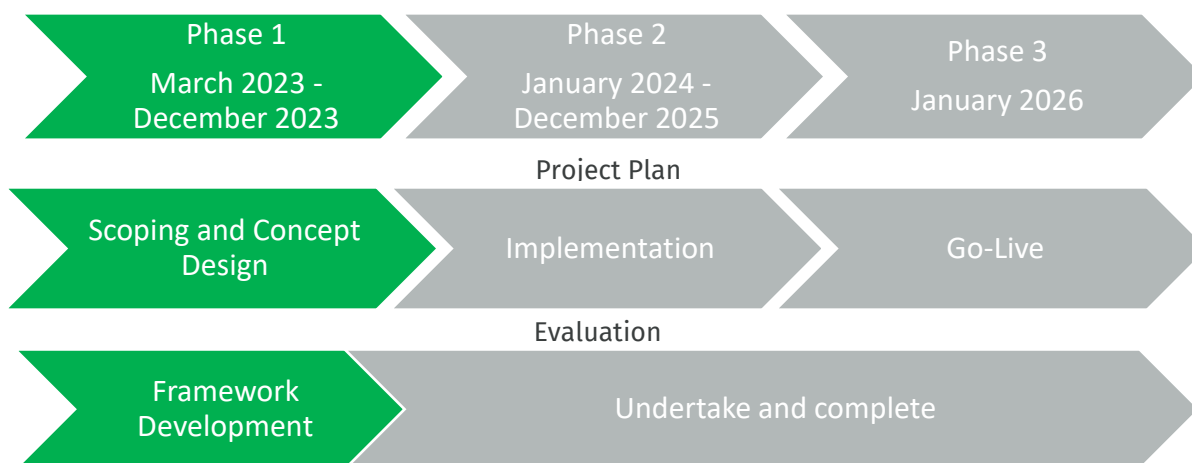


# Single Employer Model (SEM)

Project update 1 – October 2023

Queensland Government's 10-year strategy HealthQ32 has a strong focus on attracting, developing and retaining a responsive and agile workforce that is equipped with the skills and support to deliver the best health services possible across the system. The Single Employer Model Project is one of the key deliverables being piloted and evaluated to improve access to primary healthcare for rural and remote communities.



## What is SEM?

Earlier this year, the Commonwealth Department of Health and Aged Care invited Queensland to participate in a National initiative aimed at increasing the number of General Practitioners (GP) in regional, rural and remote locations. This project is known as the Single Employer Model (SEM).

Traditionally, medical practitioners need to leave Queensland Health and be employed by a private practice during their training years in order to become a GP. This means they lose entitlements such as parental and long-service leave that other specialist training pathways, who remain employed by Queensland Health for the duration of their training, retain. SEM removes this disincentive by allowing GP trainees to train in state-run hospitals as well as privately run clinics, while being paid by a single employer (the state government or local hospital and health service).

Trials of SEM have been successfully undertaken in other jurisdictions such as New South Wales and Tasmania, and Queensland Health is exploring how we can make this model work for us.

Every state is different, so while the concept of a single employer is the same across Australia, how each state implements it in practice will be unique.

## Connect with us

This change is exciting and bold, and we know you may have more questions. If you want to reach out, please send us an email, or give us a call.



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## What have we done?

### **Phase 1**

Queensland Health, through the Office of Rural and Remote Health (ORRH), is currently consulting widely and broadly with key stakeholders such as hospital and health services and primary care providers to work out what a successful framework would look like for us. Consultation to date has occurred through the Future Proofing and Rural and Remote Workforce Collaborative (FORCe) which includes representation from the Queensland and Australian Departments of Health, Queensland Rural Medical Service, the Rural Doctors Association of Queensland, Health Consumers Queensland, the Royal Australian College of General Practitioners, Australian College of Rural and Remote Medicine, The Royal Flying Doctors Service, Queensland Aboriginal and Islander Health Council, Primary Healthcare Network and Health Workforce Queensland.

## What's it all leading to?

A broad framework with minimum consistent features will inform further development and local contextualisation. This ensures that stakeholders can adapt models and agreements to suit local needs.

Currently, consultation has evolved into the following concept:

- Queensland Health will be the single employer; however, Queensland Health will not control all elements of the trainee's journey.
- Primary care practices will apply to become a SEM-affiliated practice with mandatory and desirable criteria under development.
- Trainees will move through the training environments as per standard college and Queensland Health processes.
- Remuneration (salaries and entitlements) for registrars will remain the responsibility of Queensland Health for the duration of training.
- When registrars are undertaking training with the primary care provider, registrars won't be available to fill rostering gaps at the Queensland Health facility (on call, recall or secondment) unless a specified agreement exists with the SEM-endorsed practice.
- SEM-endorsed practices are supported by Queensland Health to maintain and grow supervision and support for registrars to achieve a positive working experience.
- Localised implementation of the relevant policies binding employers and employees of each organisation will require discussion and agreement between the HHS and primary care service.