HP Stronger Together
Joint Log of Claims

Matters that affect all or more than one discipline group in HP

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Section One: Wages, Implementation of HP 1 Agreement Claims and Career Structure and Progression

Wages

- A wage increase of 4.5% in the first year, 4% in the second year and 4% of the third year of the agreement. To be paid on 1 September each year, as described.

Superannuation

- An increase in the amount of superannuation payable, with the minimum of 12.75% of total earnings, if the federal government raises the level of the superannuation guarantee then this should be raised also. *(See section 25 of HP EB 1.)*

Taxation Benefits

- Investigate the possibility of and apply PBI status under the Tax ruling for all HP workers. *(See section 26 of HPEB1)* Employment of workers is to be structured in order to maximise HPs access to PBI status.

Shift Allowances

- An increase in shift allowances. With an increase to 50% penalty rate for those working night shift and workers on afternoon shift to 25%.
- An additional 1 week of annual leave for workers who are continually rostered over 2 shifts.
- An additional 2 weeks annual leave for workers who are continually rostered over 3 shifts (or 'continuous 24/7 shift work).
- Shift allowances are to apply to temporary and part-time workers as well.

Private Practice Rights

- HP Staff are able to see private patients during business hours as per Medical Officer arrangements. *(See the Private Practice Rights Review under section 50 of HPEB1).*

Additional Resources

- There will be access to appropriate out of hours/offsite access to local IT systems, through provision of Remote Access Service (RAS)/ Web Access for all clinicians and managers.
- Each Department to be provided with additional (dedicated) PC's to allow HP's access to CPD activities within the workplace, with sufficient for each work group.
- There will be access to appropriate telecommunication devices, such as Blackberries/individual laptops (or equivalent) for all work groups/ disciplines/ regions as requested or required. Union delegates to be consulted about the application of these entitlements.
- Queensland Health is to fund the ongoing cost for PC's/ any other communication devices

Implementation of the HP1 Agreement

Noting that, the first HP Agreement delivered large wins for HP's across Queensland. The introduction of the new classification system, new allowances and conditions and in recognising the role of HP's in the Health system. There are many allowances and conditions that are to be maintained for this second agreement. There are also projects and processes that are still to be implemented from HP EB 1.

- Unions involved in HPIBB will develop, no later than 1 August 2010, a schedule to set out a number of provisions that were in the Health Practitioner (Queensland Health) Certified Agreement (HP1) 2007 which will be incorporated into the proposed Health Practitioner (Queensland Health) Certified Agreement (HP2) 2010 or HR Policy.
- Further: There will be a commitment in this agreement to continue all unfinished by the 1st March 2011.
- There will be full implementation of Phase 3 under the guidelines from EB 1. Applications for re-evaluation should commence September 01 2010 under the guidelines of EB1
- Any worker who has not yet received their Phase 2 outcome will be back-paid to the point in the 2007 agreement that back-pay was due.
- There will be no disadvantage to any worker who has been waiting on the outcome from a Phase 2 assessment or Appeal under HPEB1. Backpay or other entitlements due to the slow implementation of HP1 will be paid to all workers by 1 September 2010.
- Particular attention is to be paid to workers who are Medical Education Officers, Oral Health Therapists and Dental Therapists who have had Phase 2 evaluations delayed.
- Any appeal not determined before 1 September 2010 should be paid at the level of application and upheld.

Career Structure and Progression

- Any HP will be able to apply to a position job evaluated/ assessed against the Work Level Statements in order to progress to an higher level if the duties of that position are more appropriate to that level. *(Section 23 of HP EB1 to expire, Section 21.2 to be broadened/ process made clear)* This review should be contacted by peers as well as any management representative.
- There will be no reduction in HP level when a vacancy arises for any role previously occupied by an HP – ie. If the previous incumbent was an HP4 then the role should be advertised as an HP4 Level to preserve the career path for other workers.
- Any change to HP level to be filled as a vacancy is to be considered a restructure of the work unit and consultation occur accordingly.
- Following phase 2 appeal outcomes, work units should be reviewed to identify any workforce & equity issues arising. These should be then addresses at the relevant HP Oversight Committee (HPOC).

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Additional Claim: Non-payment of Wages

- Any error in wages due to be paid to an employee not corrected within 4 weeks of the employee notifying Queensland Health in writing (including email) shall incur a penalty of 100% of the amount outstanding. For every fortnight after the expiry of the initial 4 week period the wage arrears continues shall accrue an additional penalty of 100%.

Section Two: Employment Security, National Health Reforms, Workplace Consultation and Union Encouragement Claims

Employment Security

Queensland Health will maintain a commitment to employment security, ensuring there are no forced redundancies and all workforce management and planning strategies are designed to maximize permanent employment. Maintaining employment security and maximizing permanent employment in all areas are important conditions for all public sector workers. Further, it is very important to ensure that no services are contracted out or outsourced to the private sector. Queensland's population is growing and the need for health services is critical.

- A further commitment that no worker will be forced in to redundancy during the life of this agreement.
- Strong protections for temporary employees, including equal access to all conditions available to permanent employees, this includes all allowances and leave entitlements.
- Strategies that encourage permanent employment will be implemented for example: Any worker who has been in the same, or similar, position for greater than 12 months can apply to be converted to permanent status. If a worker who has been in a temporary role for greater than 12 months has not been converted to permanent status they can seek reasons for this decision and appeal any decision of continued temporary employment to the appropriate consultative forum.
- Where the employee has not passed a merit based process, a closed merit process against the role description will be utilised.
- Where management deem that a larger applicant pool would be more appropriate, either a closed merit application among all temporary staff in the work unit, or an open merit process in extraordinary situations be used to permanently fill the position.
- Queensland Health commits to no contracting out of any jobs or services.
- Queensland Health commits to invest in new and existing infrastructure, such as ensuring equipment purchases and lab facilities upgrade for QHFSS and Oral Health to ensure continued use of the service.
- *(See Section 56, Section 57, Section 58, Section 59 of HPEB1)*
- Collocation of public and private health services will not result in diminution of public provided services. *(See Section 60 of HP EB1)*
- With the opening of new facilities, ie. The Queensland Children's Hospital, Queensland Health will commit to not reducing employment security of workers by undertaking forced transfers, offering redundancies or contracting out any existing services.

In addition:

- Should a redundancy be offered, on a voluntary basis, redundancy entitlements for workers who are made redundant voluntarily (VR) increase to:
  - A minimum payment of 12 weeks wages, including what would have been projected penalty rates during the period.
  - In addition 3 weeks payment, with similar projected penalty rates assessment, per year of service with no cap or limit to this payment.
- If a worker is made redundant there will be no restriction on them being re-employed in the public service following the payment of their redundancy package.

Workplace Consultation

- Queensland Health and the Unions acknowledge the valuable contribution of union delegates in consultative structures and reaffirm the value of mutually acceptable outcomes.
- *(Note Sections 51, 52 and 53 of HP EB 1)*
- Queensland Health maintains a commitment to have union delegates on any, and all, consultative committees affecting the interests of HP workers.
- Queensland Health will ensure that no workers conditions are changed without agreement from effected staff and relevant unions.
- There will be a review of existing consultative structures in order to ensure that appropriate union delegate representation is part of the committee and that these workers are supported. The role of HPIBB and HPOC with union delegates and management are to continue, whether under a new name or different name, in order to provide key consultative committees at both District and Statewide level where appropriate. The Terms of Reference for these committees will be set by negotiation between all parties and reviewed annually. Queensland Health will provide support and training for Union delegates to DCF's, LCF's and HPOC's as well as support union training conducted by the relevant union for these delegates.

National Health Reforms

With the introduction of any National Health Reform package:

- Queensland Health will ensure that there is consultation with union delegates about any changes and further, that their agreement is obtained regarding the implementation of these changes.
- Any national reform process will not impact on employment security for HPs.
- There will be no loss of any working condition or entitlement for workers as a result of the reforms and all current superannuation entitlements will be preserved or improved to maintain the gap.
- A workload analysis is to be undertaken and extra HP workers employed where new or additional work is to be done following the reform process.
- Services such as Breastscreen and Cancer Care to be preserved as Queensland Health services.

Union Encouragement

- Queensland Health and the Union parties acknowledge the valuable contribution of union delegates in consultative structures and reaffirm the value of mutually acceptable outcomes.

That all existing clauses from the 2007 agreement regarding collective industrial relations, union encouragement, union delegates, ILO conventions form part of the new agreement.

- *(See Section 51 of HP EB1)*

In addition:

- The employer is to provide the union offices or relevant delegates with complete lists of new starters to the workplace for the purposes of contacting them about membership of the union. This should be done at least monthly. Lists are to be provided electronically and include work location details.
- Union Encouragement is to become a standing item on the Agenda for Consultative Committees (DCF, LCF or HPOC and HPIBB).
- That union delegates and the union office have access to current staff lists for Queensland Health workplaces.

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- Union encouragement sessions are to be a mandatory part of all orientation sessions for all new staff.
- Union delegates will be supported in their role as participants in the Collective Industrial Relations process with reasonable time at work to conduct support person activities, giving advice and preparing for consultative committees and other forums.
- Note: Access for delegates to appropriate leave categories when undertaking union business is to be made available to them on all HR systems and forms. Ie. Industrial Relations Education Leave/ Union Conference Leave.

Section 3: Professional Development and Professional Registration Claims (Including the Higher Education Incentive)

Professional Development

- Professional development is essential for HPs in maintaining currency, registration and delivering the excellent care of the Queensland community that is expected from Queensland Health.
- Ensuring all HPs, whether temporary, permanent, full-time or part-time, are able to access the appropriate time off required to attend PD, this will mean appropriate backfilling practices established, managers and others being supportive of training and professional development initiatives and a restatement of commitment from Queensland Health to the best trained and motivated workforce and therefore a commitment to provision of appropriate PD resources.
- Ensure PD allowance and leave entitlements are not pro-rata for part-timers but rather the full amount regardless of employment 'fraction' as these workers require the same amount of training, *(this would replace section 40.3 of HP EB 1). (Section 40.3 PDL take out 'pro-rata')*
- Queensland Health is to ensure there is consistency in application of these entitlements.
- Queensland Health is to ensure payroll system reflects the leave employees are entitled to.
- PD can be taken at any time, not necessarily in regular work time, ie. On 'weekends' if a worker is a day worker or 'nights' even if a worker does not ordinarily work this time and time to be given in lieu.
- An increase in the amounts of the allowances to $7,500 per annum for Category A employees, $10,000 per annum for Category B employees and $5,000 per annum for all other employees. *(See Section 36 of HP EB1)*
- Acknowledgement that for workers outside of major centres or those who have to travel to Brisbane for training require extra days of Professional Development Leave *(Expand Section 40.2 of HPEB1).* Note: Replace 'reasonable' with 'any' and take out '8 hours in any single time'. Queensland Health acknowledges that for some smaller disciplines there is a need to travel interstate for training not accessible locally.
- That there is an ability to access conferences overseas as part of professional development and claim travel expenses where necessary, that overseas travel can be approved by the Director General or delegate. *(Generally, see Section 40 of HP EB1).* There will be a 2 week response time from the DG in response to overseas travel request.
- 'Core Business' Conference leave is not included as PD, so this should be deemed as separate conference leave.
- There will be an Increase the PD Leave entitlement to 5 days per annum with no expiry of accumulated days.

Higher Education Incentive

- That there will be a review of the current HEIA yearly, on a specific date each year.
- The HEIA be increased to 6.5% for Category 1 and 8.5% for Category 2 of level 3.7 AND 2.7
- All HPs are to qualify for the Incentive.
- There will be a broadening of the application criteria for C42 to all HP staff, include temporary staff, particularly to scholarship holders.

Professional Registration

Noting that most HPs are required to be registered or licensed in certain activities either by the National Registration Board or a state body. These registrations and associations attract a fee. Currently, if you are required to hold a licence under the Radiation Safety Act 1999 (Qld) you are entitled to have your license fee paid. Also, if you are required to hold a dual registration your second registration is paid for by Queensland Health.

- *(See Section 35 of HP EB1)*
- The employer is to pay for or compensate workers the equivalent amount of any mandatory registration/s fee/s or licenses that an employees needs to hold.

Section 4: Work/Life Balance, Workload Management and Leave Entitlements Claims

Workload Management

Noting that often new programs or clinics are introduced in areas with no additional staffing. Or vacancies are not filled for quite some time, despite the guarantees in HP EB 1 for 'replacement of existing staff' *(See Section 54 HP EB1).* These problems as well as systemic under-resourcing can create unrealistic workload demands on HPs and result in less than ideal outcomes for patients and the public.

- A workload assessment is to be conducted on the introduction of any new program and new staff employed according to this assessment prior to the new work commencing.
- A review of existing workloads within 6 months of certification across each discipline with a view to developing 'caseload capping' or other strategies to be introduced in order to limit workload problems and workload related stress, illness or injury.
- 100% Backfilling of staff is to be mandated where any worker is away on planned or unplanned, that is sick, leave.
- Relief pools are to be introduced or improved where they exist in order to facilitate backfilling of staff on any absences. (See Section 48 of HP EB1)
- Equivalently qualified staff should be provided to undertake backfilling.
- There is to be an area coordination model for staffing and resource according to the workload management project.
- Queensland Health are to provide a relief pool incentive package (e.g. travel allowance, rural and remote allowance, Clinical Professional Development allowance, a supervision allowance (for students and in some disciplines licensed operators), FBT, vehicle allowance etc.) to aid recruitment of relievers to Queensland Health. Add accommodation to this claim
- The role of allied health assistants and other assistants are very valuable. Assistant positions should be used for assistant work only however and not to replace workers who would be at a higher HP level in the work unit

Work/ Life Balance Initiatives

Noting that Queensland Health already has some great policies about balancing work and life however workers do not always know about these policies and options or are unable to access them. Some of these entitlements, subject to management discretion, are not granted in favour of the employee due to workload demands, which can be addressed as per above, or because these entitlements are not yet flexible enough to suit the work unit and workers needs.

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Therefore the unions seek:

- A commitment to implementing existing policies that promote work/life balance.
- Equal access for either partner to paid parental leave (with the longer maternity leave benefit)
- More access to forms of personal leave for non sick leave purposes that is – sick leave use for caring responsibilities for elderly parents or dependents as well as children and recognition of alternative dependent/ de facto relationships for these purposes. Including in this emergenent compassionate leave for other emergencies.
- Where a local line manager has refused access to an entitlement requested prior to lodging a formal grievance employees may seek a timely review of this decision at the District or other appropriate HR / IR level.
- There will be a review existing family friendly strategies and current 'take up rates' and reasons for this or barriers to access with a view to overcoming these barriers within 6 months of certification of the Agreement and reported back to HPIBB or equivalent body for implementation. By 31st of March 2011, this review will also include relevant third parties such as experts from the ADCQ.
- Noting that it is often difficult to access external support for employee's families (e.g. child and elder care) the review of Childcare *(Section 63 of HPEB1)* and other strategies to improve these support services will be actioned within 6 months of the date of certification.
- Access to flexible part-time arrangements for workers who are pre-retirement will be implemented.
- Introduction of programs to improve financial literacy and security for employees, including more information sessions regarding superannuation and planning for retirement.

Leave Entitlements

- Access to leave entitlements is a critical issue for workers in ensuring work effectiveness and work/life balance.
- An increase in the number of days accessible as sick leave or carer's leave, rolling this leave into one pool of leave. (Personal leave)
- A capacity to have sick leave 'paid out' upon retirement/ resignation for up to 50% of the leave not taken during the employees working life with Queensland Health.
- Increase bereavement to 5 days.
- An additional week of annual leave for rural and remote workers.

Section 5: Maintenance and Improvement of Allowances and On Call Allowances Claims

Noting that allowances paid for undertaking particular duties or working shift-work are very important conditions for HPs. In the last agreement several new allowances were included including Student Supervision Allowance and Professional Development Allowances (which are the subject of another set of claims, note this also applies to the Higher Education Incentive as these items are covered in the "Professional Development" claims section). An important set of allowances apply for workers who work shifts on a roster (this is the subject of another set of claims also).

- There is to be an indexation of every existing allowance in line with wage increases on the operative dates for each wage increase, this is to be back-paid if it does not occur on this date.
- The introduction of new allowances for workers who take on extra roles in the workplace such as WHS representatives. These workers are to be paid an extra $30 per week for these extra duties.
- An increase in the amount paid for student supervision allowance from $10 to $30 per day. This allowance to be expanded for all HPs supervising students, including post-graduate students. The full allowance should be paid to a maximum of 2 people claiming for one student per day. Clarify practices to ensure students are allocated to a particular officer so the student receives appropriate mentoring. *(See Section 37 of HP EB 1)*
- The retention payment, indexed for wage increases as above, shall be available to all HP disciplines. *(See Section 34 of HP EB 1)*

Improvements to On-Call Allowances

- There will be an increase in the amount paid when a worker is on-call. A flat-rate is preferred, that is, a set dollar amount for each night or weekend.

Emergency Clinical On-Call

- Increase from 7% of HP3.7 to 12% of HP5.2 *(see Section 29.2 of HP EB1)*
- An increase in the number of workers entitled to 'emergency clinical on-call' allowance, including all HPs who are required to attend within 30 minutes of a call. Thus, it may be re-named 'Emergency on-call'.
- Insert "or as agreed within the local facility" in reference to time frames for return to the facility *(See Section 29.3 of HP EB1)*
- Sole Practitioner and Country Lab Managers and Radiographers/ Sonographers as were set out in IRM 2.1-3.3 are entitled to other allowances as per other claims in this agreement notwithstanding section 29.4 of HP EB1. (see further claims below)

Recall Payment

- Continuation overtime and Recall time should be summated for the purposes of calculating fatigue. This includes calculating any time recalled as work and therefore not amounting to any time a 10 hour break for fatigue leave purposes is calculated. Any worker who has been recalled has had their rest disrupted and would have an increased risk of fatigue.
- Queensland Health is to clarify with all line managers that each instance of a recall is to be treated as a separate event for the purposes of payment.
- Recall to be paid at the same rate for shift/non-shift workers
- Workers are entitled to a penalty payment for 'unretained recall', once per day flat fee of $250 in addition to other normal recall payments.

Telephone Recall

- When any HP is telephoned for advice or support from work there is a recall payment applied if these workers are not 'on call'.
- Recall penalty rates to apply to on call appropriate overtime rates on weekends with a minimum payment of at least 2 hours. *(See Section 30 of HP EB 1)*

Fatigue Leave and Risk Management

- Continuation (and funding) of current Fatigue Risk Management Projects for a further 1 year to bed down cultural change in the rollout of Fatigue Risk management
- Continuation overtime and Recall overtime should be summated for the purposes of calculating fatigue. Include telephone and travel time in the calculation
- All workers are entitled to a 10 hour break prior to the commencement of their next shift, if they do not have this break (noting the above claims about on-call and recall) they are deemed to be on fatigue leave/ fatigue payment.
- Reduce' fatigue' threshold calculation from 2hrs to 1hr, and include continuation overtime in fatigue calculations.
- There is to be an extension of the 'Sunday' calculation of a 10 hr break after 10pm to every day. This includes workers rostered 7 days per week to account for their notional 'weekend'.

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- IRM 2.5-6 Fatigue leave – Special arrangement following weekends and/or rostered days off, should be amended such that fatigue related risk is managed as safely as possible.
- Ensure there is no disadvantage financially for any fatigued worker in relation to penalty rates.

Section 6: Rural and Remote Incentive Schemes

Noting that HP workers play an essential role in remote and rural communities by providing vital health services. Living and working in these areas though can create difficulties for workers and their families – difficulties they would not face if they worked in an urban area. In the last agreement a review of conditions and allowances was to be undertaken.

- There is to be a finalisation of any benefit determined by the Review under HP EB 1 and back-payment of such benefit (as per Section 27.5 of HP EB1).
- This review to be completed and the outcomes implemented within 6 months of the expiry of HPEB1 (31 August 2010) i.e. 28 February 2011.
- Queensland Health are to replace existing rural allowance (See Section 27 of HP EB 1) for a 'Rural Incentive Scheme' in line with that provided for dentists;
- Zone 1 – 7.5% allowance of employee's base salary.

  Zone 2 – 15% allowance of employee's base salary.

  Zone 3 – 30% allowance of employee's base salary.
- Ensuring with the above claim that there is no disadvantage to any worker in the application of this new claim and paying careful attention to areas included particularly areas such as Woorabinda and other remote communities as well as areas such as Beaudesert or other areas in the South-East where there are sole practitioners.
- That the rural and remote incentive allowance be paid on time worked and on leave taken.
- Allowances are applicable on a pro rata basis to those who relieve (work) in rural and remote regions.
- As part of the Rural Incentive Scheme employees have access to an extra week of recreational leave, remote incentive days (as per the doctor's agreement) and inaccessibility allowance.
- Staff working in Rural and Remote zones and those that are required to drive within rural and remote zones as part of their work to have access to a funded defensive driving course, including any TA and time required to attend.
- There should be reinstatement of a sole practitioners allowance for appropriate staff. The quantum of this allowance should be a 5% loading of the base salary. (See claim above)
- There is a recognition of staff working as sole practitioners or technicians regardless of their classification level and access for them to the sole practitioner loading (as above).
- Rural scholarship holders or other staff employed in rural areas on temporary contracts are eligible for the same allowances and professional pathways as those employed on permanent contracts, this includes a review of appropriate classification level.
- Staff working in hospitals or other health centres where rental costs or housing affordability issues act as a deterrent to stable staffing should be identified. Wokers in these areas should then be entitled to further provision of rental assistance or government housing in those centres.
- Queensland Health recognises that the requirement to be continuously on-call in rural and remote areas. A 9 day cap of consecutive days to be continuously on-call will be instituted and all HPs will be afforded a 2 day consecutive break.
- In order to facilitate this cap a relief pool of suitably qualified workers to be established that will be required to backfill once the 9 day cap is reached. Including, where necessary, providing suitably qualified workers to rural and remote areas with necessary travel and accommodation requirements and allowances. This claim is to be centrally funded.

Section 7: Workplace Health and Safety

(See Section 64 of HP EB 1 – these claims are in addition to this)

WHS Committees

- Each District is to establish a WHS committee as a sub-committee to the DCF. The committee is to include:
  - Management representatives
  - Union representatives
  - Elected WHS representatives

The committee's charter is to include regular meetings and capacity for issues to be referred to the DCF for action.

Client aggression

- Queensland Health standards or policies should include:
- a definition of work-related violence and client aggression
- A statement from the employer that makes it clear that all violence and client aggression to staff is unacceptable, and whatever the reason, will not be seen as an employee's failure or an inevitable part of the job.
- Arrangements for monitoring and reviewing the policy
- Consultation with workers through QPSU and LHMU representatives at Consultative Committees and through worker elected WH&S Representatives
- A statement from the employer accepting and acknowledging responsibility for their employee's workplace health and safety and the prevention of client aggression. Including workplace aggression and harassment.
- Certified standards across Queensland health to train each employee in their workplace health and safety rights, and the obligations of the employer.