

Single Employer Model Pilot

Frequently Asked Questions - June 2024

Queensland Health (QH) is piloting a Single Employer Model (SEM) for rural generalist (RG)/general practice (GP) registrars. The Office of Rural and Remote Health (ORRH) is leading the implementation of the pilot in rural and remote Queensland.

Please contact ORRH via email officeofruralhealth@health.qld.gov.au if you have any further questions.

1. Who will be the employer of the RG/GP registrars participating in the SEM pilot?

QH through Hospital and Health Services (HHSs), will be the single employer of RG/GP registrars participating in the SEM pilot and will be responsible for the salary, leave entitlements, tax, superannuation, workers compensation, premiums, allowances, and benefits.

2. Is the SEM designed only for the primary care training time?

Participation in the SEM may be for the duration of the RG/GP registrars entire training time and encompasses rotations within both the hospital and primary care provider to meet GP college training requirements.

Both the HHS and primary care provider are responsible for the RG/GP registrar meeting the relevant GP college training rotations and requirements as per the current existing arrangements.

However, the funding provided to the HHS is to contribute towards the RG/GP registrars' salaries and wages of the primary care component only.

3. How will the SEM pilot be funded?

The Commonwealth Department of Health and Aged Care will be supporting SEM pilots through the Council of Australian Governments (COAG) 19/2 exemption under the SEM Directive. This specific direction allows for RG/GP registrars participating in the SEM to be employed by the HHS as a state-based health service and Medicare Benefits will still be applicable to the services they provide in the private primary care provider.

Primary care providers will be required to reimburse HHSs for salaries and wages of registrars in line with the minimum requirements of the [National Terms and Conditions for the Employment of Registrars \(NTCER\)](#).

Details of the financial arrangements will be included in the agreement between the HHS and the primary care provider. These agreements will be negotiated directly between the two parties.

QH will be supporting the SEM pilots by providing participating HHSs with a funding contribution towards the RG/GP registrars' salaries and wages of the primary care provider component only. Funding is allocated on registrar Full-Time Equivalent (FTE) within the primary care provider. For example, an HHS may receive SEM funding for one (1) FTE and employ two (2) RG/GP registrars with each registrar undertaking 0.5 FTE

within the primary care provider and 0.5 FTE within the hospital. This will equal one (1) FTE of funding.

4. How does an HHS or primary care provider participate in the SEM?

An Expression of Interest (EOI) process will be held on an annual basis to select SEM location sites for the following year. The EOI process entails the following:

- An HHS, in partnership with one or more local primary care providers, will submit an application that responds to the weighted criterion.
- EOI applications are evaluated by the SEM EOI Selection Panel with recommended outcomes for allocation of the funding.
- SEM Steering Committee endorses the recommended outcomes.

Proposed numbers of SEM sites will increase each year of the pilot, as follows, and is subject to changes based upon review of placements by the SEM Steering Committee:

2024/2025	2025/2026	2026/2027	2027/2028
3 regions	3 regions	3 regions	3 regions
3 FTE at current (PoC) sites + 6 FTE at new sites (2 FTE per region)	9 FTE at current sites + 6 FTE at new sites (2 FTE per region)	15 FTE at current sites + 9 FTE at new sites (3 FTE per region)	24 FTE at current sites + 6 FTE at new sites (2 FTE per region)
Total of 9 FTE	Total 15 of FTE	Total of 24 FTE	Total of 30 FTE

5. Can the RG/GP registrar bulkbill while participating in the SEM?

Yes, RG/GP registrars participating in the SEM consult and bill patients as normal, including bulkbilling, in line with the primary care providers billing policy. The 19/2 exemption allows the registrars to bill Medicare for the services they provide while working in the primary care provider.

6. How will RG/GP registrars participating in the SEM be paid?

RG/GP registrars participating in the SEM will be paid a salary through the QH payroll system, via their employing HHS at the level at which they are appointed.

7. What length of contracts will RG/GP registrars participating in the SEM be provided with?

Length of contracts will vary based upon the RG/GP registrar and at what point in their training they apply to participate in the SEM pilot. However, contracts may be offered for up to six years.

8. How will RG/GP registrars participating in the SEM undertake their shifts between the hospital and primary care provider?

RG/GP registrars participating in the SEM may negotiate with the HHS and primary care provider on how they wish to undertake their shifts. Some registrars undertake a mixture of hospital and primary care shifts in the same week or undertake a full-time placement at the primary care provider. Registrars must ensure that hours worked at the primary care provider meets the minimum training requirements of their GP training college.

The HHS and the primary care provider work together to ensure the registrar is rostered on shifts with appropriate fatigue management practices implemented.

9. Will there be Fringe Benefits Tax (FBT) status implications for RG/GP registrars participating in SEM?

When an RG/GP registrar is undertaking a placement at a primary care provider under the SEM, the registrar may not be eligible for FBT status.

RG/GP registrars wanting to participate in the SEM should seek independent financial advice with regards to FBT implications as it relates to their own personal circumstances.

10. How will RG/GP registrars participating in SEM be indemnified when undertaking their training placement in the primary care provider?

RG/GP registrars participating in SEM will be entitled to indemnity in accordance with Human Resources Policy (I2) *Indemnity for Queensland Health Medical Practitioners* while performing work in the primary care provider. QH will be responsible for all costs and processes associated with applying for any grant of indemnity.

11. Who will be responsible for the administrative requirements for managing the SEM pilots? (i.e., movement forms etc)?

The relevant HHS will be responsible for the administrative requirements of the RG/GP registrar participating in the SEM including the onboarding, and payroll functions.

12. Will there be changes to the recruitment and selection requirements for GP registrars?

Recruitment of RG/GP registrars to the SEM will align to all current QH Human Resource policies (B1 Recruitment & Selection) and selection for GP training will be as per current GP college processes.

The ORRH through the implementation phase of the SEM pilots have worked closely with the SEM Steering Committee, Medical Advisory Prevocational Accreditation Unit (MAPAU), HHSs, GP colleges and other relevant stakeholders to understand and determine recruitment and selection processes, timelines and workflows required to support pilots.

Two recruitment opportunities have been identified to recruit and select RG/GP registrars into the SEM pilot:

- Apply through the annual Resident Medical Officer (RMO) Campaign. Applications for the RMO Campaign opens 3rd June and closes 1 July 2024 to commence in the 2025 year.
- Apply through the Smartjobs campaign. The following dates are a guide and subject to change:
 - Applications open 22 July and close 9 August 2024.
 - Registrar applications assessed from 12 August to 30 August 2024.

- Registrar recruitment outcomes notified from 2 September to 6 September 2024.

13. Do RG/GP registrars wanting to apply to participate in the SEM need to already be enrolled in a GP college pathway?

Currently, to be eligible to participate in the SEM pilot, the doctor must be enrolled in an accredited GP training program with an end point of one of the following:

- Fellowship of the Australian College of Rural and Remote Medicine (FACRRM)
- Fellowship of the Royal Australian College of General Practitioners (FRACGP)
- FRACGP – Rural Generalist (FRACGP-RG)

14. How does the primary care placement process work in the SEM pilot?

RG/GP registrars participating in the SEM will apply to the SEM primary care provider as per the relevant GP college placement process. A mobility arrangement agreement will then be executed between the HHS, primary care provider and QH.

A mobility arrangement agreement pursuant to *Section 82 of the Public Sector Act 2022* (PS ACT) allows a person employed in a public sector entity such as an HHS to temporarily perform work in another entity such as a primary care provider.

The mobility arrangement agreement is for use between the HHS and primary care provider and is a template which can be negotiated and amended by the two parties and is developed to ensure applicability to the local context. It is an example of what the agreement may look like and provides a basis of elements to discuss and negotiate between the two parties for example RG/GP registrar work hours including fractional time between HHS and primary care provider, provision of resources by each party, and financial arrangements.

15. What is the duration of primary care placements?

Duration of placements will vary based upon the relevant GP college training requirements but can be anywhere from 6-18 months. RG/GP registrars undertaking fractional placements (i.e., 0.5 FTE in the primary care provider and 0.5 FTE at the hospital) may be longer in duration.

16. How will leave be managed for RG/GP registrar participating in SEM?

RG/GP registrars participating in SEM will be required to apply for leave through the myHR system as per standard QH processes. However, a local process will need to be established to ensure that there is a mechanism in place to ensure that the GP supervisor first agrees and approves the leave in line with workload management ahead of it being progressed to the HHS for approval.

The HHS and GP supervisor cannot make unreasonable requests to deny a request for planned leave (such as annual leave, study leave, sick leave, or parental leave). The agreed process for leave requests should be detailed in the mobility agreement between primary care provider and HHS.

17. Whose responsibility will it be to manage clinical and performance issues when they arise?

Performance management will be a shared responsibility of the primary care provider and HHS. Arrangements for performance management will align with current QH policy

and college requirements. During the placement period QH may obtain relevant information relating to the registrar's work performance and conduct.

QH uses a *Positive Performance Management Framework* which supports the principles in [section 25A of the Public Service Act 2008](#). This is consistent with the requirements of college accreditation. Primary care providers are familiar with how to set expectations with registrars and provide feedback. College assistance will be available to support performance improvement conversations and remediation processes.

18. Can RG/GP registrars move practices and still be employed under a SEM pilot?

Yes, providing that the primary care provider that they are undertaking placements at are SEM primary care providers. RG/GP registrars may be required to undertake placements at multiple primary care providers to complete their training requirements. The registrar can exit the SEM pilot training program if they wish to be placed in a practice that is not accepting SEM pilot registrars. This will result in their employment with QH ceasing and they will have their entitlements paid out upon required notice being provided.

19. Do primary care providers need to be accredited and if yes, do we support primary care providers to become accredited?

Primary care providers are required to have college accreditation to participate in the SEM pilot. GP colleges are responsible for accreditation requirements. Primary care providers that aren't accredited will need to work with the relevant college with regards to the process for meeting accreditation requirements.

20. Are hybrid models of employment able to be accommodated under a SEM pilot?

Hybrid models of employment may be able to be accommodated and can be discussed on a case-by-case basis with the ORRH in partnership with the HHS and primary care provider to determine if the proposed arrangements meet the objectives of the SEM pilot.

Hybrid models will be required to be endorsed by the Commonwealth to ensure that the 19/2 exemption can be granted.

21. What QH mandatory training is required?

RG/GP registrars participating in SEM will be required to comply with Human Resources Policy (G6) Mandatory Training, however, there may be additional or essential training that is not covered by the policy, but which is mandated by the local HHS and primary care provider.