

Human Resources Policy

Remote Area Nursing Incentive Package (RANIP)

Policy Number: C2 (QH-POL-217)

Publication date: October 2018

Purpose: To outline the incentive package which is provided to suitably qualified and experienced nurses and midwives, Nurse Grade 3 and above, in designated remote areas of Queensland.

Application: This policy applies to eligible Queensland Health nurses and midwives, Nurse Grade 3 and above, working for:

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

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

- permanent full-time and part-time
- long term temporary (12 months and over).

Delegation: The 'delegate' is as listed in the relevant Department of Health Human Resource (HR) Delegations Manual or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

Legislative or other authority:

- Nurses and Midwives (Queensland Health) Award - State 2015
- Nurses and Midwives (Queensland Health and Department of Education and Training) Certified Agreement (EB9) 2016

Related policy or documents:

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

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1 Policy statement

Nurses and midwives in remote areas live and work in difficult conditions, frequently working long hours and often having to deal with emergencies without medical support. The daily challenges are well documented and can include professional isolation, an extended scope of practice, and working and living in a different social and cultural setting.

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

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

1.1 Preserved entitlements

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

Accordingly, these employees are to receive the provision which is more beneficial, i.e. the preserved provisions or the provisions provided under this policy.

1.2 Full-time employees

1.2.1 Recreation leave

The recreation leave entitlement for eligible employees is contained in the Nurses and Midwives (Queensland Health) Award - State 2015 (the Award).

This component provides a safety net of a minimum of five weeks recreation leave per annum for all eligible employees working in designated remote locations (refer Attachment Two).

1.2.2 Professional development

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

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

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

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

When possible, attendance at courses or seminars organised within Queensland Health is to be encouraged as these are generally recognised as being more cost effective than commercial events.

1.2.3 Appointment and transfer expenses

Appointment and transfer expenses for eligible employees are to be met by the HHS at the time of appointment. For the purposes of this policy, the provisions of the Transfer and Appointment Expenses HR Policy D4 are to apply to employees receiving the incentives package.

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

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

Under six months service	Full cost
Six months after taking up duty, but before completing 12 months service	Two thirds cost*
12 months after taking up duty, but before completing 18 months service	One third cost*

*Nurses and midwives employed in public hospitals are to have fares and reasonable out-of-pocket expenses (as provided in section 2 of the Transfer and Appointment Expenses HR Policy D4) excluded from the calculation.

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

1.2.4 Airfares

Eligible employees working in designated remote areas are entitled to two return airfares per annum to the nearest east coast provincial city in conjunction with recreation leave. Refer Attachment Four for a list of provincial cities. These airfares are non-accruing and can only be used during the year of entitlement.

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

In addition and when applicable, two return airfares per annum are to be provided for a spouse and dependent children. If a spouse is also employed as a nurse/midwife, Nurse Grade 3 and above, in a designated remote area, there is to be no double up entitlement to airfares.

When employees have no access to an airport with commercial services, a mileage allowance, paid in accordance with the Award, can be made to the nearest airport with commercial services or east coast provincial city, whichever is closer. Refer Attachment Four for a list of provincial cities.

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

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

1.2.5 Annual isolation bonus

The majority of nurses and midwives in remote areas are employed in public hospitals and do not receive a locality allowance.

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

At conclusion of one year of service	\$3,500
At conclusion of two years of service	\$10,500
At conclusion of three or more years	\$7,000

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

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

1.3 Part-time employees

1.3.1 Recreation leave

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

1.3.2 Professional development

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

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

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

1.3.3 Appointment and transfer expenses

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

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

The same formula for repayment of expenses is to apply if service terminates prior to 18 months (refer section 1.2.3).

1.3.4 Airfares

Part-time eligible employees are to be provided with one return airfare per annum to the nearest east coast provincial city in conjunction with recreation leave. Refer Attachment Four for a list of provincial cities.

In addition and when applicable, return airfares are to be provided for a spouse and dependent children. If a spouse is also employed as a nurse/midwife, Nurse Grade 3 and above, in a designated remote area, there is to be no double up entitlement to airfares.

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

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

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

1.3.5 Annual isolation bonus

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

Calculation of the bonus is to be based on the same principles as section 1.2.5.

1.4 Casual employees

No entitlement to isolation compensation package.

1.5 Agency (contracted) employees

No entitlement to isolation compensation package.

1.6 Short term temporary employees (under 12 months)

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

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

1.7 Long term temporary employees (12 months and over)

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

1.8 Relief staff

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

Funding has been provided for additional positions to provide support and relief for days off and leave provisions. HHSs are to determine the appropriate method of providing relief staff entitled to the isolated compensation package, in accordance with sections 1.4, 1.5, 1.6 and 1.7.

Definitions:

Dependent child	<p>A child who:</p> <ul style="list-style-type: none"> • is aged under 18 years • resides with the eligible employee for at least 50% of the year, excluding that time spent in attendance at boarding school or another educational institution • receives remuneration less than the Queensland minimum wage percentage equivalent for persons under the age of 18 (\$489.50 per week for Award employees as at 1 September 2018). <p>In exceptional and deserving cases, for the purposes of this policy, the Health Service Chief Executive, or delegate, may deem a person under the age of 21 who satisfies the above criteria to be a dependent child.</p>
Spouse	A person who lives with a person of the same or opposite sex on a genuine domestic basis whether or not legally married to the person.

History:

October 2018	<ul style="list-style-type: none"> • Policy amended to: <ul style="list-style-type: none"> – update naming conventions – include Bollon as a designated remote location – update the value of the Queensland minimum wage as referenced in the definition for dependent child.
August 2017	<ul style="list-style-type: none"> • Policy amended to include Richmond as a designated remote location.
June 2017	<ul style="list-style-type: none"> • Policy: <ul style="list-style-type: none"> – formatted as part of the HR Policy review – amended to update references and naming conventions – amended to allow cash equivalent payment in lieu of airfare – amended to update designated remote locations outlined in Attachment Two.

August 2015	<ul style="list-style-type: none"> Policy version dated May 2010 re-enlivened as a result of the restoration of conditions under the <i>Industrial Relations Act 1999</i>.
May 2014	<ul style="list-style-type: none"> Policy updated to clarify definition of long term temporary employee Policy reviewed as part of the Queensland Ambulance Service (QAS) HR Policy Integration project. Policy not applicable to QAS employees.
December 2013	<ul style="list-style-type: none"> Policy formatted as part of the HR Policy Simplification project. Policy amended to: <ul style="list-style-type: none"> – update designated remote locations outlined in Schedule Two – allow cash equivalent payment in lieu of airfare in accordance with Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012 – update references and naming conventions.
May 2010	<ul style="list-style-type: none"> Protected IRM 2.7-17 reformatted as part of the policy consolidation project in accordance with EB7.
January 2002	<ul style="list-style-type: none"> Amended IRM 2.7-17 Remote Area Incentive Package – Registered Nurses (under the Nurses (Queensland Public Health Sector) Award 2004).
March 2000	<ul style="list-style-type: none"> Amended IRM 2.7-17 Remote Area Incentive Package – Registered Nurses
October 1997	<ul style="list-style-type: none"> IRM 2.7-17 Remote Area Incentive Package – Registered Nurses (under the Nurses (Queensland Public Health Sector) Award 1992).
Previous	<ul style="list-style-type: none"> IRM 2.7-17 Remote Area Incentive Package – Registered Nurses

Attachment One – Designation of remote area and recognition of service

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

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

1. Remote area

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

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

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

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

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

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

New position	Review of existing position
Step 1 Endorsed proposal and criteria (refer Attachment Three) score forwarded to Employment Relations Unit, Human Resources Branch by the Health Service Chief Executive (or delegate) proposing addition to the approved list in Attachment Two.	Step 1 Endorsed proposal and criteria (refer Attachment Three) score forwarded to Employment Relations Unit, Human Resources Branch by the Health Service Chief Executive (or delegate) proposing change to approved list.
Step 2 * Prior to eligible nurses and midwives receiving the isolation compensation package, the score is to be confirmed in writing by the Employment Relations Unit, Human Resources Branch. The location is to be included on the approved list of remote areas.	Step 2 * Employment Relations Unit, Human Resources Branch confirms the proposed change in writing after consultation with parties to the Award. The approved list of remote areas is amended.
Step 3 Proceed to provide the provisions of the package.	Step 3 Proceed to cease provision of the package according to agreed timeframe.

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

2. Recognition of service

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

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

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

Any period of unpaid leave does not break the continuity of service for recognition purposes. However, unpaid leave in excess of nine days is not recognised as service for the purposes of the isolation compensation package. For example, a nurse or midwife employed from 1 February 2016 and granted three months unpaid leave from 1 June 2016, is not to be eligible for the isolation compensation package until 1 May 2017.

Any period of service that is broken, other than for the reasons stated above, is not recognised as service for the provision of the isolation compensation package unless the break is covered by the cash equivalent of accrued leave.

Attachment Two –Designated remote locations

Cairns and Hinterland Hospital and Health Service		
Chillagoe	*Cow Bay (Diwan)	Croydon
Dimbulah	Forsyth	Georgetown
Mt Garnet		
Central Queensland Hospital and Health Service		
Capella	Gemfields	Many Peaks
Woorabinda		
Central West Hospital and Health Service		
*Aramac	*Bedourie	*Birdsville
Boulia	Isisford	Jundah
Muttaburra	*Tambo	Windorah
Yaraka		
North West Hospital and Health Service		
Burketown	Camooweal	*Cloncurry
Dajarra	Doomadgee	*Julia Creek
Karumba	*McKinlay	Mornington Island
*Mount Isa	Normanton	
South West Hospital and Health Service		
*Bollon	Morven	Thargomindah
Wallumbilla		
Torres and Cape Hospital and Health Service		
Aurukun	Badu	Bamaga Community Centre
Bamaga Hospital	*Coen	*Cooktown
Hope Vale	Horn Island	Kowanyama
Laura	Lockhart River	*Mapoon
Mer Island (Murray Island)	Napranum	Pormpuraaw
Saibai Island	St Pauls Island	Thursday Island Community Centre
Thursday Island Hospital	*Weipa	Wujal Wujal (Bloomfield River)
Yorke Island		
Townsville Hospital and Health Service		
Palm Island	*Richmond	

* Locations designated as remote area subsequent to Cabinet endorsement of the isolation compensation package.

Attachment Three – Criteria for defining remote areas in Queensland

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

Criteria for community: _____

Five points

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

_____ number checked x 5 points =

Score: _____

Three points:

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

_____ number checked x 3 points =

Score: _____

One point:

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

_____ number checked x 1 point =

Score: _____

TOTAL: _____

Attachment Four – East coast provincial cities

The east coast provincial cities include:

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

Nurses and Midwives EB9 Protected