

Health Employment Directive

No. 03/23

Effective Date:
1 November 2023

Supersedes:
06/21

Senior medical officers: Special remuneration arrangements

1. Compliance

Compliance with this Health Employment Directive (HED) is mandatory.

2. Purpose

The purpose of this HED is to establish the governance requirements for annualised remuneration, on call standby and over-award payment arrangements applicable to senior medical officers (SMOs).

3. Legislative Provision

Section 51A of the *Hospital and Health Boards Act 2011* (the Act).

4. Application

This HED applies to senior medical officer employees engaged under the Act in Hospital and Health Services (HHSs) and Queensland Health (the department).

5. Related documents

- Medical Officers (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6)
- Medical Officers (Queensland Health) Award – State 2015 (the Award)
- *Hospital and Health Boards Act 2011 (Qld)*
- Remuneration governance framework for senior medical officers (Attachment 1)
- Business case for over-award payment arrangement for a senior medical officer (Attachment 2)

Directive:

6. Consistency

All HHSs and the department must:

- Adhere to the 'Remuneration governance framework for senior medical officers' (Attachment 1).
- Complete the standard 'Business case for over-award payment arrangement for a senior medical officer' (Attachment 2) when seeking approval for an over-award payment arrangement for an SMO, clearly documenting the rationale/evidence as to why the payment is essential and must demonstrate that alternative solutions were explored.

7. Definitions

Act	<i>Hospital and Health Boards Act 2011</i>
Award	Medical Officers' (Queensland Health) Award - State 2015
Hospital and Health Service (HHS)	A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.
MOCA 6	Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022.
Over-award payment arrangement	Means any remuneration that exceeds or is not required to be paid under an applicable industrial instrument.
Queensland Health (the department)	The department includes: <ul style="list-style-type: none"> • Office of the Director-General • Office of the First Nations Health Officer • Office of the Chief Health Officer • Office of the Chief Operating Officer • Clinical Excellence Queensland • Corporate Services Division • eHealth Queensland • Healthcare Purchasing and System Performance Division • Queensland Public Health and Scientific Services • Clinical Planning and Service Strategy • Health Capital Division • Strategy, Policy and Reform Division • Queensland Ambulance Service • any successor agency of those listed above however so named.
Senior medical officer (SMO)	A registered medical practitioner employed in: <ol style="list-style-type: none"> 1. any position in a classification level L13 (C1-1 only) to L29 under the Medical Officers (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6) 2. any position classified and remunerated as a Medical Officer with Private Practice, Medical Superintendent with Private Practice or Senior Medical Superintendent with Private Practice. 3. any position classified and remunerated as a Rural Generalist Medical Officer with Private Practice, Rural Generalist Medical Superintendent with Private Practice, Rural Generalist Medical Officer with Private Practice - Senior or Rural Generalist Medical Superintendent with Private Practice - Senior.

8. History

HED No. 03/23 1 November 2023	Issued: <ul style="list-style-type: none"> • to update Attachment 1 'Remuneration governance framework for senior medical officers' to include an emergency department allowance and update MOCA 6 references • to include Rural Generalists – MOPP, Rural Generalists – MSPP, Rural Generalists – MOPP Senior and Rural Generalists – MOPP Senior in the definition of senior medical officer • to update naming conventions • to update references to MOCA 6.
HED No. 06/21 July 2021	Issued: <ul style="list-style-type: none"> • to update naming conventions

	<ul style="list-style-type: none"> to delete the section 'transitioning from medical contracts to MOCA4' from the directive. In compliance with s51F of the <i>Hospital and Health Boards Act 2011</i> requiring the chief executive to review HED within 3 years after it is made.
HED No. 02/15 10/11/2015	Issued under section 51A of the <i>Hospital and Health Boards Act 2011</i> as a condition of employment for health service employees.

9. Approval and implementation

Directive custodian

Chief Human Resources Officer

Approval by Chief Executive

Michael Walsh
A/Director-General

Approval date: 1 November 2023

Attachment 1

Remuneration Governance Framework for Senior Medical Officers

2023



Queensland
Government

Remuneration Governance Framework for Senior Medical Officers

Published by the State of Queensland (Queensland Health) 2023

Approved by the Director-General on 1 November 2023



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Contents

Introduction	4
1. Annualised remuneration.....	5
1.1 Process	5
1.2 Calculating Annualisation Percentages	6
2. Over-Award Payment Arrangements	7
3. Standby allowance multipliers	10

Introduction

This document, being an attachment to Health Employment Directive (HED) No. 03/23 Senior Medical Officers: Special Remuneration Arrangements, establishes the governance requirements for annualised remuneration, on call standby and Over-Award Payment Arrangements applicable to SMOs.

When the framework is amended, consultation will occur, when required, on the revised or new framework only.

Base salary, standard benefits and penalties are provided under the Medical Officers (Queensland Health) Award - State 2015 (the award) and the Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6). The provision of any remuneration benefits not contained in these documents, or the framework are not permitted without the approval of the Director-General.

Terms used in this Attachment are defined in the substantive HED 03/23.

1. Annualised remuneration

Payment of overtime, on call and/or shift work penalty entitlements will be paid as worked, unless a SMO nominates in writing to have those entitlements annualised and paid fortnightly.

1.1 Process

Under clause 12.17.2 of MOCA 6, an SMO can elect to annualise overtime, on-call and penalties related to shift work under agreement with their employer rather than submitting regular roster changes and MedAVAC forms. If an SMO nominates to annualise penalties, the SMO must make this nomination in writing using the standard Queensland Health SMO Annualisation Form. If the SMO and their employer agree to annualise payments, the standard SMO Annualisation Form is to be signed by both the SMO and the Health Service Chief Executive (HSCE) or the Director-General (or approved delegate), detailing the components and value of remuneration to be annualised.

The purpose of annualisation is to reduce administrative burdens, therefore, changes to annualisation arrangements can only occur annually (effective from the commencement of the first pay period each financial year), or upon a significant change to the individual SMO's work requirements, or within the three month "cooling off period" as detailed in MOCA 6 clause 12.7.3(a).

Annualisation is not to be used as a method for "topping up" remuneration. For over-award remuneration options refer to the *over-award payment arrangements* section of this document. Note: Recall and public holiday penalties cannot be annualised.

A process flow for annualised remuneration is illustrated in the below diagram:

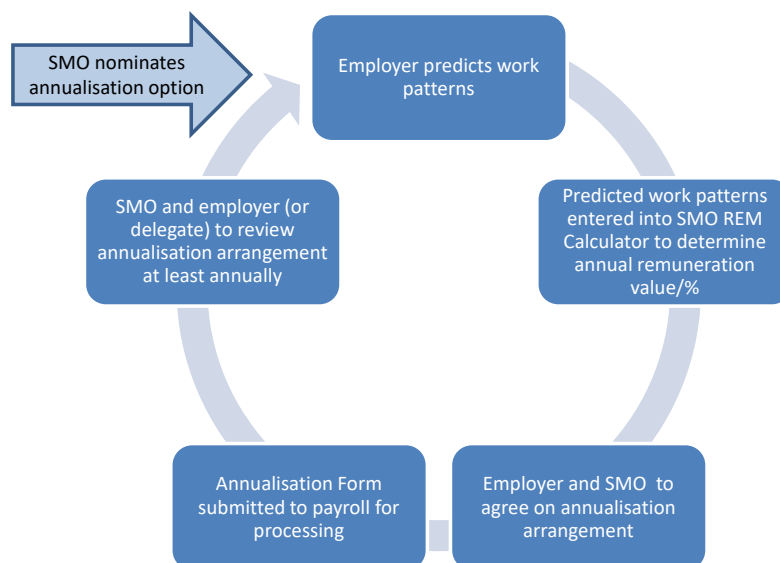


Figure 1: Remuneration Annualisation Process

1.2 Calculating Annualisation Percentages

It is intended that the value of the annualised penalties be reflective of planned work patterns for the period of annualisation that fairly represent the expected amount of overtime, on-call and penalties related to shift work that an individual is anticipated to perform.

It is recommended that the *Queensland Health Senior Medical Officer Remuneration Calculator* is used as a guide to determine the annualised percentage of salary recorded on the Annualisation Form. In determining the annualisation percentages note the following:

- Annualised payments are not paid during periods of leave
- Re-call and public holiday penalty payments cannot be annualised under any circumstance
- If an employee nominates to annualise under MOCA 6 the employee must annualise on call and penalty payments related to shift work. The employee may also elect to annualise overtime in this circumstance.

2. Over-Award Payment Arrangements

It is acknowledged that, in limited circumstances, over-award payment arrangements may be required to recruit and retain highly specialised/unique skills or in areas experiencing a clinical workforce shortage.

Time limited (for up to 12 months) allowances for the above-mentioned purposes can be approved under this framework.

Any such provision is to be reviewed at the expiry date of the arrangement and may be continued (if agreed between the parties) with the appropriate approvals in response to ongoing skills retention or workforce capacity issues. In providing an allowance, chief executives (CEs) must complete and authorise the standard 'Business case for over-award payment arrangement for a senior medical officer' (Attachment 2 of HED No. 03/23) and retain a copy of this document in relevant local personnel files. Payroll will process payment once this document is completed, authorised by the relevant delegate and a copy submitted to payroll for processing.

Rural & Remote (12 months or less)	
Condition	Approval
<p>In addition to amounts payable under clause 12.28.2 of MOCA 6, an Over-Award Payment Arrangement of up to 5% of base salary, available only if employed by the following HHSs:</p> <ul style="list-style-type: none">• Torres and Cape• Cairns and Hinterland• Central Qld• Central West• South West• North West• Mackay• Darling Downs• Townsville• Wide Bay• The department - when located in one of the above HHSs	<p>HSCEs and relevant departmental Divisional heads (e.g., Deputy Directors-General and equivalent) (for departmental employees employed in a Division) are permitted to approve an allowance of up to 5% of base salary for a fixed term (up to 12 months).</p> <p>The decision to approve (or extend) over-award payment arrangement must be supported with documented rationale/evidence as to why the payment is essential and must demonstrate that alternative solutions were explored by completing the standard 'Business case for over-award payment arrangement for a senior medical officer' and keeping a copy of this document on relevant personnel files.</p>

Speciality Recruitment (12 months or less)	
Condition	Approval
<p>The speciality recruitment incentive is available to HHSs and departmental Divisions to attract new specialists or retain existing specialist staff that are critical to or enhance the capability of the service to deliver its service requirements to the community if:</p> <ul style="list-style-type: none"> the proposed arrangement does not exceed 12 months at a time the proposed arrangement does not exceed 25% of base salary; or HSCE or head of the relevant departmental Division has not already approved (or extended) one (1) SMO over-award payment arrangement in the same specialty in the HHS or Division within that six-month period. 	<p>HSCEs and relevant departmental Division heads (e.g., Deputy Directors-General and equivalent) are permitted to approve an allowance of up to 25% of base salary for a fixed term (up to 12 months). Approval (or extension) of this arrangement is limited to one (1) SMO per specialty by HHS/Division within that six-month period.</p> <p>The decision to approve (or extend) payment must be supported with documented rationale/evidence as to why the payment is essential and must demonstrate that alternative solutions were explored by completing the standard 'Business case for over-award payment arrangement for a senior medical officer' and keeping a copy of this document on relevant personnel files.</p>
Speciality Recruitment (greater than 12 months)	
Condition	Approval
<p>Arrangements:</p> <ul style="list-style-type: none"> that are proposed to exceed 12 months at a time that are proposed to exceed 25% of base salary; or where the HSCE or head of the relevant departmental Division have already approved (or extended) one (1) SMO over-award payment arrangement in the same specialty in the HHS or Division within that six-month period. 	<p>In making a submission to the Director-General (or delegate) for consideration, HSCEs and heads of departmental Divisions must provide the following:</p> <ul style="list-style-type: none"> Brief for Director-General (or delegate) approval Completed standard 'Business case for over-award payment arrangement for a senior medical officer'.

Emergency Department Allowance	
Condition	Approval
<p>The 'emergency department' allowance is available to HHSs to attract new SMOs that are critical to or enhance the capability of the service to deliver its service requirements to the community.</p> <p>The application of this discretionary allowance would only apply to those SMOs working in an emergency department who do not work all of their hours in an emergency department, or who have not been appointed on an extended hours roster.</p> <p>Following conditions apply:</p> <ul style="list-style-type: none"> proposed arrangement does not exceed 12 months at a time (can be periodically approved); and the proposed arrangement does not exceed 25% of the SMO's base salary. <p>Note: a SMO entitled to receive the Emergency Department specialty allowance under MOCA 6 is not entitled to the Emergency Department Allowance under this HED.</p>	<p>In making a submission to the Director-General (or delegate) for consideration, HSCEs and heads of departmental Divisions must provide the following:</p> <ul style="list-style-type: none"> Brief for Director-General (or delegate) approval Completed standard 'Business case for over-award payment arrangement for a senior medical officer'.

4. Standby allowance multipliers

The operational details of on call standby is contained within Senior medical officers – Terms and conditions HR Policy C23 (QH-POL-235), which may be updated from time to time.

SMOs who agree to be rostered for on call standby will be paid using the following multiplier rates:

- hourly base rate x 4.52 for each 24 hour period (or part thereof) on call standby (Monday to Saturday inclusive)
- hourly base rate x 6.76 for each Sunday (or part thereof) on call standby.

Attachment 2

Business Case for Over-Award Payment Arrangement for a Senior Medical Officer



Queensland
Government

Business Case for over-award payment arrangement for a senior medical officer

Published by the State of Queensland (Queensland Health) 2023

Approved by the Director-General on 1 November 2023



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Contents

Contents..... 3

Introduction 4

Proposal..... 5

Approval..... 7

Introduction

It is acknowledged that in limited circumstances, above award/certified agreement payments may be required to recruit and retain highly specialised/unique skills or in areas experiencing a clinical workforce shortage.

The Director-General, under Section 66(4) of the *Hospital and Health Boards Act 2011*, has approved the following limited additional remuneration options under strict governance arrangements and eligibility criteria. In accordance with the *Remuneration Governance Framework for Senior Medical Officers* (SMOs), health system employers have the ability to approve time limited (up to 12 months) allowances for the above-mentioned purpose.

Any such provision is to be reviewed at the anniversary date and may be continued in response to ongoing skill retention or workforce capacity issues. In providing this allowance/s, chief executives must complete and authorise the standard 'Business case for over-award payment arrangement for a senior medical officer' and maintain a copy of this document in relevant local personnel files. Corporate Enterprise Solutions will process payment once this document is completed, authorised by the relevant delegate and a copy is submitted to payroll for processing.

This business case is to be completed by Hospital and Health Services (HHSs)/departmental Divisions that wish to apply to their relevant Chief Executive (CE) or the Director-General (DG) to provide remuneration in addition to the Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA 6) to an individual or a group of individuals.

Proposal

This section outlines the format by which a HHS/departmental Division can propose to remunerate an SMO outside of MOCA 6.

SMO's full name:	SMO's predominant specialty:
Employing HHS & facility/Division:	SMO's PID & relevant PAN/s:

Special Remuneration Category	Proposed % value (of base sal.)*	Effective date	Expiry date**
Rural & Remote (CE apv.)	<input type="checkbox"/>		
Specialty (CE apv.)	<input type="checkbox"/>		
Specialty (DG apv.)	<input type="checkbox"/>		

*Note: Rural and Remote (CE/DDG approved) maximum value is 5%
Specialty recruitment (CE/DDG approved) maximum value is 25%
Specialty recruitment (DG approved) value is unlimited

**Note: Where the expiry date is in excess of 12 months this application must be forwarded to the Director-General for approval

Issue analysis and rationale

This section must summarise the issue at hand and provide the rationale for remunerating an individual or a group in addition to MOCA 6. The rationale should provide evidence supporting claims such as:

- location is difficult to recruit to (e.g. vacancy reports, retention statistics, etc.)*
- speciality is difficult to recruit to (e.g. vacancy reports, retention statistics, etc.)*
- failure to remunerate in addition to MOCA 6 may result in critical loss of talent.*

The statement of rationale should detail benefits of remunerating the individual or group and how that aligns with the best use of taxpayers' money, service delivery standards and patient safety and quality.

Alternative solutions

Information regarding alternative options that have been considered and action taken prior to making application to remunerate in addition to MOCA 6 is to be included in this section.

For each alternative, describe:

- time frame*
- resources*
- costs*
- benefits*
- any constraints and major assumptions that are critical in deciding between the alternatives considered.*

Mitigation strategies and future planning

- Describe what activities will be undertaken to mitigate against prolonged payment in addition to MOCA 6, such as workforce planning, recruitment campaigns, teaching and training plans, succession planning and advancement of junior staff, etc.*

Sensitivities and risks

- *Identify key sensitivities and risks that exist in either remunerating or not remunerating individuals or groups of individuals*
- *Consultation with HSCs/Directors of Medical Services should occur where there is potential for statewide/regional implications*
- *If the submission is for more than 1 SMO - explain the potential implications for specialty remuneration in other HHSs and what mitigation strategies will be implemented to reduce any regional/statewide impact*
- *Present potential contingent actions that could mitigate the risks.*

Review and evaluation

- *Describe the way forward, detailing planned review dates and associated criteria for evaluation, anticipated outcomes and how they will be measured.*

Approval

Submitted by

Signature:	Date:
Full name:	Position
Comments:	

Approved by

Health Service Chief Executive/relevant departmental Division Head Signature:	Date:
Health Service Chief Executive/relevant departmental Division Head Full name:	
Comments:	

Director-General (or delegate) Approval (where required under the Remuneration Governance Framework for SMOs)

Signature:	Date:
Full name:	
Comments:	