employees working in excess of their ordinary rostered hours on Monday to Saturday inclusive are paid 150% for the first 3 hours and 200% thereafter. • Employees are paid 200% for all time worked in excess of 10 ordinary hours on a weekend. • All overtime worked on a Sunday is paid at 200%, and 250% for public holidays. • Employees who work overtime may be granted time off in lieu of monetary compensation. Accrual of such time off will be to a maximum of 24 hours.
QFES	• Employees required to work before or after the employee's fixed or recognised times for starting or finishing work on any day, or outside of the employee's ordinary shift roster is paid as overtime at 200%. • All overtime worked by fire and communications employees on a public holiday is paid at 300% for the first 3 hours and 400% thereafter with a minimum payment of 4 hours. Employees working Labour Day are entitled to 250% with a minimum payment of 4 hours, and 150% with a minimum payment of 4 hours for time worked on Annual Show Day. • Employees required to work overtime will receive 10 consecutive hours off duty between finishing ordinary work on one day and starting ordinary work on the next day without loss of pay for ordinary working time occurring during such absence. If an employee is instructed to continue or resume work without receiving the 10 consecutive hours off duty, they are paid 200% until released with the appropriate time off without loss of pay for ordinary working time during such absence. This does not apply if the employee is recalled to work overtime and works not more than 2 hours overtime or if the period between rostered shifts is 10 hours or less.

SHIFT ALLOWANCE

The following table compares the shift allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 149. Conditions and Entitlements – Shift Allowance

Service	Conditions and Entitlements
QAS	• Afternoon shift: 12.5% of the base hourly rate, or $9.70 per shift, whichever is greater. • Night shift: 15% of the base hourly rate, or $19.40 per shift, whichever is greater. • Afternoon shift means any shift finishing between 1800 and midnight. For shifts of 12 hours duration in Category 5 Stations and Communications Centres an Afternoon shift means any shift finishing after 1900 and at or before midnight. • Night shift means any shift finishing between midnight and 0800. • The Shift Allowance: – is not paid for shifts that attract penalty rates. – is not taken into account in the calculation of overtime, sick leave and long service leave. – may be paid during periods of annual leave.
QH	• Afternoon Shift means a shift commencing between 1200 and 1800. Employees working an afternoon shift receive 12.5% for all ordinary hours worked, except for work performed on a Saturday, Sunday or Public Holiday. • Night Shift means a shift commencing between 1800 and 0730 with the major portion of the shift worked within these hours. Employees working a night shift receive 20% for all ordinary hours worked, except for work performed on a Saturday, Sunday or Public Holiday.
QFES	• Night shift means a shift where the majority of ordinary hours fall between 1800 on one day and 0600 on the following day. • Employees working a night shift between 0000 on a Monday and 2400 on a Friday are paid an additional 15% for all ordinary time worked on such shift.

MEAL ALLOWANCE

The following table compares the meal allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 150. Conditions and Entitlements – Meal Allowance

Service	Conditions and Entitlements
QAS	• Broken meal allowance of $14.30 or provided with a suitable meal as compensation for the loss of meal. • Overtime meal allowance of $12.85 when an employee is required to work overtime of at least one hour after the normal ceasing time. • Broken meal: Is paid when officer has commenced their meal break and then called to attend a case. Only one allowance is payable per meal window. • Overtime meal allowance: One hour of overtime work is required if normal ceasing time is 1700 or later on a day shift, and 0600 or later on a night shift. However, if the day shift ends prior to 1700, two hours overtime is required to be worked. • Where an employee is required to take their meal break in an operationally convenient location and cannot return to their home station, the officer is provided a meal away from station allowance of $14.30. • Employees working a shift of 10 hours or less receive one paid 30 minute crib break, and where shifts are greater than 10 hours, two paid 30 minute breaks.
QH	• Employees working overtime for more than an hour after their ordinary rostered ceasing time are paid an overtime meal allowance of $12.85 where the usual meal time occurs during that overtime. Overtime meal allowances are not payable if a meal is provided by the employer.
QFES	• Where an employee is required to work overtime for more than one hour immediately before or after the employee's fixed or recognised working hours, the employer must provide a meal or a meal allowance of $12.85. Employees also receive the meal allowance where they have provided a meal after having received due notification to work overtime and are subsequently not required to work overtime, or where an employee is off duty and is recalled for duty during a normal meal time. • Employees receive 30 minutes paid meal break on each night shift and 60 minutes on each day shift.

FLYING ALLOWANCE

The following table compares the flying allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 151. Conditions and Entitlements – Flying Allowance

Service	Conditions and Entitlements
QAS	• $12.51 per trip (Note this rate is higher due to State Wage Case increases).
QH	• N/A
QFES	• N/A

DRIVING LICENCE ALLOWANCE

The following table compares the driving licence allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 152. Conditions and Entitlements – Driving Licence Allowance

Service	Conditions and Entitlements
QAS	• N/A
QH	• N/A
QFES	• N/A

LAUNDRY ALLOWANCE

The following table compares the laundry allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 153. Conditions and Entitlements – Laundry Allowance

Service	Conditions and Entitlements
QAS	• N/A
QH	• The employer will launder the employee's uniforms or an allowance of $2.18 per fortnight will be paid.
QFES	• The cost of all necessary cleaning of each employee's firefighting apparel is borne by the employer.

TRAVELLING ALLOWANCE

The following table compares the travelling allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 154. Conditions and Entitlements – Travelling Allowance

Service	Conditions and Entitlements
QAS	• Where an employee has been absent overnight, entitled to provide a meal or pay the following allowances: – Breakfast $16.82 – Lunch $18.50 – Dinner $25.23 or $35.30 if adequate kitchen facilities are not available • In addition an incidental allowance of $12.59 is also payable. • Where an employee requires an employee to use their own vehicle in or in connection with the performance of their duties, the employee is paid an allowance of: – $0.77 per kilometre for a motor vehicle – $0.26 per kilometre for a motorcycle
QH	• Where an employee requires an employee to use their own vehicle in or in connection with the performance of their duties, the employee is paid an allowance of: – $0.77 per kilometre for a motor vehicle – $0.26 per kilometre for a motorcycle
QFES	• Employees required to use their own vehicle in connection with the performance of their duties are paid: – $0.77 per kilometre for a motor vehicle – $0.26 per kilometre for a motorcycle • Employees who are required to travel on official duty, take up duty away from the employee's usual place of work to relieve another employee or to perform special duty are to be reimbursed actual and reasonable expenses for accommodation, meals and incidental expenses necessarily incurred by the employee. Employees required in the course of their work to live away from home for a period of not less than 28 consecutive days are provided with a return journey home for each such period of 28 consecutive days.

HIGHER DUTIES

The following table compares the higher duties conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 155. Conditions and Entitlements – Higher Duties

Service	Conditions and Entitlements
QAS	• Employees undertaking higher duties for more than four hours are paid at the higher rate for the whole day, and if less than four hours, then only the period the higher duties is performed.
QH	• Public Hospital employees required to perform special duties or to relieve for one week or more in a higher classification, must be paid at the higher rate for the whole of the period of special duty or relief. • Public Hospital employees who are required to undertake the duties of night supervisor (e.g. after-hours Nurse Manager) are paid: – $6.68 per night where the daily average of occupied beds is 100 and under; or – $13.24 per night where the daily average of occupied beds is over 100. • If a Nurse Grade 6 is not rostered for one entire shift or more where they are normally rostered, a Nurse Grade 5 designated to act in charge is paid a relieving in-charge allowance of $13.03 for each shift of ordinary hours worked unless that employee is already being paid for higher or special duties. This allowance is paid as an hourly rate, based on a 7.6 day, and is taken into account for calculating weekend penalties, overtime and public holidays, though not for shift penalties, superannuation or leave entitlements.
QFES	• Firefighter or communications employees directed to temporarily fill a position at a higher classification level are paid at the first pay point of the classification level of the position being filled for each full day or shift completed in the relieving position.

REGIONAL ALLOWANCE

The following table compares the regional allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 156. Conditions and Entitlements – Regional Allowance

Service	Conditions and Entitlements
QAS	• Ranges from $86.8 to $334 per fortnight for employees who are employed in stations west of a line drawn on 146 degree longitude starting with the Queensland/New South Wales border to intersection with 22 degrees latitude then West to intersection with 144 degrees longitude and North to the border or officers who are in a station with a remote categorisation of 4 to 7 excluding mine sites.
QH	• Registered Nurses located in specified rural and remote areas are entitled to the remote area nursing incentive package (RANIP) professional development leave and allowance described in the 'Professional Development Leave & Allowance' entitlement. • RANIP employees not in receipt of a locality allowance are entitled to annual isolation allowance on a pro rata basis of: – $3,500 at the conclusion of one year of service – $10,500 at the conclusion of two years of service – $7,000 at the conclusion of three or more years of service • Public hospital employees in the following Divisions and Districts receive a weekly Divisional and District Parities - Public Hospitals allowance of: – $1.05 for the Northern Division, Eastern District – $2.20 for the Northern Division, Western District – $0.90 for the Mackay Division – $1.05 for the Southern Division, Western District • By 5 October 2017, the current incentives and reimbursements for rural and remote employees will be evaluated by a working group.
QFES	• Firefighter or communications employees employed in the following divisions or districts receive the following allowances each fortnight: – Southern Division, Western District: $2.10 – Mackay Division: $1.80 – Northern Division, Eastern District: $2.10 – Northern Division, Western District: $6.50 • Firefighter employees receive $66.00 per fortnight and Communications employees receive $91.60 per fortnight when they are employed in Mount Isa. This allowance is payable for all forms of leave with pay but not for the purpose of calculating overtime or penalty payments.

ON-CALL ALLOWANCE

The following table compares the on-call allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 157. Conditions and Entitlements – On-Call Allowance

Service	Conditions and Entitlements
QAS	• Loading is applied to the hourly rate, in addition to their ordinary rate, as follows: – for the period that falls on the normal working day - 15%. – for the period that falls on a rostered day off - 20% (except in instances of a full 24 hour period). – for the period that falls on an annual leave day - re-crediting of a day of annual leave (7.6 hours). • Where a 24 hour period of duty and on-call occurs on a rostered day off payment will be as follows: – min 10 hours at overtime rates for the shift period – remainder of 24 hours receive 30% loading – all callouts paid at overtime rates
QH	• The parties agree there will be a joint review of the current on call and recall arrangements in the Award over the life of the agreement. • Employees rostered to be on call at their private residence, within the hospital precincts or any other mutually agreed place will receive an additional amount of: – $24.45 per on call period between rostered shifts or part thereof on Monday to Friday. – $44.73 per on call period between rostered shifts on Saturday, Sunday, public holiday, RDO or ADO. • Where employees are rostered to be on call for a period spanning two days over which two different on call allowances apply will receive a payment which is equal to the allowance payable for the day attracting the higher allowance. Employees rostered on call and is recalled to work is paid the appropriate overtime rate for a minimum period of 3 hours commencing from the time the employee starts work, and is provided transport to and from their home to the hospital or is refunded the cost of such transport. • Employees not rostered on call that are recalled are paid a minimum of 3 hours at the appropriate overtime rate with the time spent travelling to and from the place of duty counted as time worked. Transport is also provided from (and to, if their shift of ordinary hours does not commence within 3 hours of being recalled) their home or the cost of such transport refunded.
QFES	• Fire employees required to be available on call outside ordinary or rostered working hours are paid an allowance based upon the employee's hourly rate, or the hourly rate of the classification of Station Officer Level, Pay Point 1 ($31.50) whichever is the greater in accordance with the following: – 95% of one hour's pay where the employee is on call throughout the whole of a rostered day off, scheduled day off or public holiday. – 60% of one hour's pay per night where an employee is on call during the night only of a rostered day off, scheduled day off or public holiday. – 47.5% of one hour's pay per night where an employee is on call on any other night.

Service	Conditions and Entitlements
	• Fire employees recalled to duty are paid the appropriate overtime rates for the day recalled, to be calculated as from home and return, with a minimum payment of 2 hours' work for Monday to Sunday, and 4 hours' work for public holidays. In addition, employees are provided with transport to and from the employee's home or be refunded the cost of such transport. • Employees that are not on call who are called back after leaving the employer's premises are paid for all time worked at the appropriate overtime rate with a minimum of 2 hours' work for each call back, except on public holidays when the minimum payment is for 4 hours' work. Should the employee be call back again within that 2 hour or 4 hour period, no further minimum payment shall apply.

MENTOR/CLINICAL INSTRUCTOR ALLOWANCE

The following table compares the mentor/clinical instructor allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 158. Conditions and Entitlements – Mentor/Clinical Instructor Allowance

Service	Conditions and Entitlements
QAS	• QAS does not provide mentoring/clinical instructor allowances.
QH	• QH does not provide mentoring/clinical instructor allowances.
QFES	• QFES does not provide mentoring/instructor allowances.

ADDITIONAL SKILLS/TRAINING ALLOWANCE

The following table compares the additional skills/training allowance conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 159. Conditions and Entitlements – Additional Skills/Training Allowance

Service	Conditions and Entitlements
QAS	• QLD provides a clinical skills allowance for employees with ACP or CCP qualifications that operate in roles classified as Station Officers.
QH	• A qualification is a graduate certificate, graduate diploma, or a qualification of equivalent value, or a second bachelor degree. • An advanced qualification is a master's degree or PhD. • Employees who hold a qualification or advanced qualification recognised by the employer as relevant to the employee's current position which is in addition to the qualification required for registration with AHPRA, and are not at the maximum pay point of their classification will be advanced by one pay point from the date the qualification is accepted by the employer but will retain their existing increment date. • In addition, employees receive a qualification allowance of 3.5% of the wage rate of a Nurse Grade 5, pay point 7 or an advanced qualification allowance of 5.5% of the wage rate of a Nurse Grade 5, pay point 7. The qualification and advanced qualification allowances are payable for all purposes of the award. Employees who are on the maximum pay point, or are on the second last pay point and are receiving the accelerated pay point advancement may receive the allowance before completing 12 months' service at the maximum pay point. Employees not at the maximum pay point will not receive the allowance until completion of 12 months' service at the maximum pay point. • Public Hospital employees appointed to be in charge of theatre are paid an additional $3.01 per day. • Public Hospital employees required to perform dispensing work in a public hospital in which a dispenser is not employed are paid a pharmacy allowance of $2.21 per hour for time actually engaged on dispensing work. • Employees working in a hyperbaric chamber are entitled to an allowance at the rate of $24.82 per week. • Employees whose duties require them to use or assist in using x-ray apparatus or radium is entitled to an additional $11.05 per week. • Employees working in high security and/or medium security mental health units are paid an allowance of $24.82 per week. • Registered Nurses working 16 hours or more each fortnight are entitled to 3 days (24 ordinary hours) paid professional development leave per annum, cumulative for 2 years. Any component of the leave entitlement not accessed after 2 years will be waived. In addition, Registered Nurses are paid a professional development allowance of $1,435, $1,148.50 or $861 at the end of Q1 and Q3 each year depending on the facility in which they work. The allowance is paid out on termination from employment though is not included in superannuable salary. • In lieu of the professional development leave and allowance above, RNs located in in specified rural or remote locations are entitled to a minimum of 2 weeks professional development leave per annum plus reimbursement for travel, enrolment and conference costs for approved courses and conferences. The leave is not cumulative past the 12 months entitlement. The leave is not paid out on termination from employment or transfer out of a remote area. RNs who do not receive an amount equivalent to $2,870 prior to the last pay period of Q3 will receive the difference between any amount received and the $2,870 rate. The allowance is paid out on termination though is not included in superannuable salary.
QFES	• N/A

ANNUAL LEAVE AND LOADING

The following table compares the annual leave and loading conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 160. Conditions and Entitlements – Annual Leave and Loading

Service	Conditions and Entitlements
QAS	• Brisbane Communications Centre Employees: 6 weeks annual leave (228 hours) with a 17.5% loading on 5 of those weeks (190 hours) or projected penalties if higher than leave loading. • All other employees: 5 weeks annual leave (190 hours) and an additional 1 week and 2 days (53.2 hours) if required to work of public holidays. Employees also receive 17.5% loading on the 5 weeks of annual leave only or projected penalties if higher than leave loading. • Where employees are not required to work on public holidays, the entitlement is 5 weeks annual leave and leave loading of 17.5% on the 5 weeks annual leave.
QH	• Public Hospital employees are entitled to 190 hours (5 weeks) of annual leave per annum (which includes 38 hours in lieu of extra payment for work done on public holidays). • In addition, employees receive another 38 hours (1 week) of annual leave if they are: – continuous shift workers in public hospitals where a roster provides 3 shifts per day over a period of 7 days per week and an employee works all 3 shifts, allocated in rotation, and has worked at least 20 rostered night shifts each year, or – where the employee's headquarters is in the Northern and Western Region. • Continuous shift workers receive an annual leave loading of 27.5% of the employee's ordinary rate of pay on a maximum of 190 hours annual leave per annum. • The employer may approve an application for annual leave to be taken at half pay for double the period of time. RANIP employees are also entitled to two return airfares per annum from their work location to the nearest east coast provincial city to be taken in conjunction with a period of paid annual leave. In addition, two return airfares per annum are provided for a spouse and dependent children of the employee.
QFES	• Fire employees that are continuous shift workers are entitled to 200 hours annual leave excluding scheduled days off and rostered days off. They are entitled to 64 hours additional leave in lieu of payment at the rate of 250% for time worked on public holidays. • Communications employees that are shift workers are entitled to 200 hours annual leave on full pay exclusive of public holidays, scheduled days off and rostered days off. • In addition, fire and communications employees are entitled to the ordinary pay being paid to the employee immediately before the employee takes leave for the period of such leave calculated according to the employee's roster or projected roster including shift, weekend or public holiday penalties; or the ordinary pay being paid to the employee immediately before the employee takes the leave for the period of such leave, plus 17.5%, whichever is higher. The 17.5% loading is not applied to any period of annual leave exceeding 200 hours which may be accrued in a year.

SICK LEAVE

The following table compares the sick leave conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 161. Conditions and Entitlements – Sick Leave

Service	Conditions and Entitlements
QAS	• 96 hours per annum
QH	• Employees are entitled to 10 paid days of sick leave per annum.
QFES	• Fire and communications employees are entitled to 8 shifts of sick leave per annum.

COMPASSIONATE LEAVE

The following table compares the compassionate leave conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 162. Conditions and Entitlements – Compassionate Leave

Service	Conditions and Entitlements
QAS	• Full-time and part-time employees shall, on the death of a member of their immediate family or household, be entitled to paid bereavement leave up to and including the day of the funeral of such person. Such leave shall be without deduction of pay for a period not exceeding the number of hours worked by the employee in two ordinary days of work. Proof of such death is to be furnished by the employee to the satisfaction of the employer.
QH	• Employees are entitled to 2 paid days of bereavement leave on each occasion.
QFES	• Employees are entitled to at least 2 days' paid bereavement leave.

LONG SERVICE LEAVE

The following table compares the long service leave conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 163. Conditions and Entitlements – Long Service Leave

Service	Conditions and Entitlements
QAS	• 13 weeks for 10 years of continuous service; and one and one-third weeks for each year of continuous service after this. • Employees will be entitled to access pro rata long service leave after seven years' service. Pro rata cash equivalent of long service leave on termination will only be available in accordance with the terms of the Act.
QH	• Employees who complete 10 years' continuous service are entitled to long service leave at the rate of 1.3 weeks on full pay for each year of continuous service and a proportionate amount for an incomplete year of service. Employees who have completed 7 years' continuous service are entitled to take long service leave on full pay or half pay.
QFES	• Employees who complete 10 years' continuous service are entitled to long service leave at the rate of 1.3 weeks on full pay for each year of continuous service, and a proportionate amount for an incomplete year of service. Employees are entitled to take pro rata long service leave after 7 years' continuous service.

MATERNITY AND PARENTAL LEAVE

The following table compares the maternity and parental leave conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 164. Conditions and Entitlements – Parental Leave

Service	Conditions and Entitlements
QAS	• 14 weeks paid maternity/adoption leave.
QH	• 14 weeks paid maternity/adoption leave.
QFES	• 14 weeks paid maternity/adoption leave.

JURY SERVICE LEAVE

The following table compares the jury service leave conditions and entitlements for QAS with the comparable conditions and entitlements in QH and QFES.

Table 165. Conditions and Entitlements – Jury Service Leave

Service	Conditions and Entitlements
QAS	• An employee, other than a casual employee, required to attend for jury service during their ordinary working hours shall be reimbursed by the employer an amount equal to the difference between the amount paid in respect of their attendance for such jury service and the ordinary pay the employee would have been paid if the employee was not absent on jury service.
QH	• For the period of jury service leave the employee is paid the difference between the amount received by the employee in jury fees (not including meal allowances) and the ordinary rate the employee would have been paid if the employee had not taken jury service leave.
QFES	• The employee must pay any fees (other than any meal allowance) received for attending jury service to the employer and the employer will continue to pay the employee their ordinary pay for the time the employee is absent on jury service.

APPENDIX K

LIST OF PEOPLE CONSULTED AND SITE VISITS

The following tables list the site visit locations and people within QAS, the interstate Ambulance Services, Queensland Health and the Queensland Fire and Emergency Services consulted by Mercer during the course of the inquiry. All attempts have been made to list all people consulted within each organisation where possible. Mercer notes QAS and UVQ also engaged subject matter experts within the interstate Ambulance Services and interstate unions to validate the quality and accuracy of all information contained within this report.

QUEENSLAND AMBULANCE SERVICE

Table 166. Queensland Ambulance Service

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
David Hartley	Director of Operations, Planning & Governance	State Operations	Kedron	Emergency Services Complex, Kedron	15 November 2016	Role Clarity Discussion
Lachlan Parker	Executive Manager, Clinical Policy Development	Capability and Development	Kedron	Emergency Services Complex, Kedron	15 November 2016	Role Clarity Discussion
Stephen Moore	Director of Operations State Communication Development	State Operations	Kedron	Emergency Services Complex, Kedron	15 November 2016	Role Clarity Discussion
Nick Lentakis	Senior Clinical Educator	Metro South	Spring Hill	Emergency Services Complex, Kedron	15 November 2016	Role Clarity Discussion
Lisa O'Mahoney	Manager Communication Education	Service Planning	QASEC	QAS Education Centre, Woolloongabba	25 November 2016	Site Visit #1 - Emergency Medical Dispatch Training

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Lara Aislabie	Clinical Support Officer - Communications	Service Planning	QASEC	QAS Education Centre, Woolloongabba	25 November 2016	Site Visit #1 - Emergency Medical Dispatch Training
Grant Webster	Senior Operations Supervisor - State Operations	State Operations	Kedron	Teleconference	29 November 2016	Role Clarity Discussion
Drew Peters	A/Manager Operational IR Awards	Corporate Services	Kedron	Teleconference	29 November 2016	Role Clarity Discussion
Drew Davidson	A/ Executive Manager Clinical Education	Service Planning	QASEC	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program
David Brose	Whyte Island Coordinator	Service Planning	QASEC	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program
Renae O'Connell	Senior Clinical Educator	Service Planning	QASEC	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program
Liat Haigh	Senior Clinical Educator	Service Planning	QASEC	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program
Torrin Nelson	A/CSO & United Voice State Councillor	Metro South	Spring Hill	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program
Corinne Wallace	A/Senior Educator	Service Planning	QASEC	Whyte Island Training Facility	7 December 2016	Site Visit #2 - Indigenous PTO Training Program

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Jo Hebertson	Officer in Charge	Metro South	South Brisbane	South Brisbane Station	7 December 2016	Site Visit #2 - Station
Michael Freeman	Advanced Care Paramedic & United Voice State Councillor	Metro South	Sunnybank	South Brisbane Station	7 December 2016	Site Visit #2 - Station
Phillip Campbell	A/Senior Operations Supervisor	Metro South	South Brisbane	South Brisbane Station	7 December 2016	Site Visit #2 - Station
Peter Wood	Director SEQ Patient Transport Service	State Operations	SEQ PTS	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Patient Transport
Rob Shillam	Manager PTS Operational Readiness	State Operations	SEQ PTS	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Patient Transport
Todd Horne	Operations Supervisor SEQ PTS	State Operations	SEQ PTS	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Patient Transport
Rebeca Costello	Operation Centre Supervisor - SEQ PTS	State Operations	SEQ PTS	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Patient Transport
James Thompson	Officer in Charge	Metro North	Kedron ICP	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Station
Mick McAuliffe	Critical Care Paramedic	Metro North	Kedron ICP	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Station
Brad Beal	Critical Care Paramedic - HARU	Metro North	Kedron ICP	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Station
Peter Batt	Operations Supervisor	Metro North	Spring Hill	Emergency Services Complex, Kedron	7 December 2016	Site Visit #2 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Col Allen	A/Director	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Karolyn Gardiner	Operations Centre Supervisor	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Melissa White	Staff Officer	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Alan Mountford	A/Senior Operations Supervisor	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Christine Gagliardi	Emergency Medical Dispatcher	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Donna Marwick	Operations Centre Supervisor	State Operations	Brisbane OpCen	Brisbane Operations Centre	7 December 2016	Site Visit #2 - Station
Paul Boyd	A/Manager	State Operations	Maroochydore OpCen	Maroochydore Operations Centre	8 December 2017	Site Visit #2 - Station
Kate Taylor	Operations Centre Supervisor	State Operations	Maroochydore OpCen	Maroochydore Operations Centre	8 December 2017	Site Visit #2 - Station
Mel Johnson	Emergency Medical Dispatcher	State Operations	Maroochydore OpCen	Maroochydore Operations Centre	8 December 2017	Site Visit #2 - Station
Barb Devers	Emergency Medical Dispatcher	State Operations	Maroochydore OpCen	Maroochydore Operations Centre	8 December 2017	Site Visit #2 - Station
Lee Ebeling	Emergency Medical Dispatcher	State Operations	Maroochydore OpCen	Maroochydore Operations Centre	8 December 2017	Site Visit #2 - Station
Suzette Dakin	Advanced Care Paramedic	Sunshine Coast	Yandina	Maroochydore Station	8 December 2017	Site Visit #2 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Anthony Crompton	Critical Care Paramedic - Flight	Sunshine Coast	Maroochydore	Maroochydore Station	8 December 2017	Site Visit #2 - Station
Gavin Bennett	Officer in Charge	Sunshine Coast	Coolum	Maroochydore Station	8 December 2017	Site Visit #2 - Station
Grant Williams	Officer in Charge	Sunshine Coast	Buderim	Maroochydore Station	8 December 2017	Site Visit #2 - Station
Mark Hevey	Senior Clinical Educator	Service Planning	QASEC	Maroochydore Station	8 December 2017	Site Visit #2 - Station
Ralph Wilkinson	Advanced Care Paramedic & United Voice State Councillor	Sunshine Coast	Coolum	Maroochydore Station	8 December 2017	Site Visit #2 - Station
Stewart Merefield	Manager Patient Transport	State Operations	SEQ PTS	Maroochydore PTS	8 December 2017	Site Visit #2 - Station
Toni Careless	Officer in Charge	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Laura Wheeler	Advanced Care Paramedic	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Tamara Huttley	Advanced Care Paramedic	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Alexis Hughes	A/Executive Manager Operations	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Robyn Boyd	Clinical Support Officer	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Bob Crossan	Clinical Support Officer	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Gavin Mahon	Advanced Care Paramedic	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Chris Beadnell	Clinical Support Officer	Sunshine Coast	Caloundra	Caloundra Station	8 December 2017	Site Visit #2 - Station
Joanne Selby	Critical Care Paramedic - Flight	Cairns	Cairns	Cairs Helicopter	17 January 2017	Site Visit #3 - Station
Theron Goebel	Critical Care Paramedic - Flight	Cairns	Cairns	Cairs Helicopter	17 January 2017	Site Visit #3 - Station
James Andrew	Officer in Charge	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Jen Miran	LARU & United Voice State Councillor	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Kevin Morgan	Senior Operations Supervisor	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Paul Sweeney	Clinical Support Officer	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Straun Lamont	Critical Care Paramedic	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Jeremy Lawrence	Advanced Care Paramedic	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Linda Goodman	Advanced Care Paramedic	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Janine Johnstone	Advanced Care Paramedic	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Amy Craike	Advanced Care Paramedic	Cairns	Cairns	Cairns Station	17 January 2017	Site Visit #3 - Station
Michelle Mantgaris	Emergency Medical Dispatcher	State Operations	Cairns Opcen	Cairns Operations Centre	17 January 2017	Site Visit #3 - Station
Sonia Hodges	Professional Development Officer	State Operations	Cairns Opcen	Cairns Operations Centre	17 January 2017	Site Visit #3 - Station
Lara Darby	Officer in Charge	Cairns	Edmonton	Edmonton Station	17 January 2017	Site Visit #3 - Station
Rosie McEachern	Officer in Charge	Cairns	Gordonvale	Edmonton Station	17 January 2017	Site Visit #3 - Station
Sandie Gawn	Officer in Charge	Townsville	Northern Beaches	Townsville Station	18 January 2017	Site Visit #3 - Station
Jon Mawdsley	Advanced Care Paramedic	Townsville	Kirwan	Townsville Station	18 January 2017	Site Visit #3 - Station
Hannah Gaulke	Critical Care Paramedic	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Brad Garvey	Clinical Support Officer	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Ross MacDonald	Senior Operations Supervisor	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Gemma Armit	Advanced Care Paramedic	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Alexandra Spence	Advanced Care Paramedic	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Elissa Edie	Officer in Charge	Townsville	South Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Adam Harders	Critical Care Paramedic - Flight	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Brendan La Cava	Advanced Care Paramedic	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Anthony Cunneen	A/Officer in Charge	Townsville	Townsville	Townsville Station	18 January 2017	Site Visit #3 - Station
Sharon Burridge	Operations Centre Supervisor	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Corey Grainger	Operations Centre Supervisor	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Amanda Martin	Emergency Medical Dispatcher	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Paul Foley	Emergency Medical Dispatcher	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Brad Gillam	A/Manager	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Steve Lovisatti	Emergency Medical Dispatcher	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
David Beil	Operations Centre Supervisor	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Susan Hall	Emergency Medical Dispatcher	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Gordon McGurk	Emergency Medical Dispatcher	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Joyce Daley	Professional Development Officer	State Operations	Townsville OpCen	Townsville Operations Centre	18 January 2017	Site Visit #3 - Station
Patrick Stanton	A/OIC	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Samantha Carter	Advanced Care Paramedic	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Joy Cooper	A/Officer in Charge	Mackay	Nebo	Ayr Station	18 January 2017	Site Visit #3 - Station
Ilona Lefevre	Advanced Care Paramedic	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Daniel Kirbschus	Paramedic	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Peter Heron	Advanced Care Paramedic	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Martin Thomas	Advanced Care Paramedic	Townsville	Ayr	Ayr Station	18 January 2017	Site Visit #3 - Station
Antoinette Woods	Officer in Charge	Metro North	Caboolture	Caboolture Station	19 January 2017	Site Visit #3 - Station
Laura Kault	Advanced Care Paramedic	Metro North	Caboolture	Caboolture Station	19 January 2017	Site Visit #3 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Brian Masters	LARU	Metro North	Caboolture	Caboolture Station	19 January 2017	Site Visit #3 - Station
Kerrie Fissenden	Advanced Care Paramedic	Metro North	Caboolture	Caboolture Station	19 January 2017	Site Visit #3 - Station
Rob Muellner	Critical Care Paramedic	Metro North	North Lakes	Caboolture Station	19 January 2017	Site Visit #3 - Station
Ian Roberts	LARU	Metro North	Caboolture	Caboolture Station	19 January 2017	Site Visit #3 - Station
Bob Besenyei	Critical Care Paramedic	Metro North	North Lakes	Caboolture Station	19 January 2017	Site Visit #3 - Station
Dean Ellaby	A/Clinical Support Officer	Sunshine Coast	Gympie	Gympie Station	19 January 2017	Site Visit #3 - Station
Jessica Heal	Officer in Charge	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Nathan Daley	A/Manager Clinical Education	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Jessica Imiela	GPIP	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Sharon Reilly	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Luke Morton	GPIP	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Ben Glasby	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Karl Radford	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Shayne O'Neil	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Dean Irwin	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Erin Throp	Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Barry Keane	Advanced Care Paramedic	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Tony Dorin	Officer in Charge & United Voice State Councillor	South West	Mitchell	Roma Station	30 January 2017	Site Visit #4 - Station
Loretta Johnson	General Manager	South West	Roma	Roma Station	30 January 2017	Site Visit #4 - Station
Paul Jordan	Advanced Care Paramedic	Darling Downs	Chinchilla	Chinchilla Station	31 January 2017	Site Visit #4 - Station
Samara Laverty	Advanced Care Paramedic	Darling Downs	Chinchilla	Chinchilla Station	31 January 2017	Site Visit #4 - Station
Donald Kern	Officer in Charge	Darling Downs	Chinchilla	Chinchilla Station	31 January 2017	Site Visit #4 - Station
Ginny Lovelady	Advanced Care Paramedic & United Voice State Councillor	Darling Downs	Stanthorpe	Toowoomba Station	31 January 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Peter Baron	Officer in Charge	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Russell Moore	Officer in Charge	Darling Downs	Fairview	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Pete Solomon	Officer in Charge	Darling Downs	Texas	Toowoomba Station	31 January 2017	Site Visit #4 - Station
John Wood	Patient Transport Officer	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Brad Setch	Senior Operations Supervisor	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Steven McCasker	Advanced Care Paramedic	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Helen Crittenden-Godley	Advanced Care Paramedic	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Wendy Aitken	Critical Care Paramedic	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Brad Costigan	Advanced Care Paramedic	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Anthony Clark	Critical Care Paramedic - Flight	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Simon Cadzow	Critical Care Paramedic - Flight	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Michael Wann	Clinical Support Officer	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Michael Sams	A/Clinical Support Officer	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Dan Smith	Clinical Support Officer	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Rob Alexander	Manager Clinical Education	Darling Downs	Toowoomba	Toowoomba Station	31 January 2017	Site Visit #4 - Station
Marc Hauswirth	Operation Centre Supervisor	Darling Downs	Toowoomba OpCen	Toowoomba Operations Centre	31 January 2017	Site Visit #4 - Station
Katie McIver	Professional Development Officer	Darling Downs	Toowoomba OpCen	Toowoomba Operations Centre	31 January 2017	Site Visit #4 - Station
Derrick Scheurer	Officer in Charge	Darling Downs	Highfields	Highfields Station	1 February 2017	Site Visit #4 - Station
Jacob Goad	Advanced Care Paramedic	Darling Downs	Highfields	Highfields Station	1 February 2017	Site Visit #4 - Station
John Caffin	Advanced Care Paramedic	West Moreton	Gatton	Gatton Station	1 February 2017	Site Visit #4 - Station
John Millwood	Advanced Care Paramedic & United Voice State Councillor	West Moreton	Ipswich	Gatton Station	1 February 2017	Site Visit #4 - Station
Jamie Woods	Officer in Charge	West Moreton	Gatton	Gatton Station	1 February 2017	Site Visit #4 - Station
Glen Nilsson	Advanced Care Paramedic	West Moreton	Gatton	Gatton Station	1 February 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Casey James	Advanced Care Paramedic	West Moreton	Rosewood	Laidley Station	1 February 2017	Site Visit #4 - Station
David Troisi	Advanced Care Paramedic	West Moreton	Rosewood	Laidley Station	1 February 2017	Site Visit #4 - Station
Paul Hardie	Officer in Charge	West Moreton	Laidley	Laidley Station	1 February 2017	Site Visit #4 - Station
Tyson Peters	Advanced Care Paramedic	West Moreton	Laidley	Laidley Station	1 February 2017	Site Visit #4 - Station
Annie McManus	LARU	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Mark Nugent	Senior Operations Supervisor	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Carmen Waqanaceva	Critical Care Paramedic	West Moreton	Rosewood	Ipswich Station	1 February 2017	Site Visit #4 - Station
Hayden Murphy	Critical Care Paramedic - Student	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Paul Beswick	Advanced Care Paramedic	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Shira-Lee Colbran	Advanced Care Paramedic	West Moreton	Lowood	Ipswich Station	1 February 2017	Site Visit #4 - Station
Monica Koch	Advanced Care Paramedic	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Doug McKenzie	Clinical Support Officer	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Tony Armstrong	Senior Operations Supervisor	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Drew Hebbron	General Manager	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Peter Dennis	Executive Manager Operations	West Moreton	Ipswich	Ipswich Station	1 February 2017	Site Visit #4 - Station
Jon Ormond	A/Officer in Charge	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Adam Rutledge	Advanced Care Paramedic	Metro South	Durack	Centenary Station	2 February 2017	Site Visit #4 - Station
Steve Davies	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Chris Davies	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Tianna Beveridge	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Janice Carbone	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Chrissy Biggam	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Boyd Dickson	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Dan Nicoll	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Stephanie Walton	Advanced Care Paramedic	Metro South	Centenary	Centenary Station	2 February 2017	Site Visit #4 - Station
Jan Tooth	Officer in Charge	West Moreton	Springfield	Springfield Station	2 February 2017	Site Visit #4 - Station
Kevin Crossingham	Officer in Charge	West Moreton	Redbank	Springfield Station	2 February 2017	Site Visit #4 - Station
Matt Bidgood	Advanced Care Paramedic	West Moreton	Springfield	Springfield Station	2 February 2017	Site Visit #4 - Station
Adam Flory	Officer in Charge	West Moreton	Ipswich	Springfield Station	2 February 2017	Site Visit #4 - Station
Brandon Johnson	Advanced Care Paramedic	West Moreton	Springfield	Springfield Station	2 February 2017	Site Visit #4 - Station
Rob Azzopardi	LARU	Metro South	Beenleigh	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Fiona Starkey	Paramedic	Metro South	Springwood	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Shane Henderson	A/Officer in Charge	Metro South	Beenleigh	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Marcia Love	Officer in Charge	Metro South	Springwood	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Rob McLean	Advanced Care Paramedic	Metro South	Casual	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Lara King	Advanced Care Paramedic	Metro South	Cleveland	Beenleigh Station	8 February 2017	Site Visit #5 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Victoria Mills	Advanced Care Paramedic	Metro South	Casual	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Nicole Pinkowski	Advanced Care Paramedic	Metro South	Carina	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Eugene Cross	Clinical Support Officer	Metro South	Beenleigh	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Simon Bennett	A/Clinical Support Officer	Metro South	Beenleigh	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Mick Mahoney	Officer in Charge	Metro South	Beaudesert	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Ian McAuley	Clinical Support Officer	Metro South	Nathan	Beenleigh Station	8 February 2017	Site Visit #5 - Station
Darrell Searle	Critical Care Paramedic	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Roy Grover	Advanced Care Paramedic	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Derek Hegh	Critical Care Paramedic	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Michael Neeson	A/Officer in Charge	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Helen Donaldson	Officer in Charge	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Sharon Thompson	Patient Transport Officer	Wide Bay	Hervey Bay	Hervey Bay Station	9 February 2017	Site Visit #5 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Keith McArdle	Advanced Care Paramedic	Wide Bay	Maryborough	Hervey Bay Station	9 February 2017	Site Visit #5 - Station
Matthew Lynch	Advanced Care Paramedic	Wide Bay	Bundaberg	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Nicole Ireland	Patient Transport Officer	Wide Bay	Bundaberg	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Ruth Christie	Manager Clinical Education	Wide Bay	Bundaberg	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Martin Kelly	Senior Operations Supervisor	Wide Bay	Bundaberg	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Michael Formica	Officer in Charge & United Voice State Councillor	Wide Bay	Murgon	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Cameron Anderson	Officer in Charge	Wide Bay	Bundaberg	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Barry Phillips	Officer in Charge	Central Queensland	Mt Morgan	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Alistair Vagg	Officer in Charge	Central Queensland	Boyne Island	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Crystal Nelson	Advanced Care Paramedic	Central Queensland	Boyne Island	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Michael Thurman	Emergency Medical Dispatcher	State Operations	Rockhampton	Bundaberg Station	9 February 2017	Site Visit #5 - Station
Jen Kinsela	A/Officer in Charge	Metro North	Petrie	North Lakes Station	14 February 2017	Site Visit #6 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Jackie Quigg	Officer in Charge	Metro North	North Lakes	North Lakes Station	14 February 2017	Site Visit #6 - Station
John Urquhart	LARU & United Voice State Councillor	Metro North	Mitchelton	North Lakes Station	14 February 2017	Site Visit #6 - Station
Justin Cleland	Critical Care Paramedic	Metro North	North Lakes	North Lakes Station	14 February 2017	Site Visit #6 - Station
Steve Richardson	Advanced Care Paramedic	Metro North	Northgate	North Lakes Station	14 February 2017	Site Visit #6 - Station
Wayne Loudon	Critical Care Paramedic	Metro North	North Lakes	North Lakes Station	14 February 2017	Site Visit #6 - Station
Caroline Richardson	Critical Care Paramedic	Metro North	Northgate	North Lakes Station	14 February 2017	Site Visit #6 - Station
Vicky Mian	Patient Transport Officer & United Voice State Councillor	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Kroy Day	Advanced Care Paramedic	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Doug Buchanan	A/Officer in Charge	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Robert O'Connor	Advanced Care Paramedic	Metro North	Narangba	Chermside Station	14 February 2017	Site Visit #6 - Station
Steven Turner	Advanced Care Paramedic	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
James Irvine	Advanced Care Paramedic	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Thomas Knight	Advanced Care Paramedic	Metro North	Kenmore	Chermside Station	14 February 2017	Site Visit #6 - Station
Lawrence Odlin	Advanced Care Paramedic & United Voice State Councillor	Metro North	Roma St	Chermside Station	14 February 2017	Site Visit #6 - Station
Frank Carfona	LARU	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Warren Champion	Advanced Care Paramedic	Metro North	Chermside	Chermside Station	14 February 2017	Site Visit #6 - Station
Mark McDonald	Manager Clinical Education	Metro South	Spring Hill	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Anthony Preston	Clinical Support Officer	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Nick Haug	A/Officer in Charge	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
RaeMing Ong	Patient Transport Officer	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Miranda Maher	Patient Transport Officer	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Emma Tait	Advanced Care Paramedic	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Elliot Bates	Critical Care Paramedic	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Jamie Rhodes	Critical Care Paramedic	Metro North	Mitchellton	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Andrew Blumson	A/Senior Operations Supervisor	Metro North	Spring Hill	Mitchellton Station	14 February 2017	Site Visit #6 - Station
Sean Breedan	Officer in Charge	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Myles Delaney	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Glenn Ferguson	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Garry O'Brien	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Michael Beak	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Ben Canavan	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Doug Armstrong	Advanced Care Paramedic	Gold Coast	Mt Tambourine	Mt Tambourine Station	15 February 2017	Site Visit #6 - Station
Kym Meredith	Operations Centre Manager	Gold Coast	Southport	Southport Operations Centre	15 February 2017	Site Visit #6 - Station
Richard Colson	A/Operation Centre Supervisor	Gold Coast	Southport	Southport Operations Centre	15 February 2017	Site Visit #6 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Jamie-Lee Healey	Emergency Medical Dispatcher	Gold Coast	Southport	Southport Operations Centre	15 February 2017	Site Visit #6 - Station
Angela McCormick	Emergency Medical Dispatcher	Gold Coast	Southport	Southport Operations Centre	15 February 2017	Site Visit #6 - Station
Sandra Whitehouse	A/Operation Centre Supervisor	Gold Coast	Southport	Southport Operations Centre	15 February 2017	Site Visit #6 - Station
Gary Nicholson	Advanced Care Paramedic	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Darrin Hatchman	HARU	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Jaye Newton	HARU	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Greg Jones	Critical Care Paramedic	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Luke Adams	Critical Care Paramedic - Student	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Nick King	Advanced Care Paramedic	Gold Coast	Southport	Southport Station	15 February 2017	Site Visit #6 - Station
Hansen Lu	Advanced Care Paramedic	Gold Coast	Nerang	Nerang Station	15 February 2017	Site Visit #6 - Station
Stephen Kidd	Advanced Care Paramedic	Gold Coast	Nerang	Nerang Station	15 February 2017	Site Visit #6 - Station
Dave Krygger	LARU	Gold Coast	Nerang	Nerang Station	15 February 2017	Site Visit #6 - Station

Name	Position Title	LASN	Station	Location of Meeting	Date	Purpose
Allan Windsor	Officer in Charge	Gold Coast	Nerang	Nerang Station	15 February 2017	Site Visit #6 - Station
Ken Hall	Advanced Care Paramedic	Gold Coast	Nerang	Nerang Station	15 February 2017	Site Visit #6 - Station
Nicholas Groves	Critical Care Paramedic	Metro North	Kedron CCP	Kedron CCP Station	17 February 2017	Ride Along
Stephanie Sherrin	Advanced Care Paramedic	Metro North	North Lakes	North Lakes Station	17 February 2017	Ride Along
Kaitlyn Mee	Advanced Care Paramedic	Metro North	North Lakes	North Lakes Station	17 February 2017	Ride Along
Jason Jones	Critical Care Paramedic	Metro South	Nathan	Nathan Station	17 February 2017	Ride Along
Lindsay Hall	Advanced Care Paramedic	Metro South	Beenleigh	Beenleigh Station	17 February 2017	Ride Along
Aleasha Stenhouse	Advanced Care Paramedic	Metro South	Beenleigh	Beenleigh Station	17 February 2017	Ride Along

*All attempts have been made to list all Officers consulted during the site visits where possible.

INTERSTATE AMBULANCE SERVICES

Table 167. Interstate Ambulance Service

Name	Organisation	Location of Meeting	Date	Purpose
Ken Pritchard	HealthShare NSW	Teleconference	6 December 2016	Interstate role analysis - NSW PTO's
Julie Wickham	St John Ambulance Northern Territory Ltd	Teleconference	19 December 2016	Interstate role analysis - NT
Simone McInerney	St John Ambulance Northern Territory Ltd	Teleconference	19 December 2016	Interstate role analysis - NT
Naomi Liddell	South Australia Ambulance Service	Teleconference	13 December 2016	Interstate role analysis - SA
Andrew Long	South Australia Ambulance Service	Teleconference	13 December 2016	Interstate role analysis - SA
Judith Barker	South Australia Ambulance Service	Teleconference	13 December 2016	Interstate role analysis - SA
Louise Smith	ACT Ambulance Service	Teleconference	13 December 2016	Interstate role analysis - ACT
John Bradbury	Ambulance Victoria	Teleconference	13 December 2016	Interstate role analysis - VIC
Kerry Power	Ambulance Victoria	Teleconference	13 December 2016	Interstate role analysis - VIC
Chris Murray	Ambulance Tasmania	Teleconference	21 December 2016	Interstate role analysis - TAS

Name	Organisation	Location of Meeting	Date	Purpose
Mike McDermott	Ambulance Tasmania	Teleconference	21 December 2016	Interstate role analysis - TAS
Alan Morrison	NSW Ambulance Service	Teleconference	22 December 2016	Interstate role analysis - NSW
Rene Anderson	St John Ambulance Western Australia Ltd	Teleconference	13 January 2017	Interstate role analysis - WA
James Sherriff	St John Ambulance Western Australia Ltd	Teleconference	13 January 2017	Interstate role analysis - WA

*All attempts have been made to list all people consulted within each interstate Ambulance Service during the inquiry where possible.

QUEENSLAND HEALTH AND QUEENSLAND FIRE AND EMERGENCY SERVICES

Table 168. Queensland Health and Queensland Fire and Emergency Services

Name	Organisation	Location of Meeting	Date	Purpose
Cheryl Burns	Queensland Health	Teleconference	16 February 2017	QLD Government role analysis - QH
Debra Nizette	Queensland Health	Teleconference	16 February 2017	QLD Government role analysis - QH
Theresa Hodges	Queensland Health	Teleconference	2 May 2017	QLD Government role analysis - QH
Glenn Carthew	Queensland Fire and Emergency Services	Emergency Services Complex, Kedron	16 February 2017	QLD Government role analysis - QFES

*All attempts have been made to list all people consulted within Queensland Health and the Queensland Fire and Emergency Services during the inquiry where possible.

APPENDIX L

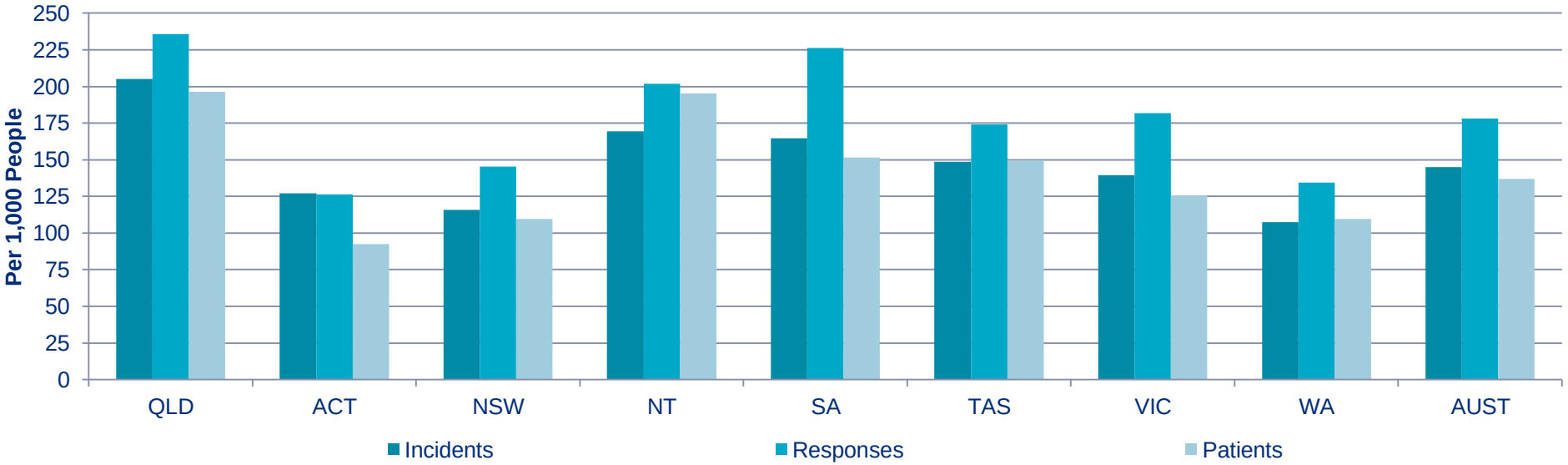
INTERSTATE AMBULANCE SERVICES ACTIVITY AND PERFORMANCE

This section presents a comparison of activity and performance metrics on the Ambulance Services for each State and Territory as collated by the Australian Government Productivity Commission and released in the Report on Government Services 2017. The information provided in this section is current as at February 2017.

Ambulance Service organisations are operated by State and Territory governments in most jurisdictions. In WA and the NT, St John Ambulance is under contract to the respective governments as the primary provider of Ambulance Services. Across jurisdictions the role of Ambulance Service organisations are serving as an increasingly integrated part of the healthcare continuum.

The demand for Ambulance Services varies considerably across each State and Territory. The figure below provides a comparison of the number of reported ambulance incidents, responses and patients, per 1,000 people in each State and Territory.

Figure 58. Reported ambulance incidents, responses and patients, per 1,000 people (2015-16)

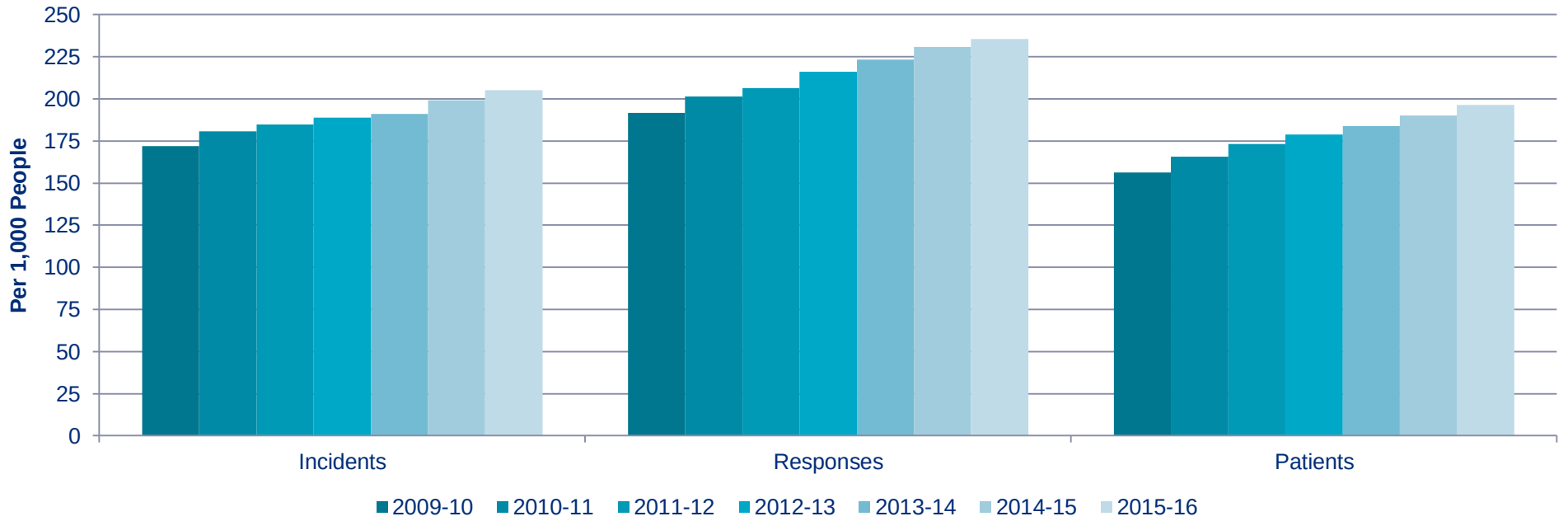


A comparison of the number of incidents (events that result in a demand for ambulance resources to respond), responses (where ambulance vehicles are sent to an incident), and patients (people assessed, treated or transported) in 2015-16 indicates that, per 1,000 people:

- QLD is 41% (Incidents), 32% (Responses) and 43% (Patients) above the national average.
- QLD has the highest number of incidents, responses and patients.
- WA has the lowest number of incidents.
- ACT has the lowest number of responses and patients.

In addition, QLD has experienced consistent growth in the number of reported ambulance incidents, responses and patients over the past seven years. The figure below reviews the change in reported incidents, responses and patients per 1,000 people in QLD from 2009-10 to 2015-16.

Figure 59. Change in reported number of ambulance incidents, responses and patients in QLD, per 1,000 people (2009-10 to 2015-16)

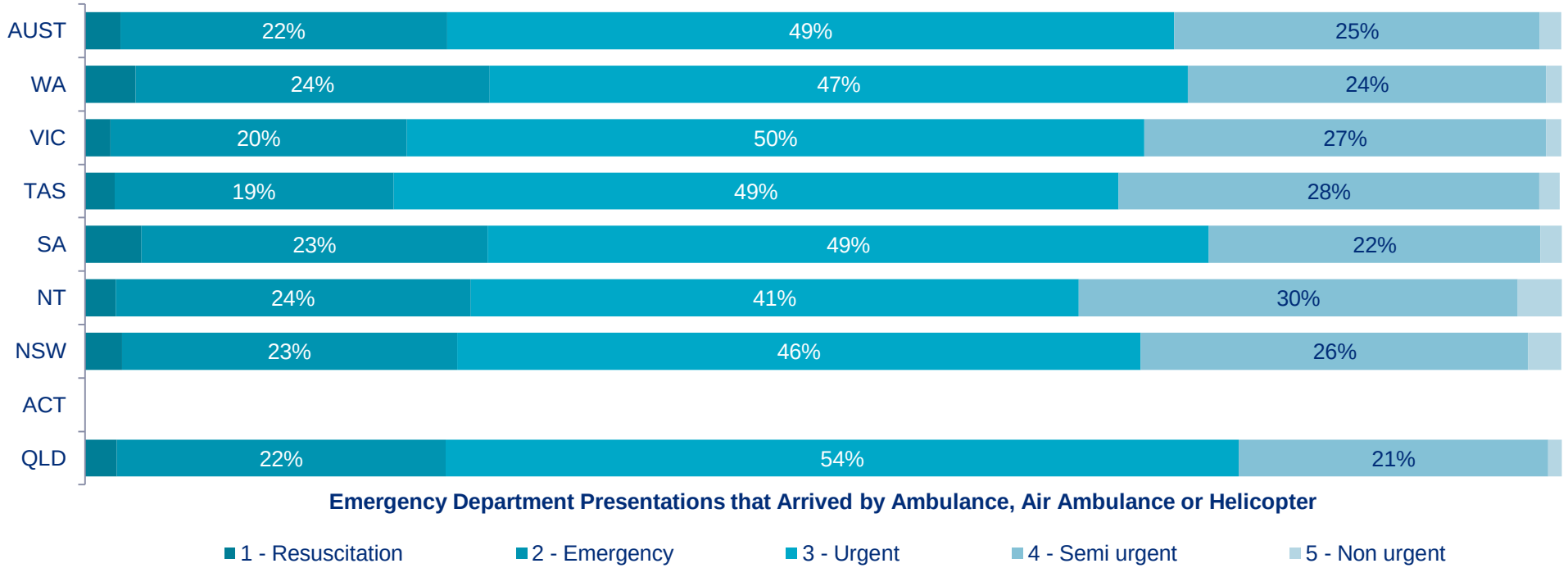


The analysis reveals that over this period:

- Incidents per 1,000 people have increased by 19%.
- Responses per 1,000 people have increased by 23%.
- Patients per 1,000 people have increased by 26%.

Patients that arrive at emergency departments by ambulance, air ambulance, or helicopter are prioritised as Resuscitation, Emergency, Urgent, Semi-Urgent or Non-Urgent. The figure below reviews the proportion of patients that arrive at emergency departments via ambulance, air ambulance or helicopter that presented at each priority classification in 2015-16. Note that ACT did not provide data for 2015-16.

Figure 60. Classification of emergency department patients who arrived by ambulance, air ambulance or helicopter (2015-16)

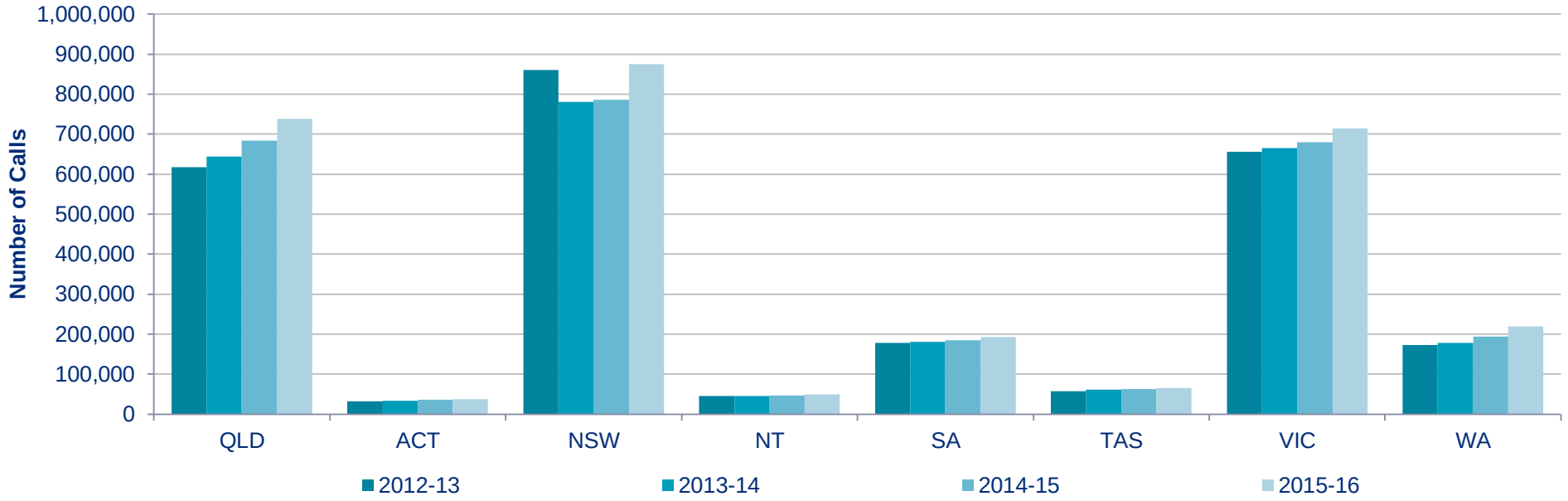


A comparison of the emergency department patient classifications in 2015-16 indicates the following:

- QLD transported the highest proportion of urgent patients (54%), and the lowest proportion of non-urgent patients (0.92%).
- SA transported the highest proportion of patients requiring resuscitation on arrival at the emergency department (3.85%).
- NT and WA transported the highest proportions of patients requiring emergency treatment upon arrival (24.04% and 23.98% respectively)
- NT transported the highest proportion of patients classified as semi-urgent (29.73%).

The number of calls received by the triple zero (000) emergency call service that require an Ambulance Service has increased by 10% nationally over the past four years. The figure below breaks down the changes in emergency call volumes that require an Ambulance Service for the 2012-13 to 2015-16 periods.

Figure 61. Number of calls received by the triple zero (000) emergency call service that require an Ambulance Service (2012-13 to 2015-16)



A comparison of the number of emergency calls that require an Ambulance Service that were received from 2012-13 to 2015-16 shows:

- QLD had the highest growth in call volume of 120,100 calls over the four year period.
- VIC and WA had the second and third highest call volume growth over the period of 58,400 and 47,200 respectively.
- NSW receives the most calls each year at 875,400.
- ACT receives the least calls each year at 37,100.

APPENDIX M

CHANGES TO ROLES SUPPORTING INFORMATION

EMERGENCY MEDICAL DISPATCHER

Roles and Responsibilities

Table 169. Changes to Position Descriptions during the Review Period

Item	Work Effect
Apply well developed skills to communicate and interact effectively, to build and sustain collaborative professional relationships as a well-disciplined member of the Operations Centre service delivery team.	This is an expectation of all Government employees within their work environment therefore no additional work effect.
Work in collaboration within the Operation Centre network and contribute effectively toward the achievement of required performance targets and service delivery standards.	This is an expectation of all Government employees within their work environment therefore no additional work effect.
Present fit for duty by being physically healthy, illness and fatigue free, and psychologically healthy; and utilising staff support and counselling services as required.	No additional work effect as this is an expectation of Government employees.
Monitor, review and critically reflect on the quality of individual performance, be receptive to feedback and work towards continuous improvement in your practice.	No additional work effect as this is an expectation of Government employees.
Actively participate in the mentoring, teaching and development of peers and support students in meeting their learning objectives.	The addition of mentoring via the course (including workbooks) adds additional responsibilities to the EMD role however the overall control and management of the trainee is with QASEC and the LASN education group.
Behave with honesty, integrity and impartiality to maintain the positive reputation of QAS.	No additional work effect as this is an expectation of Government employees based on Code of Conduct requirements.
Perform the role within an approved scope of practice and notify QAS of any existing/changes to health or other individual circumstances that may impede your performance or judgment in the role.	No additional work effect as this is an expectation of Government employees.

Work Environment

Figure 62. EMD Staff Levels and Triple Zero Call Changes

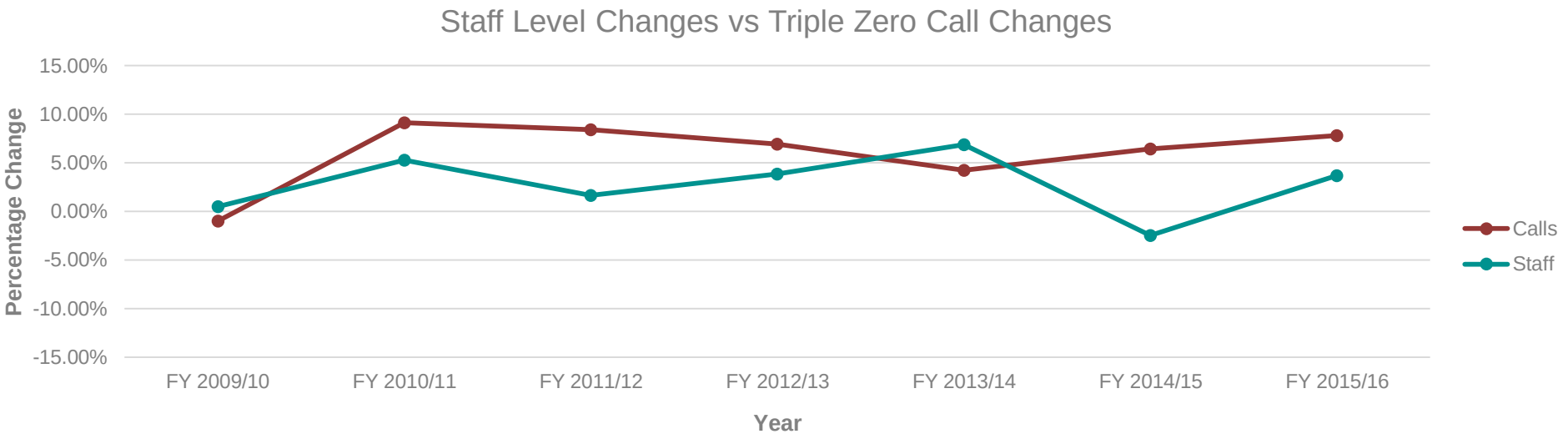


Table 170. Triple Zero Call Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2009/10	-4,823	-1.0%
FY 2010/11	44,461	9.1%
FY 2011/12	44,739	8.4%
FY 2012/13	40,040	6.9%
FY 2013/14	25,681	4.2%
FY 2014/15	41,036	6.4%
FY 2015/16	53,357	7.8%

Table 171. EMD Staff Level Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2009/10	1.56	0.49%
FY 2010/11	17.84	5.28%
FY 2011/12	5.71	1.66%
FY 2012/13	13.62	3.81%
FY 2013/14	26.41	6.88%
FY 2014/15	-9.27	-2.48%
FY 2015/16	14.26	3.67%

Technology and Innovation

Table 172. Technical/Clinical Changes Over Time

Item	Operations Centre	Introduced	Work Effect
Genesys ACD Telephony	Kedron Southport Maroochydore Townsville Spring Hill	2012 2013 2013 2014 2016	Shared work load evenly across other EMDs, automatically generated caller identification data to assist with call management, and improved voice logging for EMD review and follow up for case management if required.
ACOM Radio Management System	Cairns Townsville Rockhampton	2015 2015 2015	Allows EMD to more easily isolate channels for use and decreases manual work in status updating.
GWN Radio Management System	Kedron Southport Maroochydore Toowoomba Spring Hill	2015 2015 2016 2016	Allows better vehicle location identification for EMD to manage dispatch, decreases manual aspect for status updating. Does increase multitasking requirements: multiple screens and channel management.
SatCom PTT	All (except Southport & Spring Hill)		Allows EMD to better communicate with staff in isolated areas (decreases telephone and/or multiple device uses)
CAD	All	Annually (or as required)	Multiple upgrades to mitigate/minimise issues identified from OpCen staff to make role easier/better
ProQA	All	Annually (or as required)	Increased access to current info and questions for EMD to complete call/dispatch therefore assisting with QAS response algorithm removing decisions by EMDs
MoLI	All	2015	Increased caller location for EMD use in dispatching
Secondary Triage and Referral	Kedron	2010 2011	Assist EMD with management of low acuity cases

Item	Operations Centre	Introduced	Work Effect
		2012 2013 2014 2015 2016	
Split consoles	Kedron Cairns	2012 2016	Additional console during busy periods to share/minimise workload
Meal Management Software	All	2016	Replaces manual forms (and time) for EMD completion and automatic monitoring of meals with alerts for issues.
SOPs	All	2009 2016	128 as at 2009 131 as at 2016
NICE Long Term Voice Logging	All		Improved access to long term voice audio for case review and management for EMDs as well as negates the need to manually handle voice tapes.

Qualifications and Training

Table 173. Mandatory Entry Requirements for Appointment

2002	2013
Australian citizen or permanent residency	Australian citizen or permanent residency
Senior First Aid	Senior First Aid with CPR
Typing speed of 40 words/min with 95% accuracy	

Table 174. Qualifications and Mandatory Training

2007	2013
Certificate III (Ambulance Communications – Call Taking)	Certificate III (Ambulance Communications – Call Taking)
Certificate IV (Ambulance Communications – Dispatch)	Certificate IV (Ambulance Communications – Dispatch)
	Recertification every 2 years in MPDS
Number of Mandatory Training: 14	Number of Mandatory Training: 45

EMD Standard Operating Procedures

Table 175. EMD Standard Operating Procedures (SOP)

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP001 Misdirected Triple Zero Calls	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP002 Road Traffic Crashes Involving Ambulance Vehicles	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP003 Medical Priority Dispatch System	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP004 QEMS Coordination Centre (QCC) EMD Roles and Responsibilities	V1.8.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP005 Aeromedical Tasking Guidelines	V1.3.1	✓	✓	✓	✓	✓	✓	✓	✓
SOP005.1 Aeromedical RFDS Primary Response Coordination Process	V1.0.0	x	x	x	x	Oct	✓	✓	✓
SOP006 Aircraft Incident at Airport	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP007 Aircraft Incident Not at Airport	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP008 Baby Capsule Fitting Appointments	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP009 Bomb/CBR Threat Reported to QAS	V3.0.1	✓	✓	✓	✓	✓	✓	✓	✓
SOP010 Bomb Threat/Security Breach Against Communications Centre	V3.0.1	✓	✓	✓	✓	✓	✓	✓	✓
SOP011 Scheduled Meal Break Management on Road Staff	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP012 Manual Call Card System	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP013 Call Taker and Dispatcher Roles	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP014 Call Taking	V2.2.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP014.1 Geocoding an Address	V2.1.0	x	x	x	x	Nov	✓	✓	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP014.2 Geocoding to a Known Location	V2.0.0	x	x	x	x	Nov	✓	✓	✓
SOP014.3 Processing Emergency Calls for Alternate OpCens	V2.0.0	x	x	x	x	Nov	✓	✓	✓
SOP014.4 Amending Pre-Booked or Scheduled Transports for Other OpCens	V2.0.0	x	x	x	x	Nov	✓	✓	✓
SOP014.5 Dealing with Duplicate Calls	V2.0.1	x	x	x	x	Nov	✓	✓	✓
SOP014.6 Forcing an Address	V2.1.0	x	x	x	x	Nov	✓	✓	✓
SOP014.7 Geocoding with Latitude Longitude Coordinates	V2.0.0	x	x	x	x	Dec	✓	✓	✓
SOP014.8 Notification of Comments	V2.0.0	x	x	x	x	Dec	✓	✓	✓
SOP014.9 Emergency Smart Phone App	V2.0.0	x	x	x	x	Dec	✓	✓	✓
SOP014.10 Call Taking - Translating and Interpreting Service	V1.1.0	x	x	x	x	x	Nov	✓	✓
SOP014.11 NRS Emergency Relay Call Service	V1.0.0	x	x	x	x	x	x	May	✓
SOP014.12 Requests for Service from QPS	V1.0.0	x	x	x	x	x	x	Jun	✓
SOP014.13 Requests for Service from 3rd or 4th Party Callers	V1.0.0	x	x	x	x	x	x	Jun	✓
SOP014.14 Misdirected Triple Zero (000) Calls and CLI Discrepancy Reporting	V1.0.0	x	x	x	x	x	x	Jun	✓
SOP014.15 Calls From 13Health & Other Health Advice Call Centres	V1.0.0	x	x	x	x	x	x	Aug	✓
SOP014.16 MPDS Urgent Disconnect and Emergency Rule	V1.0.0	x	x	x	x	x	x	Nov	✓
SOP014.17 Incident Call Back	V1.0.0	x	x	x	x	x	x	Nov	✓
SOP014.18 Casualty Room Incidents	V1.0.0	x	x	x	x	x	x	Dec	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP014.19 Acquiring Additional Address & Patient Information	V1.0.0	x	x	x	x	x	x	x	Apr
SOP014.20 Dealing With Children & Callers With Special Requirements	V1.0.0	x	x	x	x	x	x	x	Apr
SOP014.21 Callers in Remote Isolated Locations	V1.0.0	x	x	x	x	x	x	x	Apr
SOP014.23 Requests from Health Care Professional (HCP)	V1.0.0	x	x	x	x	x	x	x	Jul
SOP015 Incident Cancellation and Reactivation	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP016 Casualty Room Incident	WITHDRAWN	✓	✓	✓	✓	✓	✓	Dec	x
SOP017 Clinical Co-ordinator - Contacting	V1.7.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP018 Communications/Operations Chain of Command	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP019 Transport of Patients to Swine Influenza Clinics	WITHDRAWN	✓	✓	✓	✓	✓	✓	Dec	x
SOP020 Communications Operators Generic Duties and Responsibilities	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP021 Construction Site Incident	WITHDRAWN	Dec	x	x	x	x	x	x	x
SOP022 Dealing with Children and Other Special Situations	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Apr
SOP023 Depressed Immunity and Infectious Disease Incidents	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP024 Difficulty Locating an Address	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Apr
SOP025 Dispatch Field Initiate	WITHDRAWN	✓	✓	✓	✓	✓	✓	Feb	x
SOP026 Response Priorities	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP027 Dispatching of Ambulances	V2.3.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP027.1 Confirming Incident Details	V2.3.0	x	x	x	x	x	Nov	✓	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP027.2 Backup and Support Units	V2.1.0	x	x	x	x	x	Nov	✓	✓
SOP027.3 Strategic Movement of Resources	V2.1.0	x	x	x	x	x	Nov	✓	✓
SOP027.4 Vehicle Breakdowns	V1.0.1	x	x	x	x	x	x	Aug	✓
SOP027.5 Red Light & Speed Camera Infringements	V1.0.0	x	x	x	x	x	x	Aug	✓
SOP027.6 QAS Operational Radio Signals	V1.0.0	x	x	x	x	x	x	Aug	✓
SOP027.7 Transport of Deceased Persons	V1.0.0	x	x	x	x	x	x	Aug	✓
SOP027.8 Situation Reports - Sitreps	V1.0.0	x	x	x	x	x	x	Aug	✓
SOP027.9 Field Initiate	V1.0.0	x	x	x	x	x	x	x	Feb
SOP027.10 Dispatch - Utilisation of Scheduled Transport Resources	V1.0.0	x	x	x	x	x	x	x	Nov
SOP027.11 Dispatch - Emergency Availability Management	V1.0.0	x	x	x	x	x	x	x	Nov
SOP028 Fatigue Breaks	V1.7	✓	✓	✓	✓	✓	✓	✓	✓
SOP029 Incident Call Back	WITHDRAWN	x	x	Mar	✓	✓	✓	Nov	x
SOP030 Gas Incident	WITHDRAWN	Dec	x	x	x	x	x	x	x
SOP031 Responses to Hazardous Situations	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP032 Hospital Discharges	V1.8.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP033 Incident Management Communication Centre	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP034 Intensive Care Paramedic (Level 4) and Extended Care Paramedic (Level 3)	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP035 Queensland Health Authorised Transports (QHAT)	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP036 Use of Another Region's Resources for Scheduled Transports	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP037 Legislation Powers of QAS Officers	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP038 Lost Property/Property Left In Ambulances	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP039 Media Release of Information	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP040 Medevac Activation	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP041 Mobile Phone Usage	WITHDRAWN	✓	✓	✓	✓	✓	✓	Mar	x
SOP042 OpCen Multi Casualty Management	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP043 Neo-Natal Retrieval/Transport	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP044 Non-Incident Vehicle Movements	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP045 Notifications of External Agencies	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP046 Notification of QAS Senior Officers	V2.1.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP047 Notification/Activation of Priority One and Peer Support	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP048 Swine Influenza - Overseas Pandemic Phase 4	WITHDRAWN	Apr	✓	✓	✓	✓	✓	Dec	x
SOP049 On Call	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP050 Operational Shift Logon Management	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP051 QAS Operational Radio Signals	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP052 Patient Injured While in QAS Care	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP053 Ambulance Requests from Non-Department of Health Care Professionals	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Jul

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP054 Police Required - Signal One Duress	V2.2.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP055 Dedicated Lines into the Communications Centre	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP056 Resource Type Alpha Identifier	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP057 Radio Procedure	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP058 Red Light and Speed Camera Infringements	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP059 Relaying Information to Hospital	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP060 Operational Handover Management	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP061 Situation Reports - SITREPS	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP062 Incident - Special Events	V1.7.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP063 Team Leader Roles and Responsibilities	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP064 Transport of Deceased Persons	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP065 Transport of Psychiatric Patients	V1.6.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP066 Vehicle Breakdown	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP067 Voice Logger Operation	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP068 Associated Incidents	V1.9.1	✓	✓	✓	✓	✓	✓	✓	✓
SOP069 Abbreviation and Acronyms	WITHDRAWN	✓	✓	✓	✓	✓	✓	Mar	x
SOP070 Hazmat and CBR Incidents	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP071 On Scene Co-ordination	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP072 Termination of an Incident When Unable to Locate a Patient	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP073 Strategic Movement of Vehicles for Operational Expediency	WITHDRAWN	✓	✓	Jul	x	x	x	x	x
SOP074 Triple Zero CLI of Mobile Telephone Callers	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Apr
SOP075 106 Emergency Text Relay Number	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP076 Severe Acute Respiratory Syndrome (SARS)	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP077 Approved Hospital Abbreviations	WITHDRAWN	Oct	x	x	x	x	x	x	x
SOP078 CAD Caution Note Entries	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP079 Flight Following Procedures for Emergency Helicopters	V1.2	✓	✓	✓	✓	✓	✓	✓	✓
SOP080 Helicopter Emergency Procedure	V1.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP081 QAS Resources Meeting Royal Flying Doctor Service (RFDS) Aircraft	V1.2.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP082 Processing Call Cards after a CAD Outage	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP083 Notifying Police of Anticipated Rescue Helicopter Landings	V1.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP084 Train Incident Management	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP085 MPDS Emergency Rule	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP086 Hand Over from 13HEALTH Call Centre	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP087 Recording Address Instructions or Additional Patient Information	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Apr
SOP088 Telephone and Communications Technique and Etiquette	V1.1.1	✓	✓	✓	✓	✓	✓	✓	✓
SOP089 Upgrading/Downgrading Response Codes	V1.5.0	✓	✓	✓	✓	✓	✓	✓	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP090 Scheduled Call Taking	V1.3.2	✓	✓	✓	✓	✓	✓	✓	✓
SOP091 CAD Operator Login (Jurisdiction and Divisions)	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP092 Use of Another Region's Resources	WITHDRAWN	✓	✓	Aug	x	x	x	x	x
SOP093 Isolating an Incident	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP094 Emergency Call Taking	V1.9.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP095 13HEALTH Call Centre	WITHDRAWN	✓	✓	✓	✓	✓	✓	Aug	x
SOP096 Copying Voicelog Tapes	V1.2.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP097 Calls From Police and Other 3rd or 4th Party Callers	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP099 Situations Involving Violence and Crew Safety	V2.1.0	Dec	✓	✓	✓	✓	✓	✓	✓
SOP103 Handovers from National Heart Foundation Call Centre	V1.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP104 Calls From Locations Contaminated with Equine Influenza	WITHDRAWN	✓	✓	✓	✓	✓	✓	Dec	x
SOP105 Client Service and Consultation with QEMS Communications Centre	V1.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP106 Standing down road resources corresponding with Helicopters	V1.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP107 Use of Diagnostics in a ProQA	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP108 QAS Approved MPDS Definitions	V1.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP109 Handling False Calls Guidelines	V2.1.0	Dec	✓	✓	✓	✓	✓	✓	✓
SOP110 Clinical Deployment Supervisor (CDS) Changes to Medical Priority	V2.1.1	Oct	✓	✓	✓	✓	✓	✓	✓

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP111 Clinical Deployment Supervisor (CDS) Changes to Queensland Ambulance Service Dispatch Response Recommendations (AFcom and SECOMM only)	V2.1.1	Oct	✓	✓	✓	✓	✓	✓	✓
SOP112 Clinical Deployment Supervisor (CDS) Dynamic Deployment of Queensland Ambulance Service Resources (AFcom and SECOMM only)	V2.1.1	Oct	✓	✓	✓	✓	✓	✓	✓
SOP113 Rest Pause and Scheduled Meal Break Management	V2.0.0	Mar	✓	✓	✓	✓	✓	✓	✓
SOP114 Ebola Virus Disease (EVD)	V2.1.4	x	x	x	x	x	x	Feb	✓
SOP115 Medical Alarm Activation	V1.0.0	x	x	Oct	✓	✓	✓	✓	✓
SOP116 STAR Management of Incidents in CAD	V1.0.0	x	x	Sep	✓	✓	✓	✓	✓
SOP117 CCTV Video Retrieval Procedure	V1.0.0	x	x	x	Oct	✓	✓	✓	✓
SOP119 EMD Referral of Incidents to Secondary Triage and Referral Service (STAR)	V1.0.0	x	Nov	✓	✓	✓	✓	✓	✓
SOP121 Specialist Transfer and Retrieval Unit	V2.0.0	Aug	✓	✓	✓	✓	✓	✓	✓
SOP124 EMD Live Call Taking Evaluation	V.1.0.1	Nov	✓	✓	✓	✓	✓	✓	✓
SOP125 Emergency Capacity Hospital Overview (ECHO)	V1.0.0	Dec	✓	✓	✓	✓	✓	✓	✓
SOP126 The Emergency Location Identification System (TELIS)	V1.0.0	Dec	✓	✓	✓	✓	✓	✓	✓
SOP130 Workplace Protocols	V1.0.0	x	Dec	✓	✓	✓	✓	✓	✓
SOP131 Mobile Phone Location Information MoLI	V3.0.0	x	x	Dec	✓	✓	✓	✓	✓
SOP132 Brisbane Road Traffic Tunnel Incidents	V3.0.0	x	Mar	✓	✓	✓	✓	✓	✓
SOP133 Recording and Advising Crews of Address Directions	WITHDRAWN	x	Aug	✓	✓	✓	✓	✓	Apr

SOP	Version	2009	2010	2011	2012	2013	2014	2015	2016
SOP301 QAS Operations Centre Systems Fault and Failure Reporting	V2.2.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP302 Reporting Caller Line Identification (CLI) Errors	WITHDRAWN	May	x	x	x	x	x	x	x
SOP303 Electrical Power Failure - Communication Centre	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP304 Equipment Faults / Failure Reporting	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP305 VisiCAD Suggestion for Changes/Feedback	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP306 Triple Zero (000) Fault Reporting Procedure	WITHDRAWN	✓	✓	✓	✓	✓	✓	Nov	x
SOP401 Bundy Clock Procedure	WITHDRAWN	✓	✓	✓	✓	✓	✓	✓	Nov
SOP402 Complaint Management	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP403 Right to Information and Information Privacy	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP404 User Password and Profile Security	V3.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP405 Messages to Operational Staff	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP406 Code of Conduct	WITHDRAWN	Nov	x	x	x	x	x	x	x
SOP407 Quality Assurance MPDS	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP408 OpCen Security and Threat Advisory Levels	V2.0.0	✓	✓	✓	✓	✓	✓	✓	✓
SOP409 Update or Suggestion For Change To SOP	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x
SOP410 Workplace Health & Safety Accidents & Issue Reporting	WITHDRAWN	✓	✓	✓	✓	✓	✓	Jun	x

PATIENT TRANSPORT OFFICER

Work Environment

Figure 63. PTO Staff Levels and Incident (Code 3B and 4B) Changes

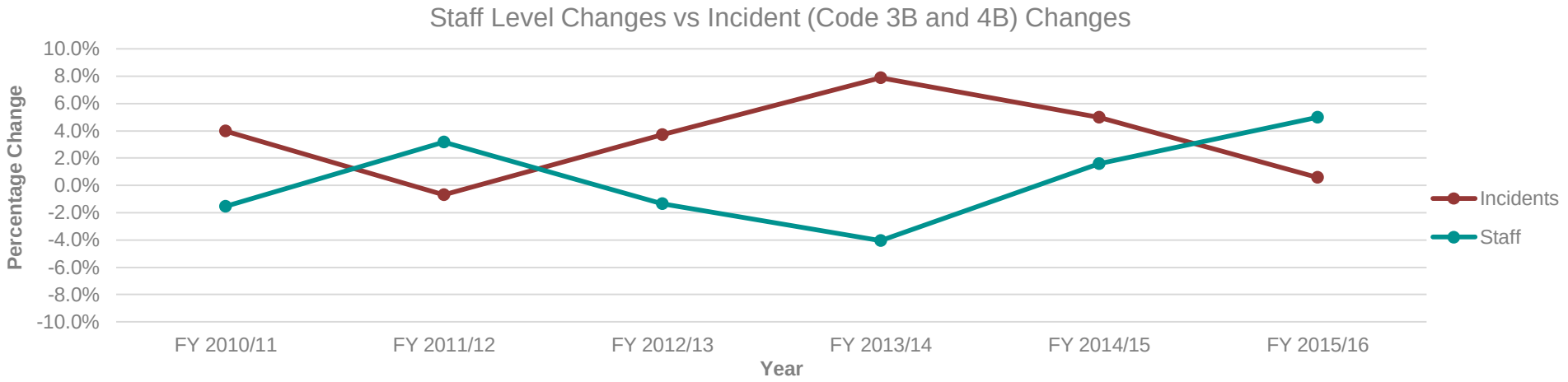


Table 176. Code 3B and 4B Incident Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2009/10	-	-
FY 2010/11	6,688	4.0%
FY 2011/12	-1,193	-0.7%
FY 2012/13	6,413	3.7%
FY 2013/14	14,156	7.9%
FY 2014/15	9,659	5.0%
FY 2015/16	1,273	0.6%

Table 177. PTO Staff Levels

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2009/10	3.6	2.05%
FY 2010/11	-2.74	-1.53%
FY 2011/12	5.58	3.17%
FY 2012/13	-2.43	-1.34%
FY 2013/14	-7.28	-4.06%
FY 2014/15	2.73	1.59%
FY 2015/16	8.75	5.00%

Figure 64. PTO Responses to Acute Incidents (Code 1 and 2)

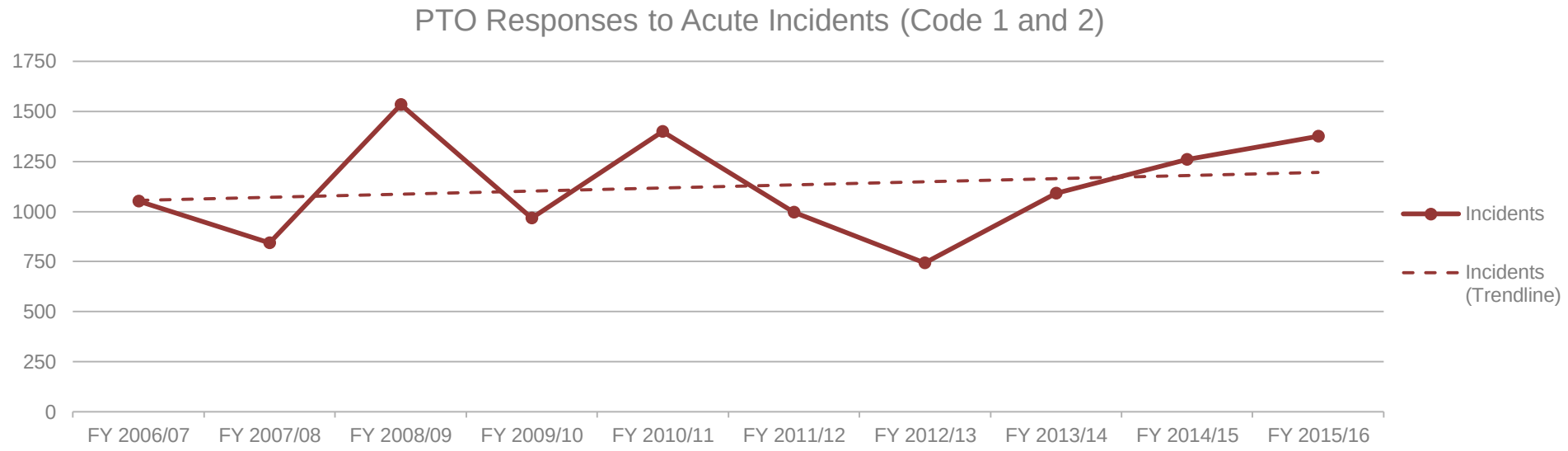


Table 178. PTO Responses to Acute Incidents (Code 1 and 2)

Financial Year	Total Responses to Acute Incidents (#)	Growth from Previous Year (#)
FY 2006/07	1051	-
FY 2007/08	843	-208
FY 2008/09	1533	690
FY 2009/10	968	-565
FY 2010/11	1400	432
FY 2011/12	996	-404
FY 2012/13	744	-252
FY 2013/14	1090	346
FY 2014/15	1260	170
FY 2015/16	1377	117

Qualifications and Training

Table 179. Mandatory Entry Requirements for Appointment

2004	2016
Senior First Aid Certificate (with CPR)	Apply First Aid Certificate (with CPR)
Year 10 Certificate	Year 10 Certificate
Current Open Driver's Licence (Manual)	Current Open Driver's Licence (Manual)
Demonstrate all fitness levels pertaining to this position	To be, and remain, vaccinated against: Diphtheria, Tetanus, Pertussis (whooping cough); Hepatitis B; Measles, Mumps, Rubella (MMR); Varicella (Chickenpox); Influenza; and Tuberculosis

Table 180. Qualifications and Mandatory Training

2004	2016
Certificate III in Health Science (Patient Transport)	Certificate III in Non-Emergency Patient Transport • 4 weeks initial program • 400 hours of mentored work
Number of Mandatory Training: 10	Number of Mandatory Training: 35

ADVANCED CARE PARAMEDIC

Roles and Responsibilities

Table 181. Changes to Position Descriptions during the Review Period

Item	Work Effect
Attending to patients using the full range of pre-hospital emergency care techniques available to a Paramedic and extended skills when appropriate, by assessing the most appropriate pathway of care.	Change in responsibility related to increased expectations of decision making processes.
Transmitting and/or receiving information via MDT/radio/telephone or other technology in accordance with QAS procedures.	Changes in processes, though no significant changes to the responsibilities or knowledge of ACPs.
Communicate effectively, appropriately and respectfully with patients, relatives, health professionals, members of the public, other emergency services staff and key stakeholders to ensure the best possible outcome for the patient is achieved.	This is an expectation within the Code of Conduct and of all Government employees within their work environment therefore no additional work effect.
Demonstrate a commitment to continuing professional development by attending relevant educational sessions as required and responsible for keeping current with any new developments and changes to the QAS Clinical Practice Guidelines.	The addition of professional development related to developments or changes to Clinical Practice Guidelines adds to the qualifications and training requirements of ACP roles.
Deliver sensible and practical clinical decisions in the best interests of the patient, within a framework of evidence based, reasonable and professional judgements.	Change in responsibility related to increased expectations of decision making processes.
Demonstrate a commitment to the achievement of the proficiency practise standards contained within the CAA Professional Paramedic Competency Standards (PPCS).	No additional work effect as this is an expectation of Government employees based on Code of Conduct requirements.
Manage, administer and/or supply medication and treatment according to relevant legislation, regulations, guidelines, policies and procedures to support the provision of the most effective care and treatment to the patient in an ethical and professional manner.	Change in responsibility related to increased expectations of decision making processes.
Ensure that all interactions with QAS stakeholders including patients, their relatives and members of the public and organisations is of the highest professional standard to promote the professionalism and reputation of all ambulance paramedics and the Queensland Ambulance Service.	No additional work effect as this is an expectation of Government employees based on Code of Conduct requirements.

Item	Work Effect
Lead and manage staff in emergency management capability for disasters, major incidents and mass crowd gatherings in close consultation with the Director Operations - Emergency Management State Headquarters.	No additional work effect as this is an expectation of Government employees based on Code of Conduct requirements.

Table 182. Top 15 Case Types (MPDS) for a Bravo (ACP) Response

2007	2016
Falls	Sick Person (Specific Diagnosis)
Sick Person (Specific Diagnosis)	Falls
Breathing Problems	Chest Pain
Chest Pain	Breathing Problems
Unconscious / Fainting (Near)	Abdominal Pain/Problems
Traffic / Transportation Accident	Traumatic Injuries (Specific)
Traumatic Injuries (Specific)	Psychiatric / Abnormal Behaviour / Suicide Attempt
Abdominal Pain/Problems	Unconscious / Fainting (Near)
Haemorrhage / Lacerations	Traffic / Transportation Accident
Convulsions/Fitting	Haemorrhage / Lacerations
Psychiatric / Abnormal Behaviour / Suicide Attempt	Convulsions/Fitting
Overdose / Poisoning (Ingestion)	Assault/Sexual Assault
Unknown Problem (Collapse 3rd Party)	Overdose / Poisoning (Ingestion)
Assault/Sexual Assault	Back Pain (Non-Traumatic/Non-Recent)
Back Pain (Non-Traumatic/Non-Recent)	Stroke (CVA)

Work Environment

Figure 65. ACP Staff Levels and Incident (Code 1 and 2) Changes

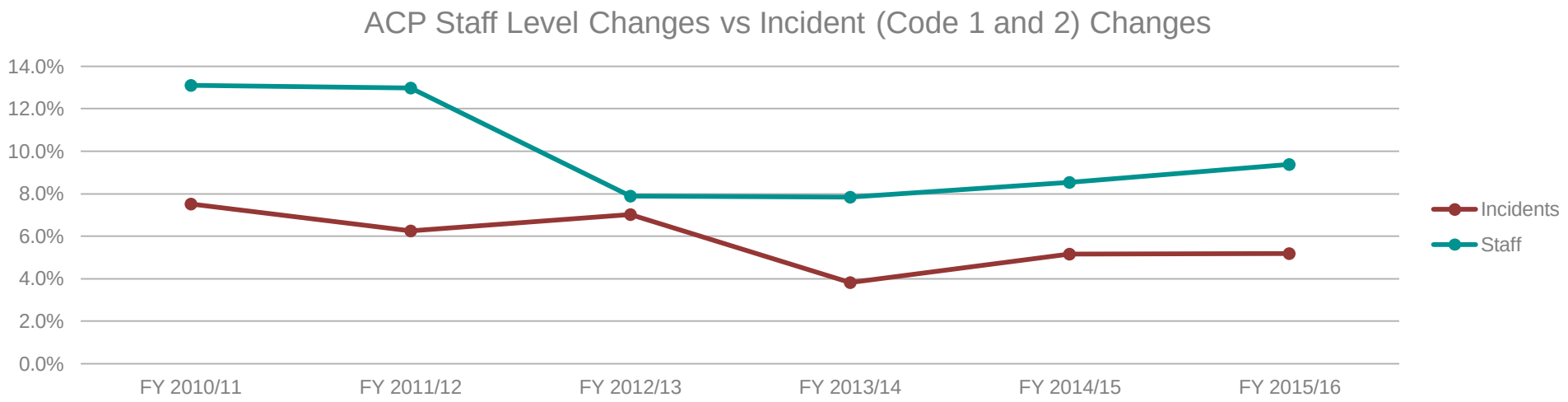


Table 183. Code 1 and 2 Incident Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2010/11	41,486	7.51%
FY 2011/12	36,837	6.25%
FY 2012/13	44,531	7.02%
FY 2013/14	25,125	3.81%
FY 2014/15	35,942	5.17%
FY 2015/16	38,007	5.19%

Table 184. ACP Staff Level Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2010/11	181.83	13.10%
FY 2011/12	203.75	12.98%
FY 2012/13	139.8	7.88%
FY 2013/14	149.82	7.83%
FY 2014/15	176.13	8.54%
FY 2015/16	209.97	9.38%

Qualifications and Training

Table 185. Mandatory Entry Requirements for Appointment

2004	2016
Australian citizen or permanent residency	Australian citizen or permanent residency
Diploma of Paramedic Science (Ambulance)	Bachelor's Degree in Paramedicine or Health Science (Paramedic)
Open Queensland "C" Class Drivers Licence (Manual)	Open Queensland "C" Class Drivers Licence (Manual)
	Demonstrated medical fitness and physical capacity to safely undertake all the duties
	To be, and remain, vaccinated against: Diphtheria, Tetanus, Pertussis (whooping cough); Hepatitis B; Measles, Mumps, Rubella (MMR); Varicella (Chickenpox); Influenza; and Tuberculosis

Table 186. Mandatory Training

2007	2016
Number of Mandatory Training: 12	Number of Mandatory Training: 39
Number of LASN Specific Mandatory Training: 2	Number of LASN Specific Mandatory Training: 12

CRITICAL CARE PARAMEDIC

Roles and Responsibilities

Table 187. Changes to Position Descriptions during the Review Period

Item	Work Effect
Undertake a thorough clinical assessment of patients to identify illness or injury and plan and initiate appropriate patient management consistent with QAS Clinical Practice Manual.	Changes (varying scale) as illustrated in training and qualifications (CTP/CPP/DTP)
Manage, administer and /or supply medication and treatment according to relevant legislation, regulations, guidelines, protocols, policies and procedures to support the provision of the most effective care and treatment to the patient in an ethical and professional manner.	Change in responsibility, especially associated to expectation of decision making processes.
Work in collaboration within the broader LASN network and contribute to LASN performance targets and service delivery standards.	No change
Maintain comprehensive and accurate records of all interactions and outcomes, whilst preserving patient confidentiality, to ensure patient history and records of treatment are available for future reference.	No change
Clinical practice within your credentialed scope of practice as approved by the Commissioner QAS.	Changes (varying scale) as illustrated in training and qualifications (CTP/CPP/DTP)

Table 188. Top 15 Case Types (MPDS) for an Alpha (CCP) Response

2007	2016
Breathing Problems	Traffic / Transportation Accident
Chest Pain	Breathing Problems
Unconscious / Fainting (Near)	Chest Pain
Traffic / Transportation Accident	Cardiac or Respiratory Arrest/Death
Falls	Falls
Convulsions/Fitting	Unconscious / Fainting (Near)
Sick Person (Specific Diagnosis)	Convulsions/Fitting
Traumatic Injuries (Specific)	Sick Person (Specific Diagnosis)
Cardiac or Respiratory Arrest/Death	Psychiatric / Abnormal Behaviour / Suicide Attempt
Overdose / Poisoning (Ingestion)	Overdose / Poisoning (Ingestion)
Haemorrhage / Lacerations	Traumatic Injuries (Specific)
Heart Problems / A.I.C.D	Assault/Sexual Assault
Unknown Problem (Collapse 3rd Party)	Allergic Reactions/Animal Stings/Envenomation
Allergic Reactions/Animal Stings/Envenomation	Haemorrhage / Lacerations
Abdominal Pain/Problems	Heart Problems / A.I.C.D

Work Environment

Figure 66. CCP Staff Levels and Incident (Code 1 and 2) Changes

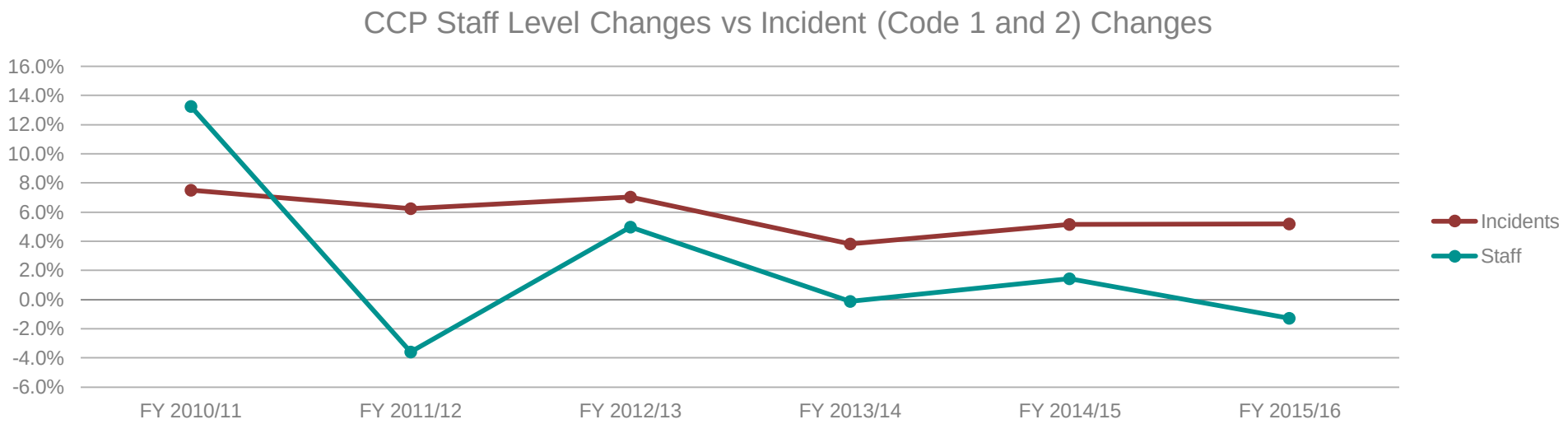


Table 189. Code 1 and 2 Incident Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2010/11	41,486	7.51%
FY 2011/12	36,837	6.25%
FY 2012/13	44,531	7.02%
FY 2013/14	25,125	3.81%
FY 2014/15	35,942	5.17%
FY 2015/16	38,007	5.19%

Table 190. CCP Staff Level Changes

Financial Year	Growth from Previous Year (#)	Growth From Previous Year (%)
FY 2010/11	17.81	13.25%
FY 2011/12	-5.45	-3.58%
FY 2012/13	7.32	4.99%
FY 2013/14	-0.19	-0.12%
FY 2014/15	2.19	1.42%
FY 2015/16	-2.01	-1.29%

Qualifications and Training

Table 191. Mandatory Entry Requirements for Appointment

2004	2016
Australian citizen or permanent residency	Australian citizen or permanent residency
Diploma of Paramedic Science (Ambulance)	Bachelor's Degree in Paramedicine or Health Science (Paramedic)
Open Queensland "C" Class Drivers Licence (Manual)	Open Queensland "C" Class Drivers Licence (Manual)
	Graduate Diploma in Intensive Care Paramedical Practice
	Demonstrated medical fitness and physical capacity to safely undertake all the duties
	To be, and remain, vaccinated against: Diphtheria, Tetanus, Pertussis (whooping cough); Hepatitis B; Measles, Mumps, Rubella (MMR); Varicella (Chickenpox); Influenza; and Tuberculosis

Table 192. Mandatory Training

2007	2016
Number of Mandatory Training: 12	Number of Mandatory Training: 38
Number of LASN Specific Mandatory Training: 2	Number of LASN Specific Mandatory Training: 12

APPENDIX N

CLINICAL PRACTICE MANUAL COMPARISON FOR ACP AND CCP

COMPARISON SUMMARY

Table 193. Clinical Practice Manual Comparison Summary

Details	2007 (2002 Print and Circulars)	September 2011 (Print)	October 2016 (Digital)
Clinical Practice Guidelines (CPGs)	51	98	111
Clinical Practice Procedures (CPPs)	67 (Procedural Competencies)	66	129
Drug Therapy Protocols (DTPs)	28	48	60
Pages	450 (2002 Print Only)	632	989

Table 194. Legend

Legend	
✓	Practised
x	Not practised
1	Minimal level of change/no change
2	Moderate level of change
3	Significant level of change
R	Increase to responsibility
K	Increase to knowledge

CLINICAL PRACTICE GUIDELINES

Table 195. Clinical Practice Guidelines Comparison Summary

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Acute behavioural disturbance	x	✓		✓	• Previously covered by CPG: The agitated patient • Significant changes requiring new learning/knowledge. • Applicable to all skill levels.	3K&R (ACP) 1 (CCP)
The suicidal patient	✓	✓	• Previously “Psychiatric emergencies”	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Taser® incidents	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
The physically restrained patient	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Acute coronary syndrome	✓	✓	• Previously “Acute myocardial infarction / Angina”	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2K&R (all)
Bradycardia	✓	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Cardiac arrest	✓	x		✓	• New CPG to reinforce existing knowledge. • Applicable to all skill levels.	3K&R (all)
Cardiogenic shock	✓	✓	• Previously “Acute pulmonary oedema”	✓	• Significant changes requiring new learning/knowledge – all skill levels. • Introduction of independent authority for non-invasive ventilation (ACP2 / CCP)	2K&R (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Tachycardia - broad complex	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge – all skill levels. • Introduction of independent authority for Amiodarone infusion (CCP)	2K (CCP) 1 (ACP)
Tachycardia - narrow complex	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels	1 (all)
CBRIE	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Diving emergencies	x	✓		✓	• Previously covered by CPG: Dysbarism • Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Hyperthermia	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Hypothermia	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Abdominal emergencies	x	✓	• Previously split into “Abdominal injuries” & “Obstetrics”	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Acute dystonic reaction	x	x		✓	• New CPG to reinforce existing knowledge. • Applicable to all skill levels.	1 (all)
Adrenal insufficiency	x	x		✓	• New CPG to reinforce existing knowledge (CCPs) • New CPG with significant content requiring new learning/knowledge (ACP2) • Introduction of independent authority for Hydrocortisone administration (ACP2)	2K&R (ACP)
Anaphylaxis and allergy	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Hyperglycaemia	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Hyperkalaemia	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	2K (CCP) 1 (ACP)
Meningococcal septicaemia	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Nausea and vomiting	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels. • Introduction of independent authority for Ondansetron (ODTs) administration (EACP2/ECCP)	1 (all)
Sepsis	x	✓		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Spinal emergencies	✓	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Altered level of consciousness	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Autonomic dysreflexia	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Headache	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Seizure	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions. • Applicable to all skill levels. • Introduction of independent authority for Midazolam (NAS) administration	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Stroke / Transient Ischaemic Attack	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge • Introduction of formal pre-hospital stroke assessment tool (Modified MASS) • Introduction of formal stroke by-pass criteria • Introduction of acute stroke referral process (see CPP: Acute Stroke Referral)	1 (all)
Breech birth	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Cord prolapse	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge.	2K (all)
Ectopic pregnancy	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Applicable to all skill levels.	2K (all)
Miscarriage	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge.	1 (all)
Physiological cephalic birth	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge. • Applicable to all skill levels. • Introduction of “Active” & “Physiological” management of 3rd stage of labour (as selected by patient). • Introduction of independent authority for Oxytocin (ACP2/CCP).	2 (all)
Placenta praevia	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Placental abruption	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Pre-eclampsia	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Primary postpartum haemorrhage	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge. • Applicable to all skill levels. • Introduction of independent authority for Oxytocin (ACP2/CCP).	2 (all)
Secondary postpartum haemorrhage	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge. • Applicable to all skill levels. • Introduction of independent authority for Oxytocin (ACP2/CCP).	2 (all)
Shoulder dystocia	x	✓		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Umbilical cord rupture	x	x		✓	• New CPG with significant content to requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Uterine inversion	✓	✓	• Updated CPG with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Uterine rupture	x	✓		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	2 (all)
Acute pulmonary oedema	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Airway obstruction (foreign body)	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Asthma	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Introduction of independent authority for non-invasive ventilation (CCP)	2R (CCP) 1 (ACP)
Chronic obstructive pulmonary disease	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels. • Introduction of independent authority for non-invasive ventilation (CCP)	2R (CCP) 1 (ACP)
Croup	✓	x		✓	• Previously covered within CPG: Croup/Epiglottitis • Applicable to all skill levels. • New specific CPG to reinforce existing knowledge.	1 (All)
Dyspnoea	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Epiglottitis	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Previously covered within CPG: Croup/Epiglottitis • Applicable to all skill levels. • New specific CPG to reinforce existing knowledge.	1 (all)
Hyperventilation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Pulmonary embolus	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Tracheostomy emergencies	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Resuscitation - General guidelines	x	x		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Resuscitation - Adult	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Resuscitation - Newly born	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Resuscitation – Paediatric	✓	✓	• Updated CPG with moderate content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Resuscitation - Special circumstances	x	✓		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Resuscitation - Traumatic	x	✓		✓	• Significant changes requiring new learning/knowledge • Applicable to all skill levels.	2K (all)
Post ROSC management	x	✓		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Approach to the poisoned patient	✓	x		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Alcohol - ethanol	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Anticholinergic	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Benzodiazepine	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Beta blocker	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Calcium channel blocker	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Carbon monoxide	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Corrosive agents	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Cyanide	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Gamma-hydroxybutyrate	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Marine envenomation	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Opioids	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Organophosphate / cholinergic	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Paraquat	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Psychostimulant emergencies	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Serotonin	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Snake bite	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Spider bite	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Sympathomimetic	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Toxic metals	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Tricyclic antidepressants	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Abdominal trauma	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Burns	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Chest injuries	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Crush injury	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Dental injury	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Electric shock	x	✓		✓	• Minimal changes between versions. Applicable to all skill levels. • Applicable to all skill levels.	1 (all)
Eye injury	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Fluid injection injury	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Hypovolaemic shock	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Limb injury	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Pelvic injury	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Post submersion	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Pre-hospital trauma by-pass	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Spinal cord injury	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Significant changes requiring new learning/knowledge • Applicable to all skill levels.	2K (all)
Trauma in pregnancy	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Traumatic brain injury	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Traumatic haemorrhage control	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Disc battery ingestion	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Multi casualty incidents	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Non QAS transportation	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Pain management	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPG with significant content requiring new learning/knowledge.	1 (all)

Clinical Practice Guideline	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
					• Applicable to all skill levels.	
Palliative care	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Paramedic safety	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Patient refusal of treatment or transport	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Patients in police custody	x	x		✓	• New CPG with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Recording of life extinct (ROLE)/ management of a deceased person	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Standard cares	x	x		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Suspected abuse and assault	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
The bariatric patient	x	x		✓	• New CPG with significant content requiring new learning/knowledge • Applicable to all skill levels.	1 (all)

CLINICAL PRACTICE PROCEDURES

Table 196. Clinical Practice Procedures Comparison Summary

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
External jugular intravenous cannulation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to ACP2/CCP.	1 (all)
Intraosseous — EZ-IO®	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to CCP.	1 (all)
Intraosseous — FastResponderTM	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	1 (all)
Peripheral intravenous cannulation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to ACP2/CCP.	1 (all)
Direct laryngoscopy	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Moderate changes between versions requiring new learning/knowledge • Applicable to ACP2/CCP.	1 (all)
Intubating catheter (bougie)	x	x		✓	• New CPP to reinforce existing knowledge. • Applicable to CCP.	1 (all)
Laryngeal manipulation	x	✓		✓	• Minimal changes between versions. • Applicable to CCP.	1 (all)
Laryngeal mask airway insertion	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPP with significant content requiring new learning/knowledge. • Introduction of LMA Supreme™ (CCP and ACP2)	1 (all)
Magill forceps	x	x		✓	• Moderate changes between versions requiring new learning/knowledge • Applicable to ACP2/CCP.	1 (all)
Nasopharyngeal airway insertion	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Oral endotracheal tube securing	x	x		✓	• Moderate changes between versions requiring new learning/knowledge. • Applicable to CCP.	1 (all)
Oropharyngeal airway insertion	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Rapid sequence induction	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	3K&R (ECCP)
Suctioning	✓	x		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Surgical cricothyrotomy	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	3K&R (ECCP)
Triple airway manoeuvre	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
APGAR score	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Blood analysis - i-STAT®	x	x		✓	• CPP currently not active.	
Blood analysis - CoaguChek® XS Plus	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	3K&R (ECCP)
Blood analysis - glucometry	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
COAST score	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Endotracheal tube cuff manometer	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to CCP.	1 (CCP)
Glascow Coma Scale	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Invasive Blood Pressure	x	x		✓	• Previously covered by CPP: Insertion of an arterial line. • Moderate changes between versions requiring new learning/knowledge. • Applicable to EACP2/CCP (FP)	1 (EACP2/CCP (FP))
Mental status	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Neurological assessment	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Non-invasive blood pressure	✓	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Oximetry - pulse	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Paediatric	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Pain	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Perfusion status	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	
Pre-hospital stroke screening tool	x	x		✓	• New CPP with significant content requiring new learning/knowledge.	2K (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
					• Applicable to all skill levels.	
Primary and secondary surveys	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Respiratory status	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Sedation assessment tool (SAT)	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Trauma Induced Coagulopathy Clinical Score	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)
Tympanic thermometer	x	x		✓	• New CPP to reinforce existing learning/knowledge. • Applicable to all skill levels.	1 (all)
Ultrasound - Focused assessment with sonography with trauma	x	✓		✓	• Significant changes requiring new learning/knowledge • Applicable to ECCP (HARU).	3K&R (ECCP)
Waveform capnography	✓	x		✓	• New CPP to reinforce existing learning/knowledge. • Applicable to ACP2/CCPs.	2K (all)
Mental illness - The legal framework	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Completion of an Emergency Examination Order	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Transportation of persons under the Mental Health Act 2000	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Sedation - acute behavioural disturbance	x	✓		✓	• Previously covered by CPP: Sedation. • New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP (independent authority for droperidol)	3K&R (ACP) 2 (CCP)
12-Lead ECG acquisition	x	✓		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	3K&R (all)
Autonomous fibrinolysis administration	x	✓		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to CCPs.	3K&R (CCP)
Autonomous pPCI referral	x	✓		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to CCPs	3K&R (CCP)
Cardiac monitoring	✓	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Decision supported fibrinolysis administration	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2 (CCPs covered by alternate policy)	3K&R (ACP)
Decision supported pPCI referral	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2s	3K&R (ACP)
Synchronised cardioversion	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPP (due to new equipment) with significant content requiring new learning/knowledge. • Applicable to CCPs.	2K (CCP)
Transcutaneous cardiac pacing	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPP (due to new equipment) with significant content requiring new learning/knowledge. • Applicable to CCPs.	2K (CCP)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Valsalva manoeuvre	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Blood warmer - Belmont® buddy lite™	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)
Blood warmer - enflow®	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)
EPiPen® / EPiPen® Jr adrenaline (epinephrine) auto-injector	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to FR.	3K&R (FR)
Intramuscular	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Intranasal	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Intravenous	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (All)
Nebulised	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (All)
Oral	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (All)
Priming of a Microbore extension set	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	1 (All)
Priming of an Alaris™ 2-way extension set (with clamps)	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	1 (All)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Priming of an Alaris™ blood solution – (gravity flow) pump set	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	1 (All)
Priming of an Alaris™ (gravity flow) giving set	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	1 (All)
Staff influenza vaccination	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	1 (All)
Subcutaneous	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels (recent introduction for ACP)	1 (All)
Sublingual	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (All)
Syringe infusion pump - Perfusor®Space	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to EACP2/ECCP (FP)s	2K (EACP2/ECCP - FP)
Syringe infusion pump - SPRINGFUSOR®30	x	x		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (All)
Bimanual compression	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Updated CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	2K (All)
Breech delivery	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Updated CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	2K (All)
Physiological cephalic birth	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Updated CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	2K (All)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Nuchal cord	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	2K (All)
Shoulder dystocia	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Updated CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP	2K (All)
Bag valve mask ventilation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Emergency chest decompression - cannula	✓	x		✓	• Previously covered by CPP: Tension pneumothorax decompression. • New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP.	1 (CCP) 2K&R (ACP)
Emergency chest decompression - COOK® Emergency Pneumothorax Set	x	x		✓	• Previously covered by CPP: Tension pneumothorax decompression. • New CPP with significant content requiring new learning/knowledge. • Applicable to CCP.	1 (CCP)
Emergency chest decompression - finger thoracostomy	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K & 3R (ECCP)
Emergency chest decompression - tube thoracostomy	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K & 3R (ECCP)
Non-invasive ventilation - CPAP	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP.	3R (all)
Positive end expiratory pressure	x	✓		✓	• Minimal changes between versions. • Applicable to CCP.	3R (CCP)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Arterial tourniquet - C-A-T®	x	✓		✓	• Minimal changes between versions. • Applicable to ACP2/CCP.	1 (all)
Arterial tourniquet - SOF®TT-W	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ACP2/CCP.	1 (all)
Bandaging - Simple bandaging and slings	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Bandaging - The emergency bandage	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Care of an amputated body part	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Cervical collar	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPP (rigid to soft collar) with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Femoral traction splint	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• New CPP (DONWAY to CT-6) with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Fish hook removal	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Fracture reduction	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	2K&R (all)
Helmet removal	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Immobilisation / extrication jacket	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Manual inline stabilisation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Nasal pack	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	1 (all)
Pelvic circumferential compression device	x	x		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Skin closure - Histoacryl® topical skin adhesive	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to EACP/ECCP (LARU).	1 (EACP/ECCP)
Skin stapler	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2R (ECCP)
Stretcher - CombiCarrier®II	x	x		✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Thoracotomy	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	3K&R (ECCP)
Tooth replantation	x	✓		✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Vacuum splints	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Cardiopulmonary resuscitation	✓	✓	• Updated CPG with minimal content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Defibrillation	✓	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Active self-warming blanket	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Acute stroke referral	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Ambulance management plan	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Clinical handover	x	✓		✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Diabetes service referral	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	2K (all)
Donning and doffing of medical gloves	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Emergency evacuation from home dialysis	✓	✓	• Minimal changes between versions.	✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Interacting with non-QAS health professionals	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Inter-facility transfer	✓	✓	• Updated CPP with moderate content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Orogastric tube insertion	✓	✓	• Updated CPP with moderate content requiring new learning/knowledge.	✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	2K&R (all)

Clinical Practice Procedure	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
QAS Clinical Consultation and Advice Line	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Sedation - procedural	x	✓		✓	• Updated CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	3K&R (all)
Translating and interpreting service	x	x		✓	• New CPP with moderate content requiring new learning/knowledge. • Applicable to all skill levels.	1 (all)
Venous phlebotomy - BD Vacutainer®Holder	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K&R (ECCP)
Venous phlebotomy - BD Vacutainer® (push button collection set with holder)	x	x		✓	• New CPP with significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K&R (ECCP)

DRUG THERAPY PROTOCOLS

Table 197. Drug Therapy Protocols Comparison Summary

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Adrenaline (epinephrine)	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Amiodarone	x	✓		✓	• Significant changes between versions. • Applicable to CCP (introduction of infusions).	2K&R (CCP)
Aspirin	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Atropine	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable for ACP2	2K&R (EACP)
Benztropine	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable for CCP	2K&R (CCP)
Box jellyfish antivenom	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	2K&R (all)
Calcium gluconate 10%	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable for CCP	1 (CCP)
Ceftriaxone	x	✓		✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (CCP)
Clopidogrel	x	✓		✓	• Significant changes between versions. • ACP2 now authorized	2K&R (all)
Droperidol	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable to ACP2/CCP.	2K&R (all)
Enoxaparin	x	✓		✓	• Significant changes between versions. • ACP2 now authorized	2K&R (all)

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Fentanyl	x	✓		✓	• Moderate changes between versions. • Applicable to ACP/CCP.	1 (all)
Furosemide (frusemide)	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to ECCP (FP).	2K&R (ECCP - FP)
Glucagon	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Glucose gel	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Glucose 5%	x	x		✓	• New DTP minor content requiring new learning/knowledge. • Applicable CCP.	1 (CCP)
Glucose 10%	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Glyceryl trinitrate	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Haloperidol	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions. • Applicable to CCP.	2K (CCP)
Heparin	x	✓		✓	• Significant changes between versions. • ACP2 now authorized	2K&R (all)
Hydrocortisone	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Significant changes between versions. • ACP2 now authorized	2K&R (ACP)
Hydroxocobalamin	x	✓		✓	• Significant changes between versions. • EACP2 now authorized	2K (EACP/CCP)
Hypertonic saline 7.5%	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (HARU).	2K (ECCP)

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Ibuprofen	x	x		✓	• New DTP minor content requiring new learning/knowledge. • Applicable EACP2/ECCP (LARU).	1 (all)
Influenza vaccine	x	x		✓	• New DTP minor content requiring new learning/knowledge. • Applicable EACP2/ECCP (LARU).	2K (EACP)
Insulin (Actrapid®)	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs).	2K (ECCP – FP)
Ipratropium bromide	x	✓		✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Isoprenaline	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs).	2K (ECCP - FP)
Ketamine	x	✓		✓	• Moderate changes between versions. • Applicable to CCP.	2K (CCP)
Lidocaine 1% (lignocaine 1%)	x	x		✓	• New DTP minor content requiring new learning/knowledge. • Applicable to CCP.	1 (CCP)
Magnesium sulphate	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions. • Applicable to CCP.	1 (CCP)
Metaraminol	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs & HARU).	1 (ECCP)
Methoxyflurane	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Metoprolol	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Midazolam	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Morphine	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Naloxone	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Noradrenaline (norepinephrine)	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs).	2K (ECCP - FP)
Ondansetron	x	✓		✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Oseltamivir	x	✓		✓	• Minimal changes between versions. • Applicable to all ACP2/CCP	1 (all)
Oxycodone (Endone®)	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable EACP2/ECCP (LARU).	1 (all)
Oxygen	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Oxytocin	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable ACP2/CCP.	2K&R (all)
Packed red blood cells	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs & HARU).	2K (ECCP)
Paracetamol	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Phenytoin	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs).	2K (ECCP - FP)

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Promethazine	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to ECP and CCP.	2K (all)
Propofol	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable ECCP (HARU).	2K (ECCP)
Rocuronium	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable ECCP (HARU).	2K (ECCP)
Salbutamol	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Sodium bicarbonate 8.4%	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Moderate changes between versions. • Applicable to CCP.	2K (CCP)
Sodium chloride 0.9%	✓	✓	• Updated DTP with significant content requiring new learning/knowledge.	✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)
Sugammadex	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)
Tenecteplase	x	✓		✓	• Significant changes between versions. • ACP2 now authorized	2K&R (all)
Tetanus immunisation (ADT Booster®)	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable EACP2/ECCP (LARU).	2K (EACP)
Ticagrelor	x	✓		✓	• Significant changes between versions. • ACP2 now authorized	2K&R (all)
Tirofiban	x	✓		✓	• Minimal changes between versions. • Applicable to ECCP (FPs).	2K (ECCP - FP)

Drug Therapy Protocol	2007	2011	Comparison 2007-2011	2016	Comparison 2011-2016	Changes
Tranexamic acid	x	✓		✓	• Minor changes between versions. • Applicable to CCP.	2K (ECCP - FP)
Tranexamic acid/placebo	x	x		✓	• New DTP significant content requiring new learning/knowledge. • Applicable to ECCP (HARU).	2K (ECCP)
Water for injection	x	✓		✓	• Minimal changes between versions. • Applicable to all skill levels.	1 (all)

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