

QUEENSLAND INDUSTRIAL RELATIONS COMMISSION

Industrial Relations Act 1999 - s. 698 - reprint of award

MEDICAL OFFICERS (QUEENSLAND HEALTH) AWARD - STATE 2015

Following the Declaration of the General Ruling in the 2016 State Wage Case (matter numbers B/2016/10 and B/2016/11), the Medical Officers (Queensland Health) Award - State 2015 is hereby reprinted, pursuant to s. 698 of the *Industrial Relations Act 1999*.

I hereby certify that the Award contained herein is a true and correct copy of the Medical Officers (Queensland Health) Award – State 2015 as at 1 September 2016.

Dated 1 September 2016.

[L.S.] J. Steel
Industrial Registrar

**MEDICAL OFFICERS
(QUEENSLAND HEALTH) AWARD - STATE 2015**

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PART 1 - Title and Operation

1. Title

This minimum safety net Award is known as the *Medical Officers (Queensland Health) Award - State 2015*.

2. Operation

Subject to section 824 of the Act, this Award operates from 14 September 2015.

3. Definitions and interpretation

Unless the context otherwise requires, in this Award:

Act means the *Industrial Relations Act 1999*

chief executive means the chief executive of the Department of Health

commission means the Queensland Industrial Relations Commission

continuous shift work means work done by resident medical officers where the hours of work are regularly rotated in accordance with a shift roster covering a 24 hour per day operation over a 7 day week

department means the Department of Health and includes the work areas/units listed in Schedule 1 from time to time

directive means a ruling, or part of a ruling, made under section 53 or section 54 of the *Public Service Act 2008*

double rates means one time in addition to the prescribed rate payable depending upon when the work is being performed

employee means either a resident medical officer, senior medical officer or medical practitioner with private practice, as the circumstance requires

employer means:

(a) the chief executive of the department; or

(b) a hospital and health service,

in their capacity as the employer of an employee covered by this Award

health service has the same meaning as hospital and health service

hospital and health service means a hospital and health service established in accordance with the *Hospital and Health Boards Act 2011*

majority of shift means the day on which the major proportion of ordinary hours is worked on any shift where the starting and finishing times of that shift occur on different days

medical officer has the same meaning as employee

medical practitioner means a person registered by the Medical Board of Australia

medical officer with private practice (MOPP) means a medical practitioner appointed as such, to perform clinical duties in accordance with clause 14.2 of this Award and who is also engaged in the private practice of medicine

medical practitioner with private practice (MPPP) means either a MOPP or a MSPP as defined above and below

medical superintendent with private practice (MSPP) means a medical practitioner appointed to perform administrative and clinical duties in accordance with clause 14.3 of this Award and who is also engaged in the private practice of medicine

non-continuous shift work means work regularly rotated in accordance with a roster for resident medical officers which prescribes 2 or more shifts (day, afternoon or night) per day, but does not cover a 24 hour per day operation over a 7 day week

on duty means time spent performing official duties at a hospital or other health facility

public holiday has the same meaning as that provided in Schedule 5 of the Act

QES means the Queensland Employment Standards contained in Part 2 of Chapter 2A of the Act

resident medical officer means a medical practitioner appointed by the employer to a classification prescribed in clause 12.1

rostered days off means those 4 days in every 14 day work cycle a resident medical officer is not rostered to perform ordinary working hours

senior medical officer means a medical practitioner appointed by the employer to a classification prescribed in clause 13.2(a)

shift work means work performed by a resident medical officer on day shift, afternoon shift or night shift, either solely or in any combination thereof, as part of a non-continuous shift work system or a continuous shift work system

shift worker means a resident medical officer who works shift work

union means one of the industrial organisations of employees mentioned in clause 4(c)

4. Coverage

This Award applies to:

- (a) (i) Resident medical officers whose classifications are prescribed in clause 12.1;
- (ii) Senior medical officers whose classifications are prescribed in clause 13.2(a); and
- (iii) Medical officers and medical superintendents with private practice whose classifications are prescribed in clause 14.7
- (b) (i) the chief executive of the department; and
- (ii) each hospital and health service established in accordance with the *Hospital and Health Boards Act 2011*,

in their capacity as the employer of employees covered by this Award; and

- (c) The following industrial organisations of employees:
- (i) The Australian Salaried Medical Officers' Federation Queensland, Industrial Organisation of Employees; and
 - (ii) Together Queensland, Industrial Union of Employees,
- to the exclusion of any other award.

5. The Queensland Employment Standards and this Award

The QES and this Award contain the minimum safety net conditions of employment for employees covered by this Award.

5A. Directives and this Award

Until 14 September 2017 the provisions of the following directives apply to the specified employees, after which time the provisions of any relevant directives apply only to those employees covered by the directive to the extent that they provide a more generous entitlement.

Directive number	Directive name	Employees to whom Directive applies
(a) 10/10	Recognition of previous service and employment directive	Resident medical officers and senior medical officers
(b) 19/99	Locality allowances directive	Resident medical officers and senior medical officers
(c) 4/13	Sick leave directive	All
(d) 9/13	Special leave directive	All
(e) 10/13	Recreation and long service leave directive	All
(f) 9/11 and 10/11	Travelling and relieving directives	Resident medical officers
(g) 7/13	Hours, overtime and excess travel directive	Resident medical officers
(h) 11/12	Early retirement, redundancy and retrenchment directive	All

Note: A reference to a directive in this clause is to be taken to be a reference to a directive which replaces the directive/s named in this clause.

6. Enterprise flexibility and facilitative award provisions

6.1 Enterprise flexibility

- (a) As part of a process of improvement in productivity and efficiency, discussion should take place at an enterprise level to provide more flexible working arrangements, improvement in the quality of working life, enhancement of skills, training and job satisfaction and to encourage consultative mechanisms across the workplace.

- (b) The consultative processes established in an enterprise in accordance with clause 6.1 may provide an appropriate mechanism for consideration of matters relevant to clause 6.1(a). Union delegates at the place of work may be involved in such discussions.
- (c) Any proposed genuine agreement reached between the chief executive and employee(s) in an enterprise is contingent upon the agreement being submitted to the commission in accordance with Chapter 6 of the Act and is to have no force or effect until approval is given.

6.2 Procedures to implement facilitative award provisions

Wherever facilitative provisions appear in this Award which allow for determination of the conditions of employment by agreement between the chief executive and the union or the chief executive and the majority of employees affected, the following procedures shall apply:

- (a) Facilitative award provisions can be negotiated between management and employees who are directly affected by such proposals or between management and the union depending on the particular award provisions.
- (b) Employees may be represented by their local union delegate/s and shall have the right to be represented by their local union official/s.
- (c) Facilitative award provisions can only be implemented by agreement.
- (d) In determining the outcome from facilitative provisions, neither party should unreasonably withhold agreement.
- (e) Agreement is defined as obtaining consent of greater than 50% of employees directly affected or of the union depending upon the particular award provisions.
- (f) Where a provision refers to agreement by the majority of employees affected, all employees directly affected shall be consulted as a group. Should the consultation process identify employees with specific concerns which relate to either equity or occupational health and safety issues such concerns may be catered for on an individual basis subject to operational requirements.
- (g) Any agreement reached must be documented, and shall incorporate a review period.
- (h) Where the agreement relates to either the working of ordinary hours on other than a Monday to Friday basis, the introduction of shift work or change to the shift roster the relevant union/s are to be notified in writing at least one week in advance of agreement being sought.

PART 2 - Dispute Resolution

7. Dispute resolution

7.1 Prevention and settlement of disputes

- (a) The objectives of this procedure are the avoidance and resolution of any disputes over matters covered by this Award, by measures based on the provision of information and explanation, consultation, co-operation and negotiation.
- (b) Subject to legislation, while the dispute procedure is being followed, normal work is to continue except in the case of a genuine safety issue. The *status quo* existing before the emergence of a dispute is to continue whilst the procedure is being followed. No party shall be prejudiced as to the final settlement by the continuation of work.

- (c) There is a requirement for management to provide relevant information and explanation and consult with the appropriate employee representatives.
- (d) In the event of any disagreement between the parties as to the interpretation or implementation of this Award, the following procedures shall apply:
 - (i) the matter is to be discussed by the employee's union representative and/or the employee(s) concerned (where appropriate) and the immediate supervisor in the first instance. The discussion should take place within 24 hours and the procedure should not extend beyond 7 days;
 - (ii) if the matter is not resolved as per clause 7.1(d)(i), it shall be referred by the union representative and/or the employee(s) to the appropriate management representative who shall arrange a conference of the parties to discuss the matter. This process should not extend beyond 7 days;
 - (iii) if the matter remains unresolved it may be referred to the employer for discussion and appropriate action. This process should not exceed 14 days;
 - (iv) if the matter is not resolved then it may be referred by either party to the commission for conciliation.
- (e) Nothing contained in this procedure shall prevent a union or the employer from intervening in respect of matters in dispute, should such action be considered conducive to achieving resolution.

7.2 Employee grievance procedures

- (a) The objectives of the procedure are to promote the prompt resolution of grievances by consultation, co-operation and discussion; to reduce the level of disputation; and to promote efficiency, effectiveness and equity in the workplace.
- (b) The following procedure applies to all industrial matters within the meaning of the Act:
 - (i) Stage 1: In the first instance the employee shall inform such employee's immediate supervisor of the existence of the grievance and they shall attempt to solve the grievance. It is recognised that an employee may exercise the right to consult such employee's union representative during the course of Stage 1.
 - (ii) Stage 2: If the grievance remains unresolved, the employee shall refer the grievance to the next in line management ("the manager"). The manager will consult with the relevant parties. The employee may exercise the right to consult or be represented by such employee's union representative during the course of Stage 2.
 - (iii) Stage 3: If the grievance is still unresolved, the manager will advise the employer and the aggrieved employee may submit the matter in writing to the employer if such employee wishes to pursue the matter further. If desired by either party, the matter shall also be notified to the union.
- (c) The employer shall ensure that:
 - (i) the aggrieved employee or such employee's union representative has the opportunity to present all aspects of the grievance; and
 - (ii) the grievance shall be investigated in a thorough, fair and impartial manner.

- (d) The employer may appoint another person to investigate the grievance. The employer may consult with the union in appointing an investigating employee. The appointed person shall be other than the employee's supervisor or manager.
- (e) If the matter is notified to the union, the investigating employee shall consult with the union during the course of the investigation. The employer shall advise the employee initiating the grievance, such employee's union representative and any other employee directly concerned of the determinations made as a result of the investigation of the grievance.
- (f) The procedure is to be completed in accordance with the following time frames unless the parties agree otherwise:
 - Stage 1: Discussions should take place between the employee and such employee's supervisor within 24 hours and the procedure shall not extend beyond 7 days.
 - Stage 2: Not to exceed 7 days.
 - Stage 3: Not to exceed 14 days.
- (g) If the grievance is not settled the matter may be referred to the commission by the employee or the union.
- (h) Subject to legislation, while the grievance procedure is being followed, normal work is to continue, except in the case of a genuine safety issue. The *status quo* existing before the emergence of a grievance or dispute is to continue while the procedure is being followed. No party shall be prejudiced as to the final settlement by the continuation of work.
- (i) Where the grievance involves allegations of sexual harassment, an employee may commence the procedure at Stage 3.

PART 3 - Types of Employment, Consultation and Termination of Employment

8. Types of employment

A resident medical officer and a senior medical officer may be employed on a full-time, part-time or casual basis. The basis of employment for medical practitioners with private practice (MPPP) is provided for at clauses 14.2 and 14.3. Part-time or casual employment arrangements do not apply to a MPPP.

8.1 Record of appointment - all medical officers

Each employee on appointment must be advised in writing of their date of appointment, classification level and conditions of employment.

8.2 Contract of employment - resident medical officers

- (a) Appointment to the position of resident medical officer will be for 52 continuous calendar weeks unless otherwise specifically stated to provide medical services, including the keeping and maintaining of adequate medical records.
- (b) An employer may require the resident medical officer to spend a period of their engagement at a number of hospitals and other health facilities as arranged mutually between the employer and resident medical officer concerned.

8.3 Full-time employment - resident medical officers

A full-time resident medical officer is one that is engaged to work an average of 76 hours per fortnight in accordance with the provisions of clause 19.

8.4 Full-time employment - senior medical officers

A full-time senior medical officer, is one that is engaged to work in accordance with the provisions of clause 20.

8.5 Part-time employment - resident medical officers and senior medical officers

- (a) Resident medical officers and senior medical officers may be engaged on a part-time basis and paid as such. Part-time employment arrangements do not apply to a MPPP. A part-time resident medical officer or senior medical officer is an employee who:
 - (i) is engaged to work regular hours each fortnight which are less than the ordinary hours worked by an equivalent full-time employee; and
 - (ii) receives, on a *pro rata* basis, the same salary and conditions of employment to those of an equivalent full-time employee who performs the same kind of work.
- (b) For each hour worked, a part-time employee will be paid no less than:
 - (i) for resident medical officers, 1/76th of the minimum fortnightly salary for their classification; or
 - (ii) for senior medical officers, 1/80th of the minimum fortnightly salary for their classification.
- (c) By mutual agreement with their employer, a part-time resident medical officer or senior medical officer may elect to work additional ordinary hours above their regular hours, up to and including full-time equivalent hours. The additional hours so worked are to be taken into account in the *pro rata* calculation of all entitlements.
- (d) Subject to clause 8.5(c), all time worked by a part-time resident medical officer in excess of the hours prescribed at clause 19.1 on any one day or shift is to be paid at the appropriate overtime rate prescribed in clause 19.4.
- (e) Subject to clause 8.5(c), all time worked by a part-time senior medical officer in excess of the hours prescribed at clause 20.1 on any one day or shift is to be paid at the appropriate overtime rate prescribed in clause 20.2.
- (f) Part-time resident medical officers are eligible for payment of salary increments in accordance with the provisions of clause 12.4.
- (g) Part-time senior medical officers are eligible for payment of salary increments in accordance with the provisions of clause 13.4.

8.6 Casual employment - resident medical officers and senior medical officers

- (a)
 - (i) Resident medical officers and senior medical officers may be engaged on a casual basis and paid as such. Casual employment arrangements do not apply to a MPPP.
 - (ii) A casual employee cannot be employed to work more ordinary hours than are worked by an equivalent full-time employee each fortnight.

- (b) A casual employee is entitled to receive, on a *pro rata* basis, the same pay and conditions of employment, other than leave entitlements, to those of an equivalent full-time employee who performs the same kind of work.
- (c) For each hour worked a casual employee will be paid no less than:
 - (i) for resident medical officers, 1/76th of the minimum fortnightly rate of pay for their classification plus a casual loading of 23%;
 - (ii) for senior medical officers, 1/80th of the minimum fortnightly rate of pay for their classification plus a casual loading of 23%.
- (d) Each casual engagement stands alone with a minimum payment as for 2 hours' work to be made in respect to each engagement.
- (e) The casual loading of 23% is paid instead of annual leave, paid personal/carer's leave, notice of termination, redundancy benefits and the other attributes of full-time or part-time employment. The loading constitutes part of the casual employee's salary for the purpose of calculating overtime, weekend penalties, public holiday and shift payments, where relevant.
- (f) The casual loading is payable in respect of all hours worked by a casual employee except for work performed on a Sunday. For work on a Sunday a casual employee is to be remunerated at the rate of double time and will not be entitled to payment of the casual loading of 23%.
- (g) Casual resident medical officers are eligible for payment of salary increments in accordance with the provisions of clause 12.4.
- (h) Casual senior medical officers are eligible for payment of salary increments in accordance with the provisions of clause 13.4.
- (i) The long service leave entitlement of casual employees is recorded in clause 26.

8.7 Recognition of previous service - resident medical officers and senior medical officers

The entitlements for recognition of previous service are set out at clause 5A.

8.8 Anti-discrimination

- (a) In fulfilling their obligations under this Award, the parties must take reasonable steps to ensure that neither the Award provisions nor their operation are directly or indirectly discriminatory in their effects. Discrimination includes:
 - (i) discrimination on the basis of sex, relationship status, family responsibilities, pregnancy, parental status, breastfeeding, age, race, impairment, religious belief or religious activity, political belief or activity, trade union activity, lawful sexual activity, gender identity, sexuality and association with, or in relation to, a person identified on the basis of any of the above attributes;
 - (ii) sexual harassment; and
 - (iii) racial and religious vilification.
- (b) Nothing in clause 8.8 is to be taken to affect:
 - (i) any different treatment (or treatment having different outcomes) which is specifically exempted under the *Anti-Discrimination Act 1991*; and

- (ii) an employee, employer or registered organisation, pursuing matters of discrimination, including by application to the Australian Human Rights Commission/Anti-Discrimination Commission Queensland.

9. Termination of employment

9.1 Notice by the employer

Notice of termination by the employer is provided for in Division 9 of the QES. Clauses 9.2 to 9.6 supplement the QES provisions.

9.2 Notice of termination of a resident medical officer

Except in the case of dismissal for misconduct, employment may be terminated by 4 weeks' notice given by either the employer or by the resident medical officer or by payment or forfeiture of 4 weeks' salary as the case may be, provided that the resident medical officer and the employer may agree to a lesser period of notice.

9.3 Notice of termination of a senior medical officer or MPPP

Except in the case of dismissal for misconduct, employment may be terminated by 3 calendar months' notice given either by the employer or the employee by payment or forfeiture of 3 months' salary as the case may be, provided that the employee and the employer may agree to a lesser period of notice.

9.4 Notice cannot be offset

In the absence of mutual agreement between the employer and the employee, annual leave or any part thereof cannot be considered as or nominated as notice for the purpose of giving notice of termination of employment.

9.5 Job search entitlement

Where the employer has given notice of termination to an employee, for reasons other than redundancy, the employee must be allowed up to one day's time off without loss of pay for the purpose of seeking other employment. The time off is to be taken at times that are convenient to the employee after consultation with the employer.

9.6 Statement of employment

The employer shall, in the event of termination of employment, provide upon request to the employee who has been terminated a written statement specifying the period of employment and the classification or type of work performed by the employee.

10. Redundancy

10.1 Redundancy pay

Redundancy pay is provided for in Division 9 of the QES. Clauses 10.2 to 10.9 supplement the QES provisions.

10.2 Consultation before termination

- (a) Where the employer decides that the employer no longer wishes the job the employee/s has been doing to be done by anyone, and this is not due to the ordinary and customary turnover of labour, and that decision may lead to termination of employment, the employer shall consult the employee/s directly affected and where relevant, their union or unions.

- (b) The consultation shall take place as soon as it is practicable after the employer has made a decision which will invoke the provisions of clause 10.2(a) and shall cover the reasons for the proposed terminations, measures to avoid or minimise the terminations and/or their adverse effects on the employee/s concerned.
- (c) For the purpose of the consultation the employer shall, as soon as practicable, provide in writing to the employee/s concerned and, where relevant, their union or unions, all relevant information about the proposed terminations including the reasons for the proposed terminations, the number and categories of employee/s likely to be affected, the number of workers normally employed and the period over which the terminations are likely to be carried out.
- (d) Notwithstanding the provision of clause 10.2(c) that an employer shall not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.

10.3 Transfer to lower paid duties

- (a) Where an employee is transferred to lower paid duties by reason of redundancy the employee shall be entitled to the same period of notice of transfer as the employee would have been entitled to if the employee's employment had been terminated under the redundancy pay provisions of the QES.
- (b) The employer may, at the employer's option, make payment in lieu thereof of an amount equal to the difference between the former amounts the employer would have been liable to pay and the new lower amount the employer is liable to pay the employee for the number of weeks of notice still owing.
- (c) The amounts must be worked out on the basis of:
 - (i) the ordinary working hours to be worked by the employee; and
 - (ii) the amounts payable to the employee for the hours including for example, allowances, loadings and penalties; and
 - (iii) any other amounts payable under the employee's employment contract.

10.4 Employee leaving during notice period

An employee given notice of termination in circumstances of redundancy may terminate their employment during the period of notice. The employee is entitled to receive the benefits and payments they would have received under this clause had they remained in employment until the expiry of the notice, but is not entitled to payment instead of notice.

10.5 Job search entitlement

- (a) An employee given notice of termination in circumstances of redundancy must be allowed up to one day's time off without loss of pay during each week of notice for the purpose of seeking other employment.
- (b) If the employee has been allowed paid leave for more than one day during the notice period for the purpose of seeking other employment, the employee must, at the request of the employer, produce proof of attendance at an interview or the employee will not receive payment for the time absent. For this purpose a statutory declaration will be sufficient.
- (c) Clause 10.5 applies instead of clause 9.5 in cases of redundancy.

10.6 Transmission of business

- (a) Where a business is, whether before or after the date of insertion of this clause in the Award, transmitted from the employer (transmittor) to another employer (transmittee), and an employee who at the time of such transmission was an employee of the transmittor of the business, becomes an employee of the transmittee:
 - (i) the continuity of the employment of the employee shall be deemed not to have been broken by reason of such transmission; and
 - (ii) the period of employment which the employee has had with the transmittor or any prior transmittor shall be deemed to be service of the employee with the transmittee.
- (b) In clauses 10.6 and 10.7 'business' includes trade, process, business or occupation and includes a part or subsidiary (which means a corporation that would be taken to be a subsidiary under the Corporations Law, whether or not the Corporations Law applies in the particular case) of any such business and 'transmission' includes transfer, conveyance, assignment or succession whether by agreement or by operation of law and 'transmitted' has a corresponding meaning.

10.7 Exemption where transmission of business

The provisions of clause 10.6 are not applicable where a business is before or after the date of the insertion of this clause into the Award, transmitted from the employer (transmittor) to another employer (transmittee), in any of the following circumstances:

- (a) where the employee accepts employment with the transmittee which recognises the period of continuous service which the employee had with the transmittor, and any prior transmittor, to be continuous service of the employee with the transmittee; or
- (b) where the employee rejects an offer of employment with the transmittee:
 - (i) in which the terms and conditions are substantially similar and no less favourable, considered on an overall basis, than the terms and conditions applicable to the employee at the time of ceasing employment with the transmittor; and
 - (ii) which recognises the period of continuous service which the employee had with the transmittor and any prior transmittor to be continuous service of the employee with the transmittee.

10.8 Alternative employment

The employer, in a particular case, may make application to the commission to have the general severance pay prescription amended if the employer obtains acceptable alternative employment for an employee.

10.9 Employees exempted

Clauses 10.1 to 10.8 shall not apply:

- (a) where employment is terminated as a consequence of misconduct on the part of the employee; or
- (b) to employees engaged for a specific period or task(s); or
- (c) to casual employees; or
- (d) to employees with less than one year's continuous service in which case the general obligation on employers should be no more than to give relevant employees an indication of the impending

redundancy at the first reasonable opportunity, and to take such steps as may be reasonable to facilitate the obtaining by the employees of suitable alternative employment.

Note: Where a Directive in clause 5A(h) about redundancy entitlements applies to an employee, the entitlements prescribed in the directive apply to the employee to the extent they provide a more generous entitlement.

11. Consultation - Introduction of changes

11.1 Employer's duty to notify

- (a) Where the employer decides to introduce changes in production, program, organisation, structure or technology that are likely to have significant effects on employees, the employer shall notify the employees who may be affected by the proposed changes and, where relevant, their union or unions.
- (b) 'Significant effects' includes termination of employment; major changes in the composition, operation or size of the employer's workforce or in the skills required; the elimination or diminution of job opportunities or job tenure; the alteration of hours of work; the need for retraining or transfer of employees to other work or locations and the restructuring of jobs.
- (c) Where the Award makes provision for alteration of any of the matters referred to in clauses 11.1(a) and (b) an alteration shall be deemed not to have significant effect.

11.2 Employer's duty to consult over change

- (a) The employer shall consult the employees affected and, where relevant, their union or unions about the introduction of the changes, the effects the changes are likely to have on employees (including the number and categories of employees likely to be dismissed, and the time when, or the period over which, the employer intends to carry out the dismissals), and ways to avoid or minimise the effects of the changes (e.g. by finding alternate employment).
- (b) The consultation must occur as soon as practicable after making the decision referred to in clause 11.1.
- (c) For the purpose of such consultation the employer shall provide in writing to the employees concerned and, where relevant, their union or unions, all relevant information about the changes including the nature of the changes proposed, the expected effects of the changes on employees, and any other matters likely to affect employees.
- (d) Notwithstanding the provision of clause 11.2(c) an employer shall not be required to disclose confidential information, the disclosure of which would be adverse to the employer's interests.

PART 4 - Minimum Salaries, Allowances and Related Matters

12. Classifications and minimum salary levels - resident medical officers

12.1 Classifications of resident medical officers

Resident medical officers covered by this Award are to be classified into the appropriate classifications using the classification definitions set out below:

intern means a medical practitioner who holds a practising certificate from the Australian Health Practitioners Registration Authority authorising appointment as such under the *Health Practitioner Regulation National Law Act 2009*

junior house officer (JHO) means a medical practitioner in the first year of service after eligibility for full registration as a medical practitioner

senior house officer (SHO) means a medical practitioner in the second or subsequent years of practical experience after eligibility for full registration as a medical practitioner and who has not been appointed as a registrar or principal house officer

principal house officer (PHO) means a medical practitioner appointed as such, including on a temporary basis, after eligibility for full registration as a medical practitioner

registrar (Reg) means a medical practitioner appointed as such who is undertaking an accredited course of study leading to a higher medical qualification

senior registrar (SReg) means a medical practitioner appointed as such who has specialist registration with the Medical Board of Australia

12.2 Salary levels within classification structure - resident medical officers

(a) Salary ranges shall apply to employees covered by this Award as follows:

Classification		Classification level/s	Known as
(i)	Intern	L1	Intern
(ii)	Junior House Officer	L2	JHO
(iii)	Senior House Officer	L3	SHO
(iv)	Principal House Officer	L4 - L7 inclusive	PHO1 to PHO4
(v)	Registrar	L4 - L9 inclusive	Reg1 to Reg6
(vi)	Senior Registrar	L10 - L13 inclusive	SReg1 to SReg4

12.3 Appointment to classification levels - resident medical officers

A new resident medical officer shall be placed at a paypoint within the relevant salary range according to their years of relevant experience in that capacity or years of eligibility for general registration.

12.4 Movement within classification levels (increments) - resident medical officers

A resident medical officer, appointed to a classification level described in clauses 12.2(a)(iv), (v) and (vi), shall progress through the salary range by annual increments in accordance with clause 12.5.

12.5 Movement between classification levels - resident medical officers

- (a) In the case of resident medical officers described in clause 12.2(a)(ii) the resident medical officer shall progress to the next classification when they have satisfied the necessary requirements prescribed in clause 12.1.
- (b) Movement between the classification levels for principal house officers, registrars and senior registrars is based on meeting the following requirements:
 - (i) in the case of a full-time employee, the employee has received a salary at a particular classification and paypoint for a period of 12 months;
 - (ii) in the case of a part-time employee:
 - (A) the employee has received a salary at a particular classification and paypoint for a period of at least 12 months; and
 - (B) the employee has worked 1,200 ordinary hours in such classification.

- (iii) in the case of a casual employee with 12 months continuous service with the same employer:
- (A) the employee has received a salary at a particular classification and paypoint for a period of at least 12 months; and
 - (B) the employee has worked 1,200 ordinary hours in such classification.
- (c) For the purpose of clause 12.5(c), continuous service for a casual employee is considered to be broken if more than 3 months, excluding any public holidays, has elapsed between the end of one employment contract and the start of the next employment contract.
- (d) Notwithstanding anything contained elsewhere in this Award, an employee is not entitled to move to the next salary increment level by virtue of the Award unless the conduct, diligence and efficiency of the employee has been certified by the hospital and health service to have been and to be satisfactory.
- (e) The above provisions do not apply in the case of movement from junior house officer to senior house officer. Such employees will progress to the next level based on their anniversary date, subject to meeting agreed performance criteria.

12.6 Minimum salary levels - resident medical officers

The minimum salary levels payable to resident medical officers covered by this Award are prescribed in the table below:

Classification Level	Paypoint	Award Rate ¹ Per Fortnight \$ ²	Annual Salary ³ \$ ²
L1	Intern	2,672	69,710
L2	JHO	2,882	75,188
L3	SHO	3,094	80,719
L4	PHO1/Reg 1	3,778	98,564
L5	PHO2/Reg 2	3,884	101,330
L6	PHO3/Reg 3	3,988	104,043
L7	PHO4/Reg 4	4,147	108,191
L8	Reg 5	4,252	110,930
L9	Reg 6	4,358	113,696
L10	SReg 1	4,779	124,679
L11	SReg 2	4,938	128,827
L12	SReg 3	5,095	132,923
L13	SReg 4	5,252	137,019

Notes:

¹ Includes the arbitrated wage adjustment payable under the 1 September 2016 Declaration of General Ruling.

² Rounded to the nearest dollar.

³ Annual salaries (fortnightly rate x 26.089) are for reference purposes only.

12.7 Higher duties - resident medical officers

A resident medical officer temporarily appointed to a position at a higher classification for a period of more than 3 days is entitled to be paid no less than the minimum salary attaching to the position they are temporarily occupying.

13. Classifications and minimum salary levels - senior medical officers

13.1 Classifications of senior medical officers

Senior medical officers covered by this Award are to be classified into an appropriate classification as set out in the table in clause 13.2.

13.2 Salary levels within classification structure - senior medical officers

(a) Salary ranges shall apply to senior medical officers covered by this Award, as follows:

Classification	Classification level/s	Paypoint
(i) Medical Officer General Practitioner Medical Superintendent Deputy Medical Superintendent Assistant Medical Superintendent	L13-L14 inclusive	C1-1 to C1-2
(ii) Medical Officer General Practitioner with FRACGP/FACRRM Medical Officer Credentialed Practice Medical Superintendent with FRACGP/FACRRM Deputy Medical Superintendent with FRACGP Assistant Medical Superintendent with FRACGP	L13-L17 inclusive	C1-1 to C1-5
(iii) Medical Officer General Practitioner with FRACGP/FACRRM - Senior Status Medical Officer Credentialed Practice - Senior Status Medical Superintendent with FRACGP/FACRRM - Senior Status Deputy Medical Superintendent with FRACGP/FACRRM - Senior Status Assistant Medical Superintendent with FRACGP/FACRRM - Senior Status	L18	C2-1
(iv) Medical Officer Advanced Credentialed Practice Medical Superintendent Advanced Credentialed Practice Deputy Medical Superintendent Advanced Credentialed Practice Assistant Medical Superintendent Advanced Credentialed Practice	L18-L23 inclusive	C2-1 to C2-6
(v) Medical Officer Advanced Credentialed Practice - Senior Status Medical Superintendent Advanced Credentialed Practice - Senior Status Deputy Medical Superintendent Advanced Credentialed Practice - Senior Status Assistant Medical Superintendent Advanced Credentialed Practice - Senior Status	L24-L25 inclusive	C3-1 to C3-2
(vi) Staff Specialist Medical Superintendent with FRACMA Deputy Medical Superintendent with FRACMA Assistant Medical Superintendent with FRACMA	L18-L24 inclusive	MO1-1 to MO1-7

Classification	Classification level/s	Paypoint
(vii) Staff Specialist - Senior Status Medical Superintendent with FRACMA - Senior Status Deputy Medical Superintendent with FRACMA - Senior Status Assistant Medical Superintendent with FRACMA - Senior Status	L25-L27 inclusive	MO2-1 to MO2-3
(viii) Staff Specialist - Eminent Status Medical Superintendent with FRACMA - Eminent Status Deputy Medical Superintendent with FRACMA - Eminent Status Assistant Medical Superintendent with FRACMA - Eminent Status	L28	MO3-1
(ix) Staff Specialist - Pre-Eminent Status Medical Superintendent with FRACMA - Pre-Eminent Status Deputy Medical Superintendent with FRACMA - Pre-Eminent Status Assistant Medical Superintendent with FRACMA - Pre-Eminent Status	L29	MO4-1

13.3 Appointment to classification levels - senior medical officers

A new senior medical officer, shall be placed at a paypoint within the relevant salary range according to their years of relevant experience in that capacity or years of eligibility for general registration, specialist registration or in one of the recognised disciplines listed in clause 13.7:

- (a) for a new senior medical officer appointed to a position described at clause 13.2(a)(ii), placement at a paypoint according to the years of holding the relevant qualification;
- (b) for a new senior medical officer appointed to a position described at clause 13.2(a)(iv), placement at a paypoint according to the years advanced credentialed practice in a recognised discipline listed in clause 13.7;
- (c) for a new senior medical officer appointed to a position described at clause 13.2(a)(vi), placement at a paypoint according to the eligibility for specialist registration in a specialty other than general practice; and
- (d) in the case of clauses 13.2(a)(iii), (v) and (vii), a senior medical officer may be eligible for appointment to an advertised vacancy.

13.4 Movement within classification levels (increments) - senior medical officers

- (a) In the case of a senior medical officer referred to in clause 13.2(a)(i), the senior medical officer shall not be entitled to receive an increase in salary by way of movement between Levels 13 and 14 until the medical officer has been in receipt of such salary for a period of 5 years.
- (b) In the case of a senior medical officer referred to in clauses 13.2(a)(ii), (iv), (v), (vi) or (vii), the senior medical officer shall progress through the salary range by annual increments on their anniversary date.

13.5 Movement between classification levels - senior medical officers

- (a) (i) In the case of a senior medical officer referred to in clause 13.2(a)(ii), the senior medical officer shall not be entitled to proceed by incremental progression to level 18 unless the medical officer has been in receipt of the level 17 salary for at least 2 years and has received satisfactory performance appraisal and development reports for at least 2 years.

- (ii) Notwithstanding clause 13.5(a)(i) a senior medical officer may be appointed to such position by appointment to an advertised vacancy.
- (b) (i) In the case of a senior medical officer referred to in clause 13.2(a)(iv), a senior medical officer shall not be entitled to proceed by incremental progression to level 24 unless the medical officer has been in receipt of the level 23 salary for at least 2 years and has received satisfactory performance appraisal and development reports for at least 2 years, after which they shall progress to level 25 by an annual increment on their anniversary date.
- (ii) Notwithstanding clause 13.5(b)(i) a senior medical officer may be appointed to such position by appointment to an advertised vacancy.
- (c) (i) In the case of a senior medical officer referred to in clause 13.2(a)(vi), the senior medical officer shall not be entitled to proceed by incremental progression to level 25 unless the senior medical officer has been eligible for specialist registration for at least 7 years and has received satisfactory performance appraisal and development reports for at least 2 years, after which they shall progress through the salary range by annual increments on their anniversary date.
- (ii) Notwithstanding clause 13.5(c)(i) a senior medical officer may be appointed to such position by appointment to an advertised vacancy.
- (d) In the case of a senior medical officer referred to in clauses 13.2(a)(viii) and (ix), the senior medical officer shall not be entitled to proceed via incremental progression to levels 28 and 29. Appointment to levels 28 and 29 shall be in accordance with the criteria and application process agreed between the parties.
- (e) Senior medical officers must be given the opportunity to participate in a performance appraisal and development process that will enable them to meet the requirements of clauses 13.2(a)(iv), (v) and (vi). Where senior medical officers have not been provided the opportunity to participate in such a process, they will increment to the next level in the absence of substantiated unsatisfactory performance reports.

13.6 Minimum salary levels - senior medical officers

The minimum salary levels payable to senior medical officers covered by this Award are prescribed in the table below:

Classification Level	Paypoint	Award Rate ¹ Per Fortnight \$ ²	Annual Salary ³ \$ ²
L13	C1-1	5,252	137,019
L14	C1-2	5,412	141,194
L15	C1-3	5,571	145,342
L16	C1-4	5,732	149,542
L17	C1-5	5,891	153,690
L18	C2-1	6,044	157,682
L19	C2-2	6,202	161,804
L20	C2-3	6,384	166,552
L21	C2-4	6,519	170,074
L22	C2-5	6,676	174,170
L23	C2-6	6,834	178,292
L24	C3-1	6,998	182,571

Classification Level	Paypoint	Award Rate ¹ Per Fortnight \$ ²	Annual Salary ³ \$ ²
L25	C3-2	7,200	187,841
L18	MO1-1	6,044	157,682
L19	MO1-2	6,202	161,804
L20	MO1-3	6,384	166,552
L21	MO1-4	6,519	170,074
L22	MO1-5	6,676	174,170
L23	MO1-6	6,834	178,292
L24	MO1-7	6,998	182,571
L25	MO2-1	7,200	187,841
L26	MO2-2	7,414	193,424
L27	MO2-3	7,625	198,929
L28	MO3-1	7,941	207,173
L29	MO4-1	8,363	218,182

Notes:

- ¹ Includes the arbitrated wage adjustment payable under the 1 September 2016 Declaration of General Ruling.
² Rounded to the nearest dollar.
³ Annual salaries (fortnightly rate x 26.089) are for reference purposes only.

13.7 Advanced credentialed practice - recognised disciplines

- (a) The chief executive has recognised the following disciplines as meeting the requirements for advanced credentialed practice for the purposes of clauses 13.2(a)(iv) and 13.2(a)(v):
- (i) rural generalist medicine
 - (ii) clinical forensic medicine
 - (iii) generalist emergency medicine
 - (iv) addiction medicine
 - (v) sexual health medicine
- (b) Disciplines which are assessed for recognition in addition to those listed in clause 13.7(a) will have effect from the date of the decision to recognise them by the chief executive.

13.8 Director's allowance - senior medical officers

- (a) A senior medical officer who is appointed to a position of Director may receive the following allowance relevant to the appointment for its duration:

<u>Appointment</u>	<u>Allowance per annum*</u>
	\$
Large Department	13,548
Medium Department	9,575
Small Department	5,598
Clinical Director	Nil

(***Note:** monetary amounts are current as at 1 September 2016)

- (b) Department size will be decided on the basis of the administration/managerial responsibilities required to be undertaken by the Director. This will be decided in consultation between the parties.
- (c) The allowance may be considered as an all purpose allowance in terms of this Award except that it is not to be taken into account in the calculation of the flexibility allowance prescribed in clause 13.9.
- (d) A Director's allowance is not payable to medical superintendents, deputy medical superintendents or assistant medical superintendents, howsoever titled.

13.9 Flexibility allowance - senior medical officers

- (a) A senior medical officer who regularly begins ordinary duty at 0730 or continues to work to 1830 without overtime payments as a regular working arrangement in order to provide a clinical service may be paid a fortnightly allowance equivalent to 5% of the officer's ordinary fortnightly salary (excluding any director's allowance).
- (b) Working arrangements referred to in clause 13.9(a) may be by mutual agreement between the employer and the senior medical officer.
- (c) The flexibility allowance is not payable during any periods of leave and shall not be taken into account in calculating other entitlements under this Award.

13.10 Higher duties - senior medical officers

A senior medical officer temporarily appointed to a position at a higher classification for a period of more than 3 days, is entitled to be paid no less than the minimum salary attaching to the position they are temporarily occupying, including any relevant Director's allowance.

14. Classifications and minimum salary levels - medical practitioners with private practice (MPPP)

14.1 Classifications - medical practitioners with private practice

Medical practitioners with private practice are appointed to carry out the duties and responsibilities as set out in clauses 14.2 or 14.3 as the case may be.

14.2 Duties and responsibilities - medical officer with private practice (MOPP)

- (a) Subject to clause 14.2(b), a medical officer with private practice will:
 - (i) conduct an outpatient session each day, Monday to Friday inclusive but excluding public holidays;
 - (ii) conduct an inpatient round each day, Monday to Friday inclusive;
 - (iii) visit inpatients whose condition requires such on at least one day of each weekend;
 - (iv) be available on a shared on-call roster when not in attendance at the hospital;
 - (v) during on-call periods, attend outpatients and inpatients at the hospital whose condition, by virtue of its nature or other circumstances, requires the attendance of a medical practitioner prior to the next routine outpatient session or inpatient round;
 - (vi) provide medical care to public patients at the hospital; and

- (vii) be subject to the general direction of the medical superintendent with private practice.
- (b) (i) Less frequent attendances than those specified in clauses 14.2(a)(i) and (ii) may be mutually agreed to between an employee and the employer.
- (ii) More frequent attendances than those specified in clauses 14.2(a)(i), (ii) and (iii) may be undertaken at the employee's discretion.

14.3 Duties and responsibilities - medical superintendent with private practice (MSPP)

- (a) Subject to clause 14.3(b), a medical superintendent with private practice will:
 - (i) conduct an outpatient session each day, Monday to Friday inclusive but excluding public holidays;
 - (ii) conduct an inpatient round each day, Monday to Friday inclusive;
 - (iii) visit inpatients whose condition requires such on at least one day of each weekend;
 - (iv) be available on-call when not in attendance at the hospital;
 - (v) during on-call periods, attend outpatients and inpatients at the hospital whose condition, by virtue of its nature or other circumstances, requires the attendance of a medical practitioner prior to the next routine outpatient session or inpatient round;
 - (vi) provide medical care to public patients at the hospital; and
 - (vii) provide general direction to the medical officer with private practice, where such a position is present.
- (b) (i) Less frequent attendances than those specified in clauses 14.3(a)(i) and (ii) may be mutually agreed to between an employee and the employer.
- (ii) More frequent attendances than those specified in clause 14.3(a)(i), (ii) and (iii) may be undertaken at the employee's discretion.

14.4 Appointment to classification levels - medical practitioners with private practice

- (a) Upon commencement as a medical officer with private practice any medical practitioner shall be appointed to the position of MOPP1-1.
- (b) Medical superintendents with private practice must commence on the following salary levels:
 - (i) less than 5 years' experience as a registered medical practitioner MSPP1-1
 - (ii) 5 years or more experience as a registered medical practitioner MSPP1-2
 - (iii) medical practitioner with additional qualifications including vocational registration acceptable to employer MSPP1-2
- (c) For the purposes of clause 14.4 "experience as a registered medical practitioner" may be gained in other states of Australia.

14.5 Movement within classification levels - medical practitioners with private practice

- (a) A medical officer with private practice with vocational registration or a diploma qualification acceptable to the employer may progress to MOPP1-2 after completion of 3 years' service with an employer covered by this Award. No further increases are available thereafter.

- (b) A medical officer with private practice with fellowship qualifications acceptable to the employer may be entitled to progress to MOPP1-2 after completion of 2 years' service and may be entitled to progress to MOPP1-3 after an additional 2 years' service with an employer covered by this Award. No further increases are available thereafter.
- (c) A medical superintendent with private practice who is appointed to MSPP1-1 in accordance with clause 14.4(b)(i), may not be entitled to progress to MSPP1-2 until the medical superintendent with private practice has completed 5 years' experience as a registered medical practitioner.
- (d) A medical superintendent with private practice with vocational registration or diploma qualifications acceptable to the employer may progress from MSPP1-2 to MSPP1-3 after 3 years of service with an employer covered by this Award. No further increases are available to level MSPP1-4 without an appropriate fellowship qualification.
- (e) A medical superintendent with private practice with fellowship qualifications acceptable to the employer may progress from MSPP1-2 to MSPP1-3 after 2 years of service and may be entitled to progress to MSPP1-4 after an additional 2 years' service with an employer covered by this Award.

14.6 Movement between classification levels - medical officer with private practice

A medical officer with private practice can be appointed as a medical superintendent with private practice subject to an existing vacancy and a merit selection process.

14.7 Movement between classification levels - medical superintendents with private practice to senior status

- (a) Medical superintendents with private practice are eligible to apply to be designated as senior medical superintendents with private practice in accordance with the criteria recorded in clause 14.7(b). The designation is to be regarded as one for proven special and sustained merit and for ongoing commitment to providing an effective public hospital/health service. Appointment to this level is not progressional or an automatic right.
- (b) Criteria for appointment to senior status:
 - (i) 10 years' service with the public hospitals service in Queensland or service deemed to be equivalent by the employer;
 - (ii) demonstrated commitment and effectiveness in providing a viable public hospital/health service;
 - (iii) dedication to maintaining a high level of up to date knowledge and the utilisation of such knowledge;
 - (iv) demonstrated high level of responsibility and initiative;
 - (v) possession of relevant post graduate medical qualifications as determined appropriate to the position involved.
- (c) Method of reclassification -
 - (i) Applications will be invited on the first day of July each year.
 - (ii) The medical superintendent with private practice seeking senior status will submit to the department or authorised delegate of their hospital and health service a written application, together with a curriculum vitae, addressing the criteria outlined in clause 14.7(c).

- (iii) Applications received by a hospital and health service will be forwarded to the department with recommendation of the application or other comments if the application is not supported. When recommendations are made, consideration based on merit should be given in one or more of the following areas of hospital service:
 - (A) clinical skills;
 - (B) administration;
 - (C) teaching;
 - (D) commitment to the provision and enhancement of public health services and in rural community settings.
 - (iv) Consideration will then be given to the application by a central body of peers comprising a representative from each of the following:
 - (A) the College or Learned Society;
 - (B) Agent/Australian Medical Association Queensland;
 - (C) Together Queensland;
 - (D) Australian Salaried Medical Officers Federation, Queensland;
 - (E) Director-General, Department of Health;
 - (F) Hospital and Health Services (2 representatives).
 - (v) Recommendations for appointment to positions of senior medical superintendent with private practice will be arrived at by consensus between members of the body of peers. Any such recommendations will be submitted to the Honourable the Minister for Health for approval.
 - (vi) The central body of peers will recommend applicants for positions of senior medical superintendent with private practice based upon merit. Merit must be determined by assessing the applicant against the criteria detailed in clause 14.7(b) of this Award.
 - (vii) An unsuccessful applicant may request and be provided with feedback from the central body of peers and will be eligible to reapply on 1 July of the subsequent year.
- (d) Date of appointment - a successful employee's appointment date to the higher level will be the first day of July in the year of successful application.

14.8 Minimum salary levels - medical practitioners with private practice

The minimum salary levels payable to medical practitioners with private practice covered by this Award are prescribed in the table below:

Classification	Classification Level	Award Rate ¹ Per Fortnight \$ ²	Annual Salary ³ \$ ²
Medical officer with private practice	MOPP 1-1	4,745	123,792
	MOPP 1-2	4,890	127,575
	MOPP 1-3	5,028	131,175

Classification	Classification Level	Award Rate ¹ Per Fortnight \$ ²	Annual Salary ³ \$ ²
Medical superintendent with private practice	MSPP 1-1	4,745	123,792
	MSPP 1-2	4,890	127,575
	MSPP 1-3	5,028	131,175
	MSPP 1-4	5,173	134,958
Senior medical superintendent with private practice	MSPP 2-1	5,317	138,715
	MSPP 2-2	5,477	142,889

Notes:

¹ Includes the arbitrated wage adjustment payable under the 1 September 2016 Declaration of General Ruling.

² Rounded to the nearest dollar.

³ Annual salaries (fortnightly rate x 26.089) are for reference purposes only.

15. Payment of salaries - all medical officers

Salaries payable to all levels of medical officer covered by this Award will be paid fortnightly and may at the discretion of the chief executive be paid by electronic funds transfer.

16. Salary sacrifice arrangements - all medical officers

- (a) Eligible employees covered by this Award may participate in salary sacrifice arrangements as determined by the chief executive to the extent allowed by the relevant Commonwealth legislation.
- (b) The administrative processes to accommodate salary sacrifice arrangements shall be established by the chief executive and may be varied from time to time as required, for example to reflect changes in the relevant Commonwealth legislation or changes in procedures adopted by a particular salary packaging bureau service.
- (c) The following principles will apply where employees avail themselves of salary sacrifice arrangements:
 - (i) there will be no additional costs incurred by the employer, either directly or indirectly;
 - (ii) as part of the salary sacrifice arrangements, the costs for administering the package via a salary packaging bureau service, and including any applicable FBT, will be met without delay by the participating employee;
 - (iii) there will be no additional increase in superannuation costs or to FBT payments made by the employer that would not otherwise be payable had the employee not engaged in salary sacrifice arrangements;
 - (iv) the employee may cancel any salary sacrificing arrangements by giving one month's notice of cancellation to the employer, and similarly the employer will give the employee one month's notice of termination;
 - (v) employees should obtain independent financial advice prior to taking up salary sacrifice arrangements;
 - (vi) there will be no significant additional administrative workload or other ongoing costs to the employer; and

- (vii) the employee's salary for superannuation purposes and severance and termination payments will be the gross salary which the employee would receive if not taking part in salary sacrifice arrangements.
- (d) Where the employee has elected to sacrifice a portion of the payable salary:
 - (i) subject to Australian Tax Office requirements, the sacrificed portion will reduce the salary subject to appropriate tax withholding deductions by the amount sacrificed;
 - (ii) any allowance, penalty rate, overtime, weekly workers' compensation benefit, or other payment, to which an employee is entitled under an industrial instrument, Act or Statute which is expressed to be determined by reference to the employee's salary, will be calculated by reference to the gross salary which the employee would receive if not taking part in salary sacrifice arrangements;
 - (iii) salary sacrifice arrangements will be maintained during all periods of leave on full pay, including the maintenance of cash and non-cash benefits; and
 - (iv) the employee's salary for superannuation purposes and severance and termination payments will be the gross salary which the employee would receive if not taking part in salary sacrifice arrangements.
- (e) For the purposes of this clause eligible employees means full-time, part-time and long-term casual employees as defined in the Act.

17. Allowances - resident medical officers and senior medical officers

(a) Locality allowance - resident medical officers and senior medical officers

The conditions and entitlements of locality allowances are set out in clause 5A(b).

(b) Motor vehicle allowance - resident medical officers

- (i) Where an employer requires an employee to use their own vehicle in or in connection with the performance of their duties, such employee will be paid an allowance for each kilometre of authorised travel as follows:
 - (A) motor vehicle - \$0.77* per kilometre; and
 - (B) motorcycle - \$0.26* per kilometre.
- (ii) An employer may require an employee to record full details of all such official travel requirements in a log book.

(*Note: monetary amounts are current as at 1 September 2015)

(c) Overtime meal allowance - resident medical officers and senior medical officers

- (i) A resident medical officers or a senior medical officers rostered to work in excess of 10 continuous hours is to be supplied with an adequate meal at the employer's expense or be paid a meal allowance of \$12.85* in lieu of the provisions of such meal.
- (ii) If the continuous period of work exceeds 15 hours, a further meal at the employer's expense is to be supplied or a further \$12.85* meal allowance paid.
- (iii) Overtime meal allowance provisions do not apply to MPPP.

(*Note: monetary amounts are current as at 1 September 2016)

(d) **Adjustment of allowances**

- (i) At the time of any adjustment to the wage rates in this Award, the expense related allowances in clause 17 will be automatically increased by the relevant adjustment factor. The **relevant adjustment factor** for this purpose is the percentage movement in the applicable index figure most recently published by the Australian Bureau of Statistics since the allowance was last adjusted.
- (ii) The **applicable index figure** is the index figure published by the Australian Bureau of Statistics for the Eight Capitals Consumer Price Index, as follows:

<u>Allowance</u>	<u>Eight Capitals Consumer Price Index</u> <u>(ABS Cat No. 6401.00)</u>
Motor vehicle allowance <i>(last adjusted 1 September 2014)</i>	Private motoring sub-group
Overtime meal allowance <i>(last adjusted 1 September 2016)</i>	Take-away and fast foods sub-group

18. Superannuation - all medical officers

- (a) Subject to Commonwealth legislation, all employers subject to this Award must comply with superannuation arrangements prescribed in the *Superannuation (State Public Sector) Act 1990* (and associated Deed, Notice and Regulation).
- (b) Where Commonwealth legislation provides for choice of fund rights to an employee subject to this Award, and an employee fails to elect which superannuation fund to which employer contributions are directed, the employer will direct contributions to such fund as prescribed by the abovementioned Queensland legislation.

PART 5 - Hours of Duty, Overtime and Related Matters

19. Hours of duty, overtime and related matters - resident medical officers

19.1 Hours of duty - resident medical officers

- (a) The ordinary hours of duty of resident medical officers engaged under clause 12 will be 76 hours each fortnight, averaged over a period of 12 weeks or other period as agreed between the employer and a resident medical officer.
- (b) Hours of duty are to be arranged as follows:
- (i) no shift will be less than 4 hours in length on any day;
- (ii) no resident medical officer is to be rostered to perform ordinary hours of duty of less than 8 hours on more than 2 shifts in any 14 day period;
- (iii) no broken or split shifts will be worked;
- (iv) all ordinary time worked in excess of 10 hours in any one day or shift will be paid for at overtime rates;

- (v) in no case will a resident medical officer be required to be on duty beyond a maximum of 12.5 hours, with a minimum of 10 hours off duty before being required to be on duty again.
- (c) Subject to the ability of the employer to change the rosters without notice to meet any emergent situation, resident medical officers will be given at least 2 weeks' notice of rosters to be worked in relation to ordinary hours and, where practicable, any additional (i.e. overtime) rostered hours of work as well.
- (d) A resident medical officer is entitled to 4 rostered days off in any 14 day period, 2 of which must be on consecutive days. For the purposes of the remaining 2 days off, 2 half-days of 4 hours each shall equal one whole day.
- (e) For the purpose of clause 19.1, a **day** will be defined as a period of 24 consecutive hours calculated from midnight on one day to midnight on the next day.

19.2 Extra payment for afternoon and night shift - resident medical officers

- (a) A resident medical officer is entitled to be paid an allowance of 15% for each shift of ordinary hours worked where the majority of such shift is worked between the hours of 1800 on one day and 0800 the following day.
- (b) The shift allowance referred to in clause 19.2(a) will not be payable in respect of work performed on a Saturday, a Sunday or a public holiday where the extra payments prescribed in clause 19.3 apply.

19.3 Extra payment for work on a weekend or a public holiday - resident medical officers

- (a) Subject to clause 19.3(b) all ordinary hours of duty worked by a resident medical officer in any one shift on a weekend or a public holiday will be paid for as follows:
 - (i) between 0000 and 2400 on a Saturday - time and one half;
 - (ii) between 0000 and 2400 on a Sunday - double time;
 - (iii) between 0000 and 2400 on a public holiday - double time and one half.
- (b) The payments prescribed in clause 19.3(a) shall be calculated on a majority of shift basis. This means, for example:
 - (i) if the majority of the ordinary hours of a shift which commenced on a Friday are worked on a Saturday, the whole of the shift is to be treated as having been worked on a Saturday; and
 - (ii) if the majority of the ordinary hours of a shift which commenced on a Sunday are worked on a Monday, the whole of the shift is to be treated as having been worked on a Monday.

19.4 Overtime - resident medical officers

- (a) A resident medical officer performing additional hours of duty in excess of the ordinary hours specified in clause 19.1(a), as authorised by the appropriate delegate, may be paid for such excess duty hours as follows:
 - (i) Monday to Saturday - time and one-half for the first 3 hours and double time thereafter;
 - (ii) Sunday - double time;
 - (iii) Public holidays - double time and one-half.

- (b) Payment in terms of clause 19.4(a) will not be unreasonably withheld by the employer.

19.5 On call - resident medical officers

- (a) Definitions:
- (i) **proximate call** is the availability of a resident medical officer to be on duty within 10 minutes of being recalled
 - (ii) **remote call** is the availability of a resident medical officer to be on duty within 30 minutes of being recalled
- (b) Where a resident medical officer is instructed to hold themselves available on remote call outside ordinary or rostered working hours, they are to be paid an additional allowance as follows:
- (i) on remote call throughout the whole of a Saturday, a Sunday or a public holiday - \$21.42* in respect of such instances;
 - (ii) on remote call during the night only on a Saturday, a Sunday or a public holiday - \$13.68* each night; and
 - (iii) on remote call on any other night - \$10.78* each night.

(*Note: monetary amounts are current as at 1 September 2016)

- (c) For the purposes of clause 19.5(b), a **night** will be considered to consist of those hours falling between 1700 and 0800 or mainly between such hours.
- (d) Where a resident medical officer is placed on proximate call an amount of \$8.81* is to be paid in addition to the appropriate allowance prescribed in clause 19.5(b).

(*Note: monetary amount is current as at 1 September 2016)

19.6 Recall - resident medical officers

- (a) Monday to Friday - a resident medical officer on call being recalled to perform duty is to be paid for the time worked, calculated as from home and back to home, with a minimum payment of 2 hours at the prescribed overtime rate.
- (b) Saturday, Sunday and public holidays:
- (i) A resident medical officer on call being recalled to perform duty on a Saturday, Sunday or public holiday is to be paid for such overtime at the appropriate rate with a minimum of 2 hours or, at their option, be granted time off equivalent to the number of hours worked, calculated as from home and back to home, with a minimum of 2 hours.
 - (ii) In addition, a resident medical officer who works on a public holiday and who is granted equivalent time off is to be paid at half the ordinary rate for the time so worked with a minimum of 2 hours.
- (c) Where a resident medical officer (whether on call or not) is recalled to perform work to provide a clinical service when not on duty, the employee may be provided with transport to and from home or will be refunded the cost of such transport as follows:
- (i) taxi fares where a taxi is utilised; or
 - (ii) the motor vehicle allowance as prescribed in clause 17(b)(i).

19.7 Fatigue leave/rest period after overtime - resident medical officers

- (a) A resident medical officer who works so much overtime between the termination of their ordinary work on one day and the beginning of their ordinary work on the next day that they have not at least 10 consecutive hours off duty between those times may, subject to clause 19.7(c) be released after completion of such overtime until they have had 10 consecutive hours off duty without loss of pay for ordinary working time occurring during such absence.
- (b) If on the instruction of the employer the resident medical officer resumes or continues work without having had such 10 consecutive hours off duty, they will be paid double rates until they are released from duty for such period and they will then be entitled to be absent until they have had 10 consecutive hours off duty without loss of pay for ordinary working time occurring during such absence.
- (c) The provisions of clause 19.7 will not apply where a period of overtime of 2 hours or less is worked during a period of recall to duty.

20. Hours of duty, overtime and related matters - senior medical officers

20.1 Hours of duty - senior medical officers

Subject to clause 13.9, the ordinary hours of duty of senior medical officers will not exceed 9 hours each day or 90 hours each fortnight exclusive of meal breaks, to be worked between 0800 and 1800.

20.2 Overtime - senior medical officers

- (a) A senior medical officer may only be entitled to the payment of overtime in respect of clinical duties performed.
- (b) A senior medical officer who is **not** in receipt of the flexibility allowance prescribed in clause 13.9 and who is required to work in excess of 9 hours on any day between 0800 and 1800 is entitled to be paid overtime at the ordinary hourly rate of 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour.
- (c) A senior medical officer who **is** in receipt of the flexibility allowance prescribed in clause 13.9 and who is required to work in excess of 9 hours on any day between 0730 and 1830 is entitled to be paid overtime at the ordinary hourly rate of 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour.
- (d)
 - (i) Subject to clause 20.2(d)(ii) a senior medical officer who is required to begin work prior to 0800 or continue after 1800 may be paid overtime at the rate of one and one-half times the ordinary hourly rate calculated at 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour.
 - (ii) A senior medical officer who is in receipt of the flexibility allowance prescribed in clause 13.9 will not be entitled to the payment of overtime in terms of clause 20.2(d)(i) except in relation to a request to work before 0730 or after 1830.
- (e) Subject to the provisions of clause 20.3 a senior medical officer who is required to work more than 10 hours but less than 14 hours on any one day may, for such excess hours, be paid overtime at the rate of one and one-half times the ordinary hourly rate calculated at 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour.
- (f) Subject to the provisions of clause 20.3 a senior medical officer who is required to work 14 hours or more on any one day may, for those hours worked in excess of 14 hours, be paid overtime at the rate of double the ordinary hourly rate calculated at 1/80th of the senior medical officer's

ordinary fortnightly salary taken to the nearest quarter of an hour for those hours worked in excess of 14 hours.

- (g) All overtime performed on the first day of a senior medical officer's rostered days off during a work cycle may be paid at the rate of one and one-half times the ordinary hourly rate calculated at 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour with a minimum of 2 hours work or payment thereof.
- (h) All overtime performed on the second day of a senior medical officer's rostered days off during a work cycle will be paid at the rate of double the ordinary hourly rate calculated at 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour with a minimum of 2 hours work or payment thereof.
- (i) All overtime performed on a Saturday or a Sunday will be paid at the appropriate rate determined by either clauses 20.2(g) or (h) depending upon whether Saturday or Sunday is the first or second rostered day off.
- (j) All overtime performed on a public holiday will be paid at the rate of double time and a-half the ordinary hourly rate calculated at 1/80th of the senior medical officer's ordinary fortnightly salary taken to the nearest quarter of an hour. Clause 20.2(j) does not operate in respect of ordinary hours worked on a public holiday for which the provisions of clause 26 apply.

20.3 Passive time - senior medical officers

- (a) Passive time is to be paid at the rate of ordinary time except:
 - (i) where a senior medical officer working on a rostered shift, which is payable at overtime or public holiday rates, is also required to undertake, either within or as an extension of that shift, a period of duty which includes both clinical work and passive time; or
 - (ii) where a senior medical officer is recalled to duty under clause 20.6,in such circumstances, the prevailing rate of payment is not to be reduced by reason of that passive time.
- (b) Any period of passive time performed on an ordinary working day (being any day to which clause 20.3(a) above does not apply) will not count toward the calculation of the 10 hour time period prescribed in clause 20.2(e) of this Award.
- (c) Any period of passive time performed on an ordinary working day (being any day to which clause 20.3(a) does not apply) will not count toward the calculation of the 14 hour time period prescribed in clause 20.2(f) of this Award.

20.4 On call - senior medical officers

- (a) Where a senior medical officer is instructed to be available on call outside ordinary working hours to provide a clinical service, the senior medical officer will be paid an allowance as follows:
 - (i) where the senior medical officer is on call throughout the whole of a rostered day off or public holiday, the senior medical officer will receive an amount equal to 90% of the notional rate decided under clause 20.5;
 - (ii) where the senior medical officer is on call during a day only on a rostered day off or a public holiday, the senior medical officer will receive an amount equal to 45% of the notional rate decided under clause 20.5;

- (iii) where the senior medical officer is on call during a night only, the senior medical officer will receive an amount equal to 45% of the notional rate decided under clause 20.5; and
 - (iv) the allowance is paid for each on call period and not for each hour within an on call period.
- (b) For the purposes of clause 20.4:
- (i) a **night** will be considered to consist of those hours falling between 1800 and 0800 or mainly between such hours; and
 - (ii) a **day** will be considered to consist of those hours falling between 0800 and 1800 or mainly between such hours.

20.5 The notional rate - senior medical officers

- (a) The notional rate for all senior medical officers engaged in the following classifications at clause 13.2(a):

- (i) Medical Officer General Practitioner;
- (ii) Medical Officer General Practitioner with FRACGP/FACRRM;
- (iii) Medical Officer General Practitioner with FRACGP/FACRRM - Senior Status;
- (iv) Medical Officer Advanced Credentialed Practice; and
- (v) Staff Specialist,

will be 1/80th of the ordinary fortnightly salary prescribed in clause 13.6 for classification MO1-7.

- (b) The notional rate for all senior medical officers engaged in the following classifications at clause 13.2(a):

- (i) Medical Officer Advanced Credentialed Practice - Senior Status;
- (ii) Staff Specialist - Senior Status;
- (iii) Staff Specialist - Eminent Status; and
- (iv) Staff Specialist - Pre-Eminent Status,

will be 1/80th of the ordinary fortnightly salary prescribed in clause 13.6 for classification MO2-2.

20.6 Recall - senior medical officers

- (a) Monday to Friday - In the event of a senior medical officer on call being recalled to perform duty, the senior medical officer will be paid for the time worked at one and one-half times the hourly rate as calculated in clause 20.2(b), such time to be calculated as from home and back to home with a minimum payment of 2 hours in respect of the first recall and one hour for any subsequent recall within any period of 24 hours. Any recall within the minimum period of one or 2 hours is not be regarded as a separate call out.
- (b) Saturday and Sunday and public holidays - A senior medical officer performing overtime on recall on a Saturday or Sunday or public holiday will be paid for such overtime at the appropriate rate as set out in either clause 20.2(i) or (j). Such time is to be calculated from home and back to home

with a minimum payment of 2 hours in respect of the first recall and one hour for any subsequent recall. Any recall within the minimum period of one or 2 hours is not be regarded as a separate call out.

- (c) Clause 20.6 does not operate in respect of ordinary hours worked on a public holiday for which provisions of clause 26 apply.
- (d) Payment as detailed in clauses 20.6(a) and (b) may only be made for clinical duties performed. Any overtime payable will be in addition to the on call allowances prescribed in clause 20.4.
- (e) Where a senior medical officer is recalled to perform work during an off duty period such senior medical officer may be provided with transport to and from the senior medical officer's home, or be refunded the cost of such transport as follows:
 - (i) taxi fares where a taxi is utilised; or
 - (ii) the motor vehicle allowance prescribed for resident medical officers in clause 17(b).

21. Hours of duty and related matters - medical practitioners with private practice

- (a) Medical officers with private practice are engaged to perform duties and responsibilities as set out in clause 14.2.
- (b) Medical superintendents with private practice are engaged to perform duties and responsibilities as set out in clause 14.3.
- (c) A medical practitioner with private practice will be entitled to the equivalent of one day free from duty in each week upon which duties under this Award are performed. Such time, free from duty, may accumulate up to 5 days without approval of the employee or up to 9 days by mutual agreement between the employer and employee.

PART 6 - Leave of Absence and Public Holidays

22. Annual leave

Annual leave is provided for in Division 3 of the QES. Clauses 22.1 to 22.4 supplement the QES provisions.

22.1 Annual leave - resident medical officers

- (a)
 - (i) Resident medical officers, other than casuals, are at the end of each 52 weeks' of continuous service entitled to annual leave on full pay of 5 weeks, one of such weeks being compensation for work performed on public holidays.
 - (ii) Where a resident medical officer performs work on a continuous shift work basis and performs their duty in various shifts allocated in rotation they will be entitled to additional annual leave on a *pro rata* basis at the rate of one week for each year in respect of the period during which such shifts have been worked.
- (b) Annual leave may be accrued by mutual agreement to a maximum entitlement as for 2 years' continuous service.
- (c) Calculation of annual leave pay
 - (i) a resident medical officer (other than a shift worker covered by clauses 22.1(c)(ii) and (iii) below) proceeding on annual leave is entitled to receive the following payments:

- (A) an amount equal to the salary level being paid to the employee immediately before the employee takes the leave for the period of such leave; and
 - (B) a further amount equal to 17.5% of the salary payable for ordinary time in relation to the employee's substantive position for the period of such leave.
- (ii) a shift worker who works non-continuous shift work proceeding on annual leave is entitled to receive the following payment(s):
- (A) an amount equal to the wage rate being paid to the employee immediately before the employee takes the leave for the period of such leave calculated according to the employee's roster or projected roster including shift, weekend or public holiday penalties; or
 - (B) an amount equal to the wage rate being paid to the employee immediately before the employee takes the leave for the period of such leave, excluding any shift, weekend or public holiday penalties, plus a further 17.5% of this amount,
- whichever is the higher.
- (iii) a shift worker who works continuous shift work proceeding on annual leave is entitled to receive an amount equal to the wage rate being paid to the employee immediately before the employee takes the leave for the period of such leave, excluding any shift, weekend or public holiday penalties, plus a further 27.5% of this amount.
- (d) The provisions of clauses 22.1(c)(i), (ii), and (iii), do not apply to any period or periods of annual leave exceeding:
- (i) 5 weeks in the case of shift workers engaged on continuous shift work;
 - (ii) 4 weeks in all other cases.
- (e) (i) Should Labour Day, Show Day or Easter Saturday occur during a resident medical officer's annual leave an extra day for each such day so occurring will be added to the resident medical officer's annual leave.
- (ii) However, in the case of Easter Saturday, an additional day will not be added to a resident medical officer's annual leave where that resident medical officer, as part of their ordinary working arrangements, is not required to work on Saturdays.
- (f) Resident medical officers other than medical scholarship holders will be paid the cash equivalent of annual leave due to them on ceasing duty with an employer. In the case of medical scholarship holders the cash equivalent of all annual leave due will be paid within 30 days of their complying with the terms of their bond.
- (g) (i) A resident medical officer who has been permitted to proceed on annual leave and who ceases employment before completing the required continuous service to accrue such leave must refund the value of the unearned *pro rata* portion of leave, calculated at the rate of salary as at the date such leave was taken.
- (ii) Alternatively, any monies not paid may be deducted from other monies due to the resident medical officer by reason of the other provisions of this Award at the time of cessation of employment.
- (h) Notwithstanding clause 22.1, all affected employees will have their annual leave entitlement debited by the number of working days between Christmas Day and New Year's Day inclusive

when there is a compulsory closure of their place of employment over the Christmas/New Year period.

22.2 Annual leave - senior medical officers

- (a) Subject to clause 22.2(b), senior medical officers (other than casuals) are entitled to 4 weeks annual leave each year.
- (b) Where a senior medical officer is ordinarily required to perform work on public holidays, the senior medical officer will be allowed an additional one week of annual leave. The additional week's leave is in lieu of extra payment for work performed on public holidays.
- (c) Annual leave may be allowed to accumulate for 2 years.
- (d) Payments to a senior medical officer may not be less than the sum of the following amounts:
 - (i) the senior medical officer's ordinary rate of salary as prescribed by this Award for the period of such leave (excluding any penalty rates); and
 - (ii) a further amount calculated at the rate of 17.5% of the amount referred to in clause 22.2(d)(i), calculated on a maximum of 4 week's leave.
- (e) All senior medical officers may have their annual leave entitlement debited by the number of working days between Christmas Day and New Year's Day inclusive when there is a compulsory closure of their place of employment over the Christmas/New Year period.

22.3 Annual leave - medical practitioners with private practice

- (a) Medical practitioners with private practice will be entitled to 5 weeks annual leave per annum, one week of which shall be compensation for work performed on public holidays.
- (b) Annual leave will be taken at a time, or times, mutually agreed upon between the employee and the employer subject to relief being available.
- (c) Annual leave may be allowed to accumulate for 2 years, provided that no period of annual leave will be forfeited due to the non-availability of relief.
- (d) Should Labour Day, Show Day, Easter Saturday or any day appointed under the *Holidays Act 1983* to be kept in place of any of those holidays fall during an employee's period of annual leave, an extra day shall be added to the MPPP's annual leave for each such day.
- (e) Payment to an employee in respect of annual leave must not be less than the sum of the following amounts:
 - (i) The MPPP's ordinary rate of salary as prescribed by this Award for the period of such leave.
 - (ii) A further amount calculated at the rate of 17.5% of the amounts referred to in clause 23.3(e)(i), calculated on a maximum of 4 week's leave.

22.4 Provision of relief for medical practitioners with private practice

- (a) Taking of leave will be arranged by agreement between the employer and employee.
- (b) An MPPP will be entitled to the equivalent of one full day free from duty each week. Time free from duty may accumulate up to 5 days at the employer's discretion (having regard to the clinical needs of the service in which the employee is engaged), or up to 9 days by agreement between the employer and the employee.

- (c) Subject to clause 22.4(b) time free from duty may not be deferred without agreement of the employee.
- (d) Where the employer requires the presence of a medical practitioner at a hospital during the absence of an MPPP, the employer (in consultation with the employee) will appoint a relieving medical officer. The employer must ensure that relief is provided where relief is required to enable an employee to take leave entitlements (including relief days free from duty).
- (e) Leave (including relief days free from duty) will not be deemed to commence until the employee has actually been relieved and must be calculated in clear days (i.e. midnight to midnight).
- (f) The employer must not accommodate a relieving medical officer in a residence usually occupied by an MPPP who is on leave unless:
 - (i) discrete self-contained accommodation is available for that purpose; or
 - (ii) the consent of the MPPP is first obtained.

23. Personal leave

- (a) Personal leave is provided for in Division 4 of the QES and covers:
 - (i) sick leave;
 - (ii) carer's leave;
 - (iii) bereavement leave; and
 - (iv) cultural leave.
- (b) In addition to the provisions of Subdivision 2 of Division 4 of the QES an employee is entitled to use any sick leave to which they have an entitlement for carer's leave purposes.
- (c) An employee may also elect, with the consent of the employer, to take annual leave for carer's leave purposes.
- (d) An application for sick leave of more than 3 days is to be supported by a medical certificate or any other evidence that is acceptable to the employer.
- (e) The entitlements for sick leave are set out in clause 5A(c).
- (f) The entitlements for bereavement leave are set out in clause 5A(d).

24. Parental leave

- (a) Parental leave is provided for in Division 5 of the QES and covers:
 - (i) birth-related leave for an employee who is pregnant or whose spouse gives birth;
 - (ii) adoption leave; and
 - (iii) surrogacy leave.
- (b) Notwithstanding the provisions of Subdivision 2 of Division 5 of the QES, all full-time and part-time employees are entitled to parental leave upon commencement of employment.

- (c) An employee who is pregnant, during the term of her pregnancy until 6 weeks before the expected date of birth of her child, or lesser period as approved by the employer, may request to work part-time or other flexible work arrangements.
- (d) An employee who has taken leave to attend compulsory interviews or examinations as part of an adoption process or who has taken leave to attend compulsory interviews or court hearings associated with a surrogacy arrangement may request that such leave be taken as paid annual leave.
- (e) In addition to the provisions of Subdivision 6 of Division 5 of the QES an employee who has returned to work on a part-time basis may seek to return to the position they held prior to commencing parental leave.

25. Long service leave

- (a) Long service leave, including for casual employees, is provided for in Division 6 of the QES. Clause 25(b) supplements the QES.
- (b) Employees who complete 10 years' continuous service are entitled to long service leave at the rate of 1.3 weeks on full pay for each year of continuous service and a proportionate amount for an incomplete year of service.
- (c) The entitlements to long service leave are set out at clause 5A(e).

26. Public holidays

- (a) Public holidays are provided for in Division 7 of the QES. Clause 26(b) supplements the QES provisions.
- (b) **Public holidays - resident medical officers and senior medical officers**
 - (i) A resident medical officer or senior medical officer (other than a casual employee) who would normally work on a day on which a public holiday falls and who is not required to work on that day shall be paid for the ordinary hours the employee would normally have worked if that day had not been a public holiday.
 - (ii)
 - (A) An employee who works ordinary hours on a public holiday, **other than** on Labour Day, Show Day or Easter Saturday, will be paid 150% for all ordinary hours worked.
 - (B) An employee who works ordinary hours on Labour Day will be paid at the rate of 250% for all time worked with a minimum payment of 4 hours.
 - (C) An employee who works ordinary hours on Show Day or Easter Saturday will be paid at the rate of 250% for all time worked.
 - (iii) Subject to clause 26(b)(iv), where an employee is on a rostered day off on Labour Day, Show Day or Easter Saturday:
 - (A) they may be paid an additional day's wage; or
 - (B) they may be granted a day's holiday in lieu at a time to be mutually arranged between the employer and the employee concerned; or
 - (C) an extra day may be added to their annual leave for each such day on which they are on a rostered day off.

- (iv) In the case of Easter Saturday, clause 26(b)(iii) does not apply to an employee who is not ordinarily required to work on a Saturday.
- (v) For ordinary hours worked on a public holiday, payments under this clause are to be made on a majority of shift basis, in accordance with clause 19.3 of this Award.

27. Jury service

Jury service is provided for in Division 8 of the QES.

28. Examination leave

28.1 Examination leave - resident medical officers

- (a) Where a resident medical officer sits for an examination for approved additional qualifications, the employee will be allowed leave on full pay as is reasonable and necessary to sit for such examination.
- (b) For purposes of clarity, a resident medical officer is to be allowed leave on full pay for each day of an approved examination plus one day prior to each examination.
- (c) The employer may grant, upon application, additional leave to a resident medical officer as may be necessary to travel to and from the centre where an examination is being held, having regard to such matters as distances to be travelled, mode and availability of transport.
- (d) The granting of all leave under clause 28.1 will not be unreasonably withheld by the employer.

28.2 Examination leave - senior medical officers

Senior medical officers are not entitled to examination leave under this Award.

28.3 Examination leave - medical practitioner with private practice

Where a medical practitioner with private practice sits for an examination for an approved additional qualification, the employee will be allowed such leave on full pay as is reasonable and necessary, including travelling time to and from the centre where the examination is being held.

PART 7 - Transfers, Travelling, Board and Lodging, Clothing and Laundry

29. Appointment and secondment expenses - resident medical officers

- (a) All reasonable costs incurred by a resident medical officer when seconded to another health facility will be met by the employer.
- (b) Where such secondment exceeds 4 weeks the resident medical officer will be reimbursed all reasonable costs incurred by the employee's spouse and family in taking up the secondment.
- (c) All reasonable costs on appointment incurred by resident medical officers will be paid by the appointing employer.

30. Travelling and relieving expenses - resident medical officers

- (a) An employee who is required to:
 - (i) travel on official duty; or
 - (ii) to take up duty away from the employee's usual place of work to relieve another employee, or to perform special duty,

is to be reimbursed actual and reasonable expenses for accommodation, meals and incidental expenses necessarily incurred by the employee.

- (b) The entitlements to travelling and relieving expenses are set out in clause 5A(f).

31. Excess travelling time - resident medical officers

- (a) The general conditions applicable for the compensation of excess travelling time for an eligible employee who is required to travel on official business are:
 - (i) attending approved seminars and agency courses; and
 - (ii) outside ordinary hours; and
 - (iii) away from normal headquarters.
- (b) The entitlements for excess travelling time are set out in clause 5A(g).

32. Board and lodging - resident medical officers

- (a) Where board and lodging of reasonable standard is supplied to a resident medical officer residing within employer accommodation, the employer will be entitled to deduct, each week, a sum equivalent to 5% of the weekly wage payable to a resident medical officer, level 7.
- (b) Where a resident medical officer who is living out is provided with meals by the employer, a deduction may be made from their wages calculated at the rate of 4.5% of the board and lodging charge for each meal provided.
- (c) In respect of lunch and dinner, only a main course together with tea or coffee will be provided. For each additional course a charge at the rate of 2.21% of the board and lodging charge will be made.
- (d) Where a health service provides married quarters, the rental and any other charges will be fixed by the employer.

PART 8 - Training and Related Matters

33. Training, learning and development

- (a) The parties to this Award recognise that in order to increase efficiency and productivity a greater commitment to learning and development is required.
- (b) Accordingly, the parties commit themselves to developing a more highly skilled and flexible workforce and providing employees with career opportunities through appropriate training to acquire additional skills and knowledge for performance of their duties.
- (c) Within each agency a consultative mechanism and procedures involving representatives of management, employees and public sector unions shall be established as determined by the chief executive, having regard to the size, structure and needs of that agency.
- (d) Following consultation the chief executive shall develop a learning and development strategy consistent with:
 - (i) the current and future needs of the agency;
 - (ii) the size, structure and nature of the operations of the agency; and

- (iii) the need to develop vocational skills relevant to the agency through courses conducted wherever possible by accredited educational institutions and providers.
- (e) Learning and development may be both on-the-job or off-the-job and either internal or external to the organisation.
- (f) Learning and development provided should assist employees in obtaining accredited competencies, knowledge and skills.
- (g) All such learning and development should be directed at enabling employees to enhance skills relevant to duties to be performed. Employees will be expected to attend scheduled learning and development activities.

PART 9 - Uniforms and Safety Equipment

34. Clothing and laundry - all medical officers

Where protective outer garments are supplied by the employer they shall be laundered by the employer without charge to the employee.

PART 10 - Union Related Matters

35. Union encouragement

- (a) The parties recognise the right of individuals to join a union and will encourage that membership. However, it is also recognised that union membership remains at the discretion of individuals.
- (b) An application for union membership and information on the relevant union(s) will be provided to all employees at the point of engagement.
- (c) Information on the relevant union(s) will be included in induction materials.
- (d) Union representative(s) will be provided with the opportunity to discuss union membership with new employees.

36. Union delegates

- (a) The parties acknowledge the constructive role democratically elected union delegates undertake in the workplace in relation to union activities that support and assist members. That role will be formally recognised, accepted and supported.
- (b) Public sector employees will be given full access to union delegates/officials during working hours to discuss any employment matter or seek union advice, provided that service delivery is not disrupted and work requirements are not unduly affected.
- (c) Provided that service delivery and work requirements are not unduly affected, delegates will be provided convenient access to facilities for the purpose of undertaking union activities. Such facilities include: telephones, computers, e-mail, photocopiers, facsimile machines, storage facilities, meeting rooms and notice boards. It is expected that management and delegates will take a reasonable approach to the responsible use of such facilities for information and communication purposes.

- (d) Subject to the relevant employee's written approval and any confidentiality provisions, delegates may request access to documents and policies related to a member's employment.

37. Right of entry

- (a) Authorised industrial officer
 - (i) An 'authorised industrial officer' is any union official holding a current authority issued by the Industrial Registrar.
 - (ii) Right of entry is limited to workplaces where the work performed falls within the registered coverage of the union.
- (b) Entry procedure
 - (i) An authorised industrial officer may enter a workplace at which an employer carries on a calling of the officer's organisation, during the employer's business hours to exercise a power under s 373 of the Act as long as the authorised industrial officer:
 - (A) has notified the employer or the employer's representative of the officer's presence; and
 - (B) produces their authorisation, if required by the employer or the employer's representative.
 - (ii) Clause 37(b)(i) does not apply if, on entering the workplace, the officer discovers that neither the employer nor the employer's representative having charge of the workplace is present.
 - (iii) A person must not obstruct or hinder any authorised industrial officer exercising their right of entry.
 - (iv) If the authorised industrial officer does not comply with a condition of clause 37(b)(i) the authorised industrial officer may be treated as a trespasser.
- (c) Inspection of records
 - (i) An authorised industrial officer is entitled to inspect the time and wages record required to be kept under section 366 of the Act.
 - (ii) An authorised industrial officer is entitled to inspect such time and wages records of any current employee except if the employee:
 - (A) is ineligible to become a member of the authorised industrial officer's union; or
 - (B) has made a written request to the employer that they do not want their record inspected.
 - (iii) The authorised industrial officer may make a copy of the record, but cannot require any help from the employer.
 - (iv) A person must not, by threats or intimidation, persuade or attempt to persuade an employee or prospective employee to make, or refuse to make, a written request to the employer or prospective employer that the record not be available for inspection by an authorised industrial officer.

(d) Discussions with employees

An authorised industrial officer is entitled to discuss with the employer, or a member or employee eligible to become a member of the union:

- (i) matters under the Act during working or non-working time; and
- (ii) any other matter with a member or employee eligible to become a member of the union, during non-working time.

(e) Conduct

- (i) The employer must not obstruct the authorised industrial officer exercising their right of entry powers.
- (ii) An authorised industrial officer must not wilfully obstruct the employer, or an employee during the employee's working time.

Note: Clause 37 - Right of Entry, deals with comparable provisions contained within the Act. In order to ensure the currency of existing legal requirements parties are advised to refer to Sections 366, 372 and 373 of the Act as amended from time to time.

38. Industrial relations education leave

- (a) Industrial relations education leave is paid time off to acquire knowledge and competencies in industrial relations. Such knowledge and competencies can allow employees to effectively participate in consultative structures, perform a representative role and further the effective operation of grievance and dispute settlement procedures.
- (b) Employees may be granted up to 5 working days (or the equivalent hours) paid time off (non-cumulative) per calendar year, approved by the chief executive, to attend industrial relations education sessions.
- (c) Additional leave, over and above 5 working days non-cumulative (or the equivalent hours) in any one calendar year may be granted where approved structured employees' training courses involve more than 5 working days (or the equivalent). Such leave will be subject to consultation between the chief executive, the relevant union and the employee.
- (d) Upon request and subject to approval by the chief executive, employees may be granted paid time off in special circumstances to attend management committee meetings, union conferences, and ACTU Congress.
- (e) The granting of industrial relations education leave or any additional special leave should not impact adversely on service delivery, work requirements or the effectiveness and efficiency of the agency/work unit concerned. At the same time, such leave shall not be unreasonably refused.
- (f) At the discretion of the chief executive, employees may be granted special leave without pay to undertake work with their union.

Schedule 1 - Work areas/units included in Department of Health (as at 14 September 2015)

- Office of the Director-General;
- Clinical-Excellence Division;
- Corporate Services Division;
- Healthcare Purchasing and System Performance Division;
- Prevention Division;
- Strategy, Policy and Planning Division;
- Queensland Ambulance Service;
- Health Support Queensland; and
- eHealth Qld.

By the Commission,
[L.S.] J. STEEL,
Industrial Registrar.