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Corporate HR/IR Policy and
Strategy Centre
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Our Ref: ME01751a

CIRCULAR ER 24/06

MEMORANDUM

Sent to: Circular Distribution List

RE: IMPROVEMENTS FOR SALARIED MEDICAL OFFICERS

On 3 February 2006 the Premier and Minister for Health announced improvements to the entitlements of Queensland Health's salaried doctors. Specific arrangements relate to:

1. Improvements to private practice arrangements for:
 - Specialists (including Public Health Specialists) and Medical Superintendents in receipt of a Medical Manager Allowance
 - Senior Medical Officers (Levels C1, C2 and C3), Medical Superintendents in receipt of a Clinical Manager Allowance, Public Service Medical Officers and Contract Medical Officers.
2. Recruitment and retention packages for:
 - Medical Superintendents with Right of Private Practice and Medical Officers with Right of Private Practice
 - Emergency Department Specialists and Senior Medical Officers
 - Radiologists.
3. Research/Training Trust Funds for:
 - Resident Medical Officers
 - Emergency Department Physicians.

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1. Improvements to Private Practice Arrangements

All private practice arrangements will be based on areas that are defined as follows:

- Area 1 – current Option A and P group (i.e. Brisbane, Gold Coast and Sunshine Coast)
- Area 2 – Toowoomba, Cairns and Townsville
- Area 3 – all locations not included in Areas 1, 2 or 4
- Area 4 – Torres Strait and Northern Peninsular, Cape York and Mt Isa Health Service Districts.

1.1 Specialists (including Public Health Specialists) and Medical Superintendents in receipt of a medical manager allowance

Options A and P

New allowance percentages will apply to Option A and P Specialists as follows:

- Area 1 – 50%
- Area 2 – 55%
- Area 3 – 60%
- Area 4 – 65%.

In addition to Specialists already in receipt of such allowances, private practice contracts are to be offered to Specialists, including Public Health Specialists, who were previously ineligible. For Medical Superintendents in receipt of a Medical Manager Allowance, new contracts are currently being developed which will be offered to these doctors.

These allowances will now be used for the calculation of all overtime and extended hours payments (afternoon shift and weekend work). This means that overtime and extended hours payments will be calculated on the employees' base salary, the relevant Option A or P allowance and any all purpose allowances.

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

Option B

The above allowances will be applied via contract to all overtime and extended hours payments (afternoon shift and weekend work) for Option B Specialists as from 1 January 2006.

The Option B ceiling will increase to \$160,000 per annum, pro rata as from 1 January 2006. The ceiling for the 2005/2006 financial year will be calculated taking into consideration the ceiling that applied until 31 December 2005 (\$140,139 per annum) and the latest ceiling that will have application from 1 January 2006. Therefore, the total ceiling for the 2005/2006 financial year will be \$150,069.50 per annum.

The ceiling of \$160,000 per annum will increase annually as from 1 January 2007 in line with the enterprise bargaining wage increases prescribed in clause 2.1 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 1) 2005* (the Agreement).

1.2 Senior Medical Officers (classification levels C1, C2 and C3), Medical Superintendents in receipt of a clinical manager allowance, Public Service Medical Officers and Contract Medical Officers

New private practice contracts are currently being developed for application to these doctors. These contracts will include some of the features of Option A. The allowance percentages under these contracts will apply as follows:

- Area 1 – 35%
- Area 2 – 40%
- Area 3 – 45%
- Area 4 – 55%.

These allowances will be used for the calculation of all overtime and extended hours payments (afternoon shift and weekend work).

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

1.3 Implementation

Corporate Human Resource/Industrial Relations Policy and Strategy Centre is currently coordinating the development of contract variations letters and new contracts to give effect to the changes to the private practice arrangements, and overtime and extended hours payments.

It is anticipated that template documents will be provided to Districts (or equivalent) within the coming weeks. Back payment will be processed as soon as practicable after a doctor signs (or accepts by conduct in the case of contract variations) the documents. Further instructions will be provided with the template documents.

2. Additional Recruitment and Retention Packages

2.1 Medical Superintendents with Right of Private Practice and Medical Officers with Right of Private Practice

The Inaccessibility Incentive Scheme prescribed in Schedule 3 Section 1.1 of the Agreement will be administratively applied to Medical Superintendents with Right of Private Practice and Medical Officers with Right of Private Practice employed in specified locations. All continuous service from 1 September 2005 will be recognised. Please refer to Circular ER 15/06 for further information.

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.

2.3 Radiologists – Recruitment and Retention

In addition to the improvements to Option B private practice arrangements detailed in section 1.1 of this circular, the facility and administration charges will be halved for Radiologists' private practice earnings as from 1 March 2006. That is, for work performed on or after 1 March 2006, the facility and administration fees applying to these earnings will be halved. This applies to Radiologists only.

3. Research/Training Trust Fund

3.1 Resident Medical Officers

A Research/Training Trust Fund for Resident Medical Officers will be established. Funding of \$500,000 per annum recurrent as from 1 January 2006 will be available for allocation by an independent committee with broad terms of reference approved by the Director-General.

This Committee will be made up of representatives from the Australian Medical Association Queensland, Australian Salaried Medical Officers Federation Queensland, Queensland Public Sector Union and Queensland Health.

3.2 Emergency Department Physicians

A Research/Training Trust Fund for Emergency Department Physicians will be established. Funding of \$2,000,000 per annum recurrent as from 1 January 2006 will be available for allocation by a joint committee with broad terms of reference approved by the Director-General.

This Committee will be made up of representatives from the Royal Australasian College of Emergency Medicine, Australian Salaried Medical Officers Federation Queensland, Queensland Public Sector Union and Queensland Health.

Funding for these improvements will be allocated to Districts (or equivalent) in due course.

The Corporate Human Resource/Industrial Relations Policy and Strategy Centre contact for enquiries by Human Resources staff is Ms Chantal Casey, A/Principal Employment Relations Officer, on telephone (07) 3234 1025.

Michael Hawkins

A/ Director

Corporate Human Resource/Industrial Relations Policy and Strategy Centre

/ /2006

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ASMOFQ
AUSTRALIAN SALARIED MEDICAL
OFFICERS FEDERATION QUEENSLAND

26 09570

3 March 2006

Ms U Schreiber
Director General
Queensland Health
GPO Box 48
BRISBANE NSW 4001

Dear Ms Schreiber

I refer to the recently negotiated payments for Senior Medical Officers employed in Emergency Departments and acknowledge that those payments were negotiated in recognition of the severe recruitment and retention difficulties being experienced in staffing those particular departments.

I wish to advise that ASMOFQ will not seek to pursue a flow on of this payment to other specialty disciplines that may seek to introduce similar work arrangements to the emergency departments for the life of the MOCA 1.

As previously expressed ASMOFQ is committed to working with Queensland Health to improve the image of, as well as, the senior medical officer staffing levels in emergency departments.

In conclusion I restate ASMOFQ's continued commitment to the MIBB process. MIBB has seen Queensland Health and the unions develop a co-operative based approach to resolving the many and varied issues facing Queensland Health and its medical workforce.

Yours sincerely



Dr Don Kane
State President

- 8 MAY 2006

(5)

Queensland Health
BRIEFING NOTE FOR APPROVAL

TO: Director-General

FROM: *Christine Axelby, A/Team Leader,
 Corporate Human Resource/Industrial
 Relations Policy and Strategy Centre*

**SUBJECT: Criteria for payment of 25% Option A Allowance for Emergency
 Medicine doctors.**

..... OK
Dated /
Noted / Approved / Not Approved
Further information required
<i>H. Selinger</i>
Dated 13 5 06

RECEIVED	RECORDS TEAM	DEPT. OF HEALTH
16 MAY 2006		

PURPOSE

To seek approval of criteria required to be met to entitle medical officers working extended hours in Emergency Departments to the additional 25% Option A allowance.

RECOMMENDATION

It is recommended that the Director-General approve the following criteria as a means for Specialists and other Senior Medical Officers working in Emergency Departments to become eligible for the additional 25% private practice allowance:

1. The Emergency Department must be open at least from 8am to 10pm Monday to Friday and during the day on the weekend.
2. The relevant Emergency Department Senior Medical Officer (SMO) 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 a part time Emergency Department SMOs.
3. When the extended hour's arrangements are either terminated or the individual doctor no longer participates in the extended hour's arrangements, the 25% allowance is no longer payable. However, when the extended hours arrangements are suspended it is proposed that the 25% private practice allowance is continued for a maximum period of 26 weeks.

FUNDING SOURCE

- Cabinet Budget Review Committee has approved this arrangement and its costings. Funding for this arrangement has been sought through the current State Budget process; however the outcome is under embargo until budget day.

CURRENT ISSUES

- As part of the package announced by the Premier and Minister for Health in February 2006 about private practice improvements and extensions available to all Senior Medical Officers, a specific entitlement of an additional 25% private practice arrangement was offered to Senior Medical Officers working extended ordinary hours arrangements in Emergency Departments. The criterion for eligibility was to be determined.
- Discussions with negotiators of the package indicated that the arrangement was subject to the Emergency Department working at least two shifts a day, Monday to Friday and providing weekend coverage.

Author's Name: Christine Axelby
 Position: A/Team Leader
 Unit/Dist: CHRIRPSC
 Tel No: (07) 3234 0003
 Date: 21.04.06

Cleared by:
 Name: Barry Leahy
 Position: Executive Director
 Unit/District: Industrial Relations
 Tel No: (07) 3234 1865
 Date: 5 May 2006

- General concerns within medical management in implementing this arrangement relate to:
 - Ensuring the payment is linked to emergency physicians only working in Emergency Departments and not employed in other roles i.e. as Medical Superintendents; and
 - Ensuring the payment is not flowed on to other work areas providing extended hours coverage.

PROPOSED ACTIONS

- The criteria for eligibility to the 25% allowance for Emergency Department SMOs need to be established urgently and agreement reached with the relevant unions to enable implementation and payment as soon as possible. General opinions have been ascertained from both management and union representatives on the Medical Interest Based Bargaining Group regarding how to determine the criteria, however further clarification is being sought from the Director-General in relation to Departmental requirements.
- General discussion with union and management representatives about eligibility criteria indicates a preference that the Emergency Departments must work at least two shifts (day and afternoon shift) on Monday to Friday and provide weekend coverage throughout the day. Current Emergency Departments performing extended hours provide service at least between 8am and 10pm Monday to Friday. Interest has been expressed by some management representatives in extending the hours to either 11pm or midnight, however this was not part of the negotiations and would be difficult to obtain the support of medical unions.
- General discussion with union and management representatives indicates that the Emergency Department SMOs need to be performing their ordinary hours within the afternoon shifts and weekend. Some management representatives have sought that on a weekly or fortnightly basis that the Emergency Department SMOs meet a minimum requirement of shift patterns.
- Discussions with Colin Page, Staff Specialist, Emergency Department, Princess Alexandra Hospital who was also involved in the negotiations, has indicated that emergency consultants do not regularly work regular shift patterns. Such inconsistency in roster patterning would make prescriptive criteria difficult to manage.
- As the 25% allowance is to be included as part of a private practice contract that is currently signed on an annual basis, it would not be practicable to strictly apply a set roster pattern to establish eligibility for the 25% allowance. However, it is critical that the Emergency Department SMO is performing some of their ordinary hours on the afternoon and weekend shifts on a fair and reasonable basis.
- The final outstanding matter relates to when an extended hours arrangement is either terminated or suspended. General discussion with union and management representatives indicates terminated extended hours arrangements should result in the termination of the 25% allowance; however differing opinions have been expressed regarding suspended arrangements.
- As the 25% allowance is determined by contract and it would be expected that suspension of extended hour's arrangements would be an aberrant affair, it is proposed that continuing the payment for a period of 26 weeks would be fair and reasonable to allow management to rectify any issues or determine that the extended hour's arrangements are to be terminated.

BACKGROUND

- On 3 February 2006, the Premier and Minister for Health announced a range of improvements to the entitlements of Queensland Health salaried doctors, including a range of improvements and extension of the private practice arrangements in place.

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 Date: 5 May 2006

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- 8 MAY 2006

Queensland Health
BRIEFING NOTE FOR APPROVAL

TO: Director-General

FROM: Christine Axelby, A/Team Leader,
Corporate Human Resource/Industrial
Relations Policy and Strategy Centre

..... OK
Dated 1
Noted / Approved / Not Approved
Further information required
H. Schepers
Dated 13 5 06

SUBJECT: Criteria for payment of 25% Option A Allowance for Emergency
Medicine doctors.

PURPOSE

To seek approval of criteria required to be met to entitle medical officers working extended hours in Emergency Departments to the additional 25% Option A allowance.

RECOMMENDATION

It is recommended that the Director-General approve the following criteria as a means for Specialists and other Senior Medical Officers working in Emergency Departments to become eligible for the additional 25% private practice allowance:

1. The Emergency Department must be open at least from 8am to 10pm Monday to Friday and during the day on the weekend.
2. The relevant Emergency Department Senior Medical Officer (SMO) 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 a part time Emergency Department SMOs.
3. When the extended hour's arrangements are either terminated or the individual doctor no longer participates in the extended hour's arrangements, the 25% allowance is no longer payable. However, when the extended hours arrangements are suspended it is proposed that the 25% private practice allowance is continued for a maximum period of 26 weeks.

FUNDING SOURCE

- Cabinet Budget Review Committee has approved this arrangement and its costings. Funding for this arrangement has been sought through the current State Budget process; however the outcome is under embargo until budget day.

CURRENT ISSUES

- As part of the package announced by the Premier and Minister for Health in February 2006 about private practice improvements and extensions available to all Senior Medical Officers, a specific entitlement of an additional 25% private practice arrangement was offered to Senior Medical Officers working extended ordinary hours arrangements in Emergency Departments. The criterion for eligibility was to be determined.
- Discussions with negotiators of the package indicated that the arrangement was subject to the Emergency Department working at least two shifts a day, Monday to Friday and providing weekend coverage.

Author's Name: Christine Axelby Position: A/Team Leader Unit/Dist: CHRIRPSC Tel No: (07) 3234 0003 Date: 21.04.06	Cleared by: Name: Barry Leahy Position: Executive Director Unit/District: Industrial Relations Tel No: (07) 3234 1865 Date: 5 May 2006
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page 1

- General concerns within medical management in implementing this arrangement relate to:
 - Ensuring the payment is linked to emergency physicians only working in Emergency Departments and not employed in other roles i.e. as Medical Superintendents; and
 - Ensuring the payment is not flowed on to other work areas providing extended hours coverage.

PROPOSED ACTIONS

- The criteria for eligibility to the 25% allowance for Emergency Department SMOs need to be established urgently and agreement reached with the relevant unions to enable implementation and payment as soon as possible. General opinions have been ascertained from both management and union representatives on the Medical Interest Based Bargaining Group regarding how to determine the criteria, however further clarification is being sought from the Director-General in relation to Departmental requirements.
- General discussion with union and management representatives about eligibility criteria indicates a preference that the Emergency Departments must work at least two shifts (day and afternoon shift) on Monday to Friday and provide weekend coverage throughout the day. Current Emergency Departments performing extended hours provide service at least between 8am and 10pm Monday to Friday. Interest has been expressed by some management representatives in extending the hours to either 11pm or midnight, however this was not part of the negotiations and would be difficult to obtain the support of medical unions.
- General discussion with union and management representatives indicates that the Emergency Department SMOs need to be performing their ordinary hours within the afternoon shifts and weekend. Some management representatives have sought that on a weekly or fortnightly basis that the Emergency Department SMOs meet a minimum requirement of shift patterns.
- Discussions with Colin Page, Staff Specialist, Emergency Department, Princess Alexandra Hospital who was also involved in the negotiations, has indicated that emergency consultants do not regularly work regular shift patterns. Such inconsistency in roster patterning would make prescriptive criteria difficult to manage.
- As the 25% allowance is to be included as part of a private practice contract that is currently signed on an annual basis, it would not be practicable to strictly apply a set roster pattern to establish eligibility for the 25% allowance. However, it is critical that the Emergency Department SMO is performing some of their ordinary hours on the afternoon and weekend shifts on a fair and reasonable basis.
- The final outstanding matter relates to when an extended hours arrangement is either terminated or suspended. General discussion with union and management representatives indicates terminated extended hours arrangements should result in the termination of the 25% allowance; however differing opinions have been expressed regarding suspended arrangements.
- As the 25% allowance is determined by contract and it would be expected that suspension of extended hour's arrangements would be an aberrant affair, it is proposed that continuing the payment for a period of 26 weeks would be fair and reasonable to allow management to rectify any issues or determine that the extended hour's arrangements are to be terminated.

BACKGROUND

- On 3 February 2006, the Premier and Minister for Health announced a range of improvements to the entitlements of Queensland Health salaried doctors, including a range of improvements and extension of the private practice arrangements in place.

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Name: Barry Leahy
Position: Executive Director
Unit/District: Industrial Relations
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Date: 5 May 2006

COMMENTS

RTI Release

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Date: 21.04.06

Cleared by:
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Position: Executive Director
Unit/District: Industrial Relations
Tel No: (07) 3234 1865
Date: 5 May 2006

page 3

05 JUN 2006

Queensland Health
BRIEFING NOTE FOR APPROVAL

TO: Director-General

FROM: Christine Axelby, A/Team Leader, Corporate
 Human Resource/Industrial Relations Policy &
 Strategy Centre

OK	
Dated	/ /
Approved / Not Approved	
Further information required	
M. Schneider	
Dated	7/6/06

SUBJECT: Emergency Department Extended Hours Option A Payment

PURPOSE

To seek the Director-General's approval of revised criteria to entitle medical officers working extended hours in Emergency Departments to the additional 25% Option A Allowance.

RECOMMENDATION

It is recommended that the Director-General approve the following revised criteria (as determined through broad agreement subsequent to further senior level negotiations) for Senior Medical Officers (SMOs) working in Emergency Departments to become eligible for the additional 25% private practice allowance:

Extended Hours means, with respect to the hours of operation of an Emergency Department, when Senior Medical Officers' rostered ordinary hours coverage is provided in accordance with the Certified Agreement at least from:

- 8.00am to 10.00pm Monday to Friday; and
- on weekends

Where the SMO works in an emergency department providing SMO coverage during extended hours as defined above and the SMOs 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, the SMOs entitlement to the Supplementary Benefit under the Option A Contract will be increased by adding a further 25% to the Supplementary Benefit Percentage.

In the event that Queensland Health decides to permanently close the Emergency Department, permanently cease to operate the Emergency Department during Extended Hours or suspend the operation of the Emergency Department during Extended Hours then the SMO's entitlement to the Emergency Department Extended Hours Benefit will continue until 26 consecutive weeks have expired since the Emergency Department ceased operating during Extended Hours.

In the event that the SMO decides to withdraw from participating in Extended Hours coverage then the SMO's entitlement to the Emergency Department Extended Hours Benefit will immediately cease.

FUNDING SOURCE

- Cabinet Budget Review Committee has approved this arrangement and its costings. Funding for this arrangement has been sought through the current State Budget process; however the outcome is under embargo until budget day.

Author's Name: Christine Axelby
 Position: A/Team Leader
 Unit/Dist: CHRIRPSC
 Tel No: (07) 3234 0003
 Date: 24.05.06

Cleared by:
 Name: Michael Hawkins
 Position: A/Director
 Unit/District: CHRIRPSC
 Tel No: (07) 3234 1920
 Date: 29.05.06

RECEIVED	RECORDS TEAM	DEPT. OF HEALTH
	13 JUN 2006	

CURRENT ISSUES

- Further discussions at a senior level have occurred between unions and a number of the original negotiators of the February 2006 announcements. Considerable concern has been raised by the unions regarding the Department's intention to seek a minimum number of extended hours shifts per fortnight being worked by SMOs due to many Emergency Department SMOs working irregular shift patterns.
- Based on the discussions held, it is expected that the above recommendation would be acceptable to unions, allowing the payment of the Emergency Department Extended Hours 25% to occur.
- *Attachment 1* is the initial brief approved by the Director-General outlining criteria for the additional 25% allowance based on initial discussions with the parties.

PROPOSED ACTIONS

- That an Emergency Department Extended Hours Benefit Contract be finalised with the relevant unions and distributed to Health Service Districts to apply to eligible staff as a matter of urgency.

BACKGROUND

- On 3 February 2006, the Premier and Minister for Health announced a range of improvements to the entitlements of Queensland Health salaried doctors, including a range of improvements and extension of the private practice arrangements in place.

ATTACHMENTS:

Previous Brief: BR027236

COMMENTS

RTI Release

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Position: A/Team Leader
Unit/Dist: CHRIRPSC
Tel No: (07) 3234 0003
Date: 24.05.06

Cleared by:
Name: Michael Hawkins
Position: A/Director
Unit/District: CHRIRPSC
Tel No: (07) 3234 1920
Date: 29.05.06



**Queensland
Government**
Queensland Health

MEMORANDUM

To: District Managers

Copies to: General Managers, Private Practice Managers, Finance Managers, Human Resource Managers

From: Michael Hawkins, A/Director,
Corporate HR/IR Policy and Strategy
Centre

Contact No: (07) 3234 1920
Fax No: (07) 3234 0314

Subject: Contract template for Emergency Department Extended Hours Benefit for Specialists

File Ref: ME01834

Circular ER 24/06 advised of improvements to the entitlements of Queensland Health's salaried doctors, including a recruitment and retention package for Emergency Department Specialists and Senior Medical Officers (SMOs). Since then, Corporate HR/IR Policy and Strategy Centre (CHRIRPSC) have been consulting with Queensland Health's solicitors, the Australian Salaried Medical Officers Federation Queensland (ASMOFQ) and Queensland Public Sector Union (QPSU) to prepare a new private practice contract to implement the entitlement.

Please find attached the contract template for the Emergency Department Extended Hours Benefit for Specialists. At this time, **these contracts are to be offered only to Specialists with an existing Option A contract who meet the following criteria:**

- **the Specialist is working in an Emergency Department which provides SMOs' coverage during extended hours (as defined in the contract); and**
- **the Specialist's rostered ordinary hours include working of shifts where the majority of the shift is after 4.00pm Monday to Friday and/or on the weekend.**

For Specialists who were employed as at 1 January 2006, the term of the contract must be from 1 January 2006 to 30 June 2007. For Specialists who were employed after 1 January 2006, the term of the contract must be from the Specialist's date of commencement or date of acceptance of an Option A contract to 30 June 2007.

Unfortunately there have been unforeseen delays in drafting the private practice contracts for SMOs (other than Specialists). As SMOs do not yet have Option A private practice contracts, this Emergency Department Extended Hours Benefit contract cannot apply to SMOs. However, CHRIRPSC are working with ASMOFQ and QPSU to implement arrangements to pay SMOs the private practice allowances as prescribed in Circular ER 24/06 as soon as possible. Further advice will be provided shortly.

It would be appreciated if you would please action this memorandum accordingly.

Districts are reminded that the **contract is standard and must not be changed or amended in any field other than those highlighted**. The contract template is a protected document for this reason. Please note that **no additional provisions should be applied in covering memoranda, codicils etc in addition to the contract that would in any way change, add to, or delete any of the contents of the contract**.

Should you have any queries in relation to this matter, please feel to contact Chantal Casey, A/Principal Employment Relations Officer, on (07) 3234 1025 or email Chantal_Casey@health.qld.gov.au.

[Redacted]
Michael Hawkins [Redacted]
A/Director
Corporate HR/IR Policy and Strategy Centre

30/5/06

RTI Release

The State of Queensland acting through
Queensland Health

[Insert name of Senior Medical Officer]

Emergency Department Extended Hours Benefit Contract for a Senior Medical Officer with an Option A Contract

Date

Parties

The State of Queensland acting through Queensland Health of 147-163
Charlotte Street, Brisbane in the State of Queensland (Queensland Health)

[Insert name of Senior Medical Officer] of [insert address] (SMO)

Background

- A The SMO is employed by Queensland Health as a [insert job title].
- B The SMO and Queensland Health have entered into an Option A Contract dated [insert date] (Option A Contract).
- C In addition to the payments and benefits made by Queensland Health to the SMO pursuant to the Certified Agreement and the terms of the Option A Contract, Queensland Health and the SMO have agreed that, in consideration for the SMO working their ordinary hours of work through an Extended Hours arrangement in an emergency department, Queensland Health will pay the SMO the Emergency Department Extended Hours Benefit on the terms set out in this Contract.

Agreed Terms

1 Definitions

For the purpose of this document:

Award means the *District Health Services - Senior Medical Officers' and Resident Medical Officers' Award – State 2003*.

Certified Agreement means the *Medical Officers' (Queensland Health) Certified Agreement (No. 1) 2005* and includes any Award terms that are not inconsistent with the Certified Agreement.

Emergency Department Extended Hours Benefit has the meaning given by clause 3.1 of this document.

Extended Hours means, with respect to the hours of operation of an emergency department, when Senior Medical Officers' rostered ordinary hours coverage is provided in accordance with the Certified Agreement at least from:

- (a) 8.00am until 10.00pm Monday to Friday; and
- (b) weekend coverage.

Senior Medical Officers (SMO) means Senior Medical Officers as classified under the Award working in an emergency department.

Supplementary Benefit has the same meaning as in the Option A Contract.

Supplementary Benefit Percentage has the same meaning as in the Option A Contract.

2 Term

This document will commence on [insert date] and terminate on [insert date] unless terminated earlier in accordance with this document.

3 Emergency Department Extended Hours Benefit

- 3.1 Where the SMO works in an emergency department providing Senior Medical Officers' coverage during Extended Hours as defined above and the SMO's rostered ordinary hours include working of shifts where the majority of the shift is after 4.00pm Monday to Friday and/or on the weekend, the SMO's entitlement to the Supplementary Benefit under the Option A Contract will be increased by adding a further 25% to the Supplementary Benefit Percentage as set out in **Item 5 of Schedule 1** to the Option A Contract (**Emergency Department Extended Hours Benefit**).
- 3.2 If the SMO is entitled to payment of the Emergency Department Extended Hours Benefit under **clause 3.1** then the Option A Contract will continue with full force and effect as if the Emergency Department Extended Hours Benefit forms part of the Supplementary Benefit in the Option A Contract.
- 3.3 In the event that Queensland Health decides to permanently close the emergency department, permanently cease to operate the emergency department during Extended Hours or suspend the operation of the emergency department during Extended Hours then the SMO's entitlement to the Emergency Department Extended Hours Benefit will continue until 26 consecutive weeks have expired since the emergency department ceased operating during Extended Hours
- 3.4 In the event that the SMO decides to withdraw from participating in Extended Hours coverage then the SMO's entitlement to the Emergency Department

Extended Hours Benefit will immediately cease.

4 Termination

- 4.1 The agreement evidenced by this document will automatically terminate in the event that the Option A Contract terminates for any reason.

RTI Release

Executed as an agreement.

**Signed for and on behalf of
Queensland Health by**

.....
(print name) District Manager, a duly
authorised person in the presence of:

.....
Witness

.....
Name of Witness (print)

**Signed sealed and delivered
by [insert name of Senior Medical
Officer] in the presence of:**

.....
Witness

.....
Name of Witness (print)

RTI Release

Terms of Administrative Application of Emergency Department Extended Hours Benefit

Background

- A. The Senior Medical Officer (SMO) is employed by Queensland Health.
- B. In addition to the payments and benefits made by Queensland Health to the SMO pursuant to the Certified Agreement and other industrial instruments, Queensland Health and the SMO have agreed that, in consideration for the SMO working their ordinary hours of work through an Extended Hours arrangement in an emergency department, Queensland Health will pay the SMO the Emergency Department Extended Hours Benefit on the terms set out in this document.

Agreed Terms

1. Definitions

For the purpose of this document:

Award means the District Health Services – Senior Medical Officers’ and Resident Medical Officers’ Award – State 2003.

Certified Agreement means the Medical Officers’ (Queensland Health) Certified Agreement (No. 1) 2005 and includes any Award terms that are not inconsistent with the Certified Agreement.

Emergency Department Extended Hours Benefit has the meaning given in clause 3.1 of this document.

Extended Hours means, with respect to the hours of operation of an emergency department, when Senior Medical Officers’ rostered ordinary hours coverage is provided in accordance with the Certified Agreement at least from:

- a) 8.00am until 10.00pm Monday to Friday; and
- b) weekend coverage.

Senior Medical Officers (SMO) means Senior Medical Officers as classified under clause 5.1.7 of the Award working in a emergency department.

2. Term

This document will commence on 1 January 2006 or the SMO’s commencement date in an emergency department, whichever is later, and terminate on 31 December 2006 or upon acceptance of a private practice contract and Emergency Department Extended Hours Benefit contract, whichever is sooner.

3. Emergency Department Extended Hours Benefit

- 3.1 Where the SMO works in an emergency department providing Senior Medical Officers’ coverage during Extended Hours as defined above and the SMO’s rostered ordinary hours include working of shifts where the majority of the shift is after 4.00pm Monday to Friday and/or on the weekend, the SMO’s entitlement to the Supplementary Benefit under the Terms

of Administrative Application of Supplementary Benefit for Medical Superintendents and Senior Medical Officers (other than Specialists) will be increased by adding a further 25% to the Supplementary Benefit, administratively applied by the Director-General, Queensland Health, in accordance with section 28(2) of the *Health Services Act 1991*.

- 3.2 If the SMO is entitled to payment of the Emergency Department Extended Hours Benefit under clause 3.1, Queensland Health will pay the Emergency Department Extended Hours Benefit by fortnightly payments, at the same time as the SMO's salary under the Certified Agreement is payable. In respect of any period of paid leave taken by the SMO, Queensland Health will pay the Emergency Department Extended Hours Benefit to the SMO at the same time as the SMO's salary for the period of leave is payable.
- 3.3 The Emergency Department Extended Hours Benefit will not be taken into account in calculating any benefits payable to the SMO under the Award or Certified Agreement and will not form part of the ordinary rate or ordinary salary on which other benefits under the Award or Certified Agreement, including recreation leave loading, may be calculated, with the exception of any of the following benefits from 1 January 2006 onwards:
 - i. payments for working extended hours payable under Certified Agreement clauses 6.3.1 and 6.3.8; and
 - ii. overtime payable under Certified Agreement clause 6.5 and Award clause 6.12.
- 3.4 In the event that Queensland Health decides to permanently close the emergency department, permanently cease to operate the emergency department during Extended Hours or suspend operation of the emergency department during Extended Hours, then the SMO's entitlement to the Emergency Department Extended Hours Benefit will continue until 26 consecutive weeks have expired since the emergency department ceased operating during Extended Hours.
- 3.5 In the event that the SMO decides to withdraw from participating in Extended Hours coverage, then the SMO's entitlement to the Emergency Department Extended Hours Benefit will immediately cease.

4. Termination

- 4.1 If the SMO fails to be entitled to registration as a medical practitioner in accordance with the *Medical Practitioners Registration Act 2001*, Queensland Health may by notice terminate the administrative application of the Emergency Department Extended Hours Benefit effective from the date specified in the notice.
- 4.2 The administrative application of the Emergency Department Extended Hours Benefit is conditional upon the SMO being, and remaining, a SMO until 31 December 2006. If the SMO's employment as a SMO is terminated for any reason, the administrative application of the Emergency Department Extended Hours Benefit will be automatically terminated as and from the date on which the SMO's employment as a SMO is terminated.
- 4.3 If the administrative application of the Emergency Department Extended Hours Benefit is terminated under clause 4.1:
 - a) the SMO will be entitled to receive the Emergency Department Extended Hours Benefit which has accrued up to and including the date of termination; and
 - b) the SMO agrees to accept that amount in full and final satisfaction of any claims under this arrangement.



**Queensland
Government**
Queensland Health

MEMORANDUM

To: District Managers

Copies to: General Managers, Private Practice Managers, Finance Managers, Human Resource Managers

From: Michael Hawkins, A/Director,
Corporate HR/IR Policy and Strategy
Centre

Contact No: (07) 3234 1920
Fax No: (07) 3234 0314

Subject: Administrative application of private practice allowances for Medical Superintendents and Senior Medical Officers

File Ref: ME01837

I refer to Circular ER 47/06 *Improvements for Salaried Medical Officers*, which outlined enhancements to doctors' entitlements including the provision of private practice allowances to Medical Superintendents and Senior Medical Officers (SMOs) (other than Specialists) as from 1 January 2006.

During negotiations for these arrangements, it was proposed that the private practice contracts for Medical Superintendents will provide an allowance in consideration of their management of private practice arrangements and the consultancy services (e.g. reviews, medico-legal reports, etc.) that Medical Superintendents occasionally perform. It was further proposed that the contracts for SMOs (other than Specialists) will provide an allowance in order to regulate the right of private practice in the event that a SMO can access Medicare benefits to treat private patients in a public hospital, as SMOs generally cannot access Medicare benefits in accordance with the *Health Insurance Act 1973*.

Corporate HR/IR Policy and Strategy Centre (CHRIRPSC) have been working with solicitors and the relevant unions to prepare new private practice contracts to implement these entitlements. However, given these are new arrangements which may cause some confusion, the unions and Queensland Health have agreed that Medical Superintendents and SMOs should be consulted prior to the introduction of contracts.

Rather than delay payment of the private practice allowances further, the Director-General has determined that the entitlements prescribed in Circular ER 47/06 will be administratively applied to Medical Superintendents and Senior Medical Officers (other the Specialists) until 31 December 2006. In particular, the following entitlements will apply from 1 January 2006:

- private practice allowances for Medical Superintendents in receipt of a medical manager allowance as prescribed in 1.1 of Circular ER 47/06;
- private practice allowances for SMOs (classification levels C1, C2 and C3) and Medical Superintendents in receipt of a clinical manager allowance as prescribed in 1.2 of Circular ER 47/06;

- additional 25% private practice allowance for SMOs working extended hours in an Emergency Department (**refer to attached terms**) as prescribed in 2.2 of Circular ER 47/06; and
- changes to overtime and extended hours payments prescribed in Circular ER 47/06.

The additional 25% private practice allowance (Emergency Department Extended Hours Benefit) will only apply to SMOs who meet the following criteria:

- **the SMO is working in an Emergency Department which provides Senior Medical Officers' coverage during extended hours (as defined in Attachment 1); and**
- **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.**

It would be appreciated if you would please identify the Emergency Department SMOs to whom this allowance applies and advise your local Human Resources Manager as soon as possible.

Please find attached a template letter which Districts must use to inform Medical Superintendents and Senior Medical Officers of the administrative application of the private practice entitlements. It would be appreciated if you would have an appropriate officer complete the form fields and print the letters for your approval before providing them to these doctors. It would also be appreciated if you would provide the terms in Attachment 2 to Emergency Department SMOs in receipt of Emergency Department Extended Hours Benefit.

For Medical Superintendents, this private practice allowance will replace the allowances currently received in lieu of private practice as from 1 January 2006 i.e. the allowance of 7.5% of the Medical Superintendent's base salary and the allowance of either 4.5%, 6.75% or 9% of the Level 24 (MO1-7) base salary.

Payment of the entitlements will occur as soon as possible. At this stage, it is anticipated that payment at the new rates will occur from 21 February 2006, with back payment of these entitlements to occur from 5 July 2006.

The administrative application of these entitlements is short term, with contracts to be provided to Medical Superintendents and SMOs before 31 December 2006. Further advice will be provided once the contracts are finalised.

Please note: As Public Service Medical Officers and Contract Medical Officers are covered by the *Public Service Act 1996* and not the *Health Services Act 1991*, the Director-General cannot administratively apply the entitlements to these doctors. CHRIRPSC are investigating options to address this issue. Further advice will be provided as soon as possible and affected doctors will be back paid to 1 January 2006.

Should you have any queries in relation to this matter, please feel free to contact Chantal Casey, A/Principal Employment Relations Officer, on (07) 3234 1025 or email Chantal_Casey@health.qld.gov.au.



Michael Hawkins

A/Director

Corporate HR/IR Policy and Strategy Centre

13/6/06