

Health Employment Directive No. 04/24

Effective Date:
19/09/2024

Supersedes:
n/a

Employee medical officer locums

1. Compliance

Compliance with this health employment directive (HED) is mandatory.

2. Purpose

The purpose of this HED is to outline the arrangements for the engagement of an existing medical officer employee as an employee medical officer locum.

3. Legislative Provision

Section 51A of the *Hospital and Health Boards Act 2011* (the Act).

4. Application

This HED applies to eligible medical officer employees (as defined) engaged under the Act in hospital and health services (HHSs) and Queensland Health (the department).

5. Related documents

- *Criminal Code Act 1899*
- *Hospital and Health Boards Act 2011*
- Medical Officers (Queensland Health) Award – State 2015 (the Award)
- Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA6)
- Contracted locum medical practitioners - Arrangements and conditions HR Policy B45 (QH-POL-166)
- Special Leave HR Policy C7 (QH-POL-231)
- Aggregate and Concurrent Employment HR Policy C47 (QH-POL-301)
- Fatigue risk management HR Policy I1 (QH-POL-171)
- Domestic Travelling and Relieving Expenses Directive No.13/23

6. Engagement of an employee medical officer locum

A hospital and health service or departmental division may offer an eligible employee medical officer engagement as an employee locum engagement where extraordinary workforce challenges or emergent circumstances exist, for example, in situations where the HHS/ department has been unsuccessful in sourcing a contracted locum through external procurement (for example, through the Preferred Supplier Panel (PSP) 111539) and services will be severely impacted if backfill is not provided.

HHSs and the department are encouraged to utilise relevant state-wide clinical networks (such as Queensland Country Practice) to raise workforce and locum sourcing issues and seek assistance from



other HHSs/the department to identify a suitably qualified employee medical officer who may be interested in engaging in an employee locum arrangement.

Employee medical officers may express interest in undertaking an employee locum engagement to their relevant Director of Medical Services, e.g., as a developmental opportunity to re-acquaint with rural medicine. Any medical officer locum arrangement is via agreement between the medical officer and the HHS.

Employee locum arrangements may be approved by the Director-General or the relevant Health Service Chief Executive (in accordance with the associated Instrument of Delegation and Authorisation). The substantive HHS/ departmental division may recall an employee medical officer locum from their engagement in consultation with the parties.

6.1 Conditions for engagement

An eligible employee medical officer may only be engaged to undertake an employee locum when the following criteria are met:

- The supported / endorsed locum arrangement must be approved by both the employing HHS as well as the employee's substantive HHS.
- The medical officer is not on paid leave during the period of the employee locum engagement.
- The employee locum maintains any existing allowances that relate to their substantive position, however the employee locum payment replaces any location-specific allowances they may be eligible for in the new location (such as the Regional and Rural Attraction Allowance).
- The medical officer is not to be engaged as an employee locum in their home HHS/s.
- The employee locum engagement is to be for a minimum a three day period.
- The maximum locum engagement is for a maximum period of twelve weeks.
- No medical officer should be engaged as a medical officer locum for a period of more than twelve weeks in any calendar year.
- Any decision to release a Queensland Health employee for a locum employee engagement or extend an existing locum engagement is at the sole discretion of the delegate.

6.2 Terms and conditions of employment

An eligible employee medical officer remains subject to their existing terms and conditions of employment under the Medical Officers (Queensland Health) Award – State 2015, Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022 (MOCA6), relevant industrial instruments, HEDs and human resource (HR) policies. For example, allowances or accommodation entitlements provided under the Domestic Travelling and Relieving Expenses Directive No.13/23 continue to apply. Further, any travel under this arrangement is to be in paid ordinary time (at the expense of the receiving HHS). Any required travel outside of ordinary time requires HHS approval and if approved the medical officer will be entitled to Time Off in Lieu (TOIL).

When a medical officer locum is engaged under this arrangement, it is the receiving HHS that is responsible for any additional costs.

An approved above award employee locum payment of up to \$10,000 per fortnight (SMO) or \$6,500 (RMO) is assessable income and must be paid via payroll less Pay As You Go (PAYG) withholding. This payment does not attract any penalties or leave accrual.

The receiving HHS is responsible for payment of substantive wages (including any relevant shift penalties, on call payment or overtime) and the employee locum payment for the duration of the employee locum engagement.

6.2.1 Employee Locum System Arrangements

Any decision to agree to second a Queensland Health employee, or extend a secondment, is at the sole discretion of the appropriate delegate. An employee medical officer is to be assigned against the relevant position in the relevant hospital and health service. This is facilitated via the actioning of an employee movement request / form for the duration of the relieving period.

6.2.2 Employee locum payment

The employee locum payment is a flat rate of up to \$10,000 per fortnight (SMO) or \$6,500 (RMO) as per the below table. This payment is in addition to the employee's normal salary and wages.

Employee locum engagement location*	Fortnightly employee locum payment – Senior Medical Officer (SMO)	Fortnightly employee locum payment – Resident Medical Officer (RMO)
MM6 and MM7	\$10,000	\$6,500
MM4 and MM5	\$7,500	\$4,875
MM1, MM2 and MM3	\$5,000	\$3,250

*Based on the Modified Monash (MM) Model that measures remoteness and population size. The remoteness category of a location may be amended from time to time.

The receiving HHS and the employee locum are to agree upon the roster to be worked (for example, 5 x 8 hour days or 4 x 10 hour days) however the fortnightly hours to be worked are 80 hours for an SMO or 76 hours for an RMO. An employee locum working part-time is to be paid on a pro-rata basis. An employee locum working less than two weeks is to be paid on a pro-rata basis.

The employee locum payment is not payable for any period of paid or unpaid leave or on public holidays where the employee is not required to work.

The employee locum payment forms part of ordinary time earnings (OTE) and attracts the associated employer superannuation contributions.

The employee locum payment does not form part of superannuable salary for Defined Benefit Fund employees, who instead will be entitled to an OTE top-up employer contribution into their Accumulation Fund account.

6.2.3 Fringe Benefits Tax (FBT)

FBT considerations in respect of locum travel arrangements are to be considered on a case-by-case basis. Where FBT is incurred, the HHS will need to fund the cost rather than affecting the employee's salary packaging arrangements, in accordance with the approved variation to the salary packaging policy in respect of the 2023/24 and future FBT years.

Where an employee locum engagement is for an extended period, return reunion visits to the medical officer's home base are deemed private in nature and any transport costs provided by the HHS / department would be deemed private in nature and subject to FBT.

The receiving HHS will be responsible for reporting any associated fringe benefits as part of their end of FBT year process, and for any related FBT costs.

7. Fatigue management

Any employee medical officer locum arrangement must comply with *Fatigue risk management HR Policy 11*.

An employee locum is required to commence a locum assignment in a fit for duty state and return to their substantive work area in a 'fit for duty' state following the employee locum engagement.

It should also be noted that as employee medical officer locums are covered by MOCA6, the hours of work and fatigue provisions of MOCA6 continue to apply, for example shift length, overtime, shift, days off, 10-hour break). Like any concurrent employee, any employee medical officer locum arrangement must comply with MOCA6 and the Award.

8. Definitions

Eligible medical officer employees	For the purposes of this HED, eligible medical officer employees are those in the following categories: <ul style="list-style-type: none"> • Visiting medical officers • Senior medical officers Resident medical officers – senior registrars, registrars, principal house officers.
Employee locum	<ul style="list-style-type: none"> • An appropriately registered medical officer who is a current HHS/ Queensland Health employee and who is approved to perform a locum arrangement under this HED, on an ad hoc basis, when the medical officer is on unpaid special leave., via an employee movement form.
Hospital and health service (HHS)	A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.
Queensland Health (the department)	Queensland Health includes: <ul style="list-style-type: none"> • Office of the Director-General • Office of the Chief Health Officer • Office of the Chief First Nations Health Officer • Clinical Excellence Queensland • Clinical Planning and Service Strategy Division • Corporate Services Division • eHealth Queensland • Health Infrastructure Queensland • Healthcare Purchasing and System Performance Division • Queensland Public Health and Scientific Services • Queensland Ambulance Service • Strategy, Policy and Reform Division any successor agency of those listed above however so named.

9. History

HED No. 04/24 19 September 2024	Issued under section 51A of the <i>Hospital and Health Boards Act 2011</i> as a condition of employment for health service employees.
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10. Approval and implementation

Directive custodian

Chief Human Resources Officer

Approval by Chief Executive

[signed]

Michael Walsh
Director-General

Approval date: 19 September 2024