

Salary Advancement

Human Resources Policy

Effective Date: November 2009

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1 PURPOSE

To outline salary advancement arrangements in Queensland Health.

2 APPLICATION

This policy applies to occupants of roles specified in the policy.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The 'delegate' is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- *Public Service Act 2008*
- *Public Service Regulation 2008*
- *Health Services Act 1991*
- *Industrial Relations Act 1999*
- Nurses and Midwives (Queensland Health) Certified Agreement (EB7) 2009
- Queensland Public Health Sector Certified Agreement (No. 7) 2008 (EB7)
- Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007
- Advancement - Administrative Stream Level 1 to Level 2 HR Policy C37

6 SUPERSEDES

- IRM 4.4-1 Advancement - Professional and Technical between Levels PO2 and PO3 and Levels TO2 and TO3
- IRM 4.4-2 Advanced Cadetship Program - X-Ray Engineers and Prosthetic/Orthotic Technicians and Dental Servicing Technicians
- IRM 4.4-3 Advancement - Grandparent Arrangements - Instrument Technicians, Prosthetic/Orthotic Technicians and Dental Servicing Technicians
- IRM 4.4-4 Accelerated Advancement - Level 1 Registered Nurses
- IRM 4.4-5 Internship – Anaesthetic Technicians
- IRM 4.4-7 Application for Progression to Advanced Clinician
- IRM 4.4-8 Advanced Clinician - Consequence of Relinquishing a Senior Dentist Role
- IRM 4.4-10 Queensland Health Pathology and Scientific Services and Mater Health Services Conditional Advancement Scheme
- IRM 4.4-12 Advancement To Senior Rural Medical Superintendent Status
- Circulars ER10/03, ER16/03, ER32/03, ER54/03, ER32/04, ER35/04, ER88/04, ER97/04, ER113/04, ER20/05, ER30/05, ER35/05, ER61/05, ER62/05, ER64/05, ER85/05, ER12/06, ER29/06, ER84/06, ER105/06, ER106/06, ER113/06

7 POLICY

Administrative officer

7.1 Administrative officer (level 1 to level 2)

The criteria for advancement from AO1 to AO2 are contained in Advancement - Administrative Stream Level 1 to Level 2 HR Policy C37.

7.2 Clinical coders

In accordance with clause 14.4 of the Queensland Public Health Sector Certified Agreement (No.7) 2008, Queensland Health has implemented a career structure for administrative stream clinical coders incorporating AO3, AO4 and AO5 classifications.

7.2.1 AO3 clinical coder

The minimum classification for a role required to perform clinical coding duties is an AO3 clinical coder. New coders with no qualification or limited coding experience are to be appointed to this classification.

AO3 clinical coders contribute to the provision of coding services, but require frequent auditing of their work as part of ongoing development programs. An AO3 clinical coder employed by Queensland Health for two years in a coding role can be reclassified to AO4 upon satisfaction of the eligibility criteria.

Eligibility criteria

The criteria recognise the higher work value of clinical coders as their skills and experience grow. After performing the duties of an AO3 clinical coding role for two years, and on if the coder is able to demonstrate their proficiency by meeting the criteria outlined above, their position is to be reclassified and they are to be appointed as an AO4 clinical coder.

The criteria for reclassification of clinical coder roles from AO3 to AO4 are:

- two years of coding experience
- the ability to operate independently to a satisfactory level of accuracy and timeliness across a range of the most common range of Diagnosis Related Groups relevant to the work environment. This is demonstrated through either:
 - endorsement by coding management of demonstrated competent application of the knowledge and skills required perform at the AO4 level or
 - attainment of certain eligible coding qualifications (intermediary HIMAA equivalent or higher).

7.2.2 AO4 clinical coder

AO4 clinical coders are experienced coders generating enhanced work value, and are expected to:

- operate more independently with less direct supervision

- provide higher levels of accuracy and timeliness of coded data
- be more influential in effecting the provision of coding services through clinical liaison and mentoring AO3 coders.

A sufficiently experienced coder from outside Queensland Health is to be appointed to this classification. An existing clinical coder employed by Queensland Health at AO3 can be reclassified to AO4 upon satisfaction of the eligibility criteria under section 7.2.1.

7.2.3 AO5 coding manager/educator/auditor

This classification can be applied to:

- direct line managers of coders at the AO3 and AO4 level
- roles responsible for auditing and educating coders across a health facility, district or geographic area

AO5 positions are expected to have a high level of influence on coding practice.

7.2.4 Eligible clinical coding qualifications

Eligible credentials include:

- intermediate ICD-10-AM, ACHI & ACS clinical coding course (HIMAA)
- advanced ICD-10-AM, ACHI & ACS clinical coding course (HIMAA)
- clinical coder certification (HIMAA)
- certificate of external and internal clinical coding auditing (La Trobe University Australia)
- additional qualifications as approved by People and Culture Corporate

Experienced clinical coders can also be recruited directly to AO4 clinical coding positions if selected through an open merit process. Further information can be found on QHEPS.

Dental officer

7.3 Dental officer to advanced clinician

The dental officer provisions are currently under review. Contact People and Culture Corporate with any queries.

Nurses

7.4 Accelerated advancement of nurse grade 5

Nurses and Midwives (Queensland Health) Certified Agreement (EB7) 2009 prescribes that nurse grade 5 employees are entitled to progress one increment on their first appointment or at any one time during employment history as a nurse grade 5 on the attainment of post graduate qualifications of at least 12 months duration or a bachelor degree qualification.

An employee is eligible for accelerated advancement of one increment from the date they obtain their qualification. An employee who is advanced under this arrangement retains their old increment date. For example, an employee with an increment date of 23 September who obtains the post graduate qualification on 1 November (and is advanced by one increment on 1 November), retains an increment date of 23 September.

An employee who has had their salary advanced retains the advanced salary if they move to an area where the duties of the position are not directly relevant to the post registration course.

7.3.1 Retention of increment date

An employee retains their Nurse Grade 5 increment date if they are granted accelerated advancement. For example, an employee with an increment date of 1 February who is granted accelerated advancement on 1 March will receive their increment on 1 February of the following year.

Professional and technical

7.5 Professional and technical (level 1 to level 2)

7.4.1 Accelerated advancement of level 1 employees

Level 1 employees of the professional and technical streams are to be appointed to the minimum rate in level 2 when they obtain the prerequisite qualifications. The effective date of the advancement is:

- 1 July for employees who complete all requirements of the education qualifications in semester 1
- 1 January for employees who complete all requirements of the education qualifications in semester 2.

Employees covered by the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007 are to be advanced on the following basis, effective from the above dates, when they obtain the prerequisite qualifications:

- To HP2.1 (employees who occupy roles that were included in the technical stream on 31 August 2007).
- To HP3.1 (employees who occupy roles that were included in the professional stream on 31 August 2007).

7.6 Professional and technical (level 2 to level 3)

The arrangements specified in this clause do not apply to employees covered by the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007 unless they were eligible for advancement up to an including 31 December 2007. Refer clause 10.3 of the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007.

7.5.1 Movement from level 2 to level 3

Movement from level 2 to level 3 may occur through:

- appointment to advertised vacancy through a merit selection process
- advancement following the achievement of the eligibility and prescribed criteria requirements.

7.5.2 Criteria for advancement

An employee is to meet the following criteria to be eligible for advancement to level 3 of the professional or technical streams:

- 12 months at the maximum salary prescribed for level 2.
- Recommendation by a selection panel that the applicant is worthy of advancement based on:
 - an assessment of a written application
 - an interview
 - certification from a senior officer, knowledgeable in the employee's capabilities, that the employee is worthy of promotion based on an assessment of the employee against the prescribed criteria.

The prescribed criteria for advancement to level 3 are outlined in attachment one (professional stream) and attachment two (technical stream).

7.5.3 Effective date of advancement

The effective date of advancement is:

- the date when the employee completes 12 months' service at the maximum of level 2 providing the application for advancement is received by the certifying officer within one month of that date
- the first day of the month following receipt of the application for advancement if the application is not received within one month of the date the employee completes 12 months' service at the maximum of level 2
- the first of the month following the date of receipt of the application by the manager of the work unit (when a previously unsuccessful applicant has re-applied).

7.5.4 Unsuccessful applicants

Unsuccessful applicants may re-apply after 12 months from the date that would have been the effective date, had the application been successful.

7.5.5 Grandparent arrangement

Instrument technicians, prosthetic/orthotic technicians and dental servicing technicians at the TO2 level with a trade based qualification, who were translated to the technical stream on 1 July 1991, are deemed to possess the qualifications to advance to level 3.

The grandparent arrangement does not apply to employees engaged on or after 1 July

1991. Those employees are required to undertake the equivalency process through the Public Sector Joint Training Council.

7.7 Advancement of x-ray engineers and prosthetic/orthotic technicians

7.6.1 Advancement of r-ray engineers with trade-based qualifications from TO2 to TO3

Employees with appropriate trade-based qualifications cannot advance to level TO3 (i.e. professional and technical level 2 to level 3) unless they were deemed to possess a mandatory qualification at the time of translation, an appropriate associate diploma level qualification is obtained, or they are granted equivalence of qualifications by the Public Sector Joint Training Council.

Employees with trade-based qualifications who were translated into the technical stream in July 1991 are deemed to possess the mandatory qualification.

7.6.2 Advancement of prosthetic/orthotic technicians (HP level 2) with trade-based qualifications to HP 2.6

Employees with appropriate trade-based qualifications cannot advance to HP 2.6 unless they were deemed to possess a mandatory qualification at the time of translation, an appropriate associate diploma level qualification is obtained, or they are granted equivalence of qualifications by the Public Sector Joint Training Council.

Employees with trade-based qualifications who were translated into the technical stream in July 1991 are deemed to possess the mandatory qualification.

7.6.3 Advancement of prosthetic/orthotic technicians (HP level 2) with trade-based qualifications to HP 2.6

New and potential employees with appropriate trade-based qualifications only are to be encouraged to undertake further studies to obtain the mandatory qualification. They are also to be advised that failure to successfully complete such study or to successfully seek equivalence of qualifications is to result in them not being eligible to advance to level TO3 or HP 2.6 levels in accordance with the Award criteria.

Assistance is available under the study and research assistance scheme (SARAS).

Employees with trade-based qualifications only qualify under the essential category of assistance. Details of the assistance available under this category are outlined in the SARAS handbook.

Medical

7.8 Rural medical superintendent to senior rural medical superintendent

The contribution and effectiveness of long serving rural medical superintendents is recognised, subject to the achievement of criteria, through the designation of senior rural medical superintendent and the payment of an all purpose allowance.

A peer review assessment is the sole basis for the designation of senior rural medical superintendent and the payment of an all purpose allowance.

Roles of senior rural medical superintendent are not to be established or advertised. Appointment is not progression and is not an automatic right. The role of senior rural medical superintendent, when achieved, is to be maintained by ongoing commitment and sustained merit.

7.7.1 Criteria for senior rural medical superintendent

A rural medical superintendent is to meet the following criteria:

- Hold tenured permanent appointment at a nominated non urban location specified in attachment three.
- Receive a clinical manager's allowance at the rate of CM2 to CM7 and/or medical manager's allowance at the rate of MM2 to MM4.
- Special and sustained merit in the public health service which warrants designation as senior rural medical superintendent, evidenced by:
 - a minimum of 10 years' service in total in any capacity within the Queensland public health system and/or hospital service
 - demonstrated commitment and effectiveness in providing viable public health/hospital services
 - demonstrated commitment to the improvement of health outcomes (e.g. clinical research and clinical collaboratives)
 - demonstrated commitment to medical education and training (e.g. participation in teaching of medical students and in training of general/rural practitioners)
 - demonstrated responsiveness to the engagement, management, organisation and development of health issues for the local community
 - proven dedication to maintaining a high level of up to date knowledge and the utilisation of such knowledge
 - other evidence which exemplifies the required status for designation as senior rural medical superintendent.

Applicants are to meet sub-criteria 1 to 3, and one of sub-criteria 4 to 7.

7.7.2 Effective date

The date of designation of senior rural medical superintendent is the first day of July for those senior rural medical superintendents designated in accordance with the panel review process outlined in this policy.

7.7.3 Remuneration

Payment for recognition of advanced clinical practice is to be through fortnightly payment of an all purpose allowance of \$335.80 per fortnight with effect from 1 September 2007.

7.7.4 Portability of status

The designation of senior rural medical superintendent is portable in Queensland Health from one full-time position to another providing that service is continuous and involves full-time appointment as medical superintendent at any of the a nominated non urban location specified in attachment three.

7.7.5 Sustaining performance

Performance against the assessment criteria is to be sustained for the allowance to continue.

The district manager is to monitor on an ongoing basis that performance is sustained. In cases when it is considered that performance is not sustained, the district manager is to provide a detailed submission to the central panel of peers before the time the next round of applications is called, outlining the reasons why the district manager believes the allowance not continue.

The central panel of peers is to consider the notification and make a recommendation to the Director-General. The affected senior rural medical superintendent is to be given the opportunity to respond prior to a recommendation being made by the central panel of peers to the Director-General.

If the recommendation of the central panel of peers to the Director-General is that performance is not sustained, and this is supported by the Director-General, then the allowance is to cease from the next pay period after the Director-General has made the decision.

Operational stream

7.9 Anaesthetic technicians

The only Queensland-based education program for those wishing to be anaesthetic technicians is conducted by the Southbank Institute of Technology as the Diploma in Paramedical Science (Anaesthesia). The first graduates from this course became available in 2008. The diploma has received formal recognition as the appropriate educational standard for new recruits to these positions. As a result, the career structure for anaesthetic technicians is outlined below.

Level	Position
OO6	In charge
OO5	In charge/senior
OO4	Diploma of Paramedical Science (Anaesthesia) (or previous equivalent plus cadetship/ internship)
OO3(1)	Cadetship/internship year
OO2	Trainee anaesthetic technician

When the training program does not require the student to work a minimum of 16 hours per week during the two year theoretical component, there is a requirement for an internship period consisting of 12 months practical experience. Therefore, although positions of anaesthetic technician have been determined at level OO4, appointment to this level cannot occur until both the formal qualifications plus the cadetship/ internship is satisfactorily completed. This cadetship/internship is applicable to all new recruits to Queensland Health unless they can demonstrate that they have 12 months relevant experience in anaesthetics. Payment for the cadetship/internship year is at level OO3(1).

Existing Queensland Health employees are not disadvantaged, as approval has been granted to recognise the following existing qualifications and experience as equivalent to gain OO4 level while the classification of anaesthetic technician remains in the operational stream.

- Southbank Institute of Technology Diploma of Anaesthetic Technology (two years) (2003 – 2008) plus one year full-time equivalent employment.
- Southbank Institute of TAFE Diploma in Applied Science (Anaesthetics) (two years) (2001 – 2004) plus one year full-time equivalent employment.
- Queensland University of Technology Associate Degree/ Diploma in Clinical Techniques (Anaesthetics) (1993 – 1997) plus one year full-time equivalent employment.
- Royal Brisbane Hospital Certificate course (two years) (1978 – 1992) plus one year full-time equivalent employment.
- Integrated Care Management (ICM) Diploma in Paramedical Science (Anaesthesia) (2008 – current) (two years and one year assessable cadetship).
- Integrated Care Management (ICM) Diploma in Anaesthetic Technology (NSW based now run instead of ASAPO Diploma) (2003 – 2008) (two years and one year assessable cadetship).
- ASAT (NSW) Diploma course (two years and one year cadetship) (1979 – 2003) – previously ASAOTT (NSW).
- ASAPO Diploma course (two years and one year cadetship) (2002 – 2004) – previously ASAOTT (NSW) and ASAT (NSW).
- Associate Diploma of Health - Anaesthetic and Operating Theatre Technician (1985 - 2002) plus one year full-time equivalent employment.
- Certificate IV - Medical Technicians and Assistants - Anaesthetics (1995 – 2002) plus one year full-time equivalent employment.
- Chisholm Institute (Vic) Diploma in Health (Anaesthetics) (1985 – 2002) plus one year full-time equivalent employment.
- New Zealand Auckland University Course (two years) plus one year full-time equivalent employment. New Zealand trained employees are required to have a Certificate of Proficiency from the New Zealand Anaesthetic Technicians Society Inc. and the Diploma in Applied Science (Anaesthesia) or the previous Certificate in Anaesthetic Technology to practice in Australia.
- United Kingdom - Diploma of Health in Operating Department Practice (2001 – current) or previous National Vocational Qualification in Operating Department Practice or Operating Department Assistant City & Guilds 752 (two year theory and practical) plus one year full-time equivalent employment as a sole assistant to the anaesthetist.

The certificate course for operating theatre attendants that were offered through the Mayfield Education Centre in Victoria, and the Royal Perth six month course, do not meet the educational standards for anaesthetic technicians in Queensland Health. No new employees are to be engaged as anaesthetic technicians level OO4 on the basis of the Mayfield Certificate or the Royal Perth six month course.

Appointments to designated anaesthetic technician positions can be as follows:

- Employees meeting prerequisite qualifications or holding deemed equivalent qualifications, and able to demonstrate completion of 12 months cadetship/internship, are appointed at OO4(1).

- Employees meeting prerequisite qualifications or deemed equivalent qualifications, but who are still to complete 12 months cadetship/internship period are appointed at OO3(1). On completion, the employee is to be appointed at OO4(1).
- Employees undertaking the prerequisite qualifications externally over a three year period, which includes one year cadetship/internship, are appointed to OO2 for the first two years and OO3(1) for the final twelve months. On completion, the employee is to be appointed to OO4(1).

A person cannot be appointed as an anaesthetic technician in Queensland Health without a recognised qualification, as detailed above.

When an applicant does not hold a recognised qualification, as detailed above, they may be employed as an anaesthetic assistant (level OO2/OO3). Appointment as an anaesthetic assistant depends on the level of training, skill and expertise previously acquired as an anaesthetic assistant. Anaesthetic assistants are expected to obtain a recognised qualification to meet regulatory requirements.

If an anaesthetic assistant subsequently obtains a recognised qualification, they are eligible for appointment as an anaesthetic technician and may undertake the full range of duties.

8 APPLYING THE POLICY

8.1 Dental officer to advanced clinician

The dental officer provisions are currently under review. Contact People and Culture Corporate with any queries.

8.2 Professional and Technical (Level 1 to Level 2)

The employee submits an "Application for Advancement to Level 2 – Professional/Technical Stream" and qualification or copy of their complete academic record (certified by the academic institute) to the manager of the work unit

The manager certifies that the original documents have been sighted and forwards the Application and attachments to the Executive Officer for endorsement. The Executive Officer forwards the endorsed Application to the delegate for approval.

An appointment letter is to be provided to the employee.

8.3 Professional and technical (level 2 to level 3)

8.3.1 Application for advancement to level 3

The employee submits an application for advancement to level 3 – professional stream or application for advancement to level 3 – technical stream, and additional information addressing the prescribed criteria to the manager of the work unit.

The manager certifies that the employee is worthy of promotion based on the prescribed criteria (if appropriate). The manager then forwards the application to the executive officer within 14 days of the receipt of the application. The manager is to

send the application to the executive officer irrespective of whether or not they certify that the employee is worthy of promotion. A manager may suggest that the employee amend their application, although the employee is not required to then do so.

8.3.2 Key skill requirements

Following certification, the executive officer is to arrange for a selection committee to be convened to assess the written application and interview the applicant. The executive officer may wish to involve the head of the discipline during this process.

8.3.3 Approval process

Following interview of a successful applicant, the chair of the selection committee completes the appropriate section of the application and seeks endorsement of the executive officer. The executive officer forwards the endorsed application to the delegate for approval.

An appointment letter is to be provided to the employee.

8.3.4 Unsuccessful applicants

A recommendation not to advance an applicant within the stream is to be processed in the same manner as that of a successful applicant.

An unsuccessful applicant is to be advised in writing.

8.3.5 Feedback

Feedback is to be provided to all applicants on request and is to be directly related to the prescribed criteria. Full and frank information is to be shared with the applicant, including all aspects which precluded the applicant from being recommended for promotion.

8.4 Rural medical superintendent to senior rural medical superintendent

8.4.1 Applications

Applications are to be invited on 1 July each year. Medical superintendents seeking designation as senior rural medical superintendent send a written application to the district CEO together with curriculum vitae, addressing the criteria outlined in this policy. The following documentation may be provided in support of the application:

- Publications (including papers, books, videos and tapes)
- Research results
- Evidence of responsiveness to health issues for the local community.

8.4.2 District CEO responsibility

The district CEO (or delegate) is to:

- certify that the rural medical superintendent has a minimum of 10 years' service

within the Queensland public health and/or hospital service. In cases when a disagreement exists as to the period of service, the HR Unit is to undertake a determination in consultation with the panel of peers

- provide endorsement of whether or not the rural medical superintendent has demonstrated special and sustained merit and ongoing commitment to providing an effective public hospital/health service, particularly in the area of responding to health issues for the local community
- forward the application to the panel of peers and make a recommendation as to whether the application is approved or not approved
- forward the application to the district executive director SSP, who is to arrange for the convention of the central panel of peers and provide all applications for the panel's consideration.

8.4.3 Central panel of peers/method of review

The central panel of peers is to be established to consider all applications and make recommendations to the Director-General. The central panel of peers comprises representatives/ delegates from the following:

- ACCRM and RACGP or RDAQ
- Queensland Public Sector Union of Employees
 - full-time senior official
 - full-time medical superintendent
- Australian Salaried Medical Officers Association Queensland
 - full-time senior official
 - full-time medical superintendent
- Senior executive director, health services (or delegate)
- Health service district representative.

The central panel of peers recommends applicants for positions of senior rural Medical superintendent by assessing the applicant against the outlined criteria. Recommendations for designation as senior rural medical superintendent are arrived at by consensus between members of the panel of peers. The recommendations are then to be submitted to the Director-General for approval.

8.4.4 Unsuccessful applicants

The central panel of peers is to provide feedback to an unsuccessful applicant. The unsuccessful applicant is to be eligible to reapply on 1 July of the subsequent year.

9 HISTORY

November 2009	Amended to include section 7.2 clinical coders as per clause 14.4 of EB7.
October 2008	<ul style="list-style-type: none"> • Removed reference to IRM 4.4-9, IRM 4.4-13 and IRM 4.4-14 as content of IRMs not included. • Amended clause 7.8 to include IRM 4.4-5 Internship – Anaesthetic Technicians. • Amended clauses 7.2 and 8.1 to remove Dental Officer provisions while under review.
June 2008	Developed as a result of the HR policy consolidation project.

Prescribed criteria for advancement from PO2 to PO3

Applicants for advancement within the professional stream from level 2 to level 3 are to be practicing at the PO3 level as described in the District Health Services Employees Award – State 2003. Once progressed, employees are expected to perform at the PO3 level. Routine duties that are part of any PO2 substantive position do not contribute to the achievement of advancement.

Applicants are to be assessed on the following criteria:

- Demonstrated professional expertise in **one or more** areas of a discipline as shown by:
 - detailed knowledge of standard professional tasks and the application of this into work practices and procedures across a range of clinical problems and situations. An applicant is to perform under reducing professional direction while achieving higher level outcomes, and exercising initiative in the application of professional practices
 - modifications to standard procedures and practices and contributions to the development of new techniques and methodologies may be demonstrated through an active involvement in relevant clinical research activities to develop a greater specialised knowledge and/or use of initiative to change/alter work practices and procedures. An applicant is to be able to successfully apply knowledge and skills developed to a range of clinical problems and situations, including complex and difficult cases
 - professional contribution relevant to the discipline at a local level. This can include active participation as an informed discipline representative on relevant committees and working parties either internally or to relevant external organisations. It may also include the supervision and education of students and other staff.
- Possession of postgraduate qualifications or postgraduate developmental experience and/or postgraduate qualifications and evidence of commitment to ongoing professional development. Possession of postgraduate qualifications is not mandatory at any level in the professional officer classification under the Award, although these may be considered desirable. The relevance of any education/training to the area of work and application is to be highlighted.
- Evidence of recognition by peers, industry, or consumer groups as demonstrated through the following. The activities used as evidence vary with the discipline of the applicant (an applicant does not need to fulfil every criterion):
 - Original in-service presentations (this does not include reporting back to others information obtained at seminars, workshops or lectures, routine journal reviews or case presentations).
 - Papers published in refereed journals.
 - Relevant presentations at conferences and seminars.
 - Consultancies are to be relevant to employment with Queensland Health and not part of the responsibility of the substantive position.
 - Recognition as a resource person who collects, collates and imparts knowledge, i.e. recognition as a specialist or consultant.
 - Preparation of significant internal reports. This may be internal to the work unit, discipline department or employing organisation. Examples may

include clinical research reports, service reviews or investigation reports.
Evidence is to be provided.

- Demonstrated levels of performance and innovation through:
 - a history of satisfactory performance
 - high levels of efficiency and effectiveness
 - high level of responsibility and initiative.

A recent performance appraisal review to support claims made can be used to demonstrate this criteria. Claims can be referenced against the criteria in the District Health Services Employees' Award – State 2003.

Managing the risk of psychosocial hazards at work
Code of Practice 2022
applies 1 April 2023

Prescribed criteria for advancement from TO2 to TO3

Applicants for advancement within the technical stream from level 2 to level 3 are to be assessed by the selection panel on the following criteria:

- Demonstrated technical expertise in one or more areas of a discipline as shown by:
 - detailed technical knowledge and experience
 - high levels of accuracy and precision in undertaking procedures
 - technical contribution at a local level.
- Possession of higher technical qualifications or development experience through attendance at specialist seminars or in-service presentations relevant to the discipline.
- Evidence of recognition by peers, industry or other client groups as shown by one or more of the following (the activities used as evidence varies with the discipline of the applicant):
 - Original in-service presentations.
 - Published papers.
 - Active involvement in conferences and seminars.
 - Consultancies.
 - Recognition as a resource person who collects, collates and imparts technical knowledge in a particular area.
 - Preparation of significant internal reports.
- Demonstrated levels of performance and innovation through:
 - a history of satisfactory performance
 - demonstrated high levels of efficiency and effectiveness
 - demonstrated high level of responsibility and initiative.

Advancement to senior rural medical superintendent – eligible non-urban locations

Full-time rural medical superintendents holding appointment and receiving a clinical manager's allowance at the CM2 to CM7 rate and/or medical manager's allowance at the MM2 to MM4 are eligible to apply for designation as senior rural medical superintendent.

- Atherton
- Ayr
- Bamaga
- Beaudesert
- Biloela
- Bowen
- Caloundra
- Charleville
- Charters Towers
- Cherbourg
- Cooktown
- Dalby
- Doomadgee
- Emerald
- Gatton
- Gladstone
- Goondiwindi
- Gordonvale
- Gympie
- Ingham
- Innisfail
- Kingaroy
- Longreach
- Mareeba
- Mornington Island
- Mossman
- Moura
- Palm Island
- Proserpine
- Roma
- St George
- Sarina
- Stanthorpe
- Thursday Island
- Tully
- Warwick
- Weipa
- Yeppoon
- Hospitals additional to this list, as approved by the Director-General, Queensland Health.