

Staff Specialist Emergency Physicians-Special Remuneration Arrangements for the Period to June 2012

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Functional Sub group Personnel/Workforce - Salaries
Personnel/Workforce - Industrial and Employee Relations

Summary This Policy will provide for special remuneration arrangements for staff specialist emergency physicians, including a 25% allowance, to apply for a three year period ending on 31 May 2012.

Replaces Doc. No. Emergency Physician Special Service [PD2007_090]

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations - Non Declared, Affiliated Health Organisations - Declared, Public Health System Support Division, Public Health Units, Public Hospitals

Audience Medical staff, human resources, payroll

Distributed to Public Health System, Health Associations Unions, NSW Ambulance Service, NSW Department of Health

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

SPECIAL REMUNERATION ARRANGEMENTS FOR STAFF SPECIALIST EMERGENCY PHYSICIANS FOR THE PERIOD TO JUNE 2012

PURPOSE

This Policy describes the special remuneration arrangements that are to apply for a three year period for staff specialist emergency physicians. These arrangements are in addition to the terms and conditions of employment of staff specialists generally, which are set out in the *Staff Specialists (State) Award* and the *Staff Specialists Determination*.

MANDATORY REQUIREMENTS

Staff specialist emergency physicians are eligible for special remuneration arrangements involving the payment of an allowance in return for active participation in the reform and restructuring of Emergency Departments. (Section 4)

The finite nature of the special remuneration arrangements provided for in this policy must be made explicit in all offers of employment as a staff specialist emergency physician made during the three year period covered by this policy. (Section 2)

IMPLEMENTATION

Section 3 details the roles and responsibilities of Chief Executives, Directors of Emergency Departments and Emergency Physicians in implementing this policy.

REVISION HISTORY

Version	Approved by	Amendment notes
December 2007 (PD2007_090)	Deputy Director- General Health System Support	Introduced the procedures for eligibility and implementation of an allowance for Emergency Physicians electing to undertake Special Service
July 2009 (PD2009_041)	Deputy Director- General Health System Support	Rescinds PD2007_090. Sets special remuneration allowance additional to <i>the Staff Specialists (State) Award</i> and the <i>Staff Specialists Determination</i> .

ASSOCIATED DOCUMENTS

1. Special Remuneration Arrangements for Staff Specialists Emergency Physicians for the period to June 2012: Procedure

1.0 Purpose of this Policy Directive

This Policy Directive deals with special remuneration arrangements that are to apply for a three year period for staff specialist emergency physicians. These arrangements are in addition to the terms and conditions of employment of staff specialists generally, which are set out in the *Staff Specialists (State) Award* and the *Staff Specialists Determination*.

2.0 Term

- 2.1 The provisions of this Policy Directive apply for a three year period commencing on the first full pay period to commence on or after 15th May 2009. As specialist emergency physicians may be paid on either of two State standard pay cycles this means that the effective date of effect for commencement and conclusion of these arrangements will be **either** Monday 18th May 2009 to Sunday 27th May 2012 **or** Monday 25th May 2009 to Sunday 3rd June 2012 depending on which pay cycle the emergency physician is paid. The conclusion date for eligible staff specialist emergency physicians who commence employment during the period when the allowance is payable will be whichever of the relevant dates in 2012 applies for the pay cycle on which they are paid. (As noted below at paragraph 4.3, the allowance is payable six monthly in arrears.)
- 2.2 The finite nature of the arrangements provided for in this Policy Directive must be made explicit in all offers of employment as a staff specialist emergency physician made during this period.

3.0 Roles and Responsibilities

Chief Executives must ensure that:

- the arrangements set out in this Policy Directive are communicated to all emergency physicians and other relevant medical administration and HR staff;
- no other remuneration arrangements apply to staff specialist emergency physicians without the written approval of the Director General of the NSW Department of Health or authorised delegate.

Directors of Emergency Departments must ensure that:

- there is full compliance with the terms and conditions of this Policy Directive;
- they verify and, if there has been compliance, provide written certification in the form required by the relevant Chief Executive that the conditions for the payment of the 25% allowance to staff specialist emergency physicians, as provided for in this Policy Directive, have been met by the emergency physicians in their Department over the relevant six monthly period for which payment is being made.

Emergency physicians must ensure that they:

- co-operate with public health organisation management in implementing the arrangements set out in this Policy Directive;
- do not accept payment of an allowance unless they comply with the terms and conditions specified in this Policy Directive for the payment of the allowance.

4.0 Special Staff Specialist Emergency Physician Allowance

- 4.1 Staff specialist emergency physicians are eligible for special remuneration arrangements involving the payment of an allowance in return for active participation in the reform and restructuring of Emergency Departments, based on:
- (a) the Government's response to the recommendations put forward in the Garling Report;
 - (b) better use of non-clinical time to the benefit of the public health system; and
 - (c) work practice changes around rostering arrangements.
- 4.2 The special remuneration arrangements apply where a staff specialist emergency physician has elected a Level 1 arrangement under the rights of private practice arrangements provided for in the *Staff Specialists Determination 2009*. These arrangements are in addition to the present level 1 staff specialist remuneration and associated arrangements, which involve:
- the payment of a 20% private practice allowance (in addition to the applicable award remuneration plus special 17.4% on call/recall allowance);
 - the payment of TESL and provision of TMF indemnity by the employer.
- 4.3 Under the special arrangements, an annual 25% allowance will be payable as well as the remuneration and benefits referred to at paragraph 4.2 above. The 25% allowance will be calculated based on the award salary, the on call/recall allowance and the Level 1 private practice allowance, and paid at six month intervals in arrears in respect of the periods ending 30 June and 31 December. The allowance will bring the remuneration of a staff specialist emergency physician to the same level as the maximum remuneration applicable to a staff specialist at the relevant step in the staff specialists' remuneration scale who has elected a level 4 right of private practice arrangement. The allowance is payable on a pro rata basis for part time employees.
- 4.4 The allowance will be included as salary for the purpose of calculating superannuation entitlements.

5.0 Eligibility for the Allowance

- 5.1 The allowance will be payable upon the written confirmation to the Chief Executive:
- (a) by the relevant Director of the Emergency Department in respect of each emergency physician in that Department; and
 - (b) by the General Manager or Director of Medical Services (or the holder of an analogous position) at the relevant facility in respect of each Director of an Emergency Department;

that there has been compliance with the conditions of the payment over the period for which payment is being made.

5.2 The conditions for payment of the allowance to staff specialist emergency physicians are as set out below.

- (i) Participation in rostering arrangements that enable rostered attendance for clinical duties that are consistent with Emergency Department patient presentation flows, patient needs and workforce sustainability.
- (ii) Participation in rostering arrangements that provide regular rostering over more than one facility where reasonably required by the relevant public health organisation, having regard to the factors referred to in clause 14(b)(iii) of the *Staff Specialists (State) Award*.
- (iii) Active participation in implementing Government approved reforms arising from the Garling Report relevant to Emergency Departments, including, but not limited to, the establishment of primary care centres and, where applicable, Medical Assessment Units.
- (iv) Active participation in the support and conduct of other programs undertaken by NSW Health and related entities to reform or redesign aspects of clinical service provision or management, or workforce configuration, by or within Emergency Departments or networks.
- (v) Active participation in achieving the outcomes involved in the new Hospital Improvement Payment recently introduced under the auspices of the Council of Australian Governments that will enable NSW to obtain additional Commonwealth funding for emergency department reform.
- (vi) Provision of at least three hours per week of non-clinical time (pro rata for part time employees) to teaching programs available to non-specialist medical and multi-disciplinary staff run by NSW Health and related entities, such as the Hospital Skills Program and programs developed as a result of Government approved reforms arising out of the Garling Report. As an alternative to some or all of the teaching time referred to above, the undertaking of additional clinical activities at a commensurate level can be negotiated with the Director of the relevant Emergency Department or by the General Manager or Director of Medical Services (or the holder of an analogous position) at the relevant facility.
- (vii) Co-operation in utilising emergency physician skills and competencies in other critical care areas, where this is beneficial to public health and workforce sustainability.
- (viii) Co-operation in implementing revised business rules within Emergency Departments concerning private billing opportunities, to the extent permitted by the new National Healthcare Agreement.

6.0 Relationship with the existing Special Service Allowance for Staff Specialist Emergency Physicians

6.1 The existing emergency physician special service arrangements will continue in place with modifications to reflect the other arrangements set out in this Policy Directive. The provision of special service will be regarded as constituting compliance with paragraphs 5.2 (i), (ii) and (vi) above.

6.2 Where a staff specialist emergency physician, in addition to complying with the conditions set out at paragraph 5.2 above:

- is rostered to work their normal duties at their principal work location(s) over five days per week with a minimum shift length of six hours;
- provides at least 15 clinical shifts a year, 10 of which may involve an overnight stay, at an Emergency Department in a hospital that has been designated by the Department as a special service facility (unless their principal work location is at a special service facility);

a 25% special service allowance is payable fortnightly (instead of the six monthly allowance as provided for at paragraph 4.3 above). The fortnightly allowance is payable on a pro rata basis for part time employees, except that the minimum length of a qualifying shift must be six hours.

6.3 Where the special service clinical shifts referred to at paragraph 6.2 are being provided at a location other than the principal work location of an emergency physician, any travel and accommodation costs incurred will be paid for or reimbursed by the public health organisation at which the emergency physician is primarily engaged. The public health organisation can claim reimbursement of any such expenses from the public health organisation at which the special service shifts were provided.

7.0 Funding

Budget supplementation will commence in the 2009/10 financial year.

8.0 Enquiries

Enquiries concerning the application of this Policy Directive should be directed to the relevant clinical operations staff in health services.