

SOUTH AUSTRALIAN MEDICAL OFFICERS AWARD

IMPLEMENTATION GUIDELINES

(TO BE READ IN CONJUNCTION WITH THE AWARD)

On 2 February, 1990 the South Australian Industrial Commission (SAIC) approved an application lodged by the South Australian Salaried Medical Officers Association (SASMOA) to vary the Award in compliance with the current Principles of Wage Fixation.

The application sought variations to the salaries and various conditions of employment of Medical Officers under the "Special Cases" Wage Adjustments Principle - in particular, the SAIC considered the application under the Structural Efficiency Principle, the Work Value Principle and the Inequities and Anomalies Principle.

The variations to the Award are numerous and extensive and as such these guidelines have been prepared to provide explanation to ensure correct and consistent application. The intent of the parties is that a smooth transition to the new Award provisions is achieved.

The S.A. Health Commission, SASMOA and the Department of Personnel and Industrial Relations (DPIR) have considered these issues and agreed that the following guidelines should be referred to when implementing the changes to the Award.

These guidelines are to be read in conjunction with the S.A. Medical Officers Award. They address each Award clause which has been altered as a result of the SAIC's decision of 2 February, 1990.

CLAUSE 6. DEFINITIONS.

- (a) A definition of Medical Officer has been introduced which together with a new Medical Officer salary structure, replaces the classifications of Medical Officer Class 1 (MO1), Medical Officer Class 2 (MO2), and Senior Medical Officer (MO4).
- (b) The definitions of Specialist and Senior Specialist have been deleted and replaced by those of Consultant and Senior Consultant respectively.

The definition of Consultant mirrors that of Specialist with the exception that reference to the S.A. Health Commission and other departments has been deleted.

The definition of Senior Consultant mirrors that of Senior Specialist with the same deletion as referred to above. In addition, the experiential requirement for appointment as a Senior Consultant after obtaining a Diploma of Venereology has decreased from ten years to nine years in order to comply with the new Consultant/Senior Consultant salary structure, which provides for automatic progression from Level 1 through Level 8.

The experiential requirement for appointment as a Senior Consultant after obtaining a Fellowship of the Royal Australian College of General Practitioners has been reduced from five to four years.

- (c) The definitions of Director and Senior Director have been deleted.
- (d) A definition of operative date (on and from the first pay period commencing 2 February, 1990) has been introduced and is referred to in various transitional arrangement clauses.
- (e) Definition of Equivalent Hourly Rate

On 31 January, 1990 the SA Industrial Commission varied the definition of Equivalent Hourly Rate applying to Trainee Medical Officers where it relates to Clause 23. Hours of Duty of Trainee Medical Officers, to provide for a divisor of 38.

This variation is to apply retrospectively from 1 September, 1989. In all other references to equivalent hourly rate the divisor shall continue to be 43.

CLAUSE 8. SALARIES AND ALLOWANCES

This Clause has been altered to give effect to the new arrangement of Schedule 1. Wages.

CLAUSE 9. PART-TIME AND CASUAL EMPLOYEES

This Clause has been altered to refer to the appropriate part of Schedule 1. Wages, dealing with rates of pay for Part-Time and Casual employees.

CLAUSE 11. BOARD AND LODGING

The amount charged for lodging has been increased consistent with previous State Wage Case Decisions.

CLAUSE 14. ANNUAL LEAVE

Clauses (i) and (j) have been inserted to make provision for the new Managerial Allowance (Clause 32) and Continuous Duty Allowance (Clause 31).

CLAUSE 16. CONFERENCE LEAVE

The provision relating to Conference Leave has been altered by replacing reference to Specialist and Senior Specialist with that of Consultant and Senior Consultant. In addition, the prescription of "full pay" now includes Managerial Allowance and/or Continuous Duty Allowance, where applicable.

CLAUSE 20. PUBLIC HOLIDAYS

Sub-clauses (c) and (f) have been varied to accommodate the new classification groupings and the impact on these groupings of the varied recall provisions as it relates to work performed on a public holiday.

Sub-clause (g) has been deleted in its entirety as payment for recall duty occurring on a public holiday, undertaken by Consultants and Senior Consultants and classifications holding specialist qualifications, is now prescribed for in the revised Clause 22. Oncall and Recall.

CLAUSE 22. ON CALL AND RECALL

(a) Remote Call

- (i) Sub-clause (e) has been varied to include all non-Specialist classifications who will now receive an allowance when placed on remote call at night. (Refer Schedule 1. Wages, PART VI).
- (ii) Sub-clause (f) has been varied to include all non-Specialist classifications who will now receive an allowance when placed on remote call on a full Saturday, Sunday, Public Holiday or any other day on which the employee would normally be rostered off duty. (Refer Schedule 1. Wages, PART VI).
- (iii) A new sub-clause (g) has been inserted and provides a method of paying a Remote Call Allowance to a Consultant, Senior Consultant or an employee appointed within the Medical Administration classifications who hold a Specialist qualification, who participate in a regular remote call roster.

The appropriateness of this new Remote Call Allowance will be monitored on an on-going basis, requiring close liaison and consultation between the relevant Head of Unit and the employing authority. This should occur with sufficient frequency to ensure the ongoing appropriateness of payment of the allowance.

It is envisaged that the periodic review will occur not less than twice yearly.

The Remote Call Allowance will be paid according to published Health Unit On-Call rosters. Any claim for payment of the Remote Call Allowance, where there is no evidence on being rostered on-call, will require separate authorisation by the employing authority or its delegate.

Where such an employee makes a change to the On-Call roster, management should be advised as soon as possible. This will avoid claims for payment not being paid or paid in error.

Any employee employed at more than one Health Unit shall not be entitled to receive more than the equivalent of the prescribed fortnightly payment in any given fortnightly period during which the employee is rostered On-Call.

The Remote Call Allowance will be payable to such employees who are required to regularly participate in Health Unit approved On-Call rosters which involve:-

- (1) a commitment on a weekly basis, or
- (2) a commitment on less than a weekly basis provided that the individual's total commitment averaged over one month is not less than the commitment of those individuals participating in a weekly roster, or
- (3) a commitment to participate in a "block" on-call roster (e.g. 3 months on, 3 months off) which involves the provision of on-call services over successive days/weeks followed by periods rostered off, such that the commitment of those individuals participating in this type of roster is not less than the commitment of those individuals participating in a weekly roster.

Existing On-Call rosters which do not require the extent of commitment referred to above, will need to be reviewed and wherever possible, modified to comply.

If individual circumstances prevent such modification taking place, the matter should be referred to the S.A. Health Commission.

The Remote Call Allowance will not be regarded as part of salary for the purpose of the Private Practice Agreement.

(b) Recall

- (i) The previous sub-clause (g) has been renumbered as sub-clause (h) and has been altered to provide payment for recall to all non-Specialist classifications in the same manner as that which applied previously to the specified group of non-Specialist (i.e. a Medical Officer employed in the Prison Medical Service or the Department for Community Welfare or a Trainee Medical Officer).
- (ii) The previous sub-clause (i) (On Call/Recall Duty) has been deleted and replaced with a prescription for a method of payment for recall work performed by a Consultant, Senior Consultant or an employee classified in the Medical Administration classifications who hold a Specialist qualification.

This newly established method of paying for recall applies when such an employee has been placed on call and is required to return to the Health Unit to provide services, to perform urgent or unexpected work not able to be adequately provided by Medical staff rostered on duty.

Each recall will be recorded, detailing the times of attending and leaving the Health Unit, and the identification of the patient or reason for the attendance, and who initiated the recall. Each claim for payment of recall will be countersigned by the employing authority or its delegate.

For each recall attendance an annotation in the clinical record will be made to assist, if necessary, in verification. This will normally be the clinical notes written at the time of the recall.

If not rostered on call at the time during which a recall is necessary, and payment is claimed, a separate (retrospective) authorisation by the employing authority or its delegate will be required in order for recall payment to be made.

Recall will not be paid for:-

1. Regular and constant work.
2. Treating patients outside of the Health Unit except where expressly approved by the Health Unit, e.g. retrieval.
3. Continuing care of a patient unless a significant change in the condition of the patient warrants a separate recall by the attending Medical staff.

Recall in excess of the three hour minimum will be rounded to the nearest fifteen minutes.

Subsequent recall(s) occurring during the initial three hour minimum period will not attract a further three hour minimum payment. Only hours worked during recall in excess of the initial three hours will attract payment.

e.g. Called at 0100 hours finished at 0230 hours.
 Called at 0300 hours finished at 0500 hours.
 - payment will be made for four hours.

Recall will be paid at the rate applicable to the individual at the time at which recall commences.

(iii) The previous sub-clause (h) has been renumbered as (j).

CLAUSE 30. NO EXTRA CLAIMS

This Clause was previously titled "Undertakings" and includes SASMOA's No Extra Claims commitment and also the agreement between the parties to an ongoing efficiency review.

A list of items which has already been identified before the SAIC as warranting a review includes the following:-

1. Review circumstances whereby part-time and casual Medical Officers may be employed at more than one Hospital or Health Unit.
2. Review extent of overtime worked and paid to Trainee Medical Officers.
3. Part-time Medical Specialists in Teaching Hospitals (now only 6 - 9/10th) - investigate appropriateness of less than 6/10th appointments.
4. Higher qualifications allowance to Registrars - appropriateness?
5. Student Medical Officers - not covered by Award - appropriate? - paid administratively 60% of Intern - appropriate?
6. Overseas recruits - If not registerable (Pre - AMC examination) no rate of pay provided by Award.
7. Review minimum years of experience to all levels of Consultants/Senior Consultants particularly in regard to Non-Specialist recognised qualifications.
8. Country Hospitals - Investigate the need to provide for non-specialist appointments to larger hospitals, e.g. Pt. Augusta and Mt. Gambier where it is not possible to attract suitably qualified applicants.
9. Review all classifications and levels contained in Wages Schedule to ensure they are still relevant/required.

10. Review Board and Lodging charges.
11. Review all existing Award provisions to ensure appropriateness.
12. Reduce any duplication of duties performed by Medical Officers (e.g. Interns and RMOs/Registrars).
13. Review optimum number and mix of Trainee Medical Officers.
14. Review appropriateness of current Award provisions for Non-Specialist qualified Medical Staff.
15. Investigate appointments to
 - one central "employer" for the Public Health System.
 - more than one Hospital/Health Unit at any one time.
 - ability to move Medical Staff between Hospitals/Health Units if necessary.
16. Investigate opportunities for shared "after-hours cover" between Hospitals and Health Units.
17. Review extent and appropriateness of Trainee Medical Officers training.
18. Review Non-Award Conditions of Employment applicable to Medical Staff.
19. Investigate appropriateness of increasing use of limited tenure appointments.
20. To investigate the appropriateness of introducing "excellence" criteria for Medical Administrators who hold a Specialist qualification.
21. Review operation of SAHC guidelines on Proximate Call for Trainee Medical Officers.
22. Any other matters arising out of discussion of any of the above.

Please note that it is a requirement of the SAIC that a review of these items will need to have been conducted prior any further approach to the SAIC after a six month period, for an application to be made for a further salary increase under the Structural Efficiency Principle.

CLAUSE 31. CONTINUOUS DUTY ALLOWANCE

This allowance is a new allowance and is a result of the SAIC agreeing to its appropriateness.

For the purpose of sub-clause (e) (i.e. the periodic review) the appropriateness of a Continuous Duty Allowance (where applicable) will be monitored on an on-going basis, requiring close liaison and consultation between the relevant Head of Unit and the employing authority. This should occur with sufficient frequency to ensure the ongoing appropriateness of payment of the allowance.

It is envisaged that the periodic review referred to in sub-clause (e) will occur not less than twice yearly.

Continuous Duty Allowance - General Comments

In handing down his decision in the South Australian Industrial Commission His Honour Justice Stanley said the following in relation to the application of the Continuous Duty Allowance:-

"A small number of Consultants, by reason of the particular discipline in which they are employed are regularly required to work much longer hours or at unsociable times than are most other Consultants who work within the hospital system. This fact is well recognised by the Consultants themselves and also the hospital authorities.

This new allowance, if created, would, as I have indicated, apply to only a small segment of the Consultants. I bear in mind also in considering whether to approve the creation of this allowance that this Award does not contain any provisions which relate to the hours of duty of the Consultants. In my view, this small number of Consultants should be justly rewarded for this particular facet of their dedication to duty, because it involves them in working for periods and at times far and beyond the norm which might reasonably be expected of a Consultant to perform".

The circumstances which attract the Continuous Duty Allowance are quite different from those circumstances involving individuals participating in remote call rosters providing services during recall. It is therefore possible for a Consultant/Senior Consultant who is in receipt of a Continuous Duty Allowance to also be required to participate in a Remote Call roster attracting payment of the On-Call Allowance.

This allowance is to be paid only where it is for essential clinical services. Essential implies that the services must be provided at the time the Consultant/Senior Consultant is required by the employing authority to perform the work. Clinical implies it must be related to direct patient care.

It is anticipated that this work will be required by the employing authority to be undertaken regularly or that the individual's roster involves unsociable hours being worked on an ongoing basis.

This allowance will not be payable to Consultants or Senior Consultants who do not work exceptionally long hours or do not regularly work unsociable hours.

It is considered that the normal work pattern of Consultant and Senior Consultant does include some work performed in the evenings and on weekends with Saturday morning work being a normal feature. Accordingly, the continuous duty allowance would not apply in these circumstances.

The Continuous Duty Allowance shall be regarded as part of salary for leave entitlements and employee contributions to superannuation. It shall not be regarded as part of salary for the purpose of the Private Practice Agreement.

CLAUSE 32. MANAGERIAL ALLOWANCE

- (a) Two levels of Managerial Allowance have been introduced as a result of the deletion of the classifications of Director and Senior Director and the requirement of Senior Consultants (as appropriate) to undertake additional managerial responsibilities associated with the management of a Unit.

Managerial Allowances will be paid only to eligible Senior Consultants.

The quantum of the allowances are prescribed in Schedule 1. Wages, PART VII.

The allowances shall be regarded as part of salary for all purposes including leave entitlements, employee contributions to superannuation and the Private Practice Agreement.

- (b) Future Appointments of Senior Consultants Undertaking Additional Managerial Responsibilities

Future appointments of Senior Consultants to undertake additional managerial responsibilities attracting payment of a Managerial Allowance, to vacancies, new positions or by application from individual Senior Consultants, will be assessed by each respective Health Unit in the first instance.

The Health Unit will then forward the assessment to the Medical Officers Standing Assessment Committee (MOSAC) to make a recommendation to the SA Health Commission for decision.

- (c) Arrangements for Existing Directors and Senior Directors

Existing Directors (MO8) will be classified as a Senior Consultant, paid at Level 8 of that classification and will be required to undertake additional managerial responsibilities which attract payment of a Managerial Allowance of \$3200 pa.

Existing Senior Directors (MO9) will be appointed to positions of Senior Consultant Level 8 and will be required to undertake additional managerial responsibilities which attract payment of a Managerial Allowance of \$7500 pa.

Appointments to positions attracting the Managerial Allowance (as applicable) will be made for a term of five years.

APPOINTMENT WITHIN THE CONSULTANT/SENIOR CONSULTANT RANGE

In determining the level of appointment within the Consultant/Senior Consultant range regard should be had to the individual's relevant years of experience in the speciality since obtaining registration as a Specialist in that speciality.

For the purpose of determining salary on appointment relevant experience as a Consultant/Senior Consultant (or prior to the introduction of the new Award, experience as a Specialist/Senior Specialist) should be taken into account. This assessment should be made by Medical Administration in consultation with the Head of Unit where appropriate.

In making this assessment, relevant experience as a Trainee Medical Officer (including Senior Registrar) should not be taken into account.

STUDY LEAVE

Consultants/Senior Consultants, and all Medical Administration classifications requiring a Specialist qualification, will be eligible to apply for Study Leave for "Sabbatical" purposes (after not less than 6 years service as a Specialist) for a period not exceeding six months with pay, subject to satisfying stipulated criteria. This criteria would include (but not be limited to):-

- (1) Identifying benefits to the individual.
- (2) Identifying benefits to the Health Unit.
- (3) A requirement to provide a full and detailed report on return to work.

Each application would be assessed initially by a Peer Group Committee within the Health Unit, established for that purpose, and the recommendation of the Committee be forwarded to the Board of Management for decision. All leave of this nature approved by Boards of Management shall be reported to the Chair, S.A. Health Commission on a six monthly basis.

The granting of Study Leave will remain a privilege and not a right. However, applications satisfying the criteria could be expected to be favourably considered subject to appropriate arrangements being made to provide for ongoing service needs and that any approvals can be accommodated within the Health Unit's approved budget. No additional funding can be made available to Health Units for this purpose.

Successful applicants for Study Leave in accordance with the above will be granted paid leave (but no expenses) from the Health Unit for the duration of the approved leave.

MEDICAL ADMINISTRATION STRUCTURE

Concept of excellence

The Medical Administration Classification Structure detailed herein does not embrace the concept of "excellence". The appropriateness of introducing excellence for Medical Administration classifications has been specifically identified in the Agenda of Structural Efficiency issues for review detailed in Part VII of these guidelines.

Medical Administrator and Senior Medical Administrator

- (a) The parties during negotiations agreed to have further discussions regarding the appropriateness of increasing the minimum experience required for appointment to the above classifications.
- (b) Appointments at these classifications will continue to be offered on a permanent basis. These positions will not attract payment of Managerial Allowances and will not be subject to a limited five year term.
- (c) The parties during negotiations agreed that Specialist qualifications other than FRACMA may be considered to be "appropriate higher qualifications" for determining the level of appointment within the Medical Administration classification range.

SCHEDULE 1

PART I - TRAINEE MEDICAL OFFICERS

- (a) The Award variation provided for a 3% salary increase for Trainee Medical Officer classifications under the Structural Efficiency Principle operative from the first pay period which occurs after 2 February, 1990.
- (b) Trainee Medical Officers will be included in the overall Structural Efficiency review of the SA Medical Officers Award, in accordance with the agenda detailed in Clause 30. No Extra Claims, of these guidelines.
- (c) The allowance provided for in (e) (i) has been increased consistent with the Structural Efficiency Principle adjustment.

PART II - MEDICAL OFFICERS

- (a) A new salary structure for the Medical Officer classification group, as defined in Clause 6, has been introduced (refer to comment (a) CLAUSE 6. DEFINITIONS of these guidelines).

The salaries for these classifications have been increased under the "Special Cases" provision of the Wage Adjustments Principle having taken into account an increase under the Structural Efficiency Principle and the Work Value Principle.

- (b) For the purpose of determining salary on appointment, relevant experience as a Registered Medical Practitioner should be taken into account. This assessment should be made by Medical Administration in consultation with the Head of Unit as appropriate.

PART III - CONSULTANTS AND SENIOR CONSULTANTS

- (a) A new salary structure for the Consultant and Senior Consultant classification group, as defined in Clause 6, has been introduced (refer to comment (b) CLAUSE 6. DEFINITIONS of these guidelines).

The salaries for these classifications have been increased under the "Special Cases" provision of the Wage Adjustments Principle having taken into account an increase under the Structural Efficiency Principle and the Work Value Principle.

- (b) Specialists, Psychiatrists, or Specialist Pathologists who were paid at the maximum of their respective classification immediately prior to the operative date will be paid at the level of Consultant Level 4 and will be eligible for progression from the operative date to Level 5 providing they have had at least twelve months experience at the top of their respective classification range.

Specialists, Psychiatrists, or Specialist Pathologists who were paid at the maximum of their respective classification immediately prior to the operative date who have not completed 12 months experience at that level will be required to complete the balance of the 12 months at Level 4 before progressing to Level 5.

(c) Excellence Level

The new Consultant/Senior Consultant structure provides for progression within the range based upon years of experience up to Level 8.

A further level (Level 9) established in recognition of excellence will be available to Senior Consultants who satisfy the excellence criteria.

The criteria for progression to this Level 9 is described in the Award.

The composition of the Peer Group Review Panel is a local issue to be determined by the employing authority in consultation with Consultants and Senior Consultants.

No application for assessment under the excellence criteria will be considered unless the Senior Consultant has completed a minimum of eight years experience as a Consultant/Senior Consultant, including at least twelve months experience as a Senior Consultant, Level 8 in the new structure.

Appointment to the excellence/performance level (Level 9) following a successful application, will be operative from the first Monday following the employing authority's approval, or a date not exceeding three months from the date on which the application was lodged with the employing authority, whichever is the sooner.

Eligibility For Assessment

(a) Director (M08) and Senior Director (M09)

Applications for appointment to the excellence/performance level (Level 9) from persons holding appointment as Director or Senior Director immediately prior to the new Award, will be assessed by Peer Group Review Panels (once established) at the earliest opportunity.

Applications are to be submitted prior to 30 June, 1990. Successful applicants will be appointed to Level 9 operative from the application of the new Award.

(b) Senior Specialists, Senior Psychiatrists and Senior Specialist Pathologists (M07)

Applications for appointment to the excellence/performance level (Level 9) will be accepted from persons appointed to the above classifications who have had not less than 2 years experience at the maximum of their M07 classification immediately prior to the new Award.

Applications from these persons are to be submitted prior to 31 July, 1990. Successful applicants will be appointed to Level 9 operative from 2 July, 1990.

PART V - INSTITUTE OF MEDICAL AND VETERINARY SCIENCE

The salaries for these classifications have been increased under the "Special Cases" provision of the Wage Adjustments Principle having taken into account an increase under the Structural Efficiency Principle and the Work Value Principle.

PART VI - REMOTE CALL ALLOWANCES

These allowances have been increased consistent with the first adjustment under the Structural Efficiency Principle.

PART VII - MANAGERIAL ALLOWANCES

The two level allowances will apply to Senior Consultants who undertake additional managerial responsibility associated with the management of a Unit. (Refer comment Clause 32. Managerial Allowances of these guidelines).

PART VIII - CASUAL EMPLOYEES

The rates of pay for casual employees have increased consistent with the first adjustment under the Structural Efficiency Principle.

Should any circumstances arise which have not been adequately provided for in either the SA Medical Officers Award or these Guidelines, further information can be sought from the Human Resources Branch or the Director, Health Programmes, Metropolitan Health Service Division.


Dr W.T. McCoy
CHAIRMAN

8/16/90

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