



s.47(3)(b) - personal information

Dear s.47(3)(b)

Re: Option A ED supplement - s.47(3)(b)

s.47(3)(b) - personal information

RTI Release

It is clear from the Option A contract that SMOs employed permanently, temporarily and on a part-time basis are entitled to Option A and that part-time employees receive a pro rata benefit. The ED contract is supplementary to the Option A contract and does not restrict eligibility to permanent full-time employees, or appointments exclusively to an ED.

s.47(3)(b) - personal information

We look forward to your urgent response.

Yours faithfully



Jenny Cannon
Advocate
13 August 2007

RTI Release

Keith Bowden - RE: ED 25% Loading

From: Mary Kelaher
To: Carissa Hagenbach; Keith Bowden
Date: 2/11/2007 8:42 AM
Subject: RE: ED 25% Loading

Mary Kelaher
Senior Director, Human Resources
Phone: 07 3234 1481
Fax: 07 3234 0314
Email: mary_kelaher@health.qld.gov.au

>>> "Jenny A. Cannon" <jac@qpsu.org.au> 17/09/2007 9:36:27 am >>>
Mary

Yes certainly.

Regards

Jenny Cannon

Advocate
Ph: 3017 6129 Fax: 3017 6229
Mobile: s.73
Email: jac@qpsu.org.au
96 Albert St
BRISBANE 4001

-----Original Message-----

From: Mary Kelaher [mailto:Mary_Kelaher@health.qld.gov.au]
Sent: Monday, 17 September 2007 9:15 AM
To: Beryl Griffin; Shirelle Wolfe; Jenny A. Cannon
Cc: asmofq@bigpond.com
Subject: Re: ED 25% Loading

see below -c an we discuss pls

Mary Kelaher
Senior Director, Human Resources
Phone: 07 3234 1481
Fax: 07 3234 0314
Email: mary_kelaher@health.qld.gov.au

>>> "Jenny A. Cannon" <jac@qpsu.org.au> 14/09/2007 11:51:33 am >>>

Mary

I found the dot point section in the email below a little difficult to follow but I can confirm

- that it was acknowledged and envisaged that extended hours arrangements in EDs encompass the hours 7am to 10pm Monday to Friday and with weekend coverage and that the contracts should be consistent with that.
- that SMOs who are routinely rostered for their ordinary hours of duty in an ED with an extended hours arrangement, and who participate in the extended hours roster, are eligible for the ED supplementary payment
- that the rationale for Med Supers and Deputy Med Supers being excluded from eligibility was on the basis they were not required to perform ordinary rostered hours



in the ED.

- that where a MS or DMS, or other SMO, is routinely rostered to work a portion of their ordinary hours in an ED with an extended hours arrangement they are eligible for the ED payment provided the District confirms in writing that such participation is a requirement as well as the extent of it (e.g. percentage of ordinary hours)
- that SMOs who have existing Option A and ED supplementary benefit contracts should have those contracts honoured
- that there is no definition of an ED in the contracts and it may be appropriate to address this deficiency in the next round of bargaining.
- that an ED supplementary contract should be provided to each person eligible to receive the ED supplementary benefit

I have a minor concern in terms of the DMs being required to confirm in writing that an extended hours arrangement has been approved by the District. This could open up a can of worms. Extended hours arrangements post the EB need to be approved by MIBB, but we are all aware of that. Extended hours arrangements prior to the EB had to be approved as per an IRM and I am unaware of any that were. Districts will not therefore be able to confirm approval. To avoid having to run approvals of existing arrangements through MIBB I think that you have 3 choices 1. Not to ask for anything, but assume Districts will only have issued contracts if there is an extended hours arrangement 'in place'. 2. to ask if extended hours arrangements are in place. or 3. Ask if agreed extended hours are in place (although this last option would still leave the door open to an objector to ask how it was agreed). I shall leave it to you what you ask for. but doubt anyone can say they can confirm there is an approved arrangement in place.

As this entitlement is rather complex we would appreciate being consulted in the drafting the relevant IRM.

s.47(3)(b) - personal information

Thank you for your assistance in addressing the lack of clarity around this entitlement.

Regards

Jenny Cannon

Advocate
Ph: 3017 6129 Fax: 3017 6229
Mobile: s.73
Email: jac@qpsu.org.au
96 Albert St
BRISBANE 4001

-----Original Message-----

From: Mary Kelaher [mailto:Mary_Kelaher@health.qld.gov.au]
Sent: Thursday, 13 September 2007 11:31 AM
To: asmofq@bigpond.com; Jenny A. Cannon
Cc: s.47(3)(b)
Subject: ED 25% Loading

Dear Jenny and Rupert

s.47(3)(b) - personal information

An ER Circular was issued in February 2006 which states that "An additional 25% will be added

to the Option A allowance for Specialists and SMOs employed in emergency departments who are working their ordinary hours of work through extended hours arrangements between 7.00am - 10.00pm M-S."

The ED Extended Hours Contract says: "Where an SMO is an ED providing SMOs coverage during extended hours as defined as (a) 8.00am until 10.00pm M-F; and (b) weekend coverage and the SMOs rostered ordinary hours include working shifts where the majority of the shift is after 4.00pm M-F and/or the weekend, the SMOs entitlement to the Supplementary Benefits under the Option A Contract will be increased by adding a further 25% to the Supplementary Benefit Percentage."

Following yesterday's meeting we have established that the ED Extended Hours Contract is incorrect and must reflect the arrangements in the Certified Agreement. As outlined yesterday, when D-G approval was given to this benefit in early 2006, Med Supers and Deputy Med Supers were excluded from receiving the benefit. Neither the contract or the ER circular were ever amended to reflect this approval and there are inconsistencies in the policy and contract.

Yesterday, I believe we reached agreement to issue clarifying criteria to assist SMOs and districts implement this benefit as follows:

- SMO has a current Option A contract/or is entitled to one;
- Is routinely rostered to work ordinary hours in an Emergency Department;
- Where an SMO is not working full-time in an Emergency Department, the District will determine what percentage of the SMOs ordinary working hours are required as part of the Extended Hours Arrangement in the ED Department;
- That has an approved/confirmed Extended Hours arrangement (see Clause 6.3.1 of Medical Officers' Certified Agreement) and the doctor is participating in these Extended Hours arrangements; and
- Is required to do so by the employing Health Service District.

Medical Superintendents and Deputy Medical Superintendents are generally not eligible for the 25% ED loading, except where the District approves payment in writing on the basis that the Medical Superintendents/Deputy Medical Superintendents are regularly rostered to work ordinary hours as part of an extended hours arrangement and are required to do so.

In order to implement this criteria across QH, each District will be required to confirm in writing that an Extended Hours arrangement has been approved by the District. This applies to Extended Hours arrangements in existence prior to the certification of MOCA1. Any extended Hours arrangement put in place since that date will need to follow the approval process set out in the Certified Agreement.

Just confirming, QH believes that the application of this benefit should also be determined by a definition of what constitutes an Emergency Department or Services. We have provide QPSU with a copy of the QH Clinical Frameworks document and this should be a starting point for consideration of a definition to be included in the next round of negotiations.

HR Branch will write a new IRM for this and the Contract will have to be amended to reflect the Extended Hours arrangement as set out in clause 6.3.1. Copies of both the IRM and the amended contract will be distributed to both unions.

Finally, subject to your agreement of the criteria above, HR Branch will be in a position to advise the District that it is our view that s.47(3)(b) would be entitled to the Supplementary Benefit, if the District confirms that s.47(3)(b) meets the above criteria.

Should you require any further information, please do not hesitate to contact Beryl Griffin or Shirelle Wolfe. Cheers

Mary Kelaher

Senior Director, Human Resources
Phone: 07 3234 1481
Fax: 07 3234 0314
Email: mary_kelaher@health.qld.gov.au

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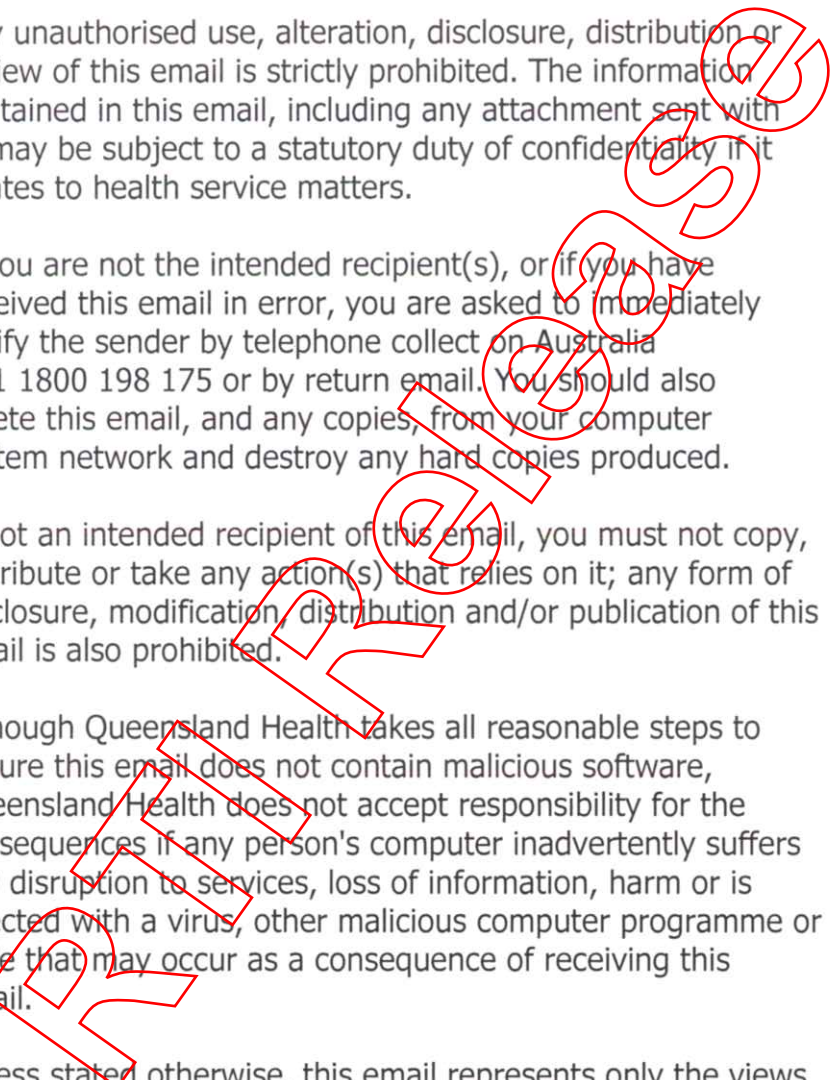
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From: Beryl Griffin
To: SD_HR
Date: 26/10/2007 3:57:21 pm
Subject: ED 25% Loading

Mary,

This item is on the MIBB Agenda and when we met with Jenny at the Agenda setting meeting she asked whether s.47(3)(b) and she's rang twice.

From reviewing the exchange of emails between Jenny and QH on 13 and 17 September.

From this correspondence agreement has been reached on the following:

1. Extended hours arrangements in EDs will be from 7am to 10pm Monday to Friday and with weekend coverage and current contracts will be amended to be consistent with MOCA.1 (for extended hours)
2. SMOs who are routinely rostered for their ordinary hours of duty in an ED with an extended hours arrangement and who participate in the extended hours roster will be eligible for ED loading
3. Med Supers and Deputy Med Supers are excluded from eligibilty is on the basis they are not required to perform ordinary hours in the ED

The next principle requires further clarification - QH position "Med Supers and Deputy Med Supers are generally not eligible for 25% loading, except where the District approves payment in writing on the basis that the Med Super/Deputy Med Super are regularly rostered to work ordinary hours as part of an extended hours arrangement". In keeping within the framework of this principle, Districts have to be aware that the basis of this principle is on demonstrating recruitment and retention and not a process to provide access to an additional entitlement.

Union Position: "Where a Med Super or Deputy Med Super, or other SMO is routinely rostered to work a portion of ordinary hours in an ED with an extended hours arrangement they are eligible for the ED Payment provided the District confirms in writing that such participation is a requirement as well as the extend of it (e.g. percentage of ordinary hours)"

In moving forward:

Meet with Jenny asap to re-clarify the Med Super/Deputy Med Super principle. The union response appears to extend this entitlement further again to capture SMOs as well as MS/DMS. Dependent on how QH/QPSU meeting progresses, strategy to refer to the QPSU MOU re: ED Loading (6/3/06). Letter to QPSU to confirm agreed principles and outstanding principle to be agreed. Agreement of the final principle will confirm the reason why s.47(3)(b) is eligible for this loading. Gladstone have an ED Extended arrangements proposal to be tabled at October MIBB. I will draft a letter to QPSU.

Your thoughts?

Beryl

cc:

s.47(3)(b)

RTI Release



MEMORANDUM

GYMPIE HOSPITAL

To: Shirelle Wolfe, A/Senior Advisor, Workforce Strategy and Change

From: Dr Terry Hanelt
Director of Medical Services

Contact: Anne Ryan
Phone: (07) 5489 8404
Fax: (07) 5489 8410

Date: 29/08/2007

Subject: **Eligibility for the Emergency Department 25% supplementary benefit and the risk to Emergency Department services provision of non-payment of this benefit to some SMO's in certain situations.**

The issue.

There is an issue in relation to the eligibility for the extra 25% Option A benefit (*Emergency Department Extended Hours Benefit Contract for a Senior Medical Officer with an Option A Contract*) for Senior Medical Officers working in Emergency Departments that requires resolution. The issue is two-fold.

This first part is the issue of current ineligibility of "non-ED" SMO's to receive the 25% benefit when they regularly perform Extended Hours shifts in the Emergency Department. Failure to resolve the issue could result in some Senior Medical Officers who currently perform regular extended hours shifts in the Emergency Department refusing to work these shifts. This action by the SMO's would be legal.

The second part is in relation to the proportion of shifts that must be Extended Hours shifts for an ED SMO to receive the 25% allowance. This has not been defined in the contract. Thus staff in receipt of the 25% allowance may show reluctance to work the Extended Hours shifts beyond a total of two per year.

Either of these actions would result in inadequate SMO cover for the Emergency Department and necessitate providing a limited ED service with increased risk to patient safety.

Background.

Through the MIBB process QH introduced several incentives to try to improve recruitment and retention of senior medical staff. One of these incentives was the payment of additional 25% Option A allowance to Emergency Department SMO's who worked under Extended Hours arrangements. The actual wording of the Circular is as below -

CIRCULAR ER 24/06

2.2 Emergency Department Specialists and Senior Medical Officers – Recruitment and Retention

Queensland Health is currently experiencing significant medical workforce shortages in Emergency Departments and anticipates that unless urgent action is

taken the Department will continue to face intense pressure to keep Emergency Departments open and to staff expanded services in the future.

An additional 25% will be added to the Option A allowance for Specialists and Senior Medical Officers employed in Emergency Departments and who are working their ordinary hours of work through extended hours arrangements between 7.00am and 10.00pm Monday to Sunday. The defined shift patterns worked by Emergency Department senior medical staff could impact on the ability of these senior medical staff to earn additional remuneration through overtime compared to senior medical staff generally. The criteria for eligibility for this entitlement (e.g. number of extended hours shifts per week) will be agreed between Queensland Health, Queensland Public Sector Union and Australian Salaried Medical Officers Federation Queensland. This will be advised with the instructions for the template contracts and variations.

These new arrangements, including their inclusion in overtime and extended hours payment calculations, will be backdated to 1 January 2006.

In major hospitals, there are separate Senior Medical Officers for each Department. In these hospitals the ED is staffed by SMO's who work exclusively in the ED and SMO's from other Departments do not do shifts in the Emergency Department. In this system, the ED SMO's are clearly identified. The "non-ED" SMO's are also quite easily identified and should not receive the 25% allowance.

In small Hospitals, the SMO's tend to work 8 to 5 on Monday to Friday and all after-hours work is on the basis of on-call with recalls being paid at penalty rates. In this situation, none of these staff are working the Extended Hours arrangement and should not receive the 25%.

In some intermediate sized hospitals, the situation becomes quite blurred. I suspect the blurred situation occurs in hospitals such as Gympie, Gladstone, Emerald, Beaudesert, Thursday Island and perhaps others. At Gympie there are SMO's appointed as ED SMO's who work (almost) exclusively in the ED. These SMO's can cover 17 shifts per fortnight. The Emergency Department requires a SMO on duty on both day shifts and evening shifts, 7 days a week to provide safe coverage as well as adequate supervision for junior doctors. This is a total of 28 SMO shifts per fortnight. As there are no additional approved SMO FTE positions for the ED, it is necessary to find an additional 11 SMO ED shifts per fortnight. When one takes planned leave into consideration the problem compounds. These shifts are currently performed by SMO's from other Departments from within the hospital and by locum covered shifts.

The SMO's who are not deemed "ED SMO's" are denied the additional 25% per a MIBB decision which stated –

In response to your enquiries I have raised this issue with MIBB Management Caucus. They have confirmed that this provision (an additional 25% added to Option A allowance) only applies to Specialists and SMOs employed in Emergency Departments (as per Circular 24/06). It does not apply to SMOs employed in other Departments doing shifts in the Emergency Department.

However the SMOs you refer to may be eligible for extended hours payments and overtime under the EB Agreement, depending upon their individual circumstances.

In response to this the Gympie "non-ED" SMO's do not wish to work shifts in the ED alongside other ED SMO's who receive an additional 25% for doing exactly the same work. They understandably prefer to work regular business hours, some overtime on the wards, as required, and spend the rest of their time with family and friends. Extended hours arrangements or overtime payments hold little attraction for the non-ED SMO's in these circumstances. In the event that the "non-ED" SMO's as a group refuse to cover shifts in the Emergency Department, it would not be possible to provide the required ED SMO shift coverage.

I also question the wording that is used to deny the 25% to "non-ED" SMO's. The following phrases are used –

"Senior Medical Officers employed in Emergency Departments" (from Circular ER 24/06)

"...the SMO working their ordinary hours through an Extended hours agreement in an Emergency Department..." (from "Emergency Department Extended Hours Benefit Contract for a Senior Medical Officer with an Option A Contract")

In provincial hospitals there are few, if any, SMO's who work exclusively in Emergency Departments. Most work in the ED but also cover other duties. Even in Tertiary Hospitals ED SMO's spend time at meetings, in workshops, doing teaching, doing research, attending education. These staff are thus not exclusively working in ED's either. I again ask, what proportion of duties must be performed in the ED to be eligible for the allowance, if the other criteria are fulfilled? Do all the SMO's need to resign and be re-appointed as ED SMO's to qualify? If an ED SMO can do some ward work and still qualify, what is the difference to a "ward SMO" doing regular ED work?

As an additional factor causing disquiet, some Districts are paying the additional 25% to their "non-ED" SMO's. There was a widely dispersed rule of thumb that if a non-ED SMO was in receipt of the Extended Hours arrangement and worked on average one weekday extended hours ED shift per week and one weekend ED shift per four weeks, the extra 25% would be paid. This "rule" has been often quoted to me. s.47(3)(b) - personal information

s.47(3)(b) - personal information

The second issue is that the proportion of shifts that must be Extended Hours shifts does not seem to be specified. The contract states that the ED SMO must work – "the SMO's rostered ordinary hours include the working of shifts where the majority of the shift is after 4.00pm, Monday to Friday and/or, on the weekend". This has been interpreted by a member of the MIBB team as –

the 'Emergency Department Extended Hours Benefit Contract' clearly states that the SMO with Option A must be doing the majority of their shifts after 4pm Mon-Fri and/or on the weekend in order to be eligible for this extra 25%. So I'm not sure why there is any confusion about who is eligible for this payment.

The contract clearly does not state what the MIBB person has claimed it does say. There is a huge difference between –

"include the working of shifts where the majority of the shift is after 4.00pm....."

which simply states the SMO must do more than one Extended Hours shift and

"doing the majority of their shifts after 4pm....." which states the SMO must do more than 50% of their shifts as Extended Hours shifts.

When the advice received in this respect is clearly incorrect, I feel quite justified in questioning the other interpretation above in relation to eligibility of non-ED SMO's to the additional allowance. I also again ask about the commitment in Circular EK 24/06 -

The criteria for eligibility for this entitlement (e.g. number of extended hours shifts per week) will be agreed between Queensland Health, Queensland Public Sector Union and Australian Salaried Medical Officers Federation Queensland. This will be advised with the instructions for the template contracts and variations.

Has the commitment been fulfilled as yet and if so why has it not been include in the template contracts and variations and what are the agreed rules?

If an ED based SMO is only required to do two extended hours shifts per year to get the 25% extra and non-ED SMO's doing perhaps 30 or 40 extended hours shifts per year in the ED are not entitled to the allowance, this is hardly equitable.

Options.

QH can determine to do nothing. This will leave a situation of inequity and much disharmony. This could lead to Industrial or Commission challenges. This also does not address the current problem.

QH could direct that all Districts comply with the MIBB edict that only SMO's employed directly to work in ED's receive the allowance and it cease for all others (with the obvious repayment requirement). This would create major disharmony and much resentment by employees.

QH could determine some suitable minimum requirement in relation to extended hours ED shifts to qualify for the allowance and apply this formula. To the best of my knowledge the commitment –

The criteria for eligibility for this entitlement (e.g. number of extended hours shifts per week) will be agreed between Queensland Health, Queensland Public Sector Union and Australian Salaried Medical Officers Federation Queensland. This will be advised with the instructions for the template contracts and variations.

(Circular ER 24/06)

has never been fulfilled and could be applied to both ED and non-ED SMO's who work ED shifts as well. This would increase costs but provide better equity.

QH could provide a formula to pay a pro rata additional Option A payment for non-ED SMO's working in ED's.

If the outcome is that "non-ED" SMO's that regularly perform Extended Hours shifts in the ED do not receive the allowance, the District will need funding for a further 2 FTE ED SMO's to cover the resultant shortfall of SMO coverage for the ED

The risks.

The risks are basically that of increased cost to QH versus disgruntled SMO's and potentially the inability to staff Emergency Departments at appropriately safe levels and even potentially, in the extreme, the closure of Emergency Departments. This problem needs to be resolved. The Gympie roster can provide adequate ED cover at the moment due to two of the non-ED SMO's agreeing to allow time for this issue to be resolved and by the use of expensive locums. From a cost point of view, it is probable that payment of non-ED SMO's a 25% extended hours shift allowance would cost less than the current locum arrangement. The situation of Clinical Medical Superintendents and Deputy Medical Superintendents needs consideration. These staff participate in provision of extended hours ED shifts but receive no allowance. This results in the DEM SMO's having higher wages and for a 4 day week only. s.47(3)(b) - personal information

s.47(3)(b) - personal information

 . If an acceptable solution is not provided within an unspecified reasonable time, refusal to perform extended hours shifts in the ED will occur resulting in inadequate ED SMO coverage after that time. This would require staffing with junior staff with obvious patient safety issues or even the ED needing to close or go on bypass on a rostered basis

.....

Terry Hanelt

RTI RELEASED

Jenny A. Cannon

From: Mary Kelaher [Mary_Kelaher@health.qld.gov.au]
Sent: Thursday, 13 September 2007 11:31 AM
To: asmofq@bigpond.com; Jenny A. Cannon
Cc: [Redacted]
Subject: ED 25% Loading

Dear Jenny and Rupert

Just confirming conversation and reporting outcomes of the negotiation with QPSU regarding [Redacted] request to be paid ED 25% loading. As you would be aware, the contracts, as written, provide little guidance as to whom the Supplementary Benefit should be applied.

An ER Circular was issued in February 2006 which states that "An additional 25% will be added to the Option A allowance for Specialists and SMOs employed in emergency departments who are working their ordinary hours of work through extended hours arrangements between 7.00am - 10.00pm M-S."

The ED Extended Hours Contract says: "Where an SMO is an ED providing SMOs coverage during extended hours as defined as (a) 8.00am until 10.00pm M-F; and (b) weekend coverage and the SMOs rostered ordinary hours include working shifts where the majority of the shift is after 4.00pm M-F and/or the weekend, the SMOs entitlement to the Supplementary Benefits under the Option A Contract will be increased by adding a further 25% to the Supplementary Benefit Percentage."

Following yesterday's meeting we have established that the ED Extended Hours Contract is incorrect and must reflect the arrangements in the Certified Agreement. As outlined yesterday, when D-G approval was given to this benefit in early 2006, Med Supers and Deputy Med Supers were excluded from receiving the benefit. Neither the contract or the ER circular were ever amended to reflect this approval and there are inconsistencies in the policy and contract.

Yesterday, I believe we reached agreement to issue clarifying criteria to assist SMOs and districts implement this benefit as follows:

- SMO has a current Option A contract/or is entitled to one;
- Is routinely rostered to work ordinary hours in an Emergency Department;
- Where an SMO is not working full-time in an Emergency Department, the District will determine what percentage of the SMOs ordinary working hours are required as part of the Extended Hours Arrangement in the ED Department;
- That has an approved/confirmed Extended Hours arrangement (see Clause 6.3.1 of Medical Officers' Certified Agreement) and the doctor is participating in these Extended Hours arrangements; and
- Is required to do so by the employing Health Service District.

Medical Superintendents and Deputy Medical Superintendents are generally not eligible for the 25% ED loading, except where the District approves payment in writing on the basis that the Medical Superintendents/Deputy Medical Superintendents are regularly rostered to work ordinary hours as part of an extended hours arrangement and are required to do so.

In order to implement this criteria across QH, each District will be required to confirm in writing that an Extended Hours arrangement has been approved by the District. This applies to Extended Hours arrangements in existence prior to the certification of MOCA1. Any extended Hours arrangement put in place since that date will need to follow the approval process set out in the Certified Agreement.

Just confirming, QH believes that the application of this benefit should also be determined by a definition of what constitutes an Emergency Department or Services. We have provide QPSU with a copy of the QH Clinical Frameworks document and this should be a starting point for consideration of a definition to be included in the next round of negotiations.

HR Branch will write a new IRM for this and the Contract will have to be amended to reflect the Extended

4/05/2010

DOH-DL 17/18-046

**Queensland Health
EXECUTIVE MANAGEMENT TEAM BRIEFING NOTE
FOR ENDORSEMENT**

..... OK
Dated / /
Noted / Approved / Not Approved
Further information required
.....
Dated / /

TO: **Executive Director, Policy Planning and
Resourcing**

FROM: *Senior Director Human Resources*

SUBJECT: **Clarification of eligibility for Senior Medical Officers' entitlement to
25% Emergency Department Supplementary Option A payment.**

PURPOSE

To seek the endorsement of a position for Queensland Health with regards to the 25% Supplementary Option A payment for Senior Medical Officers (SMOs) working extended hours shifts in emergency departments.

RECOMMENDATION

It is recommended that

FUNDING SOURCE

- Funding has been approved by Cabinet Budget Review Committee for Option 1 only.

CURRENT ISSUES

- Queensland Public Sector Union (QPSU) circulated a copy of a letter addressed to s.47(3)(b) District Manager s.47(3)(b) regarding one of its members, s.47(3)(b) at Medical Interest Based Bargaining (MIBB) meeting on Tuesday 28 August, 2007 (attachment A).
- s.47(3)(b) - personal information
- Human Resources Branch has provided advice to the District Manager, s.47(3)(b) s.47(3)(b) that HRB does not consider s.47(3)(b) eligible for the Supplementary ED payment.
- The current Supplementary Option A contracts are very loosely worded (attachment B) and do not give clear guidelines for eligibility that conform with the intent of this payment.
- QPSU and the Australian Salaried Medical Officers' Federation, Queensland (ASMOFQ) indicated at the MIBB meeting that their position was that all SMOs who do any extended hours shifts in emergency departments should be paid the supplementary loading regardless of the number of shifts or the frequency, or whether they are working in other departments.
- There is a degree of unrest amongst SMOs at s.47(3)(b) Hospital due to their perceptions of inequity about the application of the ED loading. s.47(3)(b) has indicated that several SMOs, employed in other areas of the hospital but who also work some extended hours shifts in ED, would be unwilling to work their rostered ED shifts if they did not receive the loading and s.47(3)(b) did.

Author's Name: Shirelle Wolfe Position: A/Senior Advisor Unit/District: Workforce Strategy & Change Tel No: 32340059 Date: 3 September 2007	Cleared by: Name: Mary Kelaher Position: Senior Director Human Resources Unit/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS: Tel No: Date:
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- QPSU indicated via email on Wednesday 5 September, that as their member's claim was unsuccessful, they would expect that criteria for eligibility for the loading to be listed as an item for discussion at a specially convened MIBB meeting prior to 20 September 2007.
- HRB expects that QPSU will escalate this matter to the Queensland Industrial Relations Commission (QIRC) should the union not be in agreement with the Queensland Health position.
- Human Resources Branch needs to be able to present a firm position on this matter.

PROPOSED ACTIONS

- A Queensland Health position be identified and clarification provided to Districts and medical officers about the intent and scope of application for this loading.

Option 1

- Queensland Health maintains the position that the 25% supplementary Option A loading is a recruitment and retention incentive for ED SMOs only.
- The loading would apply to SMOs who perform clinical duties in a designated emergency department only.
- Circular ER 24/06 (attachment E) be updated to clearly state the eligibility for this loading.
- The Supplementary Option A contracts be amended to reflect the eligibility criteria as outlined in the updated Circular ER 24/06 for new contracts.
- Doctors who have current Option A supplementary contracts would continue to receive the loading until such time as the contract expires.
- At contract renewal, the eligibility criteria would be applied and doctors would receive Supplementary Option A contracts in line with this criteria.
- This would conform to the intent of the payment, which was to provide extra remuneration (and therefore incentive) to ED SMOs who, due to the nature of extended-hours rostered shifts were unable to access the same level of private practice earnings or overtime as other specialists.
- Cabinet Budget Review Committee has approved funding as per the intent of this loading as a recruitment and retention strategy (attachment C).
- A significant risk with option 1 is the threat of withdrawal of labour by SMOs who would become ineligible for the loading, now and in the future. This is particularly likely in regional hospitals where medical officers may work across several departments including ED.
- The current *Medical Officers' Certified Agreement*, clause 6.3.7 (a) provides for Senior Medical Officers engaged prior to the date of certification of the agreement to participate in weekend extended hours arrangements on a voluntary basis (attachment D).
- It would be expected that the Unions would disagree with this option and seek to escalate this to the QIRC.

Option 2

- Queensland Health extends the loading to all SMOs who work any extended-hours shifts in designated emergency departments.
- This would permanently change the purpose of the loading from a recruitment and retention incentive for those unable to access private practice due to working regular extended-hours shifts to a reward and recognition payment that is over and above what SMOs receive in any other specialty area.
- This could be perceived as inequitable by medical officers in other specialties where recruitment and retention is also difficult and the same lack of access to private practice earnings and overtime

Author's Name: Shirelle Wolfe Position: A/Senior Advisor Unit/District: Workforce Strategy & Change Tel No: 32340059 Date: 3 September 2007	Cleared by: Name: Mary Kelaher Position: Senior Director Human Resources Unit/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS: Tel No: Date:
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applies.

- Concerns were noted on the original brief to the Director General (attachment C) that this arrangement be limited to emergency physicians only working in Emergency Departments and not employed in other roles.
- Funding has not been approved by Cabinet Budget Review Committee for this broader application.
- This option may increase the willingness of SMOs to work extended-hours shifts in emergency departments.

Option 3

- Queensland Health extends the loading to SMOs who work a pre-determined minimum number of extended-hours shifts in designated emergency departments.
- A previous brief to the Director-General (attachment C) recommended that an eligibility criteria apply as such:

The relevant Emergency Department Senior Medical Officer must be participating in and working shifts which result in the SMO performing ordinary hours during an afternoon shift and/or on the weekend. The shift arrangement performed by the Emergency Department SMOs should on an average provide for two afternoon shifts or one afternoon shift and one weekend shift in a week or pro rata for part-time emergency Department SMOs.

- However as noted previously on the original brief to the Director General (attachment C), prescriptive requirements may be problematic to manage.
- Circular ER 24/06 be updated to clearly state the eligibility for this loading.
- The Supplementary Option A contracts be amended to reflect the eligibility criteria as outlined in the updated Circular ER 24/06 for new contracts.
- Doctors who have current Option A supplementary contracts would continue to receive the loading until such time as the contract expires.
- At contract renewal, the eligibility criteria would be applied and doctors would receive Supplementary Option A contracts in line with this criteria.
- Funding has not been approved by Cabinet Budget Review Committee for this broader application.
- This option may be more acceptable to the Unions, however it is anticipated that there would be difficulties in reaching consensus on eligibility criteria and the practical application.

BACKGROUND

- In January 2006, Caboolture Emergency Department had to close for a period due to insufficient staffing of senior medical officers. Other emergency departments were struggling to recruit sufficient numbers of senior medical officers.
- This came in the wake of the negotiations and certification of the *Medical Officers' Certified Agreement 2005 (No.1)*. There was some level of dissatisfaction amongst senior medical officers about the increases provided for in the Agreement.
- The Supplementary Option A payment was announced as part of the Premier's additional package for medical officers in February 2006.

MEDIA IMPLICATIONS AND KEY MESSAGES

SMOs threatening to withdraw from providing services to emergency departments would be considered extremely newsworthy and result in negative publicity for Queensland Health.

Author's Name: Shirelle Wolfe Position: A/Senior Advisor Unit/District: Workforce Strategy & Change Tel No: 32340059 Date: 3 September 2007	Cleared by: Name: Mary Kelaher Position: Senior Director Human Resources Unit/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS: Tel No: Date:
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ATTACHMENTS:

- Attachment A – Letter to s.47(3)(b) re: s.47(3)(b)
- Attachment B – Option A Extended Hours Benefit Contract
- Attachment C – Briefs BR027753 and BR027236 to Director General
- Attachment D – Clause 6.3.7 (a) *Medical Officers' Certified Agreement*

COMMENTS

RTI Release

Author's Name: Shirelle Wolfe Position: A/Senior Advisor Unit/District: Workforce Strategy & Change Tel No: 32340059 Date: 3 September 2007	Cleared by: Name: Mary Kelaher Position: Senior Director Human Resources Unit/District: Tel No: Date:	Cleared by: (GM/ED) Name: Position: AHS: Tel No: Date:
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MIBB Full Meeting Draft Agenda Tuesday 27 November 2007

Venue: Level 28 Conference Room, Clayton Utz 71 Eagle Street Brisbane

1. Caucus

MIBB Members

Queensland Health Representatives	
Michael Kalimnios	Executive Director Corporate Services – Queensland Health
Dr David Farlow	Director Medical Services – Mackay Hospital
Dr Russell Schedlich	Medical Superintendent – Rockhampton Hospital
D Susan O'Dwyer	Director RAPTS
Dr Denis Lennox	Rural Medical Advisor
Susanne LeBoutillier	A/Director Medical Workforce Advice and Coordination
Mary Kelaher	Senior Director Human Resources
Dr Richard Ashby	Executive Director Medical Services Princess Alexandra Hospital
Dr Paul Zimmerman	Director of Thoracic Medicine, The Prince Charles Hospital
Keith Bowden	A/Director Industrial Relations Human Resources Branch
Union Representatives	
Jenny Cannon	Advocate QPSU
Dr Bruce Burrow	Delegate QPSU
Rupert Tidmarsh	Industrial Officer SDQ
Dr Christian Rowan	Delegate SDQ
Dr Stephen Morrison	Delegate SDQ
Dr Alex Markwell	Delegate SDQ
Dr Coralie Endean	Delegate SDQ
Dr Peter Hopkins	Delegate SDQ
Dr Oscar Naar	Delegate QPSU
Dr Sandy Donald	Vice President QPSU
Dr Colin Page	Delegate QPSU
Dr Shane George	Treasurer/Assistant Secretary SDQ
Dr Ken Pullen	Delegate QPSU
Facilitator	
Michael Klug	Partner, Clayton Utz
Ann Curby	Clayton Utz
Support and Secretariat Staff	
Carissa Hagenbach	A/ Principal Advisor Human Resources Branch
Janene Zillman	Advisor Human Resources Branch
Shirelle Wolfe	Senior Adviser Human Resources Branch
Thomas Brauns	HR Graduate Human Resources Branch

2. CONFIRMATION OF ATTENDANCE

3. APOLOGIES

Dr Susan O'Dwyer, Dr Richard Ashby, Janene Zillman

4. RATIFICATION OF MINUTES

5. REVIEW OF ACTION ITEMS FROM LAST MEETING

- 5.1. ✓
- 5.2. ✓
- 5.3. ✓
- 5.4. ✓
- 5.5. ✓
- 5.6. ✓
- 5.7. ✓
- 5.8. ✓
- 5.9. ✓
- 5.10. ✓
- 5.11. ✓
- 5.12. ✓
- 5.13. ✓
- 5.14. ✓
- 5.15. ✓
- 5.16. ✓
- 5.17. ✓
- 5.18. ✓
- 5.19. ✓

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5.20. / 25% Loading

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MIBB Full Meeting 30 October 2007 Unconfirmed Minutes

Venue: Level 28 Conference Room, Clayton Utz 71 Eagle Street Brisbane

Duration: 10.15am to 3.00pm (Caucus from 9.30am to 10.15am)

Attendees	
Facilitator	
Michael Klug	Partner, Clayton Utz
Ann Curby	Clayton Utz
Queensland Health Representatives	
Dr Richard Ashby	Executive Director Medical Services Princess Alexandra Hospital (from 1.30pm)
Keith Bowden	A/Director Industrial Relations Human Resources Branch
Dr David Farlow	Director Medical Services – Mackay Hospital
Carissa Hagenbach	Senior Advisor Human Resources Branch
Mary Kelaheer	Senior Director Human Resources
Dr Denis Lennox	Rural Medical Advisor
Dr Susan O'Dwyer	Director RAPTS
Michael Reeves	A/Program Manager Industrial Relations Human Resources Branch (until 12noon)
Union Representatives	
Dr Bruce Burrow	Delegate QPSU
Jenny Cannon	Advocate QPSU
Dr Sandy Donald	Vice President QPSU
Dr Coralie Endean	Delegate ASMOFQ
Dr Stephen Morrison	Delegate SDQ
Dr Christian Rowan	Delegate SDQ
Apologies	
Dr Shane George	Treasurer/Assistant Secretary SDQ
Dr Peter Hopkins	Delegate SDQ
Michael Kalimnios	Executive Director, Corporate Services
Susanne LeBoutillier	A/Director Medical Workforce Advice and Coordination
Dr Alex Markwell	Delegate SDQ
Dr Oscar Naar	Delegate QPSU
Dr Colin Page	Delegate QPSU
Dr Ken Pullen	Delegate QPSU
Dr Russell Schedlich	Medical Superintendent – Rockhampton Hospital (by teleconference)
Rupert Tidmarsh	Industrial Officer SDQ
Shirelle Wolfe	Senior Advisor Human Resources Branch
Janene Zillman	Advisor Human Resources Branch

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5.2 Standing Agenda Items

5.2.1 MIBB Sub Committee Reports

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6. Other Business

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6.8 ED 25% Loading

Action 20. HRB to convene meeting with QPSU.

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Fatigue Provisions for Duty Medical Officers (IRM 2.7-5)

MIBB endorsed a new clause clarifying a DMO's entitlement to at least 8 consecutive hours off duty after the end of a DMO shift and before commencing the next rostered shift. Further information and clarification will also be obtained regarding other aspects of DMO arrangements.

Clinical Managers' Allowance

MIBB members expressed concerns about continued delays in notification of assessment outcomes and commencement of payments. Queensland Health advised that all applications received have been assessed and will inform members once a timetable for payment has been confirmed. Districts still to supply information will again be followed up urgently.

C2/C3 Translation

MIBB members endorsed principles providing translation to level C2-6 and then C3-1 for SMOs with 7 years or more eligibility as of 1 January 2006. Transition arrangements for SMOs appointed between 1 January 2006 and the date of recognition of their discipline were also agreed.

Payroll Issues

MIBB continues to advocate for improvements in payroll processing and supports initiatives now underway. The Medical Payroll Improvement Project (MPIP) is focussed initially on achieving payroll accuracy for SMOs and VMOs by February 2008 with RMO payroll to follow as the second stage of the project. From early December, there will be a single contact number for payroll queries from SMOs and VMOs. A single point of contact will also be provided for payroll queries from RMOs shortly. Following MIBB feedback, it was agreed that Queensland Health would work with the SSP to also establish a single email address for payroll enquiries and to address concerns about unauthorised changes to payroll data.

A Rostering Improvement Project has also commenced with promising results including a 90% reduction in errors from a trial involving nursing rosters in Cairns. The Payroll Officer Training Project is providing a more rigorous grounding for payroll staff. Finally a Customer Relationship Management Project will address

client relationships and satisfaction with services provided by the SSP.

Fringe Benefits Tax Reimbursements

Unions will provide information on doctors who have participated in the Queensland Country Relieving Doctors Scheme and Registrar Training Rotations and have questions regarding their FBT liability for Queensland Health to review. While there are legal constraints on Queensland Health, Finance Branch may be able to identify options to minimise unintended FBT impacts. Finance will also review relevant communications and re-issue to medical officers to ensure they are fully informed.

Indemnity

Queensland Health undertook to clarify issues regarding indemnity cover where a doctor has been referred to the Health Quality & Complaints Commission by an external party. Queensland Health will also clarify Medical Officer indemnity under the delegated care model proposed under the Physicians' Assistants trial.

RMO Access to Training

MIBB noted general acceptance of agreed principles regarding RMO access to training but Unions expressed frustration with budget constraints which impede progress on implementation. MIBB agreed that further issues would need to be pursued through the next round of Enterprise Bargaining.

Extended Contracts for RMOs

MIBB noted inconsistencies in the implementation of extended contracts for RMOs at a District level. Queensland Health will provide further advice to Districts clarifying the policy.

Emergency Department 25% Loading

Additional principles to clarify eligibility for, and the application of, the 25% loading have been endorsed by MIBB. Queensland Health will revise policy documentation for release as soon as possible.



MIBB Full Meeting 27 November 2007 Action Items

No.	Action Item	Action Required	Action Taken	Due by and Responsible Officer
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RTI Release

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RTI Release

16.	25% Loading	QH to revise the policy incorporating the additional principles and to release this before the next MIBB (18/12/07)	Due Date: Responsible Officer:
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s.73

MIBB Full Meeting 27 November 2007 Endorsed Minutes

Venue: Level 28 Conference Room, Clayton Utz 71 Eagle Street Brisbane

Duration: 10.25am to 2.35pm (Caucus from 9.30am to 10.25am)

Attendees	
Facilitator	
Michael Klug	Partner, Clayton Utz
Ann Curby	Clayton Utz
Queensland Health Representatives	
Keith Bowden	A/Director Industrial Relations Human Resources Branch
Dr David Farlow	A/Director Medical Services – Mackay Hospital
Mary Kelaher	Senior Director Human Resources
Dr Denis Lennox	Rural Medical Advisor
Peter Douglas	Project Manager, Corporate Services (Proxy for Michael Kalimnios)
Steve Lawrie	Director (Taxation) Finance Branch (11am – 12 noon)
Dr Paul Zimmerman	Director, Thoracic Medicine TPCH (until 12 noon)
Union Representatives	
Dr Bruce Burrow	Delegate QPSU
Jenny Cannon	Advocate QPSU
Dr Coralie Endean	Delegate ASMOFQ
Dr Stephen Morrison	Delegate SDQ
Dr Christian Rowan	Delegate SDQ
Dr Shane George	Treasurer/Assistant Secretary SDQ
Dr Peter Hopkins	Delegate SDQ
Support and Secretariat Staff	
Carissa Hagenbach	A/Principal Advisor Human Resources Branch (until 12.30pm)
Thomas Brauns	Graduate HR Officer Human Resources Branch
Apologies	
Dr Susan O'Dwyer	Director RAPTS
Dr Richard Ashby	Executive Director Medical Services Princess Alexandra Hospital
Shirelle Wolfe	Senior Advisor Human Resources Branch
Janene Zillman	A/Senior Advisor Human Resources Branch
Susanne LeBoutillier	A/Director Medical Workforce Advice and Coordination
Dr Russell Schedlich	Medical Superintendent – Rockhampton Hospital
Dr Sandy Donald	Vice President QPSU
Dr Alex Markwell	Delegate SDQ
Dr Oscar Naar	Delegate QPSU
Dr Ken Pullen	Delegate QPSU
Rupert Tidmarsh	Industrial Officer SDQ
Michael Kalimnios	Executive Director, Corporate Services
Dr Colin Page	Delegate QPSU

Agenda Item

Action Items

RTI Release

5.20 25% Loading

Policy and individual process have now been resolved.

Action 16:

QH to revise the policy incorporating the additional principles and to release this before the next MIBB (18/12/07).

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6. STANDING AGENDA ITEMS

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7. OTHER BUSINESS

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8. NEXT MEETING DATES

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