

Medical Officers Enterprise Agreement Negotiations

INFORMATION SHEET 1

Details of the Proposals for a New Enterprise Agreement

The following is an outline of the terms of a 'without prejudice' proposal to replace the existing Northern Territory Public Sector Medical Officers 2014 - 2017 Enterprise Agreement ('the current Agreement') which reached its nominal expiry date on 31 December 2017.

The proposal takes into account the Australian Salaried Medical Officers' Federation's ('ASMOF') claims and discussion at the bargaining meetings; issues arising during the negotiation meetings including the application of current provisions; the Northern Territory ('NT') Government's fiscal position and the prevailing economic conditions; and the Department of Health's ('the Department') operational and strategic objectives.

The improvements being proposed for a new agreement are considered in conjunction with the continuation of conditions introduced in previous rounds. The following proposals improve on the current enterprise agreement entitlements for Medical Officers, support employees with families and improve flexible work options. As a total package, the NT public sector ('NTPS') will continue to provide competitive terms and conditions for all Medical Officers compared to other leading jurisdictions over the next four years.

1. Term of the Agreement – 4 years

It is proposed the new agreement will have a four year term with an expiration date 12 months after the final salary increase paid under the agreement. This will provide employees and the Department with certainty and secured terms and conditions over this period.

2. Salary Increases – 2.5% per annum

Subject to the achievement of proposed changes contained in this proposal and approval of the agreement by the Fair Work Commission:

- an initial salary increase of 2.5% to be paid effective from 12 January 2018 provided the parties reach in-principle agreement on all matters by 1 October 2018; and
- subsequent annual salary increases of 2.5% in the years 2019, 2020, 2021.

Salary increases under the new agreement will not apply to employees who cease employment with the NTPS prior to the commencement date of the Agreement, which will be seven days after it is approved by the Fair Work Commission.

Work-related and expense-related allowances will be adjusted consistent with the current Agreement provisions that provide for an adjustment mechanism.

3. Rostering Review

The Department and ASMOF have developed Terms of Reference and agreed to establish a working committee to review current rostering practices across the Department. The Rostering Working Committee comprises representatives from the Department, Top End Health Services ('TEHS'), Central Australian Health Services ('CAHS') and ASMOF. The overarching goal of the Rostering Working Committee is to ensure efficient, clear and consistent application of rostering practices that support the wellbeing of Medical Officers while the operational needs of the Health Services are met.

4. Fatigue Leave Improvements

In response to the union's claims to assess the current fatigue leave provisions, the parties support the increase in the rest break after overtime and before the next scheduled ordinary shift from 8 hours to 9 hours rest break including reasonable travelling time. In addition to this change, in the case of two consecutive rostered days off (e.g. a weekend) the clause will also improve the application of the fatigue leave provisions where return to work and/or phone calls related to restrictive duty/overtime disrupted the Medical Officer's 'rest break' within the 16 hours immediately before the Medical Officer's next scheduled ordinary shift. Other initiatives concerning roster design and supporting safe workload management will be considered in the proposed rostering review.

5. Retention of Key Restrictive Duty Provisions and Improved First Roster and Clinical Advice by Telephone Entitlements

During bargaining the Department reviewed the current Restrictive Duty provisions in response to the union's claim to increase current allowances and overtime penalties. The Second Roster and Immediate Roster arrangements work well and will be retained as part of the new agreement.

It was beneficial to review the application of all Restrictive Duty categories, and there was merit in assessing the current on-call rates payable under First Roster and Clinical Advice by Telephone.

Consideration was given to those small work units that work high intensity hours and the following improvements are proposed to update the on-call rate under these arrangements which benefit all Medical Officers on-call and improve return to work overtime rates for Specialists.

First Roster – As per current provisions, an hourly on-call rate is payable for the period of on-call and covers any phone calls received during this time. If a Medical Officer is recalled to the workplace, overtime is paid and a three hour minimum overtime payment applies.

- Improve the on-call hourly rate payable to all Medical Officers (increased from \$1.90/hr to \$4/hr).
- Improve the overtime payments a Specialist receives when required to return to the workplace for duty by increasing the Specialist's ordinary hourly base rate by a fixed 'reference rate' before the applicable overtime penalty payment is calculated (e.g. time and a half, double time). The 'reference rate' is the same for all Specialists and is equal to 10% of SMO2.3 ordinary hourly base rate. This will provide higher hourly overtime payments than currently available. For example, \$17.04 (SMO1.1) to \$17.57 (SMO2.3) per hour higher for overtime worked Monday to Friday. Overtime worked on Saturday or Sunday would be \$22.71 (SMO1.1) to \$23.42 (SMO2.3) higher per hour than current rates under this proposal. Refer to the information sheet on [Restrictive Duty - Information Sheet 2](#) available on OCPE website at: <https://ocpe.nt.gov.au/nt-public-sector-employment/enterprise-agreement-negotiations/current-negotiations/medical-officers>
- Overtime payments upon return to work for all other Medical Officers will be as per current provisions.

Clinical Advice by Telephone – the higher rates payable under this category of Restrictive Duty covers any phone calls received while on-call (same as current provisions). This category of Restrictive Duty is not designed for return to the workplace.

- improve the night rate (increased from \$123 to \$157)
- improve day/night rate (increased from \$139 to \$189)

The parties also discussed appropriate record keeping in relation to on-call work including, patient record file.

Home Duty: It is proposed to remove Home Duty as an option under the Restrictive Duty provisions as this category has very limited application in contemporary times (i.e. modern telecommunications no longer require employees to remain at home or near a landline to be contactable) and other categories adequately provide for standby and on-call afterhours.

6. New Allowance for Working in Correctional Centres (Prisons)

Working in the prison environment provides Medical Officers a unique and challenging experience. To acknowledge the role of existing Medical Officers and to attract new Medical Officers into these roles, the following incentives are proposed:

- A new attraction and retention allowance for Correctional Centres (\$42,000 (TEHS) / \$54,000 (CAHS) per annum) paid fortnightly to Medical Officers while working in prisons.
- As some Senior/Rural Medical Practitioners ('RMP') rotate through the prison and also perform, at other times, remote work during the same year, any duty in the prison will count as service for reaching 12 months service for the purposes of the lump sum retention payment in clause 30.4 (Regional and Remote Retention Payments) of the current Agreement. This proposal therefore improves the current situation for Senior/RMPs who would otherwise lose the benefit of clause 30 allowances/payments. *(Note: All existing Regional and Remote Living Payments under clause 30 of the current Agreement do not apply when a Senior/Rural Medical Practitioner works in the prison as the Medical Officer does not meet the eligibility criteria, i.e. must be performing the majority of duties in regional and remote areas.)*

7. New Allowance – Rural Generalist Trainees (RGTs) in Gove and Katherine District Hospitals

A new allowance (20% of RGT3 base salary) for RGTs taking the following factors into account:

- RGT has been accepted into the Rural Generalist Training Scheme (or equivalent) and who is undertaking a training program for admission as a fellow of the ACRRM or the RACGP, and has committed to undertake advanced skills training;
- the RGT has been qualified by the relevant college and approved in compliance with the Department's credentialing process to work in specified areas of practice (e.g. anaesthetics, obstetrics) with a model of supervision suitable for the environment and where the Department is utilising those skills; and
- the RGT is living in the locality or surrounds.

8. Additional Category C – Specialist Private Practice Allowance

A Medical Officer who elects the new Category C will receive the allowance on a fortnightly basis at the rate of 30% of ordinary annual salary per annum plus 50% of revenue (private practice billings) to a maximum \$100,000 per annum.

It is proposed to retain existing Category A and B allowances which are competitive.

9. Commitment to Develop Non-Direct Clinical Contact Time Guide

The parties propose the establishment of a working party to develop a guide to support Senior Medical Officers to perform non-direct clinical contact duties. These guidelines may refer to recommended non-direct clinical contact allotted times that are consistent with industry practice and a statement of principles. It is proposed to include a new provision in the agreement to confirm the broad principles regarding non-direct clinical contact time.

10. Interns – Term of Contract of Employment

The current Agreement provides for one year full-time employment contracts for Interns (refer clause 20.3). The Department believes it would be beneficial for Interns to be offered longer term contracts on a fixed period basis up to three years to allow for completion of the first post-graduate year.

11. Office Bearers and Representative Paid Leave

The Department supports the union's claim for paid leave, for a period approved by the Chief Executive Officer of the Department, to enable Medical Officers who are Office Bearers for Medical Colleges and their constituent Faculties, Medical Boards, Medical Industrial Organisations or who represent the NTPS and where there is an identified benefit to the Department.

12. Additional Professional Development Allowance (\$500) Available on Reimbursement

It is proposed to introduce an additional \$500 of Professional Development Allowance for all Medical Officers who have exhausted, as demonstrated with evidence, their automatic annual Professional Development Allowance. The additional \$500 is available on a reimbursement basis once per year.

13. Improved Parental Leave

Paid leave for Medical Officers with <12 Months Continuous NTPS Service

Paid parental leave (up to 14 weeks) is available in the NTPS to employees who have at least 12 months continuous NTPS service at the time of commencing parental leave. Twelve months continuous service with any employer can be difficult to achieve where a Medical Officer (e.g. Registrar) has to move interstate to fulfil their mandatory training requirements. This can result in Medical Officers, many of whom are female, not being eligible for employer provided paid parental leave.

It is proposed to provide up to 14 weeks paid parental leave to Medical Officers, with less than 12 months continuous NTPS service at the time of commencing their parental leave, if the Medical Officer initially left the NTPS to undertake mandatory training in another jurisdiction and then returned to the NTPS within a reasonable time period. The paid leave is payable only whilst the Medical Officer has a NTPS employment contract and cannot extend past the end date of that contract. The paid leave does not operate to extend the employee's maximum period of parental leave otherwise available. As is the case currently, the Medical Officer will be eligible for up to 12 months parental leave, with a right to request a further 12 months of parental leave.

Surrogacy arrangements

It is proposed to broaden the application of parental leave provisions to include a child born of surrogacy arrangements.

Paid partner leave

It is proposed to expand the paid leave available to employees who take over as primary caregiver from their non-NTPS spouse/partner (who is usually the birth giver). This will provide employees who meet the relevant criteria (i.e. at least 12 months continuous service) with the current generous levels of paid parental leave (up to 14 or 18 weeks) and up to a total of three years off for parental leave purposes.

This new provision will provide an employee (referred to as 'the partner' as they are not the initial primary caregiver) with paid leave where they take on the primary carer responsibilities within a certain time period following their child's birth/adoption. This paid

leave would be available where the initial primary caregiver returns to work, for example, and the partner takes over caring responsibilities for the child such that the employee is the person who now meets the child's physical needs more than anyone else. For employees with more than five years of service the period available to access paid leave will be up to 18 weeks from the birth/adoption of the child, and 14 weeks for employees with one to five years of service. The paid leave is not payable for any period of parental leave taken that extends beyond 14 weeks (or 18 weeks, whichever is applicable), from birth/adoption. Partners may still access partner leave (up to two weeks paid) at the time of birth/adoption prior to accessing this new paid partner leave as primary caregiver. However, only one parent of the family unit can nominate as primary caregiver at a time.

The current combined parental leave provisions permitting NTPS employee couples to share their paid NTPS parental leave entitlements will be retained.

Employees will continue to be able to request leave without pay, part-time employment or flexible working arrangements up until the child reaches school age.

Employer funded superannuation on unpaid parental leave

It is proposed the employer funded superannuation payments currently paid during periods of unpaid parental leave, to employees eligible for at least 14 weeks paid parental leave, be extended from six months to 12 months from commencement of parental leave. This proposal means eligible employees who proceed onto a period of unpaid parental following paid leave in the first 12 months will have no loss of superannuation earnings for 12 months.

Drafting Parental Leave Provisions

It is proposed to set out the applicable parental leave entitlements in the agreement. (*Note: The current Agreement refers to entitlements applying as set out in another enterprise agreement*).

The existing Parental Leave provisions are to be re-written to be more succinct by combining existing entitlements under two main types of parental leave: Primary Caregiver Leave (currently 'Ordinary Maternity Leave' and 'Adoption Leave') and Partner Leave (currently 'Paternity/Partner Leave' and 'Adoption Leave'). Other types of parental leave, e.g. Special Maternity Leave, Pre-Adoption Leave will be retained.

Refer to the information sheet on [Parental Leave - Information Sheet 3](https://ocpe.nt.gov.au/nt-public-sector-employment/enterprise-agreement-negotiations/current-negotiations/medical-officers) available on OCPE website at: <https://ocpe.nt.gov.au/nt-public-sector-employment/enterprise-agreement-negotiations/current-negotiations/medical-officers>

14. Domestic and Family Violence (DFV) Leave

The NTPS provides access to uncapped paid leave for employees experiencing domestic and family violence through the Public Sector Employment and Management By-law 26 Miscellaneous Leave provisions. A clause in the new agreement will highlight the leave and other support available to employees who are experiencing domestic and family violence. There are many leave options and workplace arrangements that employees can access who are victims of DFV, in addition to the generous leave options available, employees may also access DFV leave to request time off to find safe accommodation, attend court hearings, accessing legal advice, organising alternative care or education arrangements to children.

15. Cultural and Ceremonial Leave (up to 5 days unpaid)

A new provision of up to five days unpaid cultural and ceremonial leave each year to employees to meet cultural or ceremonial obligations. The leave is not cumulative. This unpaid leave is in addition to paid leave entitlements and access to flexible work arrangements.

The NTPS values cultural diversity. Sometimes employees are required to attend to cultural and ceremonial events that are important to the community or group to which they belong. These obligations may occur during work times, and may not coincide with public holidays or rostered days off work. Some obligations may be 'traditional' or 'urban' in nature and may include initiation, birthing and naming, funerals in cases where the deceased person is not a member of the employee's immediate family or household. An employee may be required to meet traditional law or cultural obligations, participate in religious days of observance or activities, e.g. Greek Orthodox, Ramadan, Sorry business etc. This proposal takes into consideration the Aboriginal Employment and Career Development Strategy, where we continue to grow our Aboriginal workforce in the NTPS so it is more reflective of the community we serve.

Periods of unpaid cultural and ceremonial leave do not break an employee's continuity of employment but will not count for service (e.g. for paid leave accruals or increments). However, any period of paid leave taken for cultural and ceremonial purposes will count for service in accordance with the relevant paid leave provisions (e.g. if an employee takes recreation leave to attend Sorry business this will count for service). An employee will not be required to use all their other paid leave entitlements before accessing unpaid cultural and ceremonial leave. An employee may be asked to provide their manager with documentary evidence of the need for the employee to attend the cultural or ceremonial events.

16. Recreation Leave Loading and Shiftworkers

It is proposed that conditions for shiftworkers be improved so that they will be paid their recreation leave loading entitlements provided they have been approved at least one day's recreation leave (currently a minimum one week's recreation leave is required to receive the loading). This will facilitate shiftworkers receiving their loading payment (which is usually equivalent to shift penalties payments that would have been payable during recreation leave) earlier than they otherwise would under existing provisions. In addition, this change would remove the highly administrative function of acquitting the shift penalty payments and recreation leave loading at the end of each period.

17. Northern Territory Allowance

The Northern Territory Allowance ('NTA') will be retained for existing Medical Officers who are in receipt of the allowance immediately before commencement of the new agreement. It is proposed that NTA be grandparented to these existing employees so that NTA continues to be paid, according to Public Sector Employment and Management By-law 26, until such time as the employee ceases to have those dependant/s. For employees currently receiving the \$960 this rate will remain unchanged.

Feedback – Have Your Say

The above proposals and the continuation of existing employment conditions represent a fair package that improves salary and conditions for all Medical Officers, and introduces very modest efficiencies to support a range of improved conditions.

Feedback on the above proposals is sought by 13 September 2018.

Should you wish to provide your feedback on the proposals or make a suggestion you can provide your feedback directly at www.enterpriseagreements.nt.gov.au/general_feedback. All feedback will be treated confidentially.

It is important that Medical Officers get to vote on a new enterprise agreement to allow salary increases and new terms and conditions of employment to commence in a timely manner.