

Deputy President Grayson's Chambers  
Fair Work Commission  
Sent via: chambers.grayson.dp@fwc.gov.au

12 September 2025

## Background and experience

[1] Speech Pathology Australia (SPA) is the national peak body for speech pathologists in Australia, representing more than 16,000 members across diverse service settings. Speech pathologists are university-trained allied health professionals with expertise in the assessment, diagnosis, and treatment of communication and swallowing disorders. SPA represents a significant proportion of the speech pathology workforce, including both employees and employers affected by the Health Professionals and Support Services Award 2020 (HPSS Award).

[2] SPA strongly supports the Commission's recognition of gender-based undervaluation of health professionals' roles in the HPSS Award and the intent to address this through increased minimum award wages. Ensuring fair and contemporary remuneration is essential to the sustainability of the profession and to the recruitment and retention of skilled clinicians.

[3] While supporting the proposed uplift, SPA has identified several issues within the draft determination that require clarification or amendment to ensure the objectives of this Review are fully realised. In particular, we provide feedback concerning terminology used in the proposed classification structure, the treatment of entry-level qualifications and progression pathways, and the approach to implementation.

## Issues

[4] It is our understanding that the provisional determination sets proposed rates of pay by reference to the AQF level required for entry to each profession (see table at paragraph [123]). This is despite the fact that speech pathologists may enter the profession with degrees of different AQF levels – including AQF 7, AQF 8, or AQF 9 – and that most accredited programs are offered at an AQF 8 or AQF 9 level.

[5] In Australia, only 11 of the 42 accredited speech pathology programs<sup>1</sup> are delivered at AQF 7. The remaining 31 programs are at higher AQF levels – 13 at AQF 8 and 18 at AQF 9 – meaning about 74% of available programs are AQF 8 or 9 (31% and 43%, respectively). In the Northern Territory and Tasmania, the only option is a master's degree (AQF 9); thus, for many prospective students the practical pathway into the profession is an AQF 9 program. Additionally, SPA estimates that in the 2024 graduating cohort of speech pathologists, approximately 37% completed an AQF 7 program, 20% an AQF 8 program, and 43% an AQF 9 program.<sup>2</sup>

[6] Aligning speech pathologists to AQF 7 does not reflect the reality of professional entry pathways or the financial and time investment required of graduates with an AQF 9 degree. The Australian Universities Accord Final Report notes that "the higher the future earnings potential linked to their

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<sup>1</sup> [Refer to SPA website for a full list of accredited university programs.](#)

<sup>2</sup> As a self-regulated profession, SPA does not hold comprehensive national data on graduate numbers by program or on the split between bachelor's and bachelor's (honours). The percentages above are SPA estimates based on available data across accredited programs.

field of study, the greater the student contribution [should be]" (p. 155),<sup>3</sup> and the Draft National Allied Health Workforce Strategy (p. 22)<sup>4</sup> records stakeholder views that the cost of allied health degrees should align more closely with prospective future earnings.<sup>3</sup> Speech pathologists entering the profession through AQF 9 pathways incur higher student contributions and longer training durations, and Award structures should reflect this by recognising speech pathology at the AQF 9 level.

[7] It also appears that there is no scope for convergence of rates of pay between professions at different AQF levels until employees reach Level 2.1 and above. Prior to reclassification into a Level 2.1, 2.2, 3 or 4 role, the entire pay scale for an AQF 9 employee appears higher than that for an AQF 7 employee. If speech pathologists are not recognised at entry with AQF 9, then there must at least be convergence of pay rates. Without such convergence, inequities may persist for up to seven years, with speech pathologists earning less than their allied health peers with a master's degree.

[8] Concerns also arise regarding the proposed postgraduate requirement for progression to Level 2.1. Under the structure as drafted, an AQF 9 graduate has two potential pathways to Level 2.1 – either as a "specialist" (by virtue of holding a postgraduate qualification) or as a supervisor – whereas an AQF 7 graduate can only reach Level 2.1 if classified as a supervisor unless they subsequently obtain a postgraduate qualification.

[9] An employee with an AQF 9 degree has completed a master's degree and therefore already holds a postgraduate qualification. By contrast, an employee with an AQF 7 degree has only completed a bachelor's degree and does not hold a postgraduate qualification. Accordingly, an AQF 7 graduate will only attain a Level 2.1 classification if they become a supervisor or if they undertake additional postgraduate study. Conversely, an AQF 9 graduate may obtain a Level 2.1 classification either as a "specialist" (on the basis of experience and their postgraduate qualification) or as a supervisor.

[10] This creates a structural barrier for a large proportion of speech pathologists who enter via AQF 7 programs. Both AQF 7 and AQF 9 graduates are eligible for Certified Practising Speech Pathologist status and are trained to undertake the same scope of practice. Creating two-tier progression pathways risks entrenching inequities between graduates, without a defensible basis in role performance or competency.

[11] This issue is compounded by the fact that minimum entry requirements differ across allied health professions. For example, audiologists must complete an AQF 9 master's degree to enter the profession, while speech pathologists may enter with either an AQF 7 bachelor's degree, AQF 8 bachelor's degree with honours, or an AQF 9 master's degree. If progression to Level 2.1 is tied to holding an AQF 9, professions with higher minimum entry levels could be advantaged in accessing higher classifications. This would embed inequities between allied health professions.

[12] While we note that for most speech pathologists the provisional determination would result in an increase in pay, it is not clear whether there could be situations where individuals are disadvantaged under the new structure. For example, we ask that you consider an employee with an AQF 7 degree who is currently classified at Level 3, Pay Point 2. This employee does not have supervisory responsibilities, noting that staff supervision is only listed under Level 4 in the current Award. Their current minimum weekly rate is \$1,711.50. Under the proposed classification, they do not appear to meet the apparent requirements for Level 2.1, as they do not hold a postgraduate degree and do not supervise staff. We ask whether they may therefore be reclassified at Level 1 (7+ years' experience), with a minimum weekly rate of \$1,796.50. While this reflects a very modest increase, it would be far less than the uplift received by their peers and would effectively amount to a demotion. Clarification is needed to ensure that no employee is worse off under the new Award and that all employees receive minimum wage increases proportionate to those of their colleagues.

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<sup>3</sup> Department of Education, Australian Government. Australian Universities Accord Final Report [Internet]. Canberra: Department of Education; 2024 Feb 25 [cited 2025 Jun 12]. Available from: <https://www.education.gov.au/australian-universities-accord/resources/final-report>

<sup>4</sup> Department of Health, Disability, and Aged Care. Draft National Allied Health Workforce Strategy: Consultation Draft – V2.0. Canberra: Department of Health, Disability, and Aged Care; 2025.

[13] We are also concerned that the proposed structure does not fairly recognise the value of supervisory roles. Under the current Award, Level 3 (which appears to align with proposed Levels 2.1 and 2.2) does not include supervision in its definition; supervision of staff, where required, is listed under Level 4. At present, Level 4 employees earn between \$2,015.80 and \$2,581.40 per week. However, under the proposed structure, staff at Levels 2.1 and 2.2 – who would be required to supervise – would earn between \$1,931.70 and \$2,050.10 per week. In effect, work currently valued at \$2,015.80–\$2,581.40 is being revalued down to \$1,931.70–\$2,050.10. This represents a significant downgrading of supervisory responsibilities and undervalues the work involved.

[14] The provisional determination refers to “specialist” roles, but this terminology is inaccurate in the context of speech pathology. Under the Health Practitioner Regulation National Law (National Law), specialist registration is only available to certain professions (dentistry, medicine, and podiatry), and it is an offence for a person to advertise themselves as a specialist when they are not.<sup>5</sup> Equally, the use of the term “specialist knowledge” – as is currently referred to in the existing Award – is problematic, as it is subjective and open to inconsistent interpretation, and therefore does not provide a clear or transparent basis for classification in an industrial instrument. More appropriate wording would align with terminology already used by the Australian Health Practitioner Regulation Agency (Ahpra) and the National Boards, where higher levels of practice are described in terms such as advanced practice (for example, in the [Nursing and Midwifery Board of Australia’s Nurse Practitioner Standards for Practice](#)) or [extended scope of practice](#). This also aligns with the Speech Pathology Scope of Practice in Australia,<sup>6</sup> where advanced practice is described in terms of a professional’s experience, beyond-entry competency, or additional training, and extended scope of practice refers to taking on a discrete knowledge or skills base additional to the recognised scope of practice of the profession and/or regulatory context of a particular jurisdiction. This framing recognises that some roles may involve advanced practice within scope, while others require extended scope practice, and provides a clear, transparent basis for classification that avoids confusion with specialist registration.

[15] Similarly, the terms “supervisor” and “manager” are used in the provisional determination but not defined. Within the profession, supervision has a well-established meaning, described in SPA’s Professional Support, Supervision and Mentoring resource<sup>7</sup> as a professional, contracted relationship that supports accountability, critical reflection, and professional development. However, our understanding of the broader industrial usage of these terms is that supervisors have a more direct and hands-on role with their direct reports, whereas managers have less direct oversight of junior staff but carry more experience and a greater workload in respect of other matters, including organisational and strategic direction and oversight of individual clinics or hospitals. Without clear definitions, there is a risk that these terms will be interpreted inconsistently, leading to uncertainty in how employees are classified and how progression is determined.

[16] Current NDIS price limits for speech pathology services do not reflect the true cost of service delivery. NDIS therapy price limits have not increased in over five years, and as outlined in SPA’s previous submission to the Fair Work Commission in May 2025, in a 2024 SPA survey, 46% of members reported that the current limit does not cover their service costs.<sup>8</sup> Rising wage obligations under the HPSS Award will further widen the gap between mandated employment costs and NDIS pricing. Unless addressed, providers will be forced to absorb these costs or pass them on to participants, potentially reducing affordability and access to care. We are particularly concerned that NDIS pricing assumptions are based on limited retrospective data. If the HPSS Award review results

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<sup>5</sup> Australian Health Practitioner Regulation Agency. Specialist registration [Internet]. Melbourne: AHPRA; 2024 Aug 6 [cited 2025 September 10]. Available from: <https://www.ahpra.gov.au/Registration/Applying-for-registration/Specialist-Registration.aspx>

<sup>6</sup> Speech Pathology Australia. Scope of practice for the profession of speech pathology in Australia. Melbourne: Speech Pathology Australia; 2022 [cited 2025 Sep 11]. Available from: <https://www.speechpathologyaustralia.org.au/resource?resource=47>

<sup>7</sup> Professional Support, Supervision and Mentoring Position Statement [Internet]. Melbourne (AU): Speech Pathology Australia; 2022 [cited 2025 Sep 11]. Available from: <https://www.speechpathologyaustralia.org.au/resource?resource=100>

<sup>8</sup> Speech Pathology Australia. “A High Risk of Market Failure”: NDIS Annual Pricing Review Submission [Internet]. Melbourne: Speech Pathology Australia; 2024 Mar 3 [cited 2025 September 11]. Available from: <https://www.speechpathologyaustralia.org.au/resource?resource=900>

in prospective wage increases, these changes must be immediately reflected in increased NDIS therapy price limits, and then increased annually to at least reflect annual minimum wage indexation and CPI. A failure to build these award rate increases into increased NDIS therapy price limits could threaten provider sustainability and continuity of services.

[17] The implementation of new minimum wage rates requires careful consideration. SPA supports phased increases to ensure sustainability for employers, but an extended phase-in of eight years, as occurred under the SCHADS Award Equal Remuneration Order, would perpetuate undervaluation for nearly a decade. It is also our understanding that the increases proposed in this determination will not be absorbed into the Annual Wage Review, as the two processes are separate. This separation is critical – increases resulting from this review must be applied in addition to, not instead of, Annual Wage Review adjustments, otherwise inflation could erode the real gains intended by this process. Small private practices operate on narrow margins and cannot absorb sudden cost increases without support. Without transitional funding, many will be forced to pass on costs to participants, reducing access to services and undermining equity.

## Proposals

[18] Amend the Award to recognise speech pathology as an AQF 9 profession. This reflects the reality that most accredited university programs for speech pathology are at AQF 8 or 9, the significant proportion of graduates completing master's-level training, and the higher financial and time investment required of speech pathology students.

[19] If speech pathology is not recognised at entry with AQF 9, the Commission must ensure convergence of pay rates between AQF 7 and AQF 9 pathways after completing the first year of practice, aligning all speech pathologists to the AQF 9 level. Without convergence, inequities may persist for up to seven years, with speech pathologists earning less than peers in allied health professions whose pay scales begin at AQF 9.

[20] Ensure that three-year and four-year AQF 7 degrees are considered separately in the Award classification structure. In some professions, including speech pathology, there are no three-year bachelor's programs; the minimum duration is four years. In other professions, both three- and four-year AQF 7 pathways may exist. A four-year degree reflects a greater time and financial investment than a three-year degree, and Award structures should recognise this difference to avoid undervaluing graduates who complete longer programs. While this distinction would not affect speech pathology if the profession is recognised at AQF 9, it remains important for equity across all allied health professions covered by the Award.

[21] Remove the requirement for a postgraduate qualification as a condition for progression to Level 2.1. Progression should instead be based on either:

- a) experience or responsibilities in an advanced or extended scope of practice, or
- b) appointment to a supervisory role.

[22] Provide a clear classification translation table that maps all current levels to the proposed levels and clarifies progression pathways. This table must include worked examples to demonstrate how employees' current classifications will translate under the new structure and confirm that no employee will be worse off in pay or classification, including where they may not appear to meet the requirements of the equivalent newly proposed level. At present, only the translation of existing Levels 1 and 2 is provided. Without a complete table, employers and employees are left to make assumptions, creating the risk of inconsistent or inequitable application.

[23] Review the proposed treatment of supervisory roles to ensure supervisory work is not devalued. At present, work currently remunerated at Level 4 (\$2,015.80–\$2,581.40 per week) appears to be revalued down to Levels 2.1–2.2 (\$1,931.70–\$2,050.10 per week). This discrepancy must be addressed to maintain appropriate recognition of supervisory responsibilities.

[24] Replace the term “specialist” in the Health Professionals stream of the HPSS Award with wording consistent with Ahpra and SPA frameworks. For example, “has experience or responsibilities in an advanced or extended scope of practice.” This language reflects accepted definitions already in use across health professions, provides a transparent and accurate basis for recognising elevated practice, and avoids confusion with protected specialist registration.

[25] Insert Award definitions of “supervisor” and “manager” that reflect their practical differences, supported by short scenario examples to aid consistent application.

[26] The NDIA must ensure that NDIS therapy price limits are promptly adjusted to reflect increases in minimum wages required by the HPSS Award and indexed annually, at a minimum in line with wage movements. This is necessary to support NDIS therapy service providers to meet increased minimum wage obligations without compromising access to services.

[27] Implement a phased approach to wage increases to support sustainability for employers, but avoid an extended implementation period that would delay the rectification of gender-based undervaluation. The eight-year phase-in applied to the SCHADS Equal Remuneration Order provides a cautionary precedent of a timeframe that was too long, with the effect of deferring fair pay for nearly a decade. A shorter transition period is required to ensure that the benefits of this determination are realised in practice and that wage increases are not eroded over time. [27] The Australian Government must provide targeted transitional funding to support employers in the health sector to implement wage increases arising from this determination. This should be delivered via a grant program accessible across all service settings, including small private practices, with a simple acquittal process and an on-cost loading to reflect the true cost of employment. Without such support, providers will be forced to pass costs directly to consumers, undermining access and equity of care. A precedent exists in the Worker Retention Payment for the early childhood education and care sector, where government funded staged wage increases through a dedicated grant program. Refer to [SPA submission dated 12 May 2025](#) for further detail.

[28] Speech Pathology Australia appreciates the Commission’s recognition of gender-based undervaluation and the opportunity to provide further input. Our submission highlights the need to align speech pathology with AQF 9, ensure clear and fair progression pathways, remove ambiguity in terminology, and provide a sustainable approach to implementation. We would welcome the opportunity to provide any additional information or clarification. Please contact Speech Pathology Australia’s Chief, Policy and Advocacy, Dr Jennifer O’Connor, if Speech Pathology Australia can assist in any other way or provide additional information.

(E: [policy@speechpathologyaustralia.org.au](mailto:policy@speechpathologyaustralia.org.au)).

Yours sincerely,

Lyn Brodie  
Chief Executive Officer