

## Remuneration Arrangements for Staff Specialist Emergency Physicians

**Summary** Outlines the remuneration arrangements that are to apply to staff specialist emergency physicians 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. The allowance payable to staff specialist emergency physicians is payable in relation to services provided in the period 1 July 2025 to 30 June 2026.

**Document type** Policy Directive

**Document number** PD2025\_029

**Publication date** 01 July 2025

**Author branch** Workplace Relations

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**Replaces** PD2024\_026

**Review date** 01 July 2026

**Policy manual** Not applicable

**File number** HA25-2366

**Status** Active

**Functional group** Personnel/Workforce - Industrial and Employee Relations, Salaries

**Applies to** Ministry of Health, Public Health Units, Local Health Districts, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Hospitals

**Distributed to** Ministry of Health, Public Health System, Health Associations Unions

**Audience** Medical Staff, Human Resources, HealthShare NSW

## Remuneration Arrangements for Staff Specialist Emergency Physicians

### Policy Statement

NSW Health provides a 25% allowance to staff specialist emergency physicians who actively participate in initiatives and/or undertake special services. The allowance is time-limited and must be referenced in all relevant employment offers.

These remuneration arrangements apply to eligible staff specialist emergency physicians for the period 1 July 2025 to 30 June 2026.

### Summary of Policy 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 this Policy Directive or for undertaking staff specialist emergency physician special service, as described in Section 4 of this Policy Directive.

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 this Policy Directive.

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 human resources 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 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, that the conditions for the payment of the 25% allowance to staff specialist emergency physicians have been met by the emergency physicians in their department.

Staff Specialist emergency physicians must ensure that they co-operate with public health organisation management in implementing the arrangements. Staff Specialist emergency physicians must 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

| Version                      | Approved By                                                        | Amendment Notes                                                                                                                               |
|------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| PD2025_029<br>July-2025      | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians from 1 July 2025 to 30 June 2026.                                |
| PD2024_026<br>July-2024      | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians from 1 July 2024 to 30 June 2025.                                |
| PD2023_033<br>October-2023   | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians from 1 July 2023 to 30 June 2024.                                |
| PD2023_004<br>February-2023  | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians from 1 July 2022 to 30 June 2023.                                |
| PD2021_044<br>October-2021   | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians from 1 July 2021 to 30 June 2022                                 |
| PD2020_023<br>July-2020      | Deputy Secretary,<br>People, Culture and<br>Governance             | Sets out remuneration arrangements for staff specialist emergency physicians until June 2021.                                                 |
| PD2019_042<br>September-2019 | Deputy Secretary,<br>People, Culture and<br>Governance             | Rescinds PD 2018_003. Sets out remuneration arrangements for staff specialist emergency physicians until June 2020.                           |
| PD2018_003<br>January-2018   | Deputy Secretary,<br>People, Culture and<br>Governance             | Rescinds PD 2016_006. Sets out remuneration arrangements for staff specialist emergency physicians until June 2019                            |
| PD2016_006<br>February-2016  | Deputy Secretary,<br>Governance, Workforce<br>and Corporate        | Rescinds PD2015_031. Extension of current remuneration arrangements until June 2017 with introduction of standard allowance application form. |
| PD2015_031<br>June-2015      | Deputy Secretary,<br>Governance, Workforce<br>and Corporate        | Rescinds PD2015_006. Sets out remuneration arrangements for staff specialist emergency physicians.                                            |
| PD2015_006<br>December-2014  | Deputy Secretary,<br>Governance, Workforce<br>and Corporate        | Rescinds PD2012_045. Sets out remuneration arrangements for staff specialist emergency physicians                                             |
| PD2012_045<br>July-2012      | Deputy Director General,<br>Governance, Workforce<br>and Corporate | Rescinds PD2009_041. Sets out remuneration arrangements for staff specialist emergency physicians                                             |
| PD2009_041<br>July-2009      | Deputy Director General,<br>Health System Support                  | Rescinded PD2007_090. Set out remuneration arrangements for staff specialist emergency physicians                                             |
| PD2007_090<br>December-2007  | Deputy Director General,<br>Health System Support                  | Introduced the procedures for eligibility and implementation of an allowance for emergency physicians electing to undertake special service   |

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## **1. Background**

### **1.1. About this document**

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](#).

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.

The allowance payable to staff specialist emergency physicians is payable in relation to services provided in the period 1 July 2025 to 30 June 2026.

## **2. Special Staff Specialist Emergency Physician Allowance**

The enhanced remuneration arrangement only applies where a staff specialist emergency physician has elected a Level 1 arrangement under the rights of private practice arrangements provided in the *Staff Specialist 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 17.4% special allowance).
- The payment of Training, Education and Study Leave and provision of Treasury Managed Fund 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 6-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 and will also be included as salary for all purposes, including the calculation of superannuation entitlements.

### 3. Eligibility for the Allowance

#### 3.1. Written confirmation

The allowance will be payable upon written confirmation, satisfactory to the chief executive by the:

- director of the emergency department in respect of each physician in that department, and
- 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.

Staff Specialist emergency physicians must 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.

#### 3.2. Conditions for payment

Staff specialist emergency physicians must participate in the rostering arrangements that enable rostered attendance over 7 days a week.

Participation in rostering arrangements that involve regular rostering across more than one facility, where reasonably required by the relevant public health organisation, must take into account the factors outlined in clause 14(b)(iii) of the *Staff Specialists (State) Award*.

Staff specialist emergency physicians must actively support approved reforms and initiatives relevant to emergency departments, including, but not limited to:

- The priority target for emergency department patient flow (81% of patients through emergency departments within 4 hours).
- 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 4 hours.
- 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.
- Role modelling and supervising junior medical staff with recognition of their well-being, workloads, clinical skill development and a respectful culture within emergency departments.
- Role modelling of patient-centred care and deploying clinical resources efficiently.

Staff specialist emergency physicians are to also actively engage in supporting quality systems within emergency departments, consistent with the [National Safety and Quality](#)

## Remuneration Arrangements for Staff Specialist Emergency Physicians

Health Service Standards. This includes participation in hospitals' clinical reviews including, but not limited to, morbidity and mortality meetings and root cause analysis matters.

Provision of at least 3 hours per week of non-clinical time (pro rata for part time employees) must be allocated to teaching programs available to general practitioner trainees, non-specialist medical and multi-disciplinary staff run by NSW Health and other professional bodies. These programs include the Hospital Skills Program, Rural Generalist Program and other programs coordinated by the Health Education and Training Institute (HETI).

Teaching program activities are specified by the director of the relevant emergency department, 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 and other staff.

Staff specialist emergency physicians are also expected to cooperate in applying their skills and competencies in other critical care areas, where this is beneficial to the provision of public hospital services and improves workforce sustainability.

A standard form for use in establishing eligibility for payment of the allowance is set out in Section 5 of this Policy Directive. 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 conditions for payment.

Where a staff specialist emergency physician, in addition to complying with the remaining conditions set out in the conditions for payment (see Section 3.2):

- is rostered to work normal duties at their principal work location(s) over 5 days per week with a minimum shift length of 6 hours, and
- 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 of Health 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 6-monthly allowance 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 6 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 a staff specialist emergency physician, any travel and accommodation costs incurred will be paid for or reimbursed by the NSW Health organisation at which the staff specialist emergency physician is primarily engaged. The local health

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

## **5. Appendices**

1. Application for Staff Specialist Emergency Physician Allowance
2. Application for Special Service Allowance for Staff Specialist Emergency Physician

## 5.1. Appendix 1: 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

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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

## 5.2. Appendix 2: 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.
  - (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.

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- (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