

Enterprise Bargaining 2017 Log of Claims

Recognising the contribution of doctors
Safe workplaces
Supporting quality healthcare



It is imperative that the public hospital system build capacity through innovation given increased presentations to emergency departments and growing waiting lists. To achieve this aim requires the best out of our medical workforce. Medical staff have identified a number of issues that will support them in the drive for innovation and capacity building.

The issues can be grouped under themes of:

- Compensation for curtailment of salary benefits/ interstate parity
- Safe Work/Ensuring Quality
- Respecting vocational contribution
- Agreement entitlements

The initiatives are detailed below.

Applicable to all medical staff

Compensation for curtailment of salary benefits/ interstate parity

- Compensate for curtailment of salary benefits, parity with interstate remuneration
- Superannuation guarantee paid on total salary

Safe Work/Ensuring Quality

- Payment for On line/telephone consultations
- Backfill of positions when entitled to leave
- Clinical support time protection and clarification
- Strengthen the 'right to request' flexible working arrangements including job share
- Job sizing to ensure proper allocation of duties
- Child care support when working nights
- Administrative support provided where more efficient to do so
- Improve safe hours clause with protocol & definition

Respecting vocational contribution

- Credentialing and Scope of Practice that is accepted across hospitals
- Pay for compulsory hospital training/time (include anti-bullying/harassment training)

Agreement entitlements

- Health service recovery of overpayments from medical staff protocol
- Simplified dispute settlement enforcement clause & statement
- Payment for compulsory external checks & travel between campuses
- Hospitals to facilitate AMAV/ASMOF Consultative Councils (1/4ly +CEO), representatives, access to employees, orientation & electronic communication
- Saving of current conditions
- Breastfeeding & expressing facilities on site
- Primary care giver entitlement to 10 weeks paid leave
- Parental leave (up to 2 years) - continuity of service for purposes of paid leave
- Family & Domestic Violence leave
- Payment for all Public Holidays
- Long Service leave access after 7 years/10 years, weekly if requested, harmonisation, VMO eligibility & compression of hours
- Subsidised parking
- Six weeks annual leave (same as nursing staff)

Specialist medical staff issues

Compensation for curtailment of salary benefits/interstate parity

- Compensation for curtailment of Salary Benefits/interstate parity
- New salary structure to reflect actual full time salaries paid in public hospitals
- Common On call/Recall allowances & overtime for all specialists
- Executive Specialist classification to apply to all health services
- Rural relocation/retention package
- Managers allowance to be codified

Safe Work/Ensuring Quality

- Limitations on unilateral variation to VMO hours & work patterns
- Unsociable hours penalty allowance
- Increase 12.5% shift penalty to 50% until midnight then 100%, night shift allowance
- Ordinary hours can be worked over 4 days per week

Respecting vocational contribution

- CME for sabbaticals, +3 month claims, professional societies, necessary childcare and cumulative over 3 years
- Clarify CME flights reimbursement
- Ensure CME allowance for time in privatised clinics
- Clarify definition of clinical support time
- Confirm individual entitlement to CST, unit heads guaranteed 50%

Agreement entitlement enforcement

- Elimination of "maximum term" contracts
- Rights of Private Practice (SPF) administration requirements detailed
- Time off for AMAV/ ASMOF representatives training & support
- Penalty payments that are actually paid rather than simply rolled up
- Current Fee for Service payments to be indexed
- Codify specific conditions for clinical academics (appointment & leave)

Doctors in Training issues

Compensation for loss of salary benefits/interstate parity

- Compensate for curtailment of salary benefits, parity with interstate remuneration
- Telephone On call to be paid when medical staff available to provide clinical advice
- Location/Travel allowance paid for all rotation hospitals outside parent health service (at ATO rates)

Respecting vocational contribution

- Examination leave provided if needed for professional development courses
- Hospitals to provide no less than 3 paid days leave before an exam
- With notice, conference leave at a time suitable to doctor, no March date
- CME Allowance increase to meet costs of training & associations subscriptions
- Rotation accommodation minimum standards improved, i.e., separate accommodation, free Wi-Fi & car parking
- Overtime rates to apply if Training Time is not provided

Safe Work/Ensuring Quality

- Maximum daily hours of 16 other than at the request of the doctor
- 10 hour break to occur between work on one day & the next
- Ordinary hours can only be averaged over a pay fortnight
- Mandatory break of 48 hours when moving between rotation hospitals
- Restriction of night shifts to no more than 7 days straight
- Minimum 48 hours break after coming off a night shift
- Conditions for job sharing/ part time
- Annual & Conference leave at times of employee request
- If on leave Hospital will be responsible for swapping doctor out of On Call roster

Agreement entitlement enforcement

- Increase in contract terms for DITs (i.e. 2 years) or shorter term at doctors request
- Retention of Sick leave accrual between contracts & after having a child
- Overtime for P/T contracts - overtime pay when exceeding contract set hours
- Clarification of higher duties payments
- The current agreement to be reworded to improve understanding