



AHST Interim Career Framework

December 2025

Overview

- We have been trying to move fast as possible, understanding there were dependencies and competing priorities across our system. We acknowledge that this has taken significantly longer than we anticipated.
- Our intention with the ICF is to get greater consistency in the placement of roles on the new designated salary scales
 - ICF is an interim step in our journey towards an established career framework based on evidence from the new job evaluation methodology
 - About existing designated degree roles, it's not about creating new designated roles.

Te Manawa Taki Remediation

- Process in final stages of completion – all roles confirmed.
- This is not and does not replace the interim career framework.
- Purpose was to acknowledge Te Manawa Taki had formally agreed and approved Career Framework in place with PSA prior to pay equity for the following professions Alcohol and Drug Clinicians, Audiologists, Councillors, Dietitians, Occupational Therapists, Physiotherapists, Podiatrists, Psychotherapists, Speech Language Therapists, Social Workers, Neurodevelopmental Therapists, Play Specialists, Pharmacists, Dental Therapists, Oral Health Therapists.
- Only applied to roles who were step 9 and above prior to 1 June 2023
- All eligible roles across the region have been reviewed.
- Roles that agreed would have been designated as of 1 June 2023 are being translated to the designated scale.
- The translation across to the designated scale will follow the same business rules as the original pay equity translation.

Roles to map to the ICF (~3377)

Region	District	Estimated total to map	Regional total
Northern	Northland	109	1559
	Waitematā	342	
	Auckland	671	
	Counties Manukau	437	
Te Manawa Taki	Waikato	157	473
	Lakes	40	
	Bay of Plenty	157	
	Taranaki	82	
	Tairāwhiti	37	
Central	Whanganui	32	681
	Hawkes Bay	218	
	MidCentral	72	
	Wairarapa	8	
	Cap, Coast & Hutt Valley	351	
Te Waipounamu	Nelson Marlborough	74	664
	Canterbury West Coast	450	
	South Canterbury	20	
	Southern	120	

Interim Career Framework (ICF) - Degree

Designated Positions Scale			
Designated Grade	Step	2-Sep-24	
Designated F	4*	\$151,410	F
	3	\$147,290	
	2	\$143,170	
	1	\$139,050	
Designated E	3	\$139,050	E
	2	\$135,960	
	1	\$132,870	
Designated D	3	\$132,870	D
	2	\$130,295	
	1	\$127,720	
Designated C	3	\$127,720	C
	2	\$125,145	
	1	\$122,570	
Designated B	3	\$122,570	B
	2	\$119,995	
	1	\$117,420	
Designated A	3	\$117,420	A
	2	\$114,330	
	1	\$111,240	

		Team Leader/Professional Leader - <i>Designated F</i>	Consultant Practitioner - Tier 2
	Advanced Practitioner - Tier 2	Team Leader/Professional Leader - Tier 2	Consultant Practitioner - Tier 1
	Advanced Practitioner - Tier 1	Team Leader/Professional Leader - Tier 1	
	Educator/Coordinator/Advanced Clinician/Team Coordinator - Tier 2		
Senior/Clinical Coach - Tier 2	Educator/Coordinator/Advanced Clinician/Team Coordinator - Tier 1		
Senior/Clinical Coach - Tier 1			

*Grey boxes are overarching role groupings

ICF Implementation Process

Implementation	Estimated timelines
Data request	Complete
Data analysis – matching of data	Complete
Role mapping by CAHSTs	Mid-late December
Staff advised of outcome (by letter)	End of March
Payroll implementation (6 weeks to load changes)	From end of March 26
Reconsideration process and wash up	April 2026

Phase 1 – Staff data update

- To check accuracy of data sent through by payroll
- These are the categories to look out for as part of the review:
 - Staff who have changed roles or bands.
 - Staff who have left the organisation.
 - Staff who have changed districts.
 - Designated staff however, misclassified as non-designated

Phase 2 – ICF Mapping

- Intent: To address anomalies that arose from pay equity translations for designated roles
 - About existing designated roles, it's not about creating new designated roles.
 - Focus is on the role, not the person therefore, different from the pay equity process.
 - Change of language from “small and large” to “tier 1 and tier 2”.
- Professions not included in PE/ICF implementation:
 - Sonographers, Psychologists, Medical Physicists, MRI and Nuclear Medicine, Perfusionists.
- Minimum steps as a result of previous agreements will be applied.

Phase 2 – ICF Mapping cont.

- Documentation to support mapping process:
 - ICF - Degree
 - Minimum steps list
 - ICF Support Tool

Working through similar documentation for non-degree

FAQs Mapping considerations

Q: What are the mapping considerations?

A: The mapping process considers the requirements of the role, these may include:

- Responsibilities of the role
- Size of the district
- Size of the team
- RC holder
- Relativities within regions

An individual's job title is **not** the determining factor of where a role will be placed – ICF uses overarching role groupings to describe roles with similar characteristics (umbrella term)

FAQs— Roles and responsibilities

Q: Who leads the mapping process at a district level?

A: To help ensure consistency at district level, the district Chief Allied Health Officers will have oversight of the mapping process.

Q: Who else is involved in confirming mapping?

A: CAHST/their office will work with Operations Managers, with input from line managers and unions. HR support is needed, and BI support may also be required.

FAQs – Scope

Q: Does my current job title determine whether my role is designated or where it fits on the ICF?

A: No. Current role titles are not used to determine designation or ICF placement. The ICF implementation is for roles that are already designated, with a designated position description. Each role is assessed against the framework on its actual functions and scope.

Q: I do work that is outside my position description and in the past, I've completed merit/CASP, will this extra contribution be recognised?

A: The mapping is based on service need and the requirements of the role, not the capability of the person in the role.

FAQs – Scope cont.

Q: Can mapping be used to create new designated roles?

A: No. This is not a service design process and is not a mechanism to create new designated roles; the process is limited to mapping existing designated positions to the ICF.

Q: Could mapping my role to the ICF mean I go down in grade or pay?

A: No. No individual will have their pay reduced as a result of mapping roles to the ICF. If your role is mapped to a lower grade, your current salary will be held until the rates of the correct band exceed your salary

Q: What if mapping results in a higher designated grade for my role?

A: If mapping leads to upward movement, the individual will begin at step 1 of the new grade. In this instance, salary may not change however, salary will increase with each anniversary.

FAQs – Scope cont.

Q: What happens to roles that were already scoped before the ICF?

A: These are mapped to the equivalent role within the ICF to ensure consistency.

Q: What if the specified grades in the Collective Agreement differ from ICF mapping?

A: Collective Agreement grade specifications take precedence over ICF mapping for particular roles.

Q: How is rural working recognised in the ICF?

A: Rural working requirements are considered within each role rather than being treated separately.

Quality assurance

Q: How is consistency supported across regions?

A: Regional or district-sized forums will be used for sense-checking mapping decisions

Q: How will national consistency be ensured?

A: A national forum will be established for sense-checking and moderation of decisions. Unions will be involved in this process.

Q: Is there a reconsideration process if someone disagrees with mapping?

A: Yes. A national reconsideration process will be in place. Unions will also be involved in this process.