Staff Specialist Emergency Physicians - Remuneration Arrangements for the Period to June 2019

Summary  The Policy Directive sets out the remuneration arrangements that are to apply to staff specialist emergency physicians.

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Audience  Medical staff, Human resources, HealthShare NSW
STAFF SPECIALIST EMERGENCY PHYSICIANS - REMUNERATION ARRANGEMENTS FOR THE PERIOD TO JUNE 2019

PURPOSE
This Policy Directive sets out the remuneration arrangements that are to apply to staff specialist emergency physicians. These arrangements are in addition to the terms and conditions of employment of staff specialists generally, as set out in the Staff Specialists (State) Award and the Staff Specialists Determination 2015.

MANDATORY REQUIREMENTS
Staff specialist emergency physicians are eligible for enhanced remuneration involving the payment of an allowance in return for active participation in the initiatives set out in Section 3 of the attached document, or for undertaking staff specialist emergency physician special service, as described in Section 4 of the attached document.

The finite nature of the remuneration arrangements set out in this Policy Directive must be made explicit in all offers of employment as a staff specialist emergency physician made during the period covered by the Policy.

IMPLEMENTATION

Chief Executives
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 Secretary of the NSW Ministry of Health or authorised delegate.

Directors of Emergency Departments
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 attached forms 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.

Staff Specialist Emergency Physicians
Staff Specialist 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.

REVISION HISTORY

<table>
<thead>
<tr>
<th>Version</th>
<th>Approved by</th>
<th>Amendment notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2018</td>
<td>Deputy Secretary, People, Culture and Governance</td>
<td>Rescinds PD 2016_006. Sets out remuneration arrangements for staff specialist emergency physicians until June 2019.</td>
</tr>
<tr>
<td>February 2016</td>
<td>Deputy Secretary, Governance, Workforce and Corporate</td>
<td>Rescinds PD2015_031. Extension of current remuneration arrangements until June 2017 with introduction of standard allowance application form.</td>
</tr>
<tr>
<td>June 2015</td>
<td>Deputy Secretary, Governance, Workforce and Corporate</td>
<td>Rescinds PD2015_006. Sets out remuneration arrangements for staff specialist emergency physicians.</td>
</tr>
<tr>
<td>December 2014</td>
<td>Deputy Secretary, Governance, Workforce and Corporate</td>
<td>Rescinds PD2012_045. Sets out remuneration arrangements for staff specialist emergency physicians.</td>
</tr>
<tr>
<td>July 2012</td>
<td>Deputy Director General, Governance, Workforce and Corporate</td>
<td>Rescinds PD2009_041. Sets out remuneration arrangements for staff specialist emergency physicians.</td>
</tr>
<tr>
<td>July 2009</td>
<td>Deputy Director General, Health System Support</td>
<td>Rescinded PD2007_090. Set out remuneration arrangements for staff specialist emergency physicians.</td>
</tr>
<tr>
<td>December 2007</td>
<td>Deputy Director General, Health System Support</td>
<td>Introduced the procedures for eligibility and implementation of an allowance for emergency physicians electing to undertake special service</td>
</tr>
</tbody>
</table>

ATTACHMENTS

1. Staff specialist emergency physicians - remuneration arrangements for the period to June 2019: Procedures
Staff Specialist Emergency Physicians - Remuneration Arrangements for the Period to June 2019

Issue date: January 2018
PD2018_003
CONTENTS

1 TERM ......................................................................................................................................................... 1
2 SPECIAL STAFF SPECIALIST EMERGENCY PHYSICIAN ALLOWANCE .................................................. 1
3 ELIGIBILITY FOR THE ALLOWANCE ........................................................................................................ 1
4 SPECIAL SERVICE ALLOWANCE FOR STAFF SPECIALIST EMERGENCY PHYSICIANS ...................... 3
5 ATTACHMENTS ........................................................................................................................................... 3

4
1 TERM

The allowance payable to staff specialist emergency physicians is payable in relation to services provided in the period ending on 30 June 2019.

2 SPECIAL STAFF SPECIALIST EMERGENCY PHYSICIAN ALLOWANCE

The enhanced remuneration arrangements set out in this Policy Directive only 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 2015. These arrangements are in addition to the existing Level 1 staff specialist remuneration and associated arrangements, which are:

- The payment of a 20% private practice allowance (in addition to the applicable award remuneration plus special 17.4% allowance).
- The payment of TESL and provision of TMF indemnity by the employer.

The enhanced remuneration arrangements involve an annual 25% allowance in addition to the remuneration and benefits referred to above. The 25% allowance is to be calculated based on the award salary, the 17.4% special allowance and the Level 1 private practice allowance, and paid at six month intervals in arrears for 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.

The allowance will be included as salary for all purposes, including the calculation of superannuation entitlements.

3 ELIGIBILITY FOR THE ALLOWANCE

3.1 The allowance will be payable upon written confirmation satisfactory 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 equivalent position) at the relevant facility in respect of each Director of an Emergency Department.
Certifying compliance with the conditions of the payment over the period for which payment is being made.

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

(i) Participation in rostering arrangements that enable rostered attendance over seven days a week.

(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 support for approved reforms and initiatives relevant to Emergency Departments, including, but not limited to:
   (a) The priority target for Emergency Department patient flow (81% of patients through emergency departments within four hours).
   (b) In consultation with other clinical staff support, facilitate and cooperate with patient flow methods related to the priority target of 81% of patients through emergency departments within four hours.
   (c) The implementation of changes arising from the revision to models of care as identified locally with particular focus on oversight of review with junior medical officers of diagnostic test results.
   (d) Role modelling and supervising junior medical staff with recognition of their well-being, workloads, clinical skill development and a respectful culture within emergency departments.
   (e) Role modelling of patient-centred care and deploying clinical resources efficiently.

(iv) Active engagement in supporting quality systems within emergency departments consistent with National Safety and Quality Health Service Standards, and which have regard to emergency physician participation in hospitals’ clinical reviews including, but not limited to, Morbidity and Mortality Meetings and Root Cause Analysis matters.

(v) Provision of at least three hours per week of non-clinical time (pro rata for part time employees) to teaching programs available to general practitioner trainees, non-specialist medical and multi-disciplinary staff run by NSW Health and other professional bodies, such as the Hospital Skills Program, Rural Generalist Program and other programs of the Health Education and Training Institute. Teaching program activities should be as specified by the Director of the relevant Emergency Department or by the General Manager or Director of Medical Services (or the holder of an equivalent position) at the relevant facility. This may include non-Ministry of Health approved teaching activities associated with the conduct of the Emergency Department, such as teaching Registrars, Resident Medical Officers, etc.

(vi) Cooperation in using emergency physician skills and competencies in other critical care areas, where this is beneficial to the provision of public hospital services and improves workforce sustainability.
(vii) A standard form for use in establishing eligibility for payment of the allowance is attached. Please note that the form requires satisfactory supporting documentation to be provided.

4 SPECIAL SERVICE ALLOWANCE FOR STAFF SPECIALIST EMERGENCY PHYSICIANS

As an alternative to the remuneration arrangements set out in Sections 2 and 3 above, emergency physician special service arrangements will continue in place. The provision of special service will be regarded as constituting compliance with paragraphs 3.2 (i), (ii) and (v) above.

Where a staff specialist emergency physician, in addition to complying with the remaining conditions set out at paragraph 3.2 above:

- Is rostered to work normal duties at his or her 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 Ministry 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 in Section 2). The fortnightly allowance is payable on a pro rata basis for part time employees, noting that the minimum length of a qualifying shift must be six hours. The allowance is not to be taken into consideration for the calculation of penalty rates.

Where the special service clinical shifts referred to above 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 local health district can claim reimbursement of any such expenses from the local health district at which the special service shifts were provided.

5 ATTACHMENTS

Application for Staff Specialist Emergency Physician Allowance

Application for Special Service Allowance for Staff Specialist Emergency Physician
APPLICATION FOR STAFF SPECIALIST EMERGENCY PHYSICIAN ALLOWANCE

Name of Emergency Physician: ____________________________________________

Hospital(s): ____________________________________________________________

FTE: __________________________________________________________________

Period for which the Allowance is claimed: _________________________________

Each of the following criteria must be addressed:

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 over seven days a week.

(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 support for approved reforms and initiatives relevant to Emergency Departments, including, but not limited to:

(a) The priority target for Emergency Department patient flow (81% of patients through emergency departments within four hours)

(b) In consultation with other clinical staff support, facilitate and cooperate with patient flow methods related to the priority target of 81% of patients through emergency departments within four hours

(c) The implementation of changes arising from the revision to models of care as identified locally with particular focus on oversight of review with junior medical officers of diagnostic test results

(d) Role modelling and supervising junior medical staff with recognition of their well-being, workloads, clinical skill development and a respectful culture within emergency departments.

(e) Role modelling of patient-centred care and deploying clinical resources efficiently.

(iv) Active engagement in supporting quality systems within emergency departments congruent with National Safety and Quality Health Service Standards, and which
have regard to emergency physician participation in hospitals’ clinical reviews including, but not limited to, Morbidity and Mortality Meetings and Root Cause Analysis matters.

(v) Provision of at least three hours per week of non-clinical time (pro rata for part time employees) to teaching programs available to general practitioner trainees, non-specialist medical and multi-disciplinary staff run by NSW Health and other professional bodies, such as the Hospital Skills Program, Rural Generalist Program and other programs of the Health Education and Training Institute. Teaching program activities should be as specified by the Director of the relevant Emergency Department or by the General Manager or Director of Medical Services (or the holder of an equivalent position) at the relevant facility. This may include non-Ministry of Health approved teaching activities associated with the conduct of the Emergency Department, such as teaching Registrars, Resident Medical Officers, etc.

(vi) Co-operation in using emergency physician skills and competencies in other critical care areas, where this is beneficial to the provision of public hospital services and improves workforce sustainability.

- Application will not be processed unless satisfactory supporting documentation and all required signatures are provided.

- Allowance only applies where a staff specialist emergency physician has elected a Level 1 arrangement under the rights of private practice arrangements as provided for in the Staff Specialists Determination 2015 and is receiving standard remuneration arrangements.

**DECLARATION**

I, Dr _______________________________ confirm that the evidence provided meets the criteria required above.

Signed: _______________________________ Date: _______________________________

**Recommended for payment of the Allowance:**

Signed: _______________________________ Date: _______________________________

Director Emergency Department, _____________________________ Hospital

**Approval to pay:**

Signed: _______________________________ Date: _______________________________

General Manager / Director of Medical Services, _____________________________ Hospital
APPLICATION FOR SPECIAL SERVICE ALLOWANCE FOR STAFF SPECIALIST EMERGENCY PHYSICIANS

Name of Emergency Physician: ____________________________________________

Hospital(s): __________________________________________________________

FTE: __________________________________________________________________

Period for which the Allowance is claimed: _________________________________

Each of the following criteria must be addressed:

The conditions for payment of the special service allowance are as set out below:

(i) Rostered to work normal duties at his or her principal work location(s) over five days per week with a minimum shift length of six hours

(ii) 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 Ministry as a special service facility (unless their principal work location is at a special service facility).

(iii) Active support for approved reforms and initiatives relevant to Emergency Departments, including but not limited to:

(a) The priority target for Emergency Department patient flow (81% of patients through emergency departments within four hours)

(b) In consultation with other clinical staff support, facilitate and cooperate with patient flow methods related to the priority target of 81% of patients through emergency departments within four hours

(c) The implementation of changes arising from the revision to models of care as identified locally with particular focus on oversight of review with junior medical officers of diagnostic test results

(d) Role modelling and supervising junior medical staff with recognition of their well-being, workloads, clinical skill development and a respectful culture within emergency departments.

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have regard to emergency physician participation in hospitals’ clinical reviews including, but not limited to, Morbidity and Mortality Meetings and Root Cause Analysis matters.

(v) Co-operation in using emergency physician skills and competencies in other critical care areas, where this is beneficial to the provision of public hospital services and improves workforce sustainability.

- Application will not be processed unless satisfactory supporting documentation and all required signatures are provided.
- Allowance only applies where a staff specialist emergency physician has elected a Level 1 arrangement under the rights of private practice arrangements as provided for in the Staff Specialists Determination 2015 and is receiving standard remuneration arrangements.

### DECLARATION

I, Dr ______________________________ confirm that the evidence provided meets the criteria required above.

Signed: ____________________________ Date: ____________________________

**Recommended for payment of the Allowance:**

Signed: ____________________________ Date: ____________________________

Director Emergency Department, __________________________ Hospital

**Approval to pay:**

Signed: ____________________________ Date: ____________________________

General Manager / Director of Medical Services, __________________________ Hospital