Remote Area Nursing Incentive Package (RANIP)

Policy number: C2 (QH-POL-217)
Publication date: June 2014

Purpose: To outline the incentive package which is provided to suitably qualified and experienced registered and enrolled nurses and midwives in designated remote areas of Queensland.

Application: This policy applies to Queensland Health nurses and midwives working for:

- the Department of Health
- non-prescribed Hospital and Health Services
- prescribed Hospital and Health Services,

in the remote areas as outlined in Schedule Two or areas that meet the criteria as outlined in Schedule Three and who are:

- permanent full-time and part-time enrolled nurses and registered nurses and midwives
- long term temporary (12 months and over) enrolled nurses and registered nurses and midwives.

Delegation: The ‘delegate’ is as listed in the Department of Health Human Resource (HR) Delegations Manual and the Hospital and Health Services Human Resource (HR) Delegations Manual – HRM Functions of the Director-General, as amended from time to time.

Legislative or other authority:

- Queensland Health Nurses and Midwives Award – State 2012
- Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012

Related policy or documents:

- Allowances HR Policy C15 (QH-POL-099)
- Transfer and Appointment Expenses HR Policy D4 (QH-POL-245)

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1 Policy statement

Nurses and midwives in remote areas live and work in difficult conditions, frequently working long hours and often having to deal with emergencies without medical support.

The daily challenges faced by nurses and midwives in remote areas are well documented and can include professional isolation, an extended scope of practice, and working and living in a different social and cultural setting.

Cabinet endorsed the recommendations from a task force established to examine recruitment and retention issues for nurses and midwives in remote areas. The remote area incentive nursing package (RANIP) was developed in consultation with the affected former regional health authorities and the Queensland Nurses Union (QNU) and operates from 1 July 1995.

Appointment and transfer expenses for nurses and midwives appointed or relocated to rural and remote locations are outlined in Transfer and Appointment Expenses HR Policy D4.

1.1 Full-time employees

Some employees have preserved certain public service entitlements. These entitlements include those relating to recreation leave (regulation 27), isolation leave and travel concessions.

Accordingly, these employees are to receive the provision which is more beneficial.

1.1.1 Recreation leave

The recreation leave entitlement for nurses and midwives is contained in the relevant schedule of the Queensland Health Nurses and Midwives Award – State 2012 (Award). Hospital-based nurses and midwives are covered by Section B of the Award, and community-based nurses by Section D of the Award.

This component provides a safety net of a minimum of five weeks recreation leave per annum, entitled to all nurses and midwives working in designated remote locations (refer Schedule Two).

1.1.2 Professional development

Nurses and midwives working in designated remote areas are entitled to a minimum of two weeks professional development leave per annum, plus travel as required and enrolment and conference costs for approved courses and conferences. Such leave is to be taken at a time mutually agreeable to the remote area nurse and the Hospital and Health Service.

Professional development and conference leave may be taken prior to the completion of each 12 months service. For existing employees as at 1 July 1995, the 12 months service for the purpose of accumulating professional development and conference leave, commenced from that date. Employees engaged after 1 July 1995 accumulate professional development and conference leave from their commencement date.

This leave is not cumulative past the 12 months entitlement and is to be taken within the 12 month period. In special circumstances the Health Service Chief Executive (or delegate) may allow accumulation up to a maximum of two years entitlement.

Under no circumstances is the cash equivalent to be paid, including upon resignation, retirement or transfer out of a remote area.
When possible, attendance at courses or seminars organised within Queensland Health is to be encouraged as these are generally recognised as being more cost effective than commercial events.

1.1.3 Appointment and transfer expenses

Appointment and transfer expenses for enrolled nurses and registered nurses and midwives in remote areas are to be met by the Hospital and Health Service at the time of appointment. These expenses are to be paid in accordance with the directions of the Director-General issued under section 66 of the Hospital and Health Boards Act 2011. For the purposes of this policy, the provisions of Transfer and Appointment Expenses HR Policy D4 are to apply to employees receiving the incentives package.

Full refund to the employee of appointment and transfer expenses not incurred by the Hospital and Health Service at the time of appointment, is to occur upon commencement of duty in a remote area. This is contingent upon the nurse or midwife providing full documentation of expenses incurred. If the employee does not complete 18 months of service, a refund of the expenses on a pro rata basis is required. Under circumstances deemed appropriate, the Health Service Chief Executive (or delegate) may waive the requirement to refund these expenses.

The following formula could be used as a guide for the refund to the employer of appointment and transfer expenses:

<table>
<thead>
<tr>
<th>Under six months service</th>
<th>Full cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Six months after taking up duty, but before completing 12 months service</td>
<td>Two thirds cost*</td>
</tr>
<tr>
<td>12 months after taking up duty, but before completing 18 months service</td>
<td>One third cost*</td>
</tr>
</tbody>
</table>

*Enrolled nurses and registered nurses and midwives employed under Section B of the Queensland Health Nurses and Midwives Award – State 2012 are to have fares and reasonable out-of-pocket expenses (as provided in clause 8.3 of the Award) excluded from the calculation.

A written undertaking is to be obtained in this regard at the time of engagement.

1.1.4 Airfares

Nurses and midwives working in designated remote areas are entitled to two return airfares per annum to the nearest east coast provincial city in conjunction with recreation leave. These airfares are non-accruing and can only be used during the year of entitlement.

These airfares are in addition to travel for professional development and are provided to allow regular planned relief from isolation. Rationalisation of professional and recreational activities is to be encouraged when possible.

In addition and when applicable, two return airfares per annum are to be provided for a spouse and dependent children. If a spouse is also employed as an enrolled nurse or registered nurse/midwife in a designated remote area, there is to be no double up entitlement to airfares.

When employees have no access to an airport with commercial services, a mileage allowance, paid in accordance with Allowances HR Policy C15, can be made to the nearest airport with commercial services or east coast provincial city, whichever is closer. Refer Schedule Four for a list of provincial cities.
An employee who wishes to travel in conjunction with recreation leave by means other than commercial flights may apply for a cash equivalent payment. A cash equivalent payment will be payable only if the employee or their spouse/dependent travels to/from the nearest east coast provincial city in conjunction with the employee’s recreation leave, unless otherwise approved by the Health Service Chief Executive (or delegate).

The amount of the cash equivalent payment will be determined by the relevant Hospital and Health Service. For each eligible person travelling, the amount will be no less than the average cost of return flights from the RANIP site to the nearest east coast provincial city in the preceding financial year.

### 1.1.5 Annual isolation bonus

The majority of nurses and midwives in remote areas are employed under Schedule B of the Queensland Health Nurses and Midwives Award – State 2012 and do not receive a locality allowance.

To encourage retention of nurses and midwives in remote areas, the following bonus scheme has been designed to allow for periodic payments based on length of service in remote areas:

<table>
<thead>
<tr>
<th>Service Duration</th>
<th>Bonus Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>At conclusion of one year of service</td>
<td>$3,500</td>
</tr>
<tr>
<td>At conclusion of two years of service</td>
<td>$10,500</td>
</tr>
<tr>
<td>At conclusion of three or more years</td>
<td>$7,000</td>
</tr>
</tbody>
</table>

The following is to be taken into consideration when paying the annual isolation bonus:

- The bonus payment is to be made as a lump sum at the completion of each 12 month service, however for tax purposes the payment is to be averaged
- Bonus payments are only to apply to those employees not in receipt of locality allowances. These employees are entitled to all other benefits of the isolation incentive package
- Bonus payments are not cumulative
- Paid leave is to count as part of the 12 month service period and is recognised for bonus payment purposes. Cash equivalent of paid leave is not to count for this purpose
- Unpaid leave in excess of nine working days is not to be recognised as service for the purposes of this payment
- The bonus payment is not to apply for superannuation purposes
- The bonus payment is not all purpose and is not to be included for the calculation of overtime, penalties and leave loading
- Payment of the bonus is to be made on the first applicable pay day after completion of the 12 months service.

### 1.2 Part-time employees

#### 1.2.1 Recreation leave

Part-time employees are entitled to the same recreation leave entitlements as full-time employees, on condition that the calculation of pay is made on a pro rata basis and based upon the average number of hours worked per week during the employee’s year of employment.
1.2.2 Professional development

Part-time employees are entitled to the same provisions for professional development as full-time employees, i.e. a minimum of two weeks leave per annum plus travel as required and enrolment and conference costs for approved courses and conferences.

For example, if an enrolled nurse or registered nurse/midwife is employed to work two shifts per week, that employee is entitled to two weeks professional development leave and receive full pay for four shifts.

Under no circumstances is cash equivalent to be paid, including upon resignation, retirement or transfer out of a remote area.

1.2.3 Appointment and transfer expenses

When part-time employees are employed from within the local communities, no appointment or transfer expenses are to be incurred.

When a Hospital and Health Service through necessity is required to recruit from outside the community, appointment or transfer costs which apply to full-time employees are to be paid. These payments are to be made in full and not on a pro rata basis.

The same formula for repayment of expenses is to apply if service terminates prior to 18 months (refer section 1.1.3).

1.2.4 Airfares

Part-time nurses and midwives working in designated remote areas are to be provided with one return airfare per annum to the nearest east coast provincial city in conjunction with recreation leave. Refer Schedule Four for a list of provincial cities.

In addition and when applicable, return airfares are to be provided for a spouse and dependent children on the same basis as outlined above.

When employees have no access to an airport with commercial services, a mileage allowance, paid in accordance with the Allowances HR Policy C15, can be made to the nearest airport with commercial services or east coast provincial city, whichever is the closer.

A part-time employee who wishes to travel in conjunction with recreation leave by means other than commercial flights may apply for a cash equivalent payment. A cash equivalent payment will be payable only if the employee or their spouse/dependent travels to/from the nearest east coast provincial city in conjunction with the employee’s recreation leave, unless otherwise approved by the Health Service Chief Executive (or delegate).

The amount of the cash equivalent payment will be determined by the relevant Hospital and Health Service. For each eligible person travelling, the amount will be no less than the average cost of return flights from the RANIP site to the nearest east coast provincial city in the preceding financial year.

1.2.5 Annual isolation bonus

The isolation bonus is to be paid to part-time employees on a pro rata basis according to the percentage of full-time equivalent (FTE) at which they are employed, e.g. an employee working 50% of full-time is to be entitled to $1,750 after a period of 12 months.
Calculation of the bonus is to be based on the same principles as section 1.1.5.

1.3 Casual employees

No entitlement to isolation compensation package.

1.4 Agency (contracted) employees

No entitlement to isolation compensation package.

1.5 Short term temporary employees (under 12 months)

While these employees have no entitlement to the isolation compensation package, the employer may still provide professional development opportunities.

This temporary service may be recognised as service for the provision of the isolation compensation package, in accordance with section 2 of Schedule One.

1.6 Long term temporary employees (12 months and over)

These employees are entitled to the full isolation compensation package based on length of service.

1.7 Relief staff

Although it is expected that the isolation compensation package is to decrease turnover and reduce the need for relief staff, the implementation of additional leave entitlements is to balance this reduction.

Funding has been provided for additional positions to provide support and relief for days off and leave provisions. Hospital and Health Services are to determine the appropriate method of providing relief staff entitled to the isolated compensation package, in accordance with sections 1.3, 1.4, 1.5 and 1.6.

Definitions:

<table>
<thead>
<tr>
<th>Dependent child</th>
<th>A child who:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• is aged under 18 years</td>
</tr>
<tr>
<td></td>
<td>• resides with the registered/enrolled nurse or midwife for at least 50% of the year, excluding that time spent in attendance at boarding school or another educational institution</td>
</tr>
<tr>
<td></td>
<td>• receives remuneration less than the Queensland minimum wage percentage equivalent for persons under the age of 18 ($420.20 per week for Award employees as at 1 September 2013).</td>
</tr>
</tbody>
</table>

In exceptional and deserving cases, for the purposes of this policy, the Health Service Chief Executive or equivalent delegate may deem a person under the age of 21 who satisfies the above criteria to be a dependent child.

| Spouse | A person who lives with a person of the same or opposite sex on a genuine domestic basis whether or not legally married to the person. |
## History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>June 2014</td>
<td>• Policy amended to include Bedourie and Birdsville, Central West Hospital and Health Service in Schedule Two as designated remote locations.</td>
</tr>
<tr>
<td>May 2014</td>
<td>• Policy updated to clarify definition of long term temporary employee</td>
</tr>
<tr>
<td></td>
<td>• Policy reviewed as part of the Queensland Ambulance Service (QAS)</td>
</tr>
<tr>
<td></td>
<td>• HR Policy Integration project.</td>
</tr>
<tr>
<td></td>
<td>• Policy not applicable to QAS employees.</td>
</tr>
<tr>
<td>December 2013</td>
<td>• Policy formatted as part of the HR Policy Simplification project.</td>
</tr>
<tr>
<td></td>
<td>• Policy amended to:</td>
</tr>
<tr>
<td></td>
<td>- update designated remote locations outlined in Schedule Two</td>
</tr>
<tr>
<td></td>
<td>- allow cash equivalent payment in lieu of airfare in accordance with Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012</td>
</tr>
<tr>
<td></td>
<td>- update references and naming conventions.</td>
</tr>
<tr>
<td>May 2010</td>
<td>• Protected IRM 2.7-17 reformatted as part of the policy consolidation project in accordance with EB7.</td>
</tr>
<tr>
<td>January 2002</td>
<td>• Amended IRM 2.7-17 Remote Area Incentive Package – Registered Nurses (under the Nurses (Queensland Public Health Sector) Award 2004).</td>
</tr>
<tr>
<td>March 2000</td>
<td>• Amended IRM 2.7-17 Remote Area Incentive Package – Registered Nurses</td>
</tr>
<tr>
<td>October 1997</td>
<td>• IRM 2.7-17 Remote Area Incentive Package – Registered Nurses (under the Nurses (Queensland Public Health Sector) Award 1992).</td>
</tr>
<tr>
<td>Previous</td>
<td>• IRM 2.7-17 Remote Area Incentive Package – Registered Nurses</td>
</tr>
</tbody>
</table>
Remote Area Nursing Incentive Package (RANIP) – Schedule One
Remote area and recognition of service

The following information is provided as the minimum mandatory standard practice, procedure or process to enable satisfactory compliance with this Queensland Health HR policy.

Local guidelines/procedures may be developed to facilitate implementation of this policy. Any local guidelines/procedures must be consistent with this policy and schedule and ensure employee entitlements continue to be met.

1 Remote Area

A number of locations were identified by Hospital and Health Services as meeting the criteria for payment of the isolation compensation package (refer Schedule Two). These locations are to retain the isolation compensation package for the first three years, even though a location may not continue to meet the criteria. A Hospital and Health Service may apply for a location to be added to the approved list of remote areas at any time during the three year period by applying the approved criteria.

When a location no longer meets the criteria, the provision of the isolation compensation package is to cease. Nurses and midwives are still to be entitled to receive any bonus payments due to them.

In considering the payment of an isolation compensation package, the package is to be paid to:

- recognise and provide compensation for hardship or professional and personal dislocation associated with the appointment
- improve recruitment and retention in areas when difficulty has been experienced or could be anticipated.

The criteria set out in Schedule Three have been developed to address these issues. These criteria are to be used as a basis to identify those areas which a Hospital and Health Service considers to be a remote location.

To include or delete an area from the isolation package, the following process is to be followed:

<table>
<thead>
<tr>
<th>New position</th>
<th>Review of existing position</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Step 1</strong> Endorsed proposal and score forwarded to Employee Relations Unit by the Health Service Chief Executive (or delegate) proposing addition to the approved list in accordance with the criteria in Schedule Three.</td>
<td><strong>Step 1</strong> Endorsed proposal and score forwarded to Employee Relations Unit by the Health Service Chief Executive (or delegate) proposing change to approved list.</td>
</tr>
<tr>
<td><strong>Step 2</strong> * Prior to nurses and midwives receiving the isolation compensation package, the score is to be confirmed by the Employee Relations Unit and the location is to be included on the approved list of remote areas.</td>
<td><strong>Step 2</strong> * Employee Relations Unit confirms the proposed change after consultation with parties to the Award and amends the approved list of remote areas.</td>
</tr>
<tr>
<td><strong>Step 3</strong> Proceed to provide the provisions of the package.</td>
<td><strong>Step 3</strong> Proceed to cease provision of the package according to agreed timeframe.</td>
</tr>
</tbody>
</table>

* Appropriate data is to be submitted to enable the correct score to be substantiated.

Please note that any material printed is regarded as an uncontrolled copy. It is the responsibility of the person printing the document to refer frequently to the Queensland Health Internet site for updates.
2 Recognition of service

When an employee who is eligible for the incentive package is seconded to another position which does not attract the isolation compensation package, the time prior to the secondment is to be recognised as service for the incentive package upon return to the substantive position.

An employee is to hold a substantive position within an area that attracts the incentive package to be eligible to retain credit for the service.

When an employee resigns or is transferred, they are not to retain any recognition of service at a remote centre for the purpose of the incentive package.

Any period of unpaid leave does not break the continuity of service for recognition purposes. However, unpaid leave in excess of nine days is not recognised as service for the purposes of the isolation compensation package. For example a nurse or midwife employed from 1 February 2008 and granted three months unpaid leave from 1 June 2008, is not to be eligible for the isolation compensation package until 1 May 2009.

Any period of service that is broken, other than for the reasons stated above, is not recognised as service for the provision of the isolation compensation package unless the break is covered by the cash equivalent of accrued leave.
## Remote Area Nursing Incentive Package (RANIP) – Schedule Two

**Designated remote locations**

<table>
<thead>
<tr>
<th>Cairns and Hinterland Hospital and Health Service</th>
<th>Central West Hospital and Health Service cont.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chillagoe</td>
<td>*Tambo</td>
</tr>
<tr>
<td>*Cow Bay (Diwan)</td>
<td>Windorah</td>
</tr>
<tr>
<td>Croydon</td>
<td>Yaraka</td>
</tr>
<tr>
<td>Dimbulah</td>
<td></td>
</tr>
<tr>
<td>Forsayth</td>
<td>North West Hospital and Health Service</td>
</tr>
<tr>
<td>Georgetown</td>
<td>Burketown</td>
</tr>
<tr>
<td>Mt Garnet</td>
<td>Camooweal</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Cape York Hospital and Health Service</td>
<td></td>
</tr>
<tr>
<td>Aurukun</td>
<td>Doomadgee</td>
</tr>
<tr>
<td>*Coen</td>
<td>*Gundpowder</td>
</tr>
<tr>
<td>*Cooktown</td>
<td>Julia Creek</td>
</tr>
<tr>
<td>Hope Vale</td>
<td>Karumba</td>
</tr>
<tr>
<td>Kowanyama</td>
<td>Mornington Island</td>
</tr>
<tr>
<td>Laura</td>
<td>Mt Isa</td>
</tr>
<tr>
<td>Lockhart River</td>
<td>Normanton</td>
</tr>
<tr>
<td>*Mapoon</td>
<td></td>
</tr>
<tr>
<td>Napranum</td>
<td>South West Hospital and Health Service</td>
</tr>
<tr>
<td>Pormpuraaw</td>
<td>Morven</td>
</tr>
<tr>
<td>*Weipa</td>
<td>Thargomindah</td>
</tr>
<tr>
<td>Wujal Wujal (Bloomfield River)</td>
<td>Wallumbilla</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Central Queensland Hospital and Health Service</td>
<td>Torres Strait and Northern Peninsula Hospital and Health Service</td>
</tr>
<tr>
<td>Capella</td>
<td>Badu</td>
</tr>
<tr>
<td>Gemfields</td>
<td>Bamaga Community Centre</td>
</tr>
<tr>
<td>Many Peaks</td>
<td>Bamaga Hospital</td>
</tr>
<tr>
<td>Woorabinda</td>
<td>Horn Island</td>
</tr>
<tr>
<td></td>
<td>Mer Island (Murray Island)</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Central West Hospital and Health Service</td>
<td></td>
</tr>
<tr>
<td>*Aramac</td>
<td>Saibai Island</td>
</tr>
<tr>
<td>*Bedourie</td>
<td>St Pauls Island</td>
</tr>
<tr>
<td>*Birdsville</td>
<td>Thursday Island Community Centre</td>
</tr>
<tr>
<td>Boulia</td>
<td>Thursday Island Hospital</td>
</tr>
<tr>
<td>Isisford</td>
<td>Yorke Island</td>
</tr>
<tr>
<td>Jundah</td>
<td></td>
</tr>
<tr>
<td>Muttaburra</td>
<td>Palm Island</td>
</tr>
</tbody>
</table>

* Locations designated as remote area subsequent to Cabinet endorsement of the isolation compensation package.
Remote Area Nursing Incentive Package (RANIP) – Schedule Three
Criteria for defining remote areas in Queensland

All criteria are applied to each community, and points allocated. A total score of 16 points or greater indicates a remote area. Enrolled nurses and registered nurses and midwives working in these areas are remote area nurses/midwives for the purpose of application of the isolation compensation package.

Criteria for community: _________________________________________________

Five points

• There is no medical officer in residence in the community, and a medical officer visits less than once a week.
• There is an establishment of one or two registered nurses.
• A nurse is required to be on call, for emergency situations, due to unavailability of on-site medical backup, for at least seven days (average) per fortnight.
• The community is inaccessible due to seasonal conditions, accumulated to be at least 30 days (average) per year.
• The location is either impossible to reach or extremely difficult (i.e. at least five hours in optimal conditions to nearest medical officer) to reach by road.
• There is no 24 hour reticulated power.

Three points:

• There is no medical officer in residence in the community, but a medical officer does visit the community at least once a week.
• The nurse is operating in a predominantly different culture.
• There is an establishment of only three registered nurses.
• A nurse is required to be on 24 hour on-call for emergency situations due to unavailability of on-site medical backup for between three to six days (average) per fortnight.
• The normal road connection with the nearest centre is unsealed or in poor condition and is subject to seasonal conditions.
• Night evacuations are not routinely available.
• The nurse is without a reliable telephone system and is to rely on other means of communication (i.e. radio).
• In Aboriginal or Torres Strait Islander communities, an inadequate number (i.e. 1:100) of certified health workers are employed.

One point:

• A medical officer is in residence but is not replaced on days off.
• The community does not have social and cultural facilities available to the nurse, and public entertainment is rarely available.
• No regular public transport is available to the nearest major centre.
• There is no reticulated potable water.
• Facilities for the purchase of a range of goods on site (e.g. clothing, electrical goods, hardware) are limited or non-existent.
• There is little or no employment opportunity for the spouses or partners.

TOTAL:
Remote Area Nursing Incentive Package (RANIP) – Schedule Four
East coast provincial cities

East Coast provincial cities include:

- Brisbane
- Bundaberg
- Cairns
- Caloundra
- Gladstone
- Gold Coast
- Hervey Bay
- Mackay
- Maryborough
- Redcliffe
- Rockhampton
- Townsville