Clinical Workforce Policy

Implementation Standard for Clinical Workforce Supply

1. Purpose

The purpose of this standard is to support the continuity of safe care and provide a consistent statewide approach in the management of internal locum pools and the procurement of external clinical locum services for roster shortfalls.

This Implementation Standard identifies the minimum requirements that evidence the compliance to the Clinical Workforce Planning Policy. It also identifies the responsibilities (and audit criteria) of individual positions in relation to these requirements.

2. Scope

This Implementation Standard applies to all Queensland Health employees responsible for the management of internal locum pools and the procurement of external clinical locums.

3. Supporting documents

Authorising Policy:
- Clinical Workforce Planning Policy

Protocols, Procedures, Guidelines
- Standing Offer Arrangements (SOA55) to provide Casual and Short-term Contract Nursing and Midwifery staff.
- HR Policy B45 Locum arrangements and Conditions – Medical Officers.
- Allied Health for Queensland (AH4Q): Allied Health Relief Pool and Allied Health Priority Transfer at Level – Guidelines
4. Related documents

- HR Policy B26 – Casual Employment. QH-POL-110:2010
- HR Policy B27 – Loading for Casual Employees QH-POL-165:2010
- HR Policy B14 – Health Professionals Registration Medical Officers, nurses and Other Allied Health Professionals QH-POL-147:2010
- Queensland Health Standard Locum Contract

5. Requirements

5.1 Setting targets for the employment of clinical locums

5.1.1 In consultation with the District Director of Allied Health Services, the District Chief Executive Officer (CEO) shall establish targets for the engagement of external allied health locums within the health service district’s allied health labour costs at the beginning of each financial year.

5.1.2 In consultation with the District Director of Medical Services the CEO shall establish targets for the engagement of external medical locums within the health service district’s medical labour costs at the beginning of each financial year.

5.1.3 In consultation with the District Director of Nursing and Midwifery Services, the District CEO shall establish targets for the engagement of external nursing and midwifery locums within the health service district’s nursing and midwifery labour costs at the beginning of each financial year. At a minimum, targets shall be set:

- for the procurement of external locum services at equal to or less than 0.75% of the annual occupied nursing and midwifery base workforce establishment (FTE) in metropolitan and provincial (regional) health services;
- for the procurement of external locum services at equal to or less than 5.0% of the annual occupied nursing and midwifery base workforce establishment (FTE) in rural and remote health services.

5.2 Quality Business and reporting processes

5.2.1 District CEOs shall ensure clearly stated business processes are in place for the management of internal locum pools, the engagement of external clinical locums and the management of overtime expenditure.

5.2.2 District CEOs shall produce a monthly report on external locum usage and overtime payments. Reports shall be completed using enterprise solutions (e.g. DSS: Decision Support System, Nurse on Q enterprise solution).
5.2.3 Directors of Nursing and Midwifery shall manage internal locum pools and overtime through the use of the:
- Nurse on Q program (refer to Implementation Standard for Nurse on Q);
- Queensland Health Rostering Framework: Best Practice Framework for Rostering Nursing (and Midwifery) Personnel; and

6. Review
This Standard is due for review on 30 June 2013; however a review can be initiated at any time by changes in the policy environment.

Date of Last Review: New Standard

Supersedes: No previous Implementation Standard

7. Business Area Contact
Deputy Director General
Policy, Strategy and Resourcing Division
Queensland Health

8. Responsibilities

<table>
<thead>
<tr>
<th>Position</th>
<th>Responsibility</th>
<th>Audit criteria</th>
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</table>
| District Chief Executive Officer | • Establish targets for external locum usage for Allied Health, Medical and Nursing and Midwifery services in consultation with District Directors of professional streams at the beginning of each financial year  
• Ensure clearly stated business processes are in place for the management of internal locum pools, the engagement of external clinical locums and the management of overtime expenditure  
• Reporting on external locum usage and overtime expenditure | • Targets for external locum usage nursing and midwifery for metropolitan and provincial (regional) health services shall be equal to or less than 0.75% of the annual occupied FTE  
• Targets for external locum usage nursing and midwifery for rural and remote health services shall be equal to or less than 5.0% of
### District Director of Medical Services
- Establish targets for external locum usage for medical services in consultation with the District Chief Executive Officer at the beginning of each financial year
- Targets set for external locum usage for medical services

### District Director of Nursing and Midwifery
- Establish targets for external locum usage Nursing and Midwifery services in consultation with the District Chief Executive Officer at the beginning of each financial year
- Targets for external locum usage nursing and midwifery for metropolitan and provincial (regional) health services shall be equal to or less than 0.75% of the annual occupied FTE
- Targets for external locum usage nursing and midwifery for rural and remote health services shall be equal to or less than 5.0% of the annual occupied FTE

### District Director of Allied Health
- Establish targets for external locum usage Allied Health services in consultation with the District Chief Executive Officer at the beginning of each financial year
- Targets set for external locum usage for Allied Health services

### 9. Definitions of terms used in this policy and supporting documents

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition / Explanation / Details</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Processes</td>
<td>The step by step flow of activity required to fulfil clinical workforce management activities at local service level to ensure availability of suitably qualified staff to provide quality safe care.</td>
<td></td>
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<tr>
<td>Clinical Locums</td>
<td>Health professionals registered with Australian Health Practitioner Registering Authority to practice and who choose to practice in clinical settings on a casual employment basis. Clinical locums can be “internal” or “external” to</td>
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Queensland Health: Implementation Standard for Clinical Workforce Supply

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<thead>
<tr>
<th>Queensland Health.</th>
<th>Implementation Standard for Nurse Q</th>
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<tbody>
<tr>
<td><strong>Internal Clinical Locums</strong></td>
<td>Registered clinicians engaged casually by local health services</td>
</tr>
<tr>
<td><strong>External Clinical Locums</strong></td>
<td>Registered clinicians engaged temporarily through an external recruitment agency.</td>
</tr>
<tr>
<td><strong>District Directors of professional streams such as Medicine, Nursing, Midwifery and Allied Health practitioners.</strong></td>
<td>Appointed senior clinicians who provide executive and clinical leadership and the management of the specific professional streams to ensure continuity of safe quality care.</td>
</tr>
<tr>
<td><strong>Full Time Equivalent (FTE)</strong></td>
<td>Expressed by Finance in terms of dollars expended and equals non backfilled person equal to about 0.92 FTE. Expressed by Human Resources in terms of hours employed to work and equals one person equals 1.0 FTE.</td>
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### 10. Approval and Implementation

**Policy Custodian**

Executive Director  
Clinical Workforce Planning and Development Branch

**Responsible Executive Team Member:**

Deputy Director General  
Policy Strategy and Resourcing  
Queensland Health

**Approving Officer:**

Doctor Michael Cleary  
Deputy Director General  
Policy Strategy and Resourcing  
Queensland Health

**Approval date:** 17 October 2011  
**Effective from:** 17 October 2011