



## DECISION

*Fair Work Act 2009*  
s.185—Enterprise agreement

**Victorian Hospitals' Industrial Association**  
(AG2013/11623)

**VICTORIAN PUBLIC HEALTH SECTOR (AMA VICTORIA) -  
DOCTORS IN TRAINING (SINGLE INTEREST EMPLOYERS)  
ENTERPRISE AGREEMENT 2013**

Health and welfare services

DEPUTY PRESIDENT HAMILTON

MELBOURNE, 10 DECEMBER 2013

*Application for approval of the Victorian Public Health Sector (AMA Victoria) - Doctors in Training (Single Interest Employers) Enterprise Agreement 2013.*

[1] An application has been made for approval of an enterprise agreement known as the *Victorian Public Health Sector (AMA Victoria) - Doctors in Training (Single Interest Employers) Enterprise Agreement 2013* (the Agreement). The application was made pursuant to s.185 of the *Fair Work Act 2009* (the Act). It has been made by the Victorian Hospitals' Industrial Association. The agreement is a single enterprise agreement.

[2] I am satisfied that each of the requirements of ss.186, 187 and 188, as are relevant to this application for approval, have been met.

[3] The Agreement is approved and, in accordance with s.54, will operate from 17 December 2013. The nominal expiry date of the Agreement is 30 March 2017.

The Australian Salaried Medical Officers Federation, being a bargaining representative for the Agreement, has given notice under s.183 of the Act that it wants the Agreement to cover it. In accordance with s.201(2), I note that the Agreement covers the organisation.



DEPUTY PRESIDENT

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# VICTORIAN PUBLIC HEALTH SECTOR (AMA VICTORIA) – DOCTORS IN TRAINING (SINGLE INTEREST EMPLOYERS) ENTERPRISE AGREEMENT 2013

## Preamble

This AMA Victoria DIT Agreement 2013 is the fourth generation agreement negotiated between the parties referred to at clause 5 below. The previous AMA DIT Agreements now wholly superseded and replaced (refer clause 6. below) are:

- (a) the Victorian Public Health Sector (AMA Victoria) - Doctors in Training – Multi-Enterprise Agreement 2008-2012, commonly known as the “AMA Victoria DIT Agreement 2008”.
- (b) the Australian Medical Association (Victoria) Limited, Australian Salaried Medical Officers Federation Victorian Branch, Victorian Public Hospital Sector (Hospital Medical Officers) Multi-Employer Certified Agreement 2002, commonly known as the “AMA HMO Certified Agreement 2002”.
- (c) The Australian Medical Association (Victoria) Limited, Australian Salaried Medical Officers Federation Victoria Branch, Victorian Public Health Sector (Hospital Medical Officers) Multi-Employer Certified Agreement 1999.

## PART 1 – APPLICATION AND OPERATION OF THE AGREEMENT

### 1. AGREEMENT TITLE

1.1 The Agreement is called the Victorian Public Health Sector (AMA Victoria) – Doctors in Training (Single Interest Employers) Enterprise Agreement 2013.

### 2. SHORT TITLE

2.1 The Agreement is to be referred to as the “AMA Victoria DIT Agreement 2013”.

### 3. ARRANGEMENT

#### Preamble

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#### **4. COMMENCEMENT DATE AND PERIOD OF OPERATION**

- 4.1 This Agreement commences operation seven days after it is approved by the FWC.
- 4.2 The nominal expiry date of this Agreement is 30 March 2017.
- 4.3 This Agreement will continue to operate after the nominal expiry date.

#### **5. PARTIES COVERED**

- 5.1 This Agreement was negotiated by the following bargaining representatives on behalf of Doctors employed by employers in **Schedule D**:

- 5.1.1 the Australian Medical Association (Victoria) Limited (AMA Victoria); and
- 5.1.2 the Australian Salaried Medical Officers Federation (ASMOF) Victorian Branch

- 5.2 This Agreement was negotiated on behalf of employers in **Schedule D** by their bargaining representative, the Victorian Hospitals' Industrial Association.

- 5.3 This Agreement covers:

- 5.3.1 the employers referred to in **Schedule D**; and
- 5.3.2 all employees who are employed in the capacity of Doctors as defined in **sub clause 11.4** by the employers in **Schedule D**; and

provided the FWC so notes in its decision to approve this Agreement:

- 5.3.3 the Australian Salaried Medical Officers' Federation (ASMOF).

#### **6. RELATIONSHIP TO PREVIOUS AWARDS AND AGREEMENTS**

- 6.1 This is a comprehensive agreement that regulates all terms and conditions of employment and expressly excludes and displaces the operation of all prior agreements and any Award(s) that may otherwise apply.
- 6.2 The Schedules to this Agreement form part of the terms of the Agreement and are to be read in conjunction with this Agreement for all purposes, including for enforcement.

#### **7. SAVINGS**

- 7.1 This Agreement does not disturb the continued application of employment entitlements received by a Doctor prior to this Agreement, which are over and above the provisions of this Agreement.
- 7.2 This Agreement is not intended to exclude any part of the National Employment Standards (NES) or to provide any entitlement which is detrimental to a Doctor's entitlement under the NES. For the avoidance of doubt, the NES prevails to the extent that any aspect of this Agreement would otherwise be detrimental to a Doctor.

8. **NO EXTRA CLAIMS**

8.1 The parties covered by this Agreement acknowledge that this Agreement settles all claims in relation to the terms and conditions of employment of the Doctors to whom it applies and agree that they will not pursue any extra claims during the term of this Agreement.

9. **NATURE OF RELATIONSHIPS**

9.1 All minimum entitlements available to the Doctor arise through this Agreement and the NES. In most cases, the employment contract will only prescribe and enforce the time period for the employment relationship, whether the employment is full time or part time or casual and require the Doctor to abide by Hospital policies and procedures.

9.2 A Rotation Hospital must apply the Parent Hospital employment contract (refer **Definitions sub clauses 11.17, 11.21, 11.22 and clause 15**).

9.3 Doctors participating in accredited Specialist training are generally required to maintain two discrete relationships: a trainee relationship with a Learned College and an employment relationship with a Hospital.

9.4 Where a Doctor takes up a Specialist training position accredited by the Learned College, it is the Hospital that employs the Doctor into the allocated position.

10. **INDIVIDUAL FLEXIBILITY ARRANGEMENTS**

10.1 A Hospital and the Doctor may enter into an individual flexibility arrangement under this clause in order to meet the genuine needs of the Doctor and the Hospital. An individual flexibility arrangement must:

10.1.1 be genuinely agreed to by the Doctor and Hospital; and

10.1.2 not contravene any law;

10.1.3 not have the effect, directly or indirectly, of increasing the operating net costs of any Hospital above the net costs directly attributable to the implementation of the terms of this Agreement;

10.1.4 not have the effect, directly or indirectly, of providing a monetary benefit to the Doctor inconsistent with (greater or less than) that provided under **Schedule A**.

10.2 An individual flexibility arrangement must be about arrangements for when hours are worked.

10.3 A Doctor may nominate a representative to assist in negotiations for an individual flexibility arrangement.

10.4 The Hospital must ensure that any individual flexibility arrangement will result in the Doctor being better off overall than the Doctor would have been if no individual flexibility arrangement were agreed to.

10.5 The Hospital must ensure that an individual flexibility arrangement is in writing and signed by the Doctor and Hospital.

10.6 The Hospital must give a copy of the individual flexibility arrangement to the Doctor within 14 days after it is agreed.

- 10.7 The Hospital must ensure that any individual flexibility arrangement sets out:
- 10.7.1 the terms of this Agreement that will be varied by the arrangement;
  - 10.7.2 how the arrangement will vary the effect of the terms;
  - 10.7.3 how the Doctor will be better off overall in relation to the terms and conditions of his or her employment as a result of the arrangement; and
  - 10.7.4 the day on which the arrangement commences.
- 10.8 The Hospital must ensure that any individual flexibility arrangement:
- 10.8.1 is about matters that would be permitted matters under section 172 of the Act if the arrangement were an enterprise agreement;
  - 10.8.2 does not include any term that would be an unlawful term under section 194 of the Act if the arrangement were an enterprise agreement; and
  - 10.8.3 provides for the arrangement to be terminated:
    - (a) by either the Doctor or Hospital giving a specified period of written notice, with the specified period being 28 days; and
    - (b) at any time by written agreement between the Doctor and Hospital.
- 10.9 An individual flexibility arrangement may be expressed to operate for a specified term or while the Doctor is performing a specified role (such as acting in a specified higher position). Such an arrangement will terminate on expiry of the specified term, or when the Doctor ceases to perform the specified role, unless terminated earlier on notice or by agreement.

## 11. DEFINITIONS

- 11.1 **Act** means: the *Fair Work Act 2009* (Cth), as varied from time to time, and any successor to that Act.
- 11.2 **Association** means: the Australian Medical Association (Victoria) Limited (“AMA”) or the Australian Salaried Medical Officers Federation (Victoria Branch) (“ASMOF”).
- 11.3 **Casual** means: a Doctor classified as a Hospital Medical Officer, a Medical Officer, or a Senior Medical Officer and who is engaged in relieving work or work of a casual nature.
- 11.4 **Doctor** means: a registered medical practitioner employed by a Hospital as a Hospital Medical Officer, Medical Officer, Senior Medical Officer, Registrar or a person enrolled in a General Practice Training Program.
- 11.5 **Duty Hours** means: those hours for which a Doctor is rostered or paid by the Hospital.
- 11.6 **Experience** means: the number of years the Doctor has been employed in a full-time or part-time capacity as a Doctor or any experience as a medical practitioner in Australia or other country where the Medical Board of Australia has accepted the qualifications held for the purposes of full registration. A year of experience is 52 weeks (refer “translation” rules **sub clauses 11.12.1 and 11.20.1 and Schedule A.2** if applicable) or, if necessary to even out a roster, 53 weeks. The exceptions to this definition are as follows:

- 11.6.1 if the Doctor has worked a total average of 24 hours per week or less in a year, another year of employment must be completed before advancement to the next level of experience; or
- 11.6.2 if, for a period of 5 years or more, the Doctor has not actively practised medicine or has not been regularly employed as a Doctor over a 5 year period, any prior service and experience will not be taken into account.
- 11.7 **FWC** means: Fair Work Commission
- 11.8 **Full-time** means: a Doctor who is ready, willing and available to work a full week of 38 hours in respect of HMOs, MOs and SMOs and in respect of Registrars, means a Doctor whose hours of work are in accordance with **sub clause 25.1.3** (Hours per Week) of this Agreement.
- 11.9 **Higher Qualifications** means: qualifications obtained by a Doctor after graduation and includes:
- 11.9.1 post-graduate university degrees and diplomas for the purposes of registration as a Medical Specialist in Australia;
- 11.9.2 membership or fellowship of a recognised College or Association of Specialists for the purpose of registration as a Medical Specialist in Australia;
- 11.9.3 any other post-graduate qualification for the purposes of registration as a Medical Specialist in Australia;
- 11.9.4 the first part or equivalent of a higher qualification as defined in this Agreement.
- 11.10 **Health Service:** has the same meaning as Hospital.
- 11.11 **Hospital** means: any Health Service or employer listed at **Schedule D**.
- 11.12 **Hospital Medical Officer** (“HMO”) means: a Doctor with three or less years of experience and who is not performing the duties of a Medical Officer or a Registrar.
- 11.12.1 A Doctor employed and classified as Hospital Medical Officer as at 31 January 2011 and translated to the new HMO incremental rate on 1 February 2011 will have their years of experience increment classification determined in accordance with **Schedule A.2**.
- 11.13 **Hourly Rate for Hospital Medical Officers, Medical Officers and Senior Medical Officers** means: 1/38th of the relevant weekly rate.
- 11.14 **Hourly Rate for Registrars** means: 1/43<sup>rd</sup> of the relevant weekly rate as the ordinary hours of work for Registrars are made up of 38 hours of ordinary duty plus 5 reasonable additional hours of training time, equalling 43 hours per week or an average of 43 hours per week for up to 4 weeks pursuant to **sub clause 25.1.3**.
- 11.15 **Medical Officer** (“MO”) means: a Doctor with three (3) or more completed years of experience and who is not performing the duties of a Registrar or performing medical work covered by another Award or Agreement. A Medical Officer employed solely in an administrative position and who is not eligible to be covered by any other medical Award or Agreement must be paid as a Medical Officer 5<sup>th</sup> year of experience.
- 11.16 **On-call** means: a period during which a Doctor is required to be ready and available to provide clinical advice over the telephone or to return to the usual place of work consistent with **clause 36** (Recall).



- 11.17 **Parent Hospital** means: a Hospital that employs a Doctor, typically on a one year contract from the first week of February, on the understanding that the Doctor may be directed to work at a Rotation Hospital in order to meet the requirements of a structured training program OR to meet service demands. Separate campuses of amalgamated health services are deemed to be the one Parent Hospital.
- 11.18 **Part-time** means: a Doctor who is ready, willing and available to work on a regular basis any number of hours less than the ordinary hours of work for Hospital Medical Officers, Medical Officers and Senior Medical Officers, pursuant to **sub clause 25.1.1**, and Registrars pursuant to **sub clause 25.1.3**.
- 11.19 **Private Practice Rights** means: the provision of medical services, whether for reward or not, outside of the Doctor's Duty Hours, as defined in **sub clause 11.5** above.
- 11.20 **Registrar** means: a Doctor who is either appointed to an accredited Specialist training position (refer **sub clause 29.2.1**) or who holds a position designated as such by the Hospital.
- 11.20.1 A Doctor employed and classified as Registrar as at 31 January 2011 and translated to the new Registrar incremental rate on 1 February 2011 will have their years of experience increment classification determined in accordance with **Schedule A.2**.
- 11.20.2 In the case of the Hospital designating an accredited Specialist training position, the Doctor is entitled to the same educational opportunities, that is five (5) hours of Training Time, as available to a Doctor in an accredited position, pursuant to **sub clause 11.24** below. In this case, the Hospital must advise the Association.
- 11.21 **Rotation** means: a period during which a Doctor is directed to work at a Hospital other than the one by which they are employed (the "Rotation Hospital") as part of a structured training program or to meet service demands. The Doctor remains an employee of the Parent Hospital for the rotation period.
- 11.22 **Rotation Hospital** means: a hospital that receives a Doctor on rotation from a Parent Hospital.
- 11.23 **Senior Medical Officer ("SMO")** means: a Doctor who is employed as a Head of Department or equivalent role within the Hospital.
- 11.24 **Training Time** means: time dedicated for training that is free from service calls, with the exception of calls about genuine medical emergencies or disaster situations, as follows:
- 11.24.1 Training time is five (5) hours per week and it is expected that blocks of training time will be at least 30 minutes duration on each occasion.
- 11.24.2 Training time can include lectures, tutorials, other situations where formal teaching of the Hospital Registrar(s) occurs in a non-service situation, clinical meetings organised by a Specialist or university staff equivalent for the purposes of training and education, personal reading and study, and research activities where a Hospital or university staff Specialist is directly involved in supervision and the results of the research are intended for publication. Grand (teaching) ward rounds can be included if specifically designed for teaching purposes and attended and run by an eminent medical person.
- 11.24.3 Where training time is interrupted due to a genuine medical emergency or disaster situation, then that period of interruption is not training time and must be re-allocated.
- 11.24.4 Current Training Time protocols in Hospitals should at least reflect the following factors:

- (a) the content of the training must be agreed between the Doctor and the Hospital and can be on or off site;
- (b) blocks of training time must be identified in the roster;
- (c) a Doctor may agree to participate in unplanned or impromptu training opportunities which may be considered to be part of the Doctor's training time;
- (d) any change to rostered training time shall be recorded in writing by the Hospital;
- (e) where practicable the Hospital should implement procedures to limit the interaction a Doctor has with other Hospital employees and / or administrative obligations during allocated training time; and
- (f) Hospitals should consider practices that assist in the provision of training time for the Doctors who are rostered on nights or weekends.

11.25 **VHIA** means: the Victorian Hospitals' Industrial Association.

11.26 **Week** means: seven consecutive days commencing 12.01 am Sunday to midnight Sunday.

11.27 The following definitions relate specifically to **clause 63** (Consultation – Major Change):

11.27.1 **Material Effects** means: the termination of employment, the elimination or diminution of job opportunities, promotional opportunities, job tenure or the use of skills, the alteration of hours of work, and the need for retraining or transfer of Doctors to other work or locations.

11.27.2 **Scientific Instrument/Computer** means: an electronic device (including a word processing machine) which is capable of receiving specimens, facts or data, processing or performing calculations on those specimens or data, and delivering answers or information in the required format for use by a person, or to control the operations of other machines, scientific instruments or computers.

11.27.3 **Technological Change** means: the introduction, alteration or replacement of scientific instruments, computers (including word processing machines), or work practices ancillary to the use of such equipment, which change, if implemented by the Hospital, may have material effects on the employment of persons to which the Agreement applies.

## PART 2 - DOCTOR EMPLOYMENT

### 12. PERIOD OF EMPLOYMENT

12.1 The period of employment may be up to a maximum of 156 calendar weeks and not less than 52 weeks, unless otherwise specifically stated.

12.2 The restrictions in the above **sub clause 12.1** do not apply to Medical Officers, Senior Medical Officers or Casual Doctors as defined in **sub clauses 11.15, 11.23 and 11.3** of this Agreement.

### 13. INCIDENTAL AND PERIPHERAL DUTIES

13.1 The Hospital may direct a Doctor to carry out such duties as are within the limits of the Doctor's skill, competence and training consistent with the classification structure of the Agreement, provided that such duties are not designed to promote de-skilling.

**14. DOCTOR RESPONSIBILITIES**

- 14.1 The Doctor provides medical services, including the keeping and maintaining of adequate medical records for Hospital patients.
- 14.2 The Doctor's duty hours must be devoted to the duties of their appointment.
- 14.3 The Doctor must not, without the consent of the patient, divulge to any person any information acquired when attending to a patient except as follows:
- 14.3.1 to the Hospital's Director of Medical Services, nursing staff or other medical staff where necessary to enable the Doctor to prescribe or act for that patient; or
  - 14.3.2 for medico legal purposes, to disclose any information to the Hospital relating to the mental or physical condition of a Hospital patient or former patient.
- 14.4 The Doctor should ensure that work performed outside of their employing Hospital does not result in an overall or unsafe work pattern for that Doctor pursuant to **sub clause 26.3**.

**15. ROTATION FROM PARENT HOSPITAL**

- 15.1 The provisions of this **clause 15** are to be read in conjunction with **clause 9** (Nature of Relationships), the relevant definitions in **clause 11** (Parent Hospital, Rotation Hospital, Rotation) and the allowances in **clause 38** (Rotation Allowances).
- 15.2 A Parent Hospital may rotate a Doctor to work at another Hospital (the Rotation Hospital) as part of their structured training program or to meet service demands. For the duration of any such Rotation, the Doctor remains an employee of the Parent Hospital.
- 15.3 A Rotation must be agreed either at the time of the Rotation or at the time of initial appointment. Any single Rotation is typically for a period of 13 weeks. However, the length of any single Rotation may be varied if the position is so advertised or otherwise by agreement.
- 15.4 A Rotation may include a rotation to, but not from, an interstate hospital. In this case, a Rotation must only occur as part of the formally agreed training program and the doctor must commence the year with the Parent Hospital, and return before the end of the year to the Parent Hospital.
- 15.5 The Parent Hospital must not rotate a Doctor to a Rotation Hospital that does not make available to Doctors a library and other usual study aids of a standard acceptable to the Post Graduate Medical Council of Victoria.
- 15.6 During the period of Rotation, the Rotation Hospital is responsible for the payment of wages and entitlements accruing to the Doctor under the Agreement. This is an administrative arrangement between Hospitals and does not affect the Doctor's employment status under **sub clause 15.2** above.
- 15.7 The Rotation Hospital and the Parent Hospital may agree either:
- 15.7.1 that the Rotation Hospital pay all wages, allowances and utilised accrued entitlements directly to the Doctor; or
  - 15.7.2 that the Rotation Hospital remits payment of all wages and entitlements in respect of the Doctor to the Parent Hospital based on timesheets and other information provided to the Parent Hospital by the Rotation Hospital.

15.8 Provided that where the arrangement at **sub clause 15.7.1** above is effected, service and the accrual of leave will continue unaffected with the Parent Hospital, subject to appropriate reductions for accrued entitlements utilised or the occasion of unpaid leave that would normally affect service.

## 16. PRIVATE PRACTICE RIGHTS

16.1 A Doctor who has completed the 1<sup>st</sup> year of experience as an HMO (Intern) may undertake private practice subject to the following, unless otherwise agreed:

16.1.1 such practice must not be carried on during Duty Hours; and

16.1.2 such practice must not involve Hospital property or be conducted in any respect within the precincts of the Hospital.

16.2 Doctors may by agreement be on loan to other bodies or practitioners. Agreement must be reached between the Hospital, the Doctor and the other body.

16.3 The above **sub clause 16.2** applies to Doctors seconded for service with the Australian Defence Force but does not apply to service under the *Defence Act 1903*.

## 17. TERMINATION OF EMPLOYMENT

17.1 The employment of a full-time or part-time Doctor may be terminated:

17.1.1 by at least four (4) weeks notice given by the Hospital or the Doctor, or four (4) weeks wages paid or forfeited as the case may be in lieu of such notice, except that the period of notice may be reduced by agreement; or

17.1.2 at the end of a period of appointment; or

17.1.3 with written notice by the Hospital in the event of misconduct, malpractice, neglect of duty or breach of any condition of appointment after the Hospital has made careful inquiry into any matter alleged against the Doctor and has heard whatever statement the Doctor may wish to make relative to that matter and against such termination or has given the Doctor a reasonable opportunity to make such a statement. The Doctor may be assisted in making any statement or submission by a representative of the Association.

17.1.4 The period of notice to be given by the Hospital pursuant to **sub clause 17.1.1** above shall be increased by one (1) week if the Doctor is over 45 years of age and has completed at least two (2) years of continuous service.

17.2 Casual employment may be terminated with one (1) hour of notice.

## 18. NOTIFICATION OF CLASSIFICATION

18.1 On the commencement of the Doctor's employment the Hospital must notify the Doctor in writing of his or her classification and terms of employment.

18.2 The Doctor must be notified in writing of any alteration to his or her classification within 14 days of the alteration taking effect.

**19. ORIENTATION ON APPOINTMENT**

- 19.1 On a Doctor's appointment to a new position or a new location (including a Rotation) and as an orientation, the Hospital must inform the Doctor of those matters that are essential to the safe and efficient discharge of their responsibilities.
- 19.2 The orientation information must include a "Unit Handbook" or similar document containing written information that covers the following:
- 19.2.1 job duties, responsibilities and authority;
  - 19.2.2 emergency procedures;
  - 19.2.3 relevant clinical, ward and quality procedures, including contact details;
  - 19.2.4 procedures for ordering supplies and medical tests;
  - 19.2.5 a Registrar free from service Training Time protocol consistent with **sub clause 11.24.4**;
  - 19.2.6 a Bullying policy or procedure that promotes the statement:
    - (a) "Bullying will not be tolerated in the workplace"; and
  - 19.2.7 a Performance Management Protocol consistent with **sub clause 62**.
- 19.3 During a Rotation, the orientation described in **sub clause 19.1** is the responsibility of the Rotation Hospital. Doctors are responsible for ensuring that they request appropriate information and clarification when required.

**20. ORIENTATION – ASSOCIATION NOTIFICATION**

- 20.1 On a quarterly basis, the Hospital must provide the Association with the dates, times and venues of any orientation/induction programs involving Doctors and the Association must be permitted to attend such programs.
- 20.2 Where the dates of these programs are fixed in advance, a list should be sent to the Association as soon as possible.
- 20.3 Where the dates of orientation/induction programs involving Doctors are not fixed in advance, the Association should receive reasonable notification of at least 14 days to enable an Association representative to attend.

**21. ADVERTISEMENT OF POSITIONS**

- 21.1 Any notice, circular or advertisement for a position covered by the Agreement must specify the applicable rate of pay and classification.

**22. TELEPHONE CALLS TO DOCTORS OUTSIDE OF WORKING HOURS**

- 22.1 The provisions of this **clause 22** are to be read in conjunction with **clause 35** (On-call).
- 22.2 The Hospital must have mandatory Protocols in operation that govern the use of telephone consultations with Doctors who are on-call. The Protocols must ensure:
- 22.2.1 the number of trivial or unnecessary telephone calls made to Doctors are controlled; and

- 22.2.2 the overall numbers of telephone calls made to Doctors do not increase over time as a result of the changed on-call allowance and particularly in comparison with other health professionals.
- 22.3 The Association may review the form and application of the Protocols to ensure their effective operation.

**23. REQUESTS FOR FLEXIBLE WORKING ARRANGEMENTS**

- 23.1 A Doctor who is a parent or has responsibility for the care of a child may ask the Hospital for a change in working arrangements for the purpose of assisting the Doctor to care for the child if:

- 23.1.1 the child is under school age; or
- 23.1.2 the child is under the age of 18 and has a disability.

- 23.2 A request made under **sub clause 23.1** may include, but is not limited to:

- 23.2.1 changes in hours of work;
- 23.2.2 changes in patterns of work; or
- 23.2.3 changes in the location of work.

- 23.3 A Doctor is not entitled to make a request under **sub clause 23.1** unless:

- 23.3.1 for a Doctor, other than a Casual Doctor, they have completed at least 12 months' continuous service with the Hospital immediately before making the request; or
- 23.3.2 for a Casual Doctor, they have:
  - (a) been engaged by the Hospital on a regular and systematic basis for a sequence of periods of employment during a period of at least 12 months immediately before making the request; and
  - (b) have a reasonable expectation of continuing engagement by the Hospital on a regular and systematic basis.

- 23.4 A request made under **sub clause 23.1** must be in writing and set out:

- 23.4.1 details of the change in working arrangements sought by the Doctor; and
- 23.4.2 the reasons for the change.

- 23.5 The Hospital must respond to a request made under **sub clause 23.1** within 21 days, stating whether or not the request is granted.

- 23.6 The Hospital may refuse a request made under **sub clause 23.1** on reasonable business grounds.

- 23.7 If the Hospital refuses a request made by a Doctor under **sub clause 23.1**, the written response provided under **sub clause 23.5** must include the reasons for such refusal.

**24. ROTATION TO A GENERAL PRACTICE TRAINING PROGRAM**

- 24.1 The Program Teaching Practice must provide in writing the terms and conditions of Rotation one (1) month prior to the Doctor commencing the term. Such terms and conditions must include details of:

- 24.1.1 rostered hours of work;

- 24.1.2 educational activities provided;
  - 24.1.3 paid release time for training program educational activities; and
  - 24.1.4 the name of the Doctor in the Practice who will be the designated supervisor. A supervisor must be available for consultation during all periods of duty.
- 24.2 The Program Teaching Practice will provide the Parent Hospital with details of any leave taken (including personal/carer's leave and annual leave) during the general practice rotation.
- 24.3 A maximum of one (1) week's annual leave may be taken in any 13 week Program Teaching Practice rotation. The Program Teaching Practice must pay this annual leave entitlement either to the Doctor, if leave is taken, or to the Parent Hospital for subsequent payment to the Doctor when leave is taken.
- 24.4 The individual Program Teaching Practice must pay the respective medical Doctor for time worked in the period of employment with the Program Teaching Practice.
- 24.5 The individual Program Teaching Practice shall be responsible for:
- 24.5.1 payment of personal/carer's leave (to the extent of any credit advised by the Parent Hospital) taken whilst the Doctor is in a period of employment with the Program Teaching Practice; and
  - 24.5.2 pro-rata annual leave payment to the Doctor, either paid for leave taken or pay an equivalent amount to the Parent Hospital;
  - 24.5.3 workers compensation for the Doctor during the period of the employment with the Program Teaching Practice.
- 24.6 A Doctor rotated to a Program Teaching Practice situated more than 50 kilometers from the Parent Hospital must be provided with accommodation, including married accommodation if requested, during the period of Rotation free of charge. Married accommodation shall mean married quarters for married Doctors or Doctors in a domestic relationship accompanied by their family.
- 24.7 A Doctor rotated to a Program Teaching Practice situated more than 50 kilometers from their Parent Hospital shall be entitled to the Traveling Allowance set out in **clause 41** (Traveling Allowance – Use of Private Vehicle) for travel between the Parent Hospital and the Program Teaching Practice:
- 24.7.1 at the commencement and termination of Rotation; and
  - 24.7.2 once every four (4) weeks of the 13 week Rotation; and
  - 24.7.3 for all work-related travel required by the practice.
- 24.8 Payment must only be made pursuant to **sub clause 24.6** if travel is undertaken by the Doctor.
- 24.9 For the purpose of this **clause 24**, the "Parent Hospital" will be the Hospital from which the Doctor is rotated (refer **clause 11** definitions). In the event that a Doctor commences the first ever term in Victoria "on Rotation" the Parent Hospital shall be that Hospital to which the Doctor was appointed.
- 24.10 The Parent Hospital must ensure continuity of employment conditions are met by maintaining such records as are required under this Agreement.

24.11 The Parent Hospital must ensure (subject to the appointment being filled) that Rotations to Program Teaching Practices occur and must not cancel Rotations, or recall Doctors during Rotation to meet its own service needs, without the agreement of the Program Teaching Practice.

#### 24.12 **Out of Hours Work**

24.12.1 The Program Teaching Practice must pay the Doctor for work undertaken in the Program Teaching Practice out of hours or after the completion of 38 hours at the rate of 40% of all fees generated by the Doctor.

24.12.2 Out of hours pursuant to **sub clause 24.12.1** above shall mean outside the hours of 8.00 a.m. to 6.00 p.m. Monday to Friday and 8.00 a.m. to 12.00 noon Saturday.

24.12.3 The application of this **sub clause 24.12** shall exclude the Doctor from any entitlement to the On-call (**clause 35**) or Recall (**clause 36**) provisions of this Agreement.

### PART 3 - HOURS AND LIMITATIONS ON WORK

#### 25. **HOURS OF WORK**

##### 25.1 **Hours per Week**

25.1.1 For full-time HMOs, MOs and SMOs, the ordinary hours of work must be 38 hours per week (refer also to the definitions in **sub clauses 11.12, 11.15 and 11.20**) or an average of 38 hours per week for up to four (4) weeks. HMOs, MOs and SMOs must not work more than 38 hours per week unless averaged under this sub clause.

25.1.2 For full-time HMOs, MOs and SMOs, the ordinary hours of work and any required extra work, not including on-call or recall (refer also to **sub clause 11.16** and **clauses 35 and 36**), must be worked in continuous rostered periods. The continuity of a rostered period is not broken where a required meal break is taken. A meal break must be at least 30 minutes and is counted as time worked unless the Doctor is unavailable to answer calls during such break.

25.1.3 For full-time Registrars, the ordinary hours of work must be 38 hours plus five (5) reasonable additional hours of training time, equalling 43 hours per week or an average of 43 hours per week for up to four (4) weeks (refer also to the definitions in **sub clauses 11.20 and 11.24**). The arrangement of hours for Registrars is a long-standing industry arrangement that ensures Registrars have access to training time. The five hours of dedicated training time for Registrars must be free from service calls, other than in genuine medical emergencies or disaster situations. The types of activities that are undertaken by Registrars in training time each week must be agreed between the Registrar and the Hospital.

25.1.4 A Doctor must not exceed:

- (a) 75 hours work in any seven (7) consecutive days; or
- (b) 140 hours in any 14 consecutive days; or
- (c) 280 hours in any 28 consecutive days,

unless the Doctor has given written consent to waive this entitlement, or where a genuine medical emergency or disaster situation exists.



## 25.2 Days Off per Fortnight

25.2.1 A Doctor must receive three and one half (3½) days off work in each two (2) week period (for a Doctor on night shift the word 'days' is replaced by the word 'nights') as follows:

- (a) two (2) days off must be consecutive;
- (b) the remainder must be either one and one half (1½) consecutive days off or three (3) one half (½) days off.

25.2.2 One half (½) day is defined as a period of at least four (4) hours.

## 25.3 Breaks Between Ordinary Rostered Shifts

25.3.1 Doctors must be free from duty for at least 10 hours between rostered ordinary shifts.

## 25.4 Hours per Day

25.4.1 HMOs, MOs and SMOs must not be rostered for duty for more than 16 consecutive hours.

25.4.2 Full-time HMOs, MOs and SMOs must not be rostered for duty for less than four (4) hours.

25.4.3 Registrars must not be rostered for duty for more than 30 consecutive hours unless agreement has been reached between the Doctor, the Association and the Hospital.

25.4.4 Nothing in this Agreement prevents a Doctor working reasonable and authorised overtime and other penalty hours.

## 26. ROSTERS

### 26.1 Roster Hours

26.1.1 The ordinary hours of work for full-time and part-time Doctors must be worked in accordance with the roster or rosters.

26.1.2 Rosters must include all working hours including theatre preparation, ward rounds, completing discharge summaries and (for Registrars only) Training Time (refer Training Time protocols at **sub clause 11.24.3**).

### 26.2 Roster Posting

26.2.1 A roster of at least 28 days duration that states each Doctor's daily working hours and start and finishing times must be posted at least 14 days before the roster comes into operation.

26.2.2 The roster or rosters must be exhibited at a convenient place accessible to the Doctors to whom it applies.

### 26.3 Roster Design – Safe Hours of Work

26.3.1 The provisions of this **sub clause 26.3** are to be read in conjunction with **clause 28** (Work Practice Review).

26.3.2 The Hospital must not roster or arrange work hours in a way that causes an excessive or unsafe work pattern to exist.

26.3.3 The obligation to work safely applies to both the Health Service and Doctors.

26.3.4 *The National Code of Practice – Hours of Work, Shiftwork and Rostering for Hospital Doctors* is a suitable framework under which to consider safe working hours issues.

26.4 Doctors should ensure that work performed outside of their employing Hospital does not result in an overall or unsafe work pattern for that Doctor pursuant to **sub clause 26.3**.

#### 26.5 **Roster Requests**

26.5.1 A Doctor may make a specific request concerning an upcoming roster period. Such request must be made in writing to the Hospital at least one (1) week prior to the date on which the roster must be posted.

26.5.2 On receipt of a request made pursuant to **sub clause 26.5.1** above, the Hospital must consult with the Doctor and other Doctors on the roster to try and accommodate all such requests.

26.5.3 The final roster will be determined by the Hospital in consideration of all requests received pursuant to **sub clause 26.5.1** above. The Hospital must advise the Doctors involved of the reasons for its determination where requests have not been satisfied.

#### 26.6 **Roster Change**

26.6.1 Seven (7) days notice must be given of a change to a roster unless a medical emergency or disaster situation exists.

26.6.2 If the Hospital requires a Doctor to work ordinary hours outside of the existing roster and has not given seven (7) days notice of the change and there is no genuine medical emergency or disaster situation:

(a) the Doctor must be paid a daily allowance of 2.5% of the Doctor's ordinary weekly rate of pay for the rostered hours worked per shift; unless

(b) the Doctor is part-time and has agreed to work shifts(s) in addition to those rostered. In this case, the Doctor is not entitled to the allowance in **sub clause 26.6.2(a)** above.

26.6.3 A Doctor may request in writing to alter the roster. The roster may then be altered by agreement with the Hospital.

26.6.4 Where Doctors swap rostered shifts, only the penalties and allowances for the shift that the Doctor actually works are payable.

#### 27. **CHILD CARE COSTS REIMBURSEMENT – OUT OF HOURS WORK**

27.1 Where Doctors are required by the Hospital to work outside their ordinary rostered hours of work and where less than 24 hours notice of the requirement to perform such overtime work has been given by the Hospital, the Doctor must be reimbursed for reasonable childcare expenses incurred.

27.2 The above **sub clause 27.1** does not apply when a doctor is rostered on-call and recalled to duty.

#### 28. **WORK PRACTICE REVIEW**

28.1 The provisions of this **clause 28** are to be read in conjunction with **sub clause 26.3** (Roster Design – Safe Hours of Work).

28.2 Where the Association believes that a Hospital requires a Doctor to perform work in a manner that is inappropriate, it may first discuss the matter with the Hospital to resolve the issues. If no resolution can be found, the Association may refer the matter to a Board of Reference.

### 28.3 Board of Reference

- 28.3.1 The Board of Reference will consist of one person to be appointed from time to time by the Association and one person to be appointed from time to time by VHIA, with the General Manager of FWC or his/her nominee as Chairperson, three of whom must form a quorum.
- 28.3.2 If a matter relating to job size is referred to a Board of Reference pursuant to **sub clause 28.2** above, instead of the Association and VHIA appointments made under **sub clause 28.3.1** above, the Association must agree on one nominee from the Department and one nominee who is an appropriate clinical expert.
- 28.3.3 The Decision of the Board of Reference is final.

## PART 4 – REMUNERATION

### 29. RATE OF PAY

- 29.1 Doctors must be paid the rate of pay consistent with their correct classification prescribed in **Schedule A.1** (Rates of Pay, Allowances and Deductions).
- 29.2 Unless **sub clause 29.2.1** applies, the correct classification and rate of pay of a Doctor is based on that Doctor's years of experience as defined at **sub clause 11.6** (Experience) and based on whether, or not, Translation applies to the Doctor (refer **sub clause 11.6, 11.12.1, and 11.20.1 and Schedule A.2**).
- 29.2.1 Where a Doctor has been appointed by a Health Service as a Registrar the Doctor will progress annually through the incremental pay scale of the Registrar classification from his or her date of commencing work as a Registrar; provided that, where a Registrar moves from one recognised Specialty stream to another, he or she will not progress to the next higher annual incremental level for a further period of 12 months (refer **sub clause 11.20**).
- 29.3 Part-time Doctors must be paid for each hour worked an amount equal to the Doctor's hourly rate of pay. Any other part-time entitlement that arises under this Agreement must apply on a pro-rata basis.
- 29.4 Casual Doctors must be paid 1/38<sup>th</sup> of their weekly rate of pay plus a casual loading of 25%.
- 29.5 Where a Doctor has performed duty that entitles that Doctor to more than one penalty, only the penalty of the higher value will be payable. For the purposes of this clause, 'penalty' also means overtime payable pursuant to **clause 32**.
- 29.6 Penalties must be applied to wages but not to allowances.

### 30. SUPERANNUATION

#### 30.1 Relevant legislation

The subject of superannuation contributions is dealt with extensively by legislation including the *Superannuation Guarantee (Administration) Act 1992*, the *Superannuation Guarantee Charge Act 1992*, the *Superannuation Industry (Supervision) Act 1993* and the *Superannuation (Resolution of Complaints) Act 1993* (collectively, the superannuation legislation). This legislation, as varied from time to time, governs the superannuation rights and obligations of the Hospital and the Doctor.

## 30.2 **Definitions**

30.2.1 **Complying Superannuation Fund** means: a fund of the Doctor's choice which complies with the superannuation legislation.

30.2.2 **Ordinary Time Earnings** (refer **sub clause 30.3.1** below) means: as defined under superannuation legislation (refer **sub clause 30.1** above) and the following:

- (a) the cash value of any deduction for Board and Lodging;
- (b) Shift Work premiums;
- (c) Saturday and Sunday premiums, where they are a part of regular work;
- (d) Service Grant.

## 30.3 **Hospital contributions**

30.3.1 The Hospital superannuation contributions must be calculated on the Doctor's weekly number of Ordinary Time Earnings received by the Doctor during the preceding month (refer **sub clause 30.2.2** above).

30.3.2 A Hospital must, at least monthly and in accordance with the governing rules of the relevant Fund, make such superannuation contributions for the benefit of a Doctor as will avoid the Hospital being required to pay the superannuation guarantee charge under superannuation legislation with respect to that Doctor (refer **sub clause 30.1** above). Superannuation contributions will be made to a complying superannuation fund of the Doctor's choice. Where the Doctor does not choose a fund, contributions will be made in their favour to First State Super or its successor.

## 30.4 **Paid absences**

Contributions will continue during periods of paid leave, including during any period in respect of which a Doctor is entitled to receive workers' compensation and make up pay in accordance with **sub clause 43.3**. Contributions will not be paid in respect of accrued annual leave paid on termination.

## 30.5 **Unpaid absences**

Contributions will not be paid whilst a practitioner is absent on unpaid leave.

## 31. **SALARY PACKAGING**

31.1 By agreement with the Doctor, the rate of pay specified at **Schedule A.1** may be salary packaged in accordance with the Hospital's salary packaging program.

31.2. As far as possible, it is the intention of the Hospital that the Hospital maintains a worthwhile salary packaging program for all Doctors. However, if legislative or other changes have the effect of increasing the cost of packaging to the Hospital, the cost must be paid by the participating Doctor or the arrangement must be ceased by the Hospital.

31.3 The Hospital's salary packaging program will not restrict the Doctor's capacity to salary package any proportion of their salary in any one month.

## 32. OVERTIME

32.1 The provisions of this **clause 32** are to be read in conjunction with **clause 25** (Hours of Work).

### 32.2 Entitlement

32.2.1 Overtime is payable for working:

- (a) rostered hours in excess of ordinary hours, pursuant to **sub clause 25.1**; or
- (b) authorised hours in excess of rostered hours.

32.2.2 The payment of overtime is one and one half (1½) times the Doctor's ordinary hourly rate of pay for the first two (2) hours overtime in a week and then double the Doctor's ordinary hourly rate of pay for all additional overtime hours in that week.

32.2.3 Overtime may be converted into carer's leave in accordance with **sub clause 47.3.3**.

### 32.3 Protocols – Authorised Un-rostered Overtime

32.3.1 A Protocol must exist in the Hospital whereby overtime that cannot be authorised in advance but has been worked will be paid if it meets appropriate, clearly defined criteria.

32.3.2 The protocols described in **sub clause 32.3.1** will be structured on the following basis:

- (a) the Doctor has performed the overtime due to a demonstrable clinical need and that need could not have been met by some other means;
- (b) authorisation of the overtime could not reasonably have been made in advance of the Doctor performing the work;
- (c) the Doctor has claimed for retrospective authorisation of overtime on the first occasion possible after the overtime was worked and on no occasion later than the completion of that pay fortnight;
- (d) the Doctor has recorded the reason for working the overtime and the duties performed in a form capable of Hospital audit and review; and
- (e) the claim for overtime must be reviewed by a Senior Doctor authorised by the Hospital to do so within 14 days of the claim being submitted.

## 33. PENALTY PAYMENTS

33.1 The provisions of this **clause 33** are to be read in conjunction with **sub clauses 29.5** and **29.6** (Rate of Pay).

### 33.2 Saturday and Sunday Work

33.2.1 Any ordinary hours performed between midnight Friday and midnight Sunday must be paid at one and one half (1½) times the Doctor's ordinary hourly rate of pay.

33.2.2 For hours worked between midnight Friday and midnight Sunday that are in excess of ordinary hours pursuant to **sub clause 25.1**, overtime rates pursuant to **sub clause 32.2** must be paid.

33.3 **Shift Penalty**

33.3.1 An additional 2.5% of the ordinary weekly rate of pay for the 1<sup>st</sup> year of experience rate applicable to the Doctor's classification must be paid for each shift worked for a rostered shift finishing after 6 p.m.

33.4 **Night Duty Allowance**

33.4.1 An additional 25% of the Doctor's ordinary base hourly rate of pay must be paid for:

- (a) each hour worked during a rostered shift finishing the day after work began; or
- (b) each hour worked during a rostered shift beginning after midnight and before 6.30 a.m.

34. **CONTINUING MEDICAL EDUCATION ALLOWANCE**

34.1 Doctors are entitled to Continuing Medical Education (CME), paid weekly as an allowance described at **Schedule A.1**.

34.2 The CME allowance is payable on a pro-rata basis for part-time Doctors.

35. **ON-CALL**

35.1 The provisions of this **clause 35** are to be read in conjunction with **sub clause 11.16** (Definitions – On-call), **clause 22** (Telephone Calls to Doctors Outside of Working Hours) and **clause 40** (Telephone Allowance).

35.2 **Entitlement**

35.2.1 For each on-call period where the Doctor provides advice by telephone, the Doctor must be paid the Telephone On-call Allowance pursuant to **Schedule A.1**. In such circumstances, the entitlement at **sub clause 35.2.2** below does not apply.

35.2.2 For each on-call period where the Doctor does not provide any advice by telephone (eg. a Doctor who is on-call for the purpose of replacing Doctors who are absent due to illness), the General On-call Allowance pursuant to **Schedule A.1** must be paid as follows:

- (a) 2.5 % of the Doctor's ordinary weekly rate of pay; or
- (b) on a public holiday pursuant to **clause 48** (Public Holidays), 3.5% of the Doctors ordinary weekly rate of pay.

35.3 **Limitations**

35.3.1 For the purposes of calculating payment, each period of on-call must not exceed 16 hours.

35.3.2 Where a Doctor is rostered to perform six (6) times 16 hour periods of on-call within six (6) consecutive days, that Doctor must be released from on-call duty for 24 hours paid or unpaid as according to the roster or projected roster.

35.3.3 The on-call payment does not apply to Doctors who receive payment on a percentage of fees generated basis for out of hours work when on a General Practice Training Program Rotation pursuant to **clause 24** (Rotation to a General Practice Training Program).

**36. RECALL**

36.1 The provisions of this **clause 36** are to be read in conjunction with **clause 41** (Traveling Allowance – Use of Private Motor Vehicle).

**36.2 Entitlement**

36.2.1 A Doctor who is recalled to duty outside rostered hours of duty must be paid for the actual time worked, including time reasonably spent in traveling to and return from work, as follows:

- (a) one and one half (1½) times the ordinary hourly rate of pay for the first two (2) hours; and then
- (b) double the ordinary hourly rate of pay for all additional hours.

**36.3 Calculation**

36.3.1 Each recall must stand alone, with a minimum payment of three (3) hours per recall, except as follows:

- (a) Where a Doctor has been recalled to duty, a further recall payment cannot occur within the initial three (3) hour period except where the Doctor has left the vicinity of the hospital and/or returned to his/her place of residence.

36.3.2 Recall can only occur where the Doctor is rostered on-call and where an authorised Senior Officer of the Hospital has given authority for the recall. This sub clause does not apply where there is a genuine medical emergency or disaster.

36.3.3 Where a Doctor is recalled for more than 10 hours the Doctor must receive 24 hours free from duty, paid or unpaid according to the roster or the projected roster.

36.3.4 Recall payments must not apply to Doctors who receive payment on a percentage of fees generated basis for out of hours work whilst on Rotation to a General Practice Training Program pursuant to **clause 24** (Rotation to a General Practice Training Program).

**37. HIGHER DUTIES**

37.1 Where a Doctor is required to perform the full duties of a classification higher than his or her substantive classification the higher classification's 1<sup>st</sup> year of experience wage rate pursuant to **Schedule A.1** must be paid:

37.1.1 for only the time worked up to and including two (2) hours; or

37.1.2 for a full day or shift where time worked exceeds two (2) hours.

**38. ROTATION ALLOWANCES**

**38.1 Location Allowance – When on Rotation**

38.1.2 A Doctor must be paid a Location Allowance as detailed in **Schedule A.1** for each completed week on Rotation, unless the Doctor's Rotation Hospital is located less than 50km from the Melbourne GPO.

38.1.2 The Location Allowance is designed to defray expenses incurred because the Doctor is required to be on Rotation.

## 38.2 **Traveling Allowances – When on Rotation within Victoria**

38.2.1 A Doctor rotated to a position at a Rotation Hospital within Victoria must be paid a Traveling Allowance as follows:

- (a) on commencement of the Rotation; and then
- (b) once every three (3) weeks over the 13 week period of Rotation for other than Mildura (refer **sub clause 38.3.1** below for entitlements when on Rotation to Mildura).

38.2.2 the amount of the Traveling Allowance must be equivalent to a return first class rail fare between the Parent Hospital and the Rotation Hospital, whether the travel is accomplished by rail or by some other means.

## 38.3 **Mildura**

38.3.1 In the case of the Doctor being rotated to Mildura, instead of the entitlement described in **sub clause 38.2** above, the Doctor must receive a return economy class airfare every four (4) weeks of a 13 week Rotation.

38.3.2 To be eligible for the Traveling Allowance under **sub clause 38.3.1** above, the Doctor must undertake the travel to and from the city of the Parent Hospital at the relevant times.

## 38.4 **Tasmania**

38.4.1 A Doctor, rotated to a position at a Rotation Hospital in Tasmania as a part of a College Training Program must be reimbursed for the cost of a return economy class airfare undertaken during each three (3) month rotation as follows:

- (a) at the beginning and end of the Rotation; and
- (b) after the first six (6) weeks of the Rotation.

## 38.5 **Other Australian States**

38.5.1 A Doctor rotated to a position at a Rotation Hospital outside of Victoria but within Australia must be paid a Traveling Allowance equivalent to an economy class return airfare.

## 38.6 **Overseas**

38.6.1 A Doctor rotated to a position at a Rotation Hospital outside of Australia is entitled to an economy class return airfare for themselves and their spouse and children who, on or about the commencement of the Rotation, also travel to the Doctor's Rotation locality.

## 38.7 **Removal Reimbursement – When on Rotation**

38.7.1 A Doctor rotated to a position at a Rotation Hospital located more than 50km from the Parent Hospital for at least six (6) weeks must be reimbursed for the reasonable and actual expenses incurred by the Doctor in the removal of personal belongings to and from the Rotation locality.



**39. MEAL ALLOWANCE**

- 39.1 Where a Doctor works in excess of 11 hours in any 24-hour period, an adequate meal must be provided or a Meal Allowance (in excess of 11 hours) as detailed in **Schedule A.1** must be paid in lieu; or
- 39.1.1 where a Doctor works in excess of 16 hours in any 24 hour period – two (2) adequate meals must be provided or the Meal Allowance described in **sub clause 39.1** above and a further Meal Allowance (in excess of 16 hours) as detailed in **Schedule A.1** must be paid; and
- 39.1.2 for each six (6) hour period the Doctor works in excess of 16 hours until the shift ends, a further meal must be provided or a further Allowance as detailed in **Schedule A.1** must be paid.

**40. TELEPHONE ALLOWANCE**

- 40.1 When the Hospital requires a Doctor to be in telephone contact for work purposes, the Hospital must provide a fully funded mobile phone for the Doctor's work use; or fully reimburse the Doctor for all reasonable and actual costs (that is maintenance and rental) incurred by the Doctor when making or receiving work-related telephone calls.

**41. TRAVELLING ALLOWANCE – USE OF PRIVATE VEHICLE**

- 41.1 The provisions of this **clause 41** are to be read in conjunction with **clause 36** (Recall).
- 41.2 Where a Doctor is required to use personal transport in the performance of his or her duties (including recall travel pursuant to **clause 36**) they must receive a Traveling Allowance per kilometer in accordance with **Schedule A.1**.
- 41.3 The Doctor is responsible for maintaining records sufficient to support any claim made pursuant to this **clause 41**.
- 41.4 A Doctor who is recalled and who has not used personal transport must be provided with suitable return transport at the Hospital's expense.

**42. UNIFORM/LAUNDRY ALLOWANCE**

- 42.1 A Doctor must either:
- 42.1.1 be supplied with sufficient suitable and serviceable uniforms that must be laundered at the expense of the Hospital; or
- 42.1.2 be paid a Uniforms and Laundry Allowance pursuant to **Schedule A.1**. The Hospital must either launder or pay for the laundry of such uniform.
- 42.2 The Hospital may deem white coats to constitute a uniform for the purposes of this **clause 42**.
- 42.3 Uniforms supplied pursuant to **sub clause 42.1.1** above remain the property of the Hospital concerned and must be returned at the completion of the Doctor's period of service at that Hospital.
- 42.4 The Uniforms and Laundry Allowance described in **sub clause 42.1.2** above must be paid during all absences on leave, except absence on long service leave and absence on personal leave beyond 21 days.

43. **WORKERS COMPENSATION MAKE-UP PAY**

43.1 **Entitlement to Workers Compensation Make-up Pay**

43.1.1 A Doctor on receiving payment of weekly compensation under the *Accident Compensation Act 1985 (ACA)* is entitled to Workers Compensation Make-up Pay for up to a maximum aggregate period of 39 weeks for any one injury or illness.

43.1.2 No weekly payments of Workers Compensation Make-up Pay apply:

- (a) within the first two (2) weeks of new employment;
- (b) during the first five (5) working days of incapacity;
- (c) once the Doctor ends employment with the Hospital;
- (d) once the Hospital terminates the employment of the Doctor for serious or willful misconduct;
- (e) once there is a cessation or redemption of weekly compensation payments;
- (f) for industrial diseases contracted by a gradual process or injury subject to recurrence, aggravation, or acceleration, unless the Doctor has been employed at the time of the incapacity for a minimum period of one (1) month;
- (g) for any period of paid annual leave, long service leave or for any paid public holiday.

43.1.3 In order to qualify for the continuance of Workers Compensation Make-up Pay on termination a Doctor must, if required by the Hospital, provide evidence of the continuing payment of weekly payments of compensation.

43.1.4 On engagement, a Doctor may be required to declare all workers compensation and/or accident claims made under the ACA in the previous 5 years and in the event of defaults or inaccurate information being deliberately and knowingly declared the Hospital may require the Doctor to forfeit their entitlement to Workers Compensation Make-up Pay under this Agreement.

43.2 **Payment Calculation – Total Incapacity**

43.2.1 Where a Doctor is deemed totally incapacitated under the ACA, the Doctor is entitled to a weekly payment of an amount representing the difference between:

- (a) the total amount of compensation paid under the ACA during the period of incapacity for the week; and
- (b) the weekly ordinary rate of pay set out in **Schedule A.1**, and any over-Agreement payment being paid to the Doctor at the date of the injury and which would have been payable for the Doctor's classification for the week in question if they had been performing their normal duties.

43.3 **Payment Calculation – Partial Incapacity**

43.3.1 Where a Doctor is deemed partially incapacitated under the ACA, the Doctor is entitled to weekly payment of an amount representing the difference between:

- (a) the total amount of compensation paid under the ACA during the period of incapacity for the week, together with the average weekly amount they are earning; and
- (b) the weekly rate as set out in **Schedule A.1** and any over-Agreement payment being paid to the Doctor at the date of injury and which would have been payable for the Doctor's classification for the week in question if they had been performing their normal duties.

**43.4 Payment for Part of a Week**

- 43.4.1 Where the Doctor is incapacitated for part of a week the Doctor must receive pro-rata Workers Compensation Make-up Pay.

**43.5 Notice of Injury**

- 43.5.1 A Doctor must ensure that notice in writing of their injury is given to their Hospital as soon as reasonably practicable after the injury or illness.

**43.6 Variations in Compensation Rates**

- 43.6.1 Any changes in compensation rates under the ACA must not increase the amount of Workers Compensation Make-up Pay above the amount that would have been payable had the rates of compensation remained unchanged.

**43.7 Civil Damages**

- 43.7.1 A Doctor receiving, or who has received, Workers Compensation Make-up Pay must advise their Hospital of any action they may institute or any claim they make for damages. The Doctor must, if requested, provide an authority to the Hospital entitling the Hospital to a charge upon any money payable pursuant to any judgment or settlement on that injury.
- 43.7.2 Where a Doctor obtains a judgment or settlement for damages in respect of an injury for which they have received Workers Compensation Make-up Pay the liability to pay Workers Compensation Make-up Pay must cease from the date of the judgment or settlement. If the judgment or settlement for damages is not reduced by the amount of Workers Compensation Make-up Pay made by the Hospital, the Doctor will pay to the Hospital any amount of Workers Compensation Make-up Pay already received in respect of that injury.

**43.8 Medical Examination**

- 43.8.1 Where, in accordance with the ACA, a medical referee gives a certificate as to the condition of the Doctor and their fitness for work or specifies work for which the Doctor is fit and such work is made available by the Hospital, and is refused by the Doctor or the Doctor fails to commence the work, Workers Compensation Make-up Pay must cease from the date of such refusal or failure to commence the work.

**PART 5 – PUBLIC HOLIDAYS AND LEAVE ARRANGEMENTS**

**44. LEAVE NOT APPLYING TO CASUALS**

- 44.1 Casual Doctors are not eligible for the entitlements in this **Part 5** (Public Holidays and Leave Arrangements) except where a casual entitlement is expressly provided for as a term of this Agreement.

## 45. REPLACEMENT OF DOCTORS WHEN ON LEAVE

- 45.1 Where a Doctor is on leave and should be replaced, the Hospital is primarily responsible for finding the replacement.
- 45.2 When finding a replacement for a Doctor on leave, the Hospital must consult with Doctors affected by the absence.

## 46. ANNUAL LEAVE

### 46.1 Entitlement

- 46.1.1 A full-time or part-time Doctor is entitled to paid annual leave as follows:
- (a) 5 weeks if the Doctor is required to work in excess of their ordinary hours, or works ordinary hours on more than 10 weekends (defined as a Saturday or Sunday or both) during the leave accrual year; or
  - (b) 4 weeks if **sub clause 46.1.1(a)** does not apply.
- 46.1.2 If the period during which a Doctor takes paid annual leave includes a day or part-day that is a public holiday in the place where the Doctor is based for work purposes, the Doctor is taken not to be on paid annual leave on that public holiday.

### 46.2 Time of Taking Annual Leave

- 46.2.1 Annual leave shall be taken at a time determined by agreement between the Hospital and the Doctor.
- 46.2.2 The Hospital will not unreasonably refuse a Doctor's request to take paid annual leave.
- 46.2.3 An HMO year 1 (Intern) may take up to 4 weeks of annual leave after 3 months of employment. All or part of the leave may be taken sooner if agreed.
- 46.2.4 A Doctor with more than one (1) year of experience may take annual leave during or after the year in which their entitlement accrues.
- 46.2.5 A period of annual leave may be converted into personal/carer's leave pursuant to **sub clause 47.3.2**.

### 46.3 Payment for Annual Leave

- 46.3.1 Prior to going on annual leave, the Doctor must be paid for the period of leave, unless otherwise agreed.

### 46.4 Payment Calculation

- 46.4.1 For the purposes of this **clause 46**, 'wages' means the ordinary weekly rate of pay and allowances consistent with the Doctor's classification as averaged over the leave accrual year and calculated consistent with the following methodology:
- (a) if the Doctor worked 60 hours or more: wages must be paid at 38 hours calculated at single time (1.0) and 22 hours at time and one half (1.5) for each week of leave;
  - (b) if the Doctor worked less than 60 hours but at least 48 hours: wages must be paid at 48 hours calculated at single time (1.0) for each week of leave;

(c) in all other circumstances the Doctor's wages must be paid on 38 hours at single time (1.0) for each week of leave.

46.4.2 For Registrars, all references to 38 hours in **sub clause 46.4.1 (a)** through **(c)** above become 43 hours and all references to 22 hours become 17 hours.

#### 46.5 **Effect of Other Leave**

46.5.1 If the period during which a Doctor takes paid annual leave includes a period of any other approved leave (including personal/carer's leave), other than unpaid parental leave or community service leave, the Doctor is taken not to be on paid annual leave for the period of that other leave.

#### 46.6 **Effect of Termination**

46.6.1 Where the Doctor's employment is terminated and the Doctor is not re-employed by the same Hospital, the Doctor must be paid in lieu of any untaken accrued annual leave. Pro-rata payment shall be made if the Doctor has been employed for less than 12 months.

### 47. **PERSONAL (SICK)/CARER'S LEAVE**

#### 47.1 **Entitlement**

47.1.1 Paid personal/carer's leave will be available to a Doctor when they are absent because of:

- (a) personal illness or injury; or
- (b) personal illness or injury of an immediate family or household member who requires the Doctor's care or support; or
- (c) an unexpected emergency affecting an immediate family or household member; or
- (d) the requirement to provide ongoing care and attention to another person who is wholly or substantially dependent on the Doctor, provided that the care and attention is not wholly or substantially on a commercial basis.

47.1.2 A Doctor is entitled to 28 days paid personal/carer's leave for each year of service. Unused personal/carer's leave accumulates from year to year.

47.1.3 When a Doctor takes personal/carer's leave during a period of rostered duty, the leave must be paid at the ordinary weekly rate of pay on the basis of the projected roster for a maximum of 14 consecutive days. For all personal/carer's leave beyond 14 consecutive days the Doctor must be paid at the rate of 7.6 hours per day for HMOs, MOs and SMOs and 8.6 hours per day for Registrars.

#### 47.2 **Immediate Family or Household**

47.2.1 The term immediate family includes:

- (a) spouse (including a former spouse, a de facto partner and a former de facto partner) of the Doctor. A de facto partner means a person who, although not legally married to the Doctor, lives with the employee in a relationship as a couple on a genuine domestic basis (whether the Doctor and the person are of the same sex or different sexes); and

- (b) child or an adult child (including an adopted child, a step child or an ex-nuptial child), parent, grandparent, grandchild or sibling of the Doctor or spouse of the Doctor.

#### 47.3 Use of Accumulated Personal/Carer's Leave

- 47.3.1 A Doctor is entitled to use accumulated personal/carers leave for the purposes of this clause where the current year's personal/carers leave entitlement has been exhausted.
- 47.3.2 The Doctor may request the Hospital's consent to take up to five (5) days of annual leave in any one year as carer's leave.
- 47.3.3 The Doctor may request the Hospital's consent to take time off in lieu of payment for overtime for carer's leave purposes. One (1) hour of overtime worked is equal to one (1) hour of time off for carer's leave.
- 47.3.4 The Doctor, on his or her request, must be paid for the overtime worked if the time off in lieu has not been taken as carer's leave within four (4) weeks of the overtime being accrued.
- 47.3.5 The Doctor may request the Hospital's consent to work make-up time for carer's leave purposes. In this case, the Doctor works the same number of ordinary hours taken as carer's leave during the ordinary spread of hours, but at a later time.

#### 47.4 Notice and Evidence Requirements – Personal Leave

- 47.4.1 For three (3) single day absences per year, the Doctor will not be required to provide any supporting evidence to substantiate their claim for personal leave. However, to be eligible for payment, the Doctor will be required to notify the Hospital two (2) hours before the start of the shift, or as soon as practicable (which may be the time after the leave has started).
- 47.4.2 For other days absent due to personal illness or injury, the Hospital may require a Doctor to provide evidence of illness as follows:
  - (a) a Medical Certificate from another Doctor, but only in circumstances when the certificate may be properly provided; or
  - (b) such other reasonable evidence as would satisfy the National Employment Standard (refer s.107 of the Act).
- 47.4.3 Personal/carers leave can be used in addition to worker's compensation payments and Workers Compensation Makeup Pay (refer **clause 43**) to make up payments to 100% of the Doctor's ordinary weekly rate of pay pursuant to **Schedule A.1**.

#### 47.5 Notice and Evidence Requirements – Carer's Leave

- 47.5.1 The Doctor, on the Hospital's request, must demonstrate the illness or injury of the person concerned by either Medical Certificate or Statutory Declaration.
- 47.5.2 When practical, the Doctor must give the Hospital prior notice of their intended absence due to carer's leave. If not practical to provide prior notice, the Doctor must give notice by telephone at the first opportunity on the day of the absence beginning.
- 47.5.3 Notice for the purposes of this **sub clause 47.5** means: estimated date of absence, estimated length of absence, the name of the person to be cared for and their relationship to the Doctor.

#### 47.6 Unpaid Personal Leave

47.6.1 Where a Doctor has exhausted all paid personal/carer's leave entitlements, he/she is entitled to take unpaid carer's leave to provide care and support in the circumstances outlined in **sub clauses 47.1.1(b), (c), or (d)**. The Hospital and the Doctor will agree on the period. In the absence of agreement the Doctor is entitled to take up to two (2) days' unpaid carer's leave per occasion.

#### 47.7 Absence on Public Holidays

47.7.1 If the period during which a Doctor takes paid personal/carer's leave includes a day or part-day that is a public holiday in the place where the Doctor is based for work purposes, the Doctor is taken not to be on paid personal/carer's leave on that public holiday.

#### 47.8 Transfer of Accrued Personal/Carer's Leave

47.8.1 For all Doctors other than those described at **sub clause 47.9** below, a Doctor appointed to a Hospital up to five (5) weeks after his or her termination of appointment at another Hospital or community health centre, not including any period of paid leave, must be credited up to 168 days of the Doctor's accumulated personal/carer's leave. The accumulated personal/carer's leave must be credited at the time of appointment.

#### 47.9 Accrual Protection for Accredited Trainees

47.9.1 When a Doctor is employed as part of an accredited Specialist training program but not employed by a Hospital listed in **Schedule D**, any personal/carer's leave accrued by the Doctor under this Agreement will be recognised when returning to the employ of a Schedule D Hospital, provided that:

- (a) the break between periods of employment is not more than 2 months duration; and
- (b) the personal/carer's leave or service accrued with an employer other than a hospital listed in **Schedule D** is not recognised.

47.9.2 The Hospital may require a Doctor to produce a written statement from the previous Hospital that specifies the amount of accumulated personal/carer's leave credited to the Doctor at the time of his or her termination of appointment.

#### 47.10 Casual Doctors – Caring responsibilities

47.10.1 Casual Doctors are entitled to be unavailable to attend work or to leave work:

- (a) if they need to care for members of their immediate family or household who are sick and require care and support, or who require care due to an unexpected emergency, or the birth of a child; or
- (b) upon the death in Australia of an immediate family or household member.

47.10.2 The Hospital and the Doctor will agree on the period for which the Doctor will be entitled to be unavailable to attend work. In the absence of agreement, the Doctor is entitled to be unavailable to attend work for up to two (2) days per occasion. The Casual Doctor is not entitled to any payment for the period of non-attendance.

47.10.3 The Hospital will require the Casual Doctor to provide satisfactory evidence to support the taking of leave pursuant to this **sub clause 47.9**.

**48. PUBLIC HOLIDAYS**

**48.1 Entitlement to be absent on a public holiday**

48.1.1 A Doctor shall be entitled to paid time off (or penalty payments for time worked) in respect of public holidays in accordance with this clause.

48.1.2 Subject to **sub clause 48.3**, the public holidays to which this clause applies are the days determined under Victorian law as public holidays in respect of the following occasions:

- (a) New Year's Day, Australia Day, Christmas Day and Boxing Day; and
- (b) Good Friday, the Saturday immediately before Easter Sunday, Easter Monday, Anzac Day, Queen's Birthday and Labour Day; and
- (c) Melbourne Cup Day, or in lieu of Melbourne Cup Day, some other day as determined under Victorian law for a particular locality; and
- (d) any additional public holiday declared or prescribed in Victoria or a locality in respect of occasions other than those set out in **sub clause (a)** above.
- (e) if a day or days are not determined in respect of any of the occasions those set out in **sub clauses (a), (b) or (c)** above under Victorian law in any year, the public holiday for that occasion will be the day or date upon which the public holiday was observed in the previous year.

**48.2 Applicability of penalty payments for some public holidays falling on a weekend**

48.2.1 When Christmas Day, Australia Day, Boxing Day, or New Year's Day (Actual Day) is a Saturday or a Sunday, and a substitute or additional holiday is determined under Victorian law on another day in respect of any of those occasions (Other Day):

- (a) Weekend Workers and casual Doctors shall receive penalty payments pursuant to **sub clause 48.4** for time worked on the Actual Day or on the Other Day if the Doctor does not work ordinary hours on the Actual Day; and
- (b) All other Doctors will receive penalty payments pursuant to **sub clause 48.4** for time worked on the Other Day.

48.2.2 For the purpose of this clause only, a Weekend Worker is a Doctor who works ordinary hours on a Saturday or Sunday.

**48.3 Substitution of one public holiday for another**

48.3.1 A Hospital, with the agreement of the Associations, may substitute another day for any prescribed in this clause other than Christmas Day, Boxing Day, New Year's Day and Australia Day:

- (a) A Hospital and its Doctors may agree to substitute another day for any prescribed in this clause (other than Christmas Day, Boxing Day, New Year's Day and Australia Day). For this purpose, the consent of the majority of affected Doctors shall constitute agreement.



- (b) An agreement pursuant to **sub clause 48.3.1** shall be recorded in writing and be available to every affected Doctor.
- (c) The Associations shall be informed of an agreement pursuant to **sub clause 48.3.1** and may within seven days refuse to accept it. The Associations will not unreasonably refuse to accept the agreement.
- (d) If an Association refuses to accept an agreement, the parties will seek to resolve their differences to the satisfaction of the Employer, the Doctors and the Association.

48.3.2 A Doctor is entitled to be absent from his or her employment on a day or part-day that is a public holiday in the place where the Doctor is based for work purposes. However, a Hospital may request a Doctor to work on a public holiday provided the request is reasonable.

48.3.3 If a Hospital requests a Doctor to work on a public holiday, the Doctor may refuse the request if:

- (a) the request is not reasonable; or
- (b) the refusal is reasonable.

48.3.4 In determining whether a request, or a refusal of a request, to work on a public holiday is reasonable, the following must be taken into account:

- (a) the nature of the Hospital's workplace or enterprise (including its operational requirements), and the nature of the work performed by the Doctor;
- (b) the Doctor's personal circumstances, including family responsibilities;
- (c) whether the Doctor could reasonably expect that the Hospital might request work on the public holiday;
- (d) whether the Doctor is entitled to receive overtime payments, penalty rates or other compensation for, or a level of remuneration that reflects an expectation of, work on the public holiday;
- (e) the type of employment of the Doctor (for example, whether full-time, part-time, casual or shift-work);
- (f) the amount of notice in advance of the public holiday given by the Hospital when making the request;
- (g) in relation to the refusal of a request – the amount of notice in advance of the public holiday given by the Doctor when refusing the request; and
- (h) any other relevant matter.

#### 48.4 **Payment Calculation**

48.4.1 A Doctor who is requested to and does work on a day or part-day that is a Public holiday is entitled to be paid for the time worked at the rate of double time and one half (2.5) or, by mutual agreement, be paid at single time (1.0) and have one and one half (1.5) days added to their annual leave.

48.4.2 Any Doctor must receive a sum equal to one (1) day's ordinary pay for public holidays that occur on their rostered days off.

48.4.3 If a Doctor is absent from his or her employment on a day or part-day that is a public holiday, the Hospital must pay the Doctor at the Doctor's base rate of pay for the Doctor's ordinary hours of work on the day or part-day.

#### **49. EXAMINATION LEAVE**

##### **49.1 Entitlement**

49.1.1 A Doctor is entitled to a total amount of paid Examination Leave not exceeding eight (8) rostered working days in any one (1) year.

##### **49.2 Use of Examination Leave**

49.2.1 Doctors are entitled to utilise their paid Examination Leave of eight (8) days in the following ways:

- (a) to attend any examination (within Australia or New Zealand) necessary to obtain Australian Medical Council (AMC) Registration or higher qualifications as defined at **sub clause 11.9** (Definitions – Higher Qualifications) of this Agreement or necessary to enable post graduate studies in the United States. The period of leave must include travel time to and from the centre at which the examination is held;
- (b) to provide for at least three (3) clear days' leave immediately prior to each examination; or
- (c) to attend a conference or seminar, which is a requirement for sitting an examination that leads to AMC Registration or a higher qualification defined at **sub clause 11.13** of this Agreement.

##### **49.3 Notice of Taking Examination Leave**

49.3.1 The Doctor must give the Hospital's Director of Medical Services at least two (2) weeks written notice of their intention to access Examination Leave.

##### **49.4 Payment Calculation**

49.4.1 Payment of Examination Leave under this **clause 49** must be made consistent with the roster or projected roster, excluding overtime and penalties.

#### **50. CONFERENCE / SEMINAR LEAVE**

##### **50.1 Entitlement**

50.1.1 In a year of service, a Doctor will receive one (1) week of paid conference leave and, at the discretion of the Hospital, may receive a further two (2) weeks paid conference leave (i.e. for a total of three (3) weeks), to attend any conference, workshop or seminar that is directly relevant to the Doctor's role and/or education.

50.1.2 The one (1) week of paid conference leave each year may be accrued over two (2) years to suit particular study requirements.

##### **50.2 Notice of Taking of Conference Leave**

50.2.1 A Doctor must advise the Hospital of the preferred dates for taking paid conference leave no later than 31 March of the year in which the leave will be taken.

**50.3 Granting of Conference Leave**

50.3.1 A Hospital may only refuse the minimum one (1) week of paid conference leave where:

- (a) the refusal is based on circumstances outside the control of the Hospital; and
- (b) the reasons for the refusal are provided to the Doctor in writing within 14 days of the application for leave being received by the Hospital.

50.3.2 The timing of the conference leave granted under this **clause 50** is subject to Hospital operational requirements. Practical restrictions on the ability to release a Doctor at any particular time will exist on some occasions.

50.3.3 A Doctor who has had their application for the minimum one week's paid conference leave refused may utilise the Dispute Resolution Procedures set out in **clause 64** of this Agreement.

**50.4 Payment Calculation**

50.4.1 Payment for conference leave pursuant to this **clause 50** must be made consistent with the roster or projected roster, excluding overtime and penalties.

**51. COMPASSIONATE LEAVE**

**51.1 Amount of Compassionate Leave**

51.1.1 Doctors are entitled to two (2) days' compassionate leave on each occasion when a member of the Doctor's immediate family or a member of the Doctor's household:

- (a) contracts or develops a personal illness that poses a serious threat to his or her life;
- (b) sustains a personal injury that poses a serious threat to his/her life; or
- (c) dies.

**51.2 Payment Calculation**

51.2.1 The compassionate leave must be paid according to the roster or projected roster, not including overtime or penalty rates, on the death or serious illness of person described in **sub clause 47.2** (Immediate Family or Household).

**51.3 Taking of Leave**

51.3.1 The Doctor must provide proof of death or illness to the satisfaction of the Hospital.

51.3.2 Any unused portion of compassionate leave will not accrue from year to year and will not be paid out on termination.

51.3.3 Such leave does not have to be taken consecutively.

51.3.4 A Doctor may take unpaid compassionate leave by agreement with the Hospital.

51.3.5 The Hospital will require the Doctor to provide satisfactory evidence to support the taking of compassionate leave.

**52. PARENTAL LEAVE – BASIC ENTITLEMENT**

52.1 Eligible Doctors with 12 months' continuous service with one or more Health Service(s) shall be entitled to parental leave, paid at the Doctor's ordinary weekly rate of pay, in accordance with the following table:

Type of Leave	Paid Leave	Unpaid Leave	Combined Total
Maternity Leave	10 weeks	42 weeks if primary caregiver	52 weeks
Paternity/Partner	1 week	51 weeks if primary caregiver	52 weeks
Adoption Leave – primary caregiver	10 weeks	42 weeks	52 weeks
Adoption Leave – secondary caregiver	1 week	2 weeks	3 weeks

52.2 An eligible Doctor is entitled to the 10 weeks paid maternity leave entitlement and to have their service continuity protected for 12 months from the date employment ends (refer **Schedule B 1.7.3** and **Schedule C 1.8.2**).

52.3 Paid Parental Leave can be taken at half-pay for twice the period of absence at the request of the Doctor.

52.4 This **clause 52** provides a summary of the basic parental leave entitlement only. This clause must be read in conjunction with, and is not intended to replace, **SCHEDULE B – Parental Leave**.

**53. LONG SERVICE LEAVE - BASIC ENTITLEMENT**

53.1 A Doctor is entitled to six (6) months' Long Service Leave on completion of 15 years of continuous service with one or more Health Service(s); then two (2) months' Long Service Leave for every five (5) years of continuous service thereafter.

53.2 Doctors who commenced employment with a Victorian public health service after 30 November 2008 will have service with an interstate Government health service recognised for the purpose of calculating long service leave entitlements on application, provided that such interstate Government health service employment ended within two (2) months of commencing employment with a Victorian public health service (refer **Schedule C item 1.7.7**).

53.3 Doctors employed in an accredited Specialist training position will have that service recognised as continuous for the purposes of calculating their Long Service Leave entitlements (refer **Schedule C item 1.8.3**).

53.4 This **clause 53** provides a summary of the basic long service leave entitlement only. This clause must be read in conjunction with, and is not intended to replace, **SCHEDULE C – Long Service Leave**.

54. JURY SERVICE LEAVE

- 54.1 A Doctor required to attend for Jury Service during ordinary working hours must be paid the difference between the amount paid for the Jury Service and the amount the Doctor could have reasonably expected to receive had the Doctor attended for work.
- 54.2 A Doctor must notify the Hospital as soon as possible of the date(s) when he or she is required to attend for Jury Service. Further, the Doctor must give his or her Hospital proof of attendance, the duration of the attendance and the amount paid for the Jury Service.

55. COMMUNITY SERVICE LEAVE

- 55.1 A Doctor is entitled to a reasonable period of unpaid leave release to attend a recognised voluntary emergency management activity related to an emergency or natural disaster situation in accordance with Division 8 (Community Service Leave) of the *Fair Work Act 2009* (Cth).

PART 6 - ACCOMMODATION AND FACILITIES

56. GENERAL FACILITIES

- 56.1 The Hospital must provide the following facilities for the use of non-resident Doctors:
  - 56.1.1 a changing room with individual full length lockable lockers for each Doctor;
  - 56.1.2 a common room; and
  - 56.1.3 a shower and bathroom.
- 56.2 Hospitals should provide the following facilities:
  - 56.2.1 access to workstations, telecommunication and information technology capable of ensuring administrative and similar work can be accomplished efficiently;
  - 56.2.2 access to internet and e-mail facilities for work purposes;
  - 56.2.3 24-hour access to a library and all of its resources;
  - 56.2.4 access to a security escort at night;
  - 56.2.5 reserved car parking paid for by the Hospital and available for a Doctor when rostered on-call and when recalled to duty. The parking spaces must be well lit and in a secure place within 200 meters from the main entrance of the Hospital; and
  - 56.2.6 an office available for private discussion with patients' relatives.
- 56.3 In the case where a Hospital does not meet the standards described in **sub clause 56.2** above, the Hospital, the Department and the Association will consult to determine a time-frame within which the facilities will be provided within available capital funding budgets.
- 56.4 Where a Doctor is rostered for a period of 12 hours or more and that rostered period commences after 6.00 p.m., the Hospital must make available to the Doctor for the period of duty:
  - 56.4.1 a separate reasonably furnished bedroom with adequate heating and cooling facilities, including a study desk, chair and study light;
  - 56.4.2 reasonable provision for the preparation of light refreshments by the Doctor;

- 56.4.3 reasonable provision for laundering, drying and ironing of personal clothing by the Doctor; and
- 56.4.4 rooms fully cleaned and beds made.

## 57. FACILITIES WHEN ON ROTATION

- 57.1 Where a Doctor is permitted or required to live in the residential quarters provided by the Rotation Hospital, the following facilities must be provided:
  - 57.1.1 a separate reasonably furnished bedroom with adequate heating and cooling facilities, including a study desk, chair and study light;
  - 57.1.2 adequate accommodation for study and recreation, which must be available for the Doctor's exclusive use;
  - 57.1.3 reasonable provision for the preparation of light refreshments by the Doctor;
  - 57.1.4 reasonable provision for the laundering, drying and ironing of personal clothing by the Doctor; and
  - 57.1.5 adequate car parking facilities, where possible.
- 57.2 The Rotation Hospital must respect the privacy of a Doctor's room and, provided there are no exceptional circumstances, representatives of the Rotation Hospital must have entry only with the Doctor's permission.
- 57.3 The provisions of **sub clause 57.2** do not apply to the routine maintenance of Doctors' rooms or routine inspections of which notice has been given.

## 58. DEDUCTIONS FOR BOARD AND LODGING

- 58.1 The provisions of this **clause 58** are to be read in conjunction with **clause 38** (Rotation Allowances).
- 58.2 Where the Rotation Hospital provides board and lodging, the Doctor's wage rate will be reduced by the amounts set out in the table in **Schedule A.1**.
- 58.3 A single Doctor may request in writing accommodation of a higher standard than provided in **sub clause 58.1** above, in which case the rental and other charges must be fixed by the Rotation Hospital but must not exceed prevailing market rates.
- 58.4 The amounts in **Schedule A.1** will be varied by the same percentage as the rate of pay of a Hospital Medical Officer Year 1 (Intern).

## 59. MARRIED ACCOMMODATION

- 59.1 A married Doctor, including a Doctor in a domestic relationship, may request married quarters if on Rotation to a Rotation Hospital located more than 50km from the Parent Hospital (refer **clause 15 – Rotation from Parent Hospital**) for in excess of six (6) weeks. This entitlement is subject to the availability of married quarters.

**60. HOSPITAL OBLIGATIONS**

- 60.1 A Hospital must not dismiss, threaten to dismiss, injure or threaten to injure a Doctor in respect of his or her employment nor alter the Doctor's position, or threaten to alter the position to the Doctor's detriment for the following reasons:
- 60.1.1 the Doctor has been, is, or proposes to become an Officer, delegate or member of the Association; or
  - 60.1.2 the Doctor is entitled to the benefits of the Agreement, or has asked to receive the benefit; or
  - 60.1.3 the Doctor has appeared, or proposes to appear, as a witness, or has given or proposes to give evidence in a proceeding under the Act; or
  - 60.1.4 the Doctor, being a member of the Association which is seeking better industrial conditions, is dissatisfied with employment conditions; or
  - 60.1.5 the Doctor was, after giving reasonable notice to the Hospital of such intention, absent from rostered duty though engaged in duties as a member of a Board of Reference; or
  - 60.1.6 the Doctor was absent from rostered duty because:
    - (a) the absence was for the purpose of carrying out duties or exercising rights as an Officer or delegate of the Association; or
    - (b) the Doctor applied for leave before the absence referred to in **sub clause 60.1.6(a)** above and the Hospital unreasonably refused or withheld consent for the leave.
  - 60.1.7 The Officer, delegate or member of the Association has done or proposes to do an act or thing which is lawful for the purpose of furthering or protecting the industrial interests of the Association or its members. The act or thing must be done within the limits of authority expressly conferred on the Doctor by the Association in accordance with the rules of the Association.
  - 60.1.8 The absences referred to above must not exceed a period of five (5) consecutive working days or a total of five (5) working days in any four (4) week period without a written request from the officer of the Association. Authorisation of any such absence must not be unreasonably withheld by the Hospital. Provided sufficient and appropriate notice is given, the onus is placed on the Hospital to explain the circumstances of any refusal to release the Doctor from duty as expeditiously as possible.
  - 60.1.9 The absences referred to above must be without pay unless otherwise agreed to by the Hospital.

## PART 8 – CONDUCT, PERFORMANCE MANAGEMENT, DISPUTE RESOLUTION, AND CONSULTATIVE STRUCTURES

### 61 CONDUCT – PROTOCOL

- 61.1 Bullying, as defined at **sub clause 61.2** below will not be tolerated in the workplace. Hospitals will promote this message through their employment policies and procedures (refer **sub clause 19.2.6**).
- 61.2 Bullying is defined as repeated, unreasonable behaviour directed towards a worker, or group of workers, that creates a risk to health and safety (or other such definition that may be included in the Act).
- 61.3 The definition of bullying does not include:
- 61.3.1 reasonable performance management by a Hospital;
  - 61.3.2 reasonable disciplinary management by a Hospital; or
  - 61.3.3 management direction or action when conducted in a reasonable manner.

### 62. PERFORMANCE MANAGEMENT – PROTOCOL

- 62.1 Where a Hospital has concerns about the conduct of a Doctor, or a performance issue that may constitute misconduct, the procedure described at **sub clauses 62.2 to 62.5** below applies (refer also **sub clauses 17.1.3 and 19.2.7**).
- 62.2 **Investigation Procedure**
- 62.2.1 The Hospital will advise the Doctor of the concerns in question and any allegation in writing and conduct a fair investigation having proper regard to procedural fairness and the requirements set out in **sub clause 62.3**.
- 62.3 **Procedural Requirements**
- 62.3.1 The Hospital must take reasonable steps to give the Doctor a reasonable opportunity to answer any concerns or allegations.
  - 62.3.2 The reason for any meeting is advised in writing along with reasonable notice provided to the Doctor to attend the meeting.
  - 62.3.3 The Doctor is to be provided with material which forms the basis of concerns or allegations and given a reasonable opportunity to respond.
  - 62.3.4 If the Doctor raises an issue in his or her response to the Hospital's concerns or allegations, that warrants further investigation, the Hospital must take reasonable steps to further investigate the matter.
  - 62.3.5 A reasonable opportunity is to be provided for a support person or representative of the Doctor's choice to attend interviews or meetings conducted by the Hospital with the Doctor.



#### 62.4 **Disciplinary Procedure**

62.4.1 If following the investigation, the Hospital reasonably considers that the Doctor's conduct may warrant disciplinary steps being taken, the Hospital will notify the Doctor in writing of the basis of its view and any allegation and meet with the Doctor.

#### 62.5 **Further Considerations**

62.5.1 In considering whether the Doctor should be disciplined the Hospital will consider:

- (a) whether there is a valid reason related to the conduct of the Doctor arising from the investigation justifying disciplinary action;
- (b) whether the Doctor knew or ought to have known that the conduct was not of an acceptable standard; and
- (c) any explanation by the Doctor related to the conduct.

62.6 Nothing in **sub clause 62.2 to 62.5** above derogates from any obligation a Hospital or Doctor has under State or Federal legislation, nor derogates from a Hospital's right to implement policies that are consistent with the above.

#### 63. **CONSULTATION – MAJOR CHANGE**

63.1 The provisions of this **clause 63** are to be read in conjunction with the definitions in **sub clause 11.27** of this Agreement.

#### 63.2 **Notification Obligations**

63.2.1 When the Hospital decides to introduce major organisational change that is likely to materially affect Doctors, or carries out an investigation into the feasibility of technological change, the Hospital must notify the Association and the Doctors affected by the proposed change and any other representative nominated by the affected Doctors (nominated representative) change (where those Doctors can be reasonably identified).

63.2.2 The notification must contain information about the organisational change decision, or that the feasibility investigation is being undertaken, and must specify the Hospital's principal objectives.

#### 63.3 **Consultation Obligation**

63.3.1 When the Hospital decides to introduce major organisational change, or during the course of any feasibility investigation, the Hospital must keep the Association and affected Doctors informed of any change being considered, any material effects which might result and alternative proposals which might eliminate or lessen the likely material effects.

63.3.2 At the written request of the Association or affected Doctors, the Hospital must consult in respect of the issues noted.

#### 63.4 **Hospital Decision to Implement**

63.4.1 Immediately after the Hospital decides to introduce major organisational change, or implement technological change, it must notify the Association and affected Doctors.

63.4.2 After the Hospital has met its obligation under **sub clause 63.4.1** above, the Hospital must inform and consult with the Association and affected Doctors as to the nature

and extent of the likely material effects of the proposed change, the reasons for the proposed change and any alternative proposals which may, if implemented, eliminate or lessen the likely material effects.

#### **63.5 Information Must be Provided**

- 63.5.1 The Hospital must provide technical data that will allow a realistic assessment of the likely material effects of any proposed change. The source of the data must also be provided.
- 63.5.2 The information provided will not be divulged to any other Hospital nor used for any purpose other than evaluating under this clause.

#### **64. DISPUTE RESOLUTION PROCEDURE**

##### **64.1 Resolution of disputes and grievances**

- 64.1.1 Unless otherwise provided for in this Agreement, a dispute or grievance about a matter arising under this Agreement or the NES, other than termination of employment, must be dealt with in accordance with this clause. This includes a dispute or grievance about whether a Hospital had reasonable grounds to refuse a request for flexible working conditions, or an application to extend unpaid parental leave.
- 64.1.2 This clause does not apply to any dispute on a matter or matters arising in the course of bargaining in relation to a proposed enterprise agreement. Nor does it apply to any dispute or grievance arising under or over the application of a Doctor's contract of employment.
- 64.1.3 The Hospital or a Doctor may choose to be represented at any stage by a representative, including a union representative or employer organisation.
- 64.1.4 A dispute about Conduct or Behaviour may be referred directly to the Fair Work Commission ("FWC") or successor where the Doctor has a reasonable belief that they are subject to the conduct or behaviour and that there are exceptional circumstances.
- 64.1.5 Other than for the reasons referred to in **sub clause 64.1.1 above**, no dispute about Hospital conduct or behaviour may be referred to FWC directly unless there has first been a genuine attempt to resolve the dispute at the workplace level.
- 64.1.6 When there are other matters subject to dispute and **sub clause 64.1.4 above** applies, the other matters may also be referred directly to the FWC.

##### **64.2 Obligations**

- 64.2.1 The parties to the dispute or grievance, and their representatives, must genuinely attempt to resolve the dispute or grievance through the processes set out in this clause and must cooperate to ensure that these processes are carried out promptly.
- 64.2.2 While a dispute or grievance is being dealt with in accordance with this clause, work must continue in accordance with the Hospital's direction, provided that this does not apply to a Doctor who has a reasonable concern about an imminent risk to his or her health or safety, has advised the Hospital of this concern and has not unreasonably failed to comply with a direction by the Hospital to perform other available work that is safe and appropriate for the Doctor to perform.

64.2.3 No person covered by the Agreement will be prejudiced as to the final settlement of the dispute or grievance by the continuance of work in accordance with this clause.

**64.3 Agreement and dispute settlement facilitation**

64.3.1 For the purposes of compliance with this Agreement (including compliance with this dispute settlement procedure) where the chosen Doctor representative is another Doctor, he/she must be released by his/her Hospital from normal duties for such periods of time as may be reasonably necessary to enable him/her to represent Doctors concerning matters pertaining to the employment relationship including but not limited to:

- (a) investigating the circumstances of a dispute or an alleged breach of this Agreement or the NES;
- (b) endeavouring to resolve a dispute arising out of the operation of the Agreement or the NES; or
- (c) participating in conciliation, arbitration or any other agreed alternative dispute resolution process.

64.3.2 The release from normal duties referred to in this clause is subject to the proviso that it does not unduly affect the operations of the Hospital, having regard to the need to provide for the proper treatment and care of patients at all times and the availability of acceptable alternative arrangements for the carrying out of all other duties from which the Doctor seeks to be released.

**64.4 Discussion of grievance or dispute**

64.4.1 The dispute or grievance must first be discussed by the aggrieved Doctor(s) with the immediate supervisor of the Doctor(s).

64.4.2 If the matter is not settled, the Doctor(s) can require that the matter be discussed with another representative of the Hospital appointed for the purposes of this procedure.

**64.5 Internal process**

64.5.1 If any party to the dispute or grievance, who is covered by the Agreement, refers the dispute or grievance to an established internal dispute or grievance resolution process, the matter must first be dealt with according to that process, provided that the process:

- (a) is conducted in a timely manner;
- (b) is consistent with the rules of natural justice;
- (c) provides for mediation of the grievance;
- (d) provides that the Hospital will take into consideration any views on who should conduct the review; and
- (e) is conducted as quickly and with as little formality as a proper consideration of the matter allows.

64.5.2 If the dispute or grievance is not settled through an internal dispute or grievance resolution process, the matter can be dealt with according to the processes set out below.

64.5.3 If the matter is not settled either party may refer the matter to FWC for conciliation.

#### 64.6 **Disputes of a Collective Character**

64.6.1 The parties covered by the Agreement acknowledge that disputes of a collective character concerning more than one Doctor may be dealt with more expeditiously by an early reference to the FWC.

64.6.2 No dispute of a collective character may be referred to FWC directly unless there has been a genuine attempt to resolve the dispute at the workplace level prior to it being referred to FWC.

#### 64.7 **Conciliation**

64.7.1 Where a dispute or grievance is referred for conciliation, a member of FWC will do everything that appears to the member to be right and proper to assist the parties to agree on terms for the settlement of the dispute or grievance.

64.7.2 This may include arranging:

- (a) conferences of the parties or their representatives presided over by the member; and
- (b) for the parties or their representatives to confer among themselves at conferences at which the member is not present.

64.7.3 Conciliation before FWC will be regarded as completed when:

- (a) the parties have reached agreement on the settlement of the grievance or dispute; or
- (b) the member of FWC conducting the conciliation has, either of their own motion or after an application by either party, satisfied themselves that there is no likelihood that within a reasonable period further conciliation will result in a settlement; or
- (c) the parties have informed the FWC member that there is no likelihood of agreement on the settlement of the grievance or dispute and the member does not have substantial reason to refuse to regard the conciliation proceedings as completed.

#### 64.8 **Arbitration**

64.8.1 If the dispute or grievance has not been settled after conciliation, FWC may proceed to determine the dispute or grievance by arbitration.

64.8.2 Where a member of FWC has exercised conciliation powers in relation to the dispute or grievance, the member will not exercise, or take part in the exercise of, arbitration powers in relation to the dispute or grievance if a party objects.

- 64.8.3 Subject to **clause 64.9** below, the determination of FWC is binding upon the persons bound by this Agreement.
- 64.8.4 An appeal can be made to a Full Bench of FWC, with the leave of the Full Bench, against a determination of a single member of FWC made pursuant to this clause.
- 64.8.5 An appeal made under **sub clause 64.8.4** must be made within 21 days of the publication of reasons for the determination.

**64.9 Conduct of matters before FWC**

- 64.9.1 Subject to any agreement between the parties to the dispute, in relation to a particular dispute or grievance and the provisions of this clause, in dealing with a dispute or grievance through conciliation or arbitration, FWC may conduct the matter in accordance with Subdivision B of Division 3 of Part 5-1 of the Act.

SIGNATORIES

FOR THE VICTORIAN HOSPITALS' INDUSTRIAL ASSOCIATION ON BEHALF OF THE EMPLOYERS LISTED IN SCHEDULE D:

*[Handwritten Signature]*

CHIEF EXECUTIVE OFFICER

BUSINESS ADDRESS: *312 Kingway, Sth. Melbourne*

DATE: *2/12/2013*

FOR AND ON BEHALF OF THE AUSTRALIAN SALARIED MEDICAL OFFICERS' FEDERATION (ASMOF):

*[Handwritten Signature]*

CHIEF EXECUTIVE OFFICER

BUSINESS ADDRESS: *293 Ruyne Ave Parkville*

DATE: *2/12/2013*

FOR AND ON BEHALF OF THE AUSTRALIAN MEDICAL ASSOCIATION (VICTORIA) LIMITED:

*Jane S-Stephens*

CHIEF EXECUTIVE

BUSINESS ADDRESS: *293 Ruyne Parade Parkville 3052*

DATE: *2/12/2013*

**SCHEDULE A – RATES OF PAY, ALLOWANCES AND DEDUCTIONS**

**A.1 Wage Rates, Allowances and Deductions apply consistent with this Agreement and from the first pay period on or after the operative dates as follows:**

**A.1.1 OPERATIVE DATE – 31 MARCH 2013**

**A.1.1.1 Wage Rates**

**From the first pay period commencing on or after 31 March 2013 full-time Doctors will be paid the following minimum wage rates:**

	<b>Pay Code</b>	<b>Hourly Rate</b>	<b>Weekly Rate</b>
<b>HOSPITAL MEDICAL OFFICER</b>			
Year 1 (Intern)	HM11	\$31.41	\$1,193.50
Year 2	HM12	\$33.40	\$1,269.20
Year 3	HM13	\$36.21	\$1,376.00
<b>MEDICAL OFFICER</b>			
Year 1	HM14	\$44.19	\$1,679.20
Year 2	HM15	\$46.97	\$1,784.70
Year 3	HM16	\$49.72	\$1,889.40
Year 4	HM17	\$52.49	\$1,994.60
Year 5	HM18	\$55.25	\$2,099.60
Solely Administrative	HM19	\$55.25	\$2,099.60
Year 6 and thereafter	HM20	\$58.57	\$2,225.60
<b>SENIOR MEDICAL OFFICER</b>			
Year 1	HM21	\$62.10	\$2,359.70
Year 2	HM22	\$65.21	\$2,477.80

Year 3 and thereafter	HM23	\$68.46	\$2,601.60
<b>REGISTRAR</b>			
Year 1	HM25	\$42.04	\$1,807.70
Year 2	HM26	\$44.44	\$1,910.90
Year 3	HM27	\$46.13	\$1,983.60
Year 4	HM28	\$48.44	\$2,083.00
Year 5	HM29	\$55.11	\$2,369.60
Year 6 and thereafter	HM30	\$57.86	\$2,488.00

#### A.1.1.2 Continuing Medical Education Allowance (CME)

Doctors will be paid a weekly Continuing Medical Education Allowance as follows:

Classification	Weekly Allowance	Annualised Value (not payable as a lump sum)
Hospital Medical Officer Year 1 (Intern)	\$40.30	\$2,100
Hospital Medical Officer Years 2 & 3	\$50.80	\$2,650
Medical Officer and Senior Medical Officer (all experience increments)	\$50.80	\$2,650
Registrar (all experience increments)	\$72.00	\$3,755

The above amounts are paid pro-rata to part-time Doctors.



**A.1.1.3 On-call Allowances**

	<b>TELEPHONE</b>		<b>GENERAL</b>	
	<b>On-call</b>	<b>On-call Public Holiday</b>	<b>On-call</b>	<b>On-call Public Holiday</b>
<b>HOSPITAL MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$53.80	\$75.40	\$29.90	\$41.70
2 <sup>nd</sup> year of experience	\$57.10	\$80.10	\$31.70	\$44.40
3 <sup>rd</sup> year of experience	\$61.90	\$86.90	\$34.40	\$48.20
<b>MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$75.70	\$105.90	\$42.00	\$58.80
2 <sup>nd</sup> year of experience	\$80.50	\$112.50	\$44.60	\$62.50
3 <sup>rd</sup> year of experience	\$85.00	\$119.20	\$47.20	\$66.10
4 <sup>th</sup> year of experience	\$89.90	\$125.90	\$49.90	\$69.90
5 <sup>th</sup> year of experience	\$94.50	\$132.50	\$52.50	\$73.50
Solely Administrative	\$94.50	\$132.50	\$52.50	\$73.50
6 <sup>th</sup> year of experience and thereafter	\$100.30	\$140.50	\$55.60	\$77.90
<b>SENIOR MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$106.20	\$149.00	\$59.00	\$82.60
2 <sup>nd</sup> year of experience	\$111.80	\$156.50	\$61.90	\$86.70
3 <sup>rd</sup> year of experience and thereafter	\$117.50	\$164.30	\$65.00	\$91.00

	TELEPHONE		GENERAL	
	On-call	On-call Public Holiday	On-call	On-call Public Holiday
<b>REGISTRARS</b>				
Year 1	\$79.80	\$111.60	\$45.20	\$63.20
Year 2	\$84.20	\$117.90	\$47.70	\$66.90
Year 3	\$87.40	\$122.20	\$49.60	\$69.40
Year 4	\$91.70	\$128.40	\$52.10	\$73.00
Year 5	\$104.40	\$145.90	\$59.20	\$83.00
Year 6 and thereafter	\$109.40	\$153.20	\$62.20	\$87.10

#### A.1.1.4 General Allowances

<b>Meal Allowance:</b>	
In excess of 11 hours	\$8.58
In excess of 16 hours	\$6.89
Then every 6 hours	\$6.89
<b>Rotation Allowance</b>	\$39.18
<b>Travelling Allowance:</b>	
Engine less than 3800cc	\$0.73
Engine 3800cc and over	\$0.89
<b>Uniforms and Laundry</b>	\$7.61

#### A1.1.5 Deductions for Board and Lodging

	<b>Self Furnished Accommodation</b>	<b>Contained Other</b>	<b>Married Quarters</b>
<b>Doctor living in while on Rotation:</b>			
Where meals are purchased by the Doctor	\$5.87	\$5.87	\$5.87
Where meals are provided by the Hospital	\$29.13	\$29.13	\$29.13
<b>Doctor living in at the Hospital:</b>			
Where meals are purchased by the Doctor	\$71.13	\$42.00	\$83.89
Where meals are provided by the Hospital	\$88.64	\$63.00	\$104.89

**A.1.2 OPERATIVE DATE – 1 AUGUST 2014**

**A.1.2.1 Wage Rates**

From the first pay period commencing on or after 1 August 2014 full-time Doctors will be paid the following minimum wage rates:

	<b>Pay Code</b>	<b>Hourly Rate</b>	<b>Weekly Rate</b>
<b>HOSPITAL MEDICAL OFFICER</b>			
Year 1 (Intern)	HM11	\$32.45	\$1,233.20
Year 2	HM12	\$34.51	\$1,311.50
Year 3	HM13	\$37.42	\$1,421.80
<b>MEDICAL OFFICER</b>			
Year 1	HM14	\$45.66	\$1,735.10
Year 2	HM15	\$48.53	\$1,844.10
Year 3	HM16	\$51.38	\$1,952.30
Year 4	HM17	\$54.24	\$2,061.00
Year 5	HM18	\$57.09	\$2,169.50
Solely Administrative	HM19	\$57.09	\$2,169.50
Year 6 and thereafter	HM20	\$60.52	\$2,299.70
<b>SENIOR MEDICAL OFFICER</b>			
Year 1	HM21	\$64.17	\$2,438.30
Year 2	HM22	\$67.38	\$2,560.30
Year 3 and thereafter	HM23	\$70.74	\$2,688.20
<b>REGISTRAR</b>			

Year 1	HM25	\$43.44	\$1,867.90
Year 2	HM26	\$45.92	\$1,974.50
Year 3	HM27	\$47.67	\$2,049.70
Year 4	HM28	\$50.06	\$2,152.40
Year 5	HM29	\$56.94	\$2,448.50
Year 6 and thereafter	HM30	\$59.79	\$2,570.90

**A.1.2.2 Continuing Medical Education Allowance (CME)**

Doctors will be paid a weekly Continuing Medical Education Allowance as follows:

Classification	Weekly Allowance	Annualised Value (not payable as a lump sum)
Hospital Medical Officer Year 1 (Intern)	\$40.30	\$2,100
Hospital Medical Officer Years 2 & 3	\$50.80	\$2,650
Medical Officer and Senior Medical Officer (all experience increments)	\$50.80	\$2,650
Registrar (all experience increments)	\$72.00	\$3,755

The above amounts are paid pro-rata to part-time Doctors.

**A.1.2.3 On-call Allowances**

	TELEPHONE		GENERAL	
	On-call	On-call Public Holiday	On-call	On-call Public Holiday
<b>HOSPITAL MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$55.60	\$77.90	\$30.90	\$43.10
2 <sup>nd</sup> year of experience	\$59.00	\$82.80	\$32.80	\$45.90
3 <sup>rd</sup> year of experience	\$64.00	\$89.80	\$35.50	\$49.80
<b>MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$78.20	\$109.40	\$43.40	\$60.80
2 <sup>nd</sup> year of experience	\$83.20	\$116.20	\$46.10	\$64.60
3 <sup>rd</sup> year of experience	\$87.80	\$123.20	\$48.80	\$68.30
4 <sup>th</sup> year of experience	\$92.90	\$130.10	\$51.60	\$72.20
5 <sup>th</sup> year of experience	\$97.60	\$136.90	\$54.20	\$75.90
Solely Administrative	\$97.60	\$136.90	\$54.20	\$75.90
6 <sup>th</sup> year of experience and thereafter	\$103.60	\$145.20	\$57.50	\$80.50
<b>SENIOR MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$109.70	\$154.00	\$61.00	\$85.40
2 <sup>nd</sup> year of experience	\$115.50	\$161.70	\$64.00	\$89.60
3 <sup>rd</sup> year of experience and thereafter	\$121.40	\$169.80	\$67.20	\$94.00

<b>REGISTRARS</b>				
Year 1	\$82.50	\$115.30	\$46.70	\$65.30
Year 2	\$87.00	\$121.80	\$49.30	\$69.10
Year 3	\$90.30	\$126.30	\$51.30	\$71.70
Year 4	\$94.80	\$132.70	\$53.80	\$75.40
Year 5	\$107.90	\$150.80	\$61.20	\$85.80
Year 6 and thereafter	\$113.00	\$158.30	\$64.30	\$90.00

#### **A.1.2.4 General Allowances**

<b>Meal Allowance:</b>	
In excess of 11 hours	\$8.86
In excess of 16 hours	\$7.12
Then every 6 hours	\$7.12
<b>Rotation Allowance</b>	\$40.49
<b>Travelling Allowance:</b>	
Engine less than 3800cc	\$0.75
Engine 3800cc and over	\$0.92
<b>Uniforms and Laundry</b>	\$7.86

**A.1.2.5 Deductions for Board and Lodging**

	<b>Self Contained Furnished Accommodation</b>	<b>Other</b>	<b>Married Quarters</b>
<b>Doctor living in while on Rotation:</b>			
Where meals are purchased by the Doctor	\$6.07	\$6.07	\$6.07
Where meals are provided by the Hospital	\$30.10	\$30.10	\$30.10
<b>Doctor living in while on Rotation:</b>			
Where meals are purchased by the Doctor	\$73.50	\$43.40	\$86.68
Where meals are provided by the Hospital	\$91.59	\$65.10	\$108.38

**A.1.3 OPERATIVE DATE – 1 DECEMBER 2015**

**A.1.3.1 Wage Rates**

From the first pay period commencing on or after 1 December 2015 full-time Doctors will be paid the following minimum wage rates:

	<b>Pay Code</b>	<b>Hourly Rate</b>	<b>Weekly Rate</b>
<b>HOSPITAL MEDICAL OFFICER</b>			
Year 1 (Intern)	HM11	\$33.53	\$1,274.30
Year 2	HM12	\$35.66	\$1,355.20
Year 3	HM13	\$38.66	\$1,469.10
<b>MEDICAL OFFICER</b>			
Year 1	HM14	\$47.18	\$1,792.90
Year 2	HM15	\$50.14	\$1,905.50



Year 3	HM16	\$53.09	\$2,017.30
Year 4	HM17	\$56.04	\$2,129.60
Year 5	HM18	\$58.99	\$2,241.70
Solely Administrative	HM19	\$58.99	\$2,241.70
Year 6 and thereafter	HM20	\$62.53	\$2,376.30
<b>SENIOR MEDICAL OFFICER</b>			
Year 1	HM21	\$66.30	\$2,519.50
Year 2	HM22	\$69.62	\$2,645.60
Year 3 and thereafter	HM23	\$73.10	\$2,777.70
<b>REGISTRAR</b>			
Year 1	HM25	\$44.89	\$1,930.10
Year 2	HM26	\$47.45	\$2,040.30
Year 3	HM27	\$49.26	\$2,118.00
Year 4	HM28	\$51.72	\$2,224.10
Year 5	HM29	\$58.84	\$2,530.00
Year 6 and thereafter	HM30	\$61.78	\$2,656.50

**A.1.3.2 Continuing Medical Education Allowance (CME)**

Doctors will be paid a weekly Continuing Medical Education Allowance as follows:

<b>Classification</b>	<b>Weekly Allowance</b>	<b>Annualised Value (not payable as a lump sum)</b>
Hospital Medical Officer Year 1 (Intern)	\$40.30	\$2,100
Hospital Medical Officer Years 2 & 3	\$50.80	\$2,650
Medical Officer and Senior Medical Officer (all experience increments)	\$50.80	\$2,650
Registrar (all experience increments)	\$72.00	\$3,755

The above amounts are paid pro-rata to part-time Doctors.

**A.1.3.3 On-call Allowances**

	<b>TELEPHONE</b>		<b>GENERAL</b>	
	<b>On-call</b>	<b>On-call Public Holiday</b>	<b>On-call</b>	<b>On-call Public Holiday</b>
<b>HOSPITAL MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$57.50	\$80.50	\$31.90	\$44.50
2 <sup>nd</sup> year of experience	\$61.00	\$85.60	\$33.90	\$47.40
3 <sup>rd</sup> year of experience	\$66.10	\$92.80	\$36.70	\$51.50
<b>MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$80.80	\$113.00	\$44.80	\$62.80
2 <sup>nd</sup> year of experience	\$86.00	\$120.10	\$47.60	\$66.80

3 <sup>rd</sup> year of experience	\$90.70	\$127.30	\$50.40	\$70.60
4 <sup>th</sup> year of experience	\$96.00	\$134.40	\$53.30	\$74.60
5 <sup>th</sup> year of experience	\$100.90	\$141.50	\$56.00	\$78.40
Solely Administrative	\$100.90	\$141.50	\$56.00	\$78.40
6 <sup>th</sup> year of experience and thereafter	\$107.00	\$150.00	\$59.40	\$83.20
<b>SENIOR MEDICAL OFFICERS</b>				
1 <sup>st</sup> year of experience	\$113.40	\$159.10	\$63.00	\$88.20
2 <sup>nd</sup> year of experience	\$119.30	\$167.10	\$66.10	\$92.60
3 <sup>rd</sup> year of experience and thereafter	\$125.40	\$175.50	\$69.40	\$97.10
<b>REGISTRARS</b>				
Year 1	\$85.20	\$119.10	\$48.30	\$67.50
Year 2	\$89.90	\$125.90	\$50.90	\$71.40
Year 3	\$93.30	\$130.50	\$53.00	\$74.10
Year 4	\$98.00	\$137.10	\$55.60	\$77.90
Year 5	\$111.50	\$155.80	\$63.20	\$88.70
Year 6 and thereafter	\$116.80	\$163.60	\$66.40	\$93.00

#### A.1.3.4 General Allowances

<b>Meal Allowance:</b>	
In excess of 11 hours	\$9.16
In excess of 16 hours	\$7.36
Then every 6 hours	\$7.36
<b>Rotation Allowance</b>	\$41.84
<b>Travelling Allowance:</b>	
Engine less than 3800cc	\$0.78
Engine 3800cc and over	\$0.95
<b>Uniforms and Laundry</b>	\$8.12

#### A.1.3.5 Deductions for Board and Lodging

	<b>Self Contained Furnished Accommodation</b>	<b>Other</b>	<b>Married Quarters</b>
<b>Doctor living in while on Rotation:</b>			
Where meals are purchased by the Doctor	\$6.27	\$6.27	\$6.27
Where meals are provided by the Hospital	\$31.10	\$31.10	\$31.10
<b>Doctor living in while on Rotation:</b>			
Where meals are purchased by the Doctor	\$75.95	\$44.85	\$89.57
Where meals are provided by the Hospital	\$94.64	\$67.27	\$111.99

**A.2 CHANGES TO SALARY STRUCTURE AND INCREMENTAL PROGRESSION**

Translation does not apply to Doctors who have commenced employment with the Health Service after 1 February 2011.

From 1 February 2011, the classification and automatic incremental pay scales were varied as follows (refer **sub clause 11.6, 11.12.1** and **11.20.1** to determine whether **Schedule A.2** applies):

**Hospital Medical Officers:**

The previous Hospital Medical Officer Year 1 (HM10) increment was removed. New incremental levels resulted and are expressed below, together with the classification translation for Doctors employed and classified as Hospital Medical Officers (HMO) as at 31 January 2011 and translated to the new HMO incremental rate on 1 February 2011.

Current Classification (at 31 January 2011)	New Classification (at 1 February 2011)
Hospital Medical Officer Year 1	Hospital Medical Officer Year 1
Hospital Medical Officer Year 2	Hospital Medical Officer Year 1
Hospital Medical Officer Year 3	Hospital Medical Officer Year 2
Hospital Medical Officer Year 4	Hospital Medical Officer Year 3

Hospital Medical Officers who as at 31 January 2011 were classified as Hospital Medical Officer Year 1 were translated to the new Hospital Medical Officer Year 1 incremental rate (HM11) on 1 February 2011 and then progressed to the new Hospital Medical Officer Year 2 rate on the anniversary of their commencement (or as otherwise provided for in this Agreement).

Incremental advancement for former Hospital Medical Officer Year 2 and Year 3 classified Doctors will continue to apply on their anniversary date.

**Registrars:**

The previous Registrar Year 1 (HM24) increment was removed. New incremental levels resulted and are expressed below, together with the classification translation for Doctors employed and classified as Registrars as at 31 January 2011 and translated to the new Registrar incremental rate on 1 February 2011:

Current Classification (at 31 January 2011)	New Classification (at 1 February 2011)
Registrar Year 1	Registrar Year 1
Registrar Year 2	Registrar Year 1
Registrar Year 3	Registrar Year 2

Registrar Year 4	Registrar Year 3
Registrar Year 5	Registrar Year 4
Registrar Year 6	Registrar Year 5
Registrar Year 7	Registrar Year 6

Registrars who as at 31 January 2011 were classified as Registrar Year 1 were translated to the new Registrar Year 1 (HM25) incremental rate on 1 February 2011 and then progressed to the new Registrar Year 2 rate on the anniversary of their commencement (or as otherwise provided for in this Agreement).

Incremental advancement for former Registrar Years 2, 3, 4, 5 and 6 classified Doctors will continue to apply on their anniversary date of commencement as a Registrar.

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### A.3 ANNUALISED SALARY

In respect of annualised salaries, the Australian Industrial Relations Commission recommended that the calculation of annualised salaries should be fair and equitable in the context of Awards and Agreements and that the Translation Review Committee, to be established by the Department as part of the implementation process, should discuss areas where concerns are held.

Annualised salaries include salaries which are "rolled up" and may include payments in lieu of overtime, allowances, loading for private practice payments, etc.

## SCHEDULE B – PARENTAL LEAVE

### 1. PARENTAL LEAVE

- 1.1 Subject to the terms of this item Doctors are entitled to paid and unpaid maternity, paternity/partner and adoption leave and to work part-time in connection with the birth or adoption of a child.
- 1.2 The provisions of this item apply to full-time, part-time and eligible Casual Doctors with more than 12 months of continuous service (as defined for long service leave purposes or as defined at **item 1.7.2** below) in a Hospital or Hospitals covered by this Agreement, but do not apply to other casual Doctors.
- 1.3 An eligible Casual Doctor means a casual Doctor:
- 1.3.1 employed by a Hospital on a regular and systematic basis for a sequence of periods of employment or on a regular and systematic basis for an ongoing period of employment during a period of at least 12 months; and
  - 1.3.2 who has a reasonable expectation of ongoing employment, but for the pregnancy or the decision to adopt.
- 1.4 A Hospital must not fail to re-engage a Casual Doctor because:
- 1.4.1 the Doctor or Doctor's spouse is pregnant; or
  - 1.4.2 the Doctor is or has been immediately absent on parental leave.
- 1.5 The rights of a Hospital in relation to engagement and re-engagement of Casual Doctors are not affected, other than in accordance with this item.
- 1.6 **Definitions**
- 1.6.1 For the purpose of this item child means a child of the Doctor under school age except for adoption of an eligible child where 'eligible child' means a person under the age of 16 years who is placed with the Doctor for the purposes of adoption, other than a child or step-child of the Doctor or of the spouse of the Doctor or a child who has previously lived continuously with the Doctor for a period of six (6) months or more.
- 1.6.2 For the purposes of this item, 'spouse' includes a de facto spouse, former spouse or former de facto spouse. The Doctor's "de facto spouse" means a person who lives with the Doctor as husband, wife or same sex partner on a bona fide domestic basis, although not legally married to the Doctor.
- 1.7 **Basic Entitlement**
- 1.7.1 Doctors, who have or will have completed at least twelve months' continuous service, are entitled to a combined total of 52 weeks paid and unpaid parental leave on a shared basis in relation to the birth or adoption of their child. A Doctor who does not satisfy the qualifying service requirement for the paid components of leave or a Doctor who is an eligible casual Doctor, shall be entitled to leave without pay for a period not exceeding 52 weeks.
- 1.7.2 A Doctor who has completed a minimum of 12 months in an accredited Specialist training position but not employed by a Hospital listed in **Schedule D**, will have that service recognised as qualifying for a combined total of 52 weeks paid and unpaid

parental leave provided that breaks between periods of employment are not more than 2 months duration.

1.7.3 When a Doctor's employment ends during a period of paid maternity leave and the Doctor has not exhausted her paid maternity leave entitlement under **item 1.8** below, the Hospital must pay the Doctor the amount that would have been payable had the Doctor taken the remaining entitlement as paid leave.

1.8 Eligible Doctors shall be entitled to parental leave, paid at the Doctor's ordinary weekly rate of pay, in accordance with the following table:

Type of Leave	Paid Leave	Unpaid Leave	Combined Total
Maternity Leave	10 weeks	42 weeks if primary caregiver	52 weeks
Paternity/Partner	1 weeks	51 weeks if primary caregiver	52 weeks
Adoption Leave – primary caregiver	10 weeks	42 weeks	52 weeks
Adoption Leave – secondary caregiver	1 weeks	2 weeks	3 weeks

**1.9 Employee Couple – Concurrent Leave**

1.9.1 Parental leave is to be available to only one parent at a time in a single unbroken period. However, both parents may simultaneously take:

- (a) in the case of paternity/partner leave a Doctor shall be entitled to a total of one (1) week's paid leave (which need not be taken consecutively) and up to 41 weeks unpaid leave in connection with the birth of a child for whom he or she has accepted responsibility, which may be commenced one (1) week prior to the expected date of birth; and
- (b) in the case of short adoption leave for the secondary care giver, one (1) week's paid leave and up to two (2) weeks' unpaid leave, which may be commenced at the time of placement.

1.9.2 Subject to **item 1.14.1(a)**, the total concurrent leave must be for a period of three (3) weeks or less. Where the Hospital agrees, the Doctor may start concurrent leave earlier or end concurrent leave later than provided for in **item 1.9.1**.

**1.10 Maternity Leave**

1.10.1 A Doctor must provide notice to the Hospital in advance of the expected date of commencement of parental leave. The notice requirements are:

- (a) of the expected date of confinement (the Hospital may require the Doctor to provide evidence that would satisfy a reasonable person or a certificate from



another registered medical practitioner stating that the Doctor is pregnant) - at least ten (10) weeks; and

- (b) of the date on which the Doctor proposes to commence maternity leave and the period of leave to be taken - at least (10) weeks. At least four (4) weeks before the intended start date the Doctor must confirm the period of leave to be taken or advise the Hospital of any changes to the intended start and end dates of the leave.

1.10.2 When the Doctor gives notice under **item 1.10.1(a)** the Doctor must also provide a Statutory Declaration stating particulars of any period of paternity/partner leave sought or taken by her spouse and that for the period of maternity leave she will not engage in any conduct inconsistent with her contract of employment.

1.10.3 A Doctor will not be in breach of this item if failure to give the stipulated notice is occasioned by confinement occurring earlier than the presumed date.

1.10.4 Subject to **item 1.7.1** and unless agreed otherwise between the Hospital and the Doctor, a Doctor may begin parental leave at any time within six (6) weeks immediately prior to the expected date of birth.

1.10.5 Where a Doctor continues to work within the six (6) week period immediately prior to the expected date of birth of the child, or is on paid leave under **item 1.19.2**, a Hospital may require the Doctor to provide a certificate from another registered medical practitioner that she is fit for work in her present position. The Hospital may require the Doctor to start maternity leave if the Doctor:

- (a) does not give the Hospital the requested certificate within seven (7) days after the request; or
- (b) within seven (7) days after the request for the certificate, gives the Hospital the Medical Certificate stating that the Doctor is unfit to work.

1.10.6 Where leave is granted under **item 1.10.4** during the period of leave, a Doctor may return to work at any time as agreed between the Hospital and the Doctor, provided that time does not exceed four weeks from the recommencement date desired by the Doctor.

## 1.11 **Personal Illness Leave and Special Maternity Leave**

1.11.1 Where the pregnancy of a Doctor, not then on maternity leave, terminates other than by the birth of a living child, the Doctor must as soon as practicable give notice to the Hospital of the taking of leave advising the Hospital of the period, or expected period, of the leave (the Hospital may require the Doctor to provide evidence that would satisfy a reasonable person that the leave is taken for a reason below or a certificate from another registered medical practitioner) in accordance with the following:

- (a) where the pregnancy terminates during the first 20 weeks, during the notified period/s the Doctor is entitled to access any paid and/or unpaid personal illness leave entitlements in accordance with the relevant personal leave provisions;
- (b) where the pregnancy terminates after the completion of 20 weeks, during the notified period/s the Doctor is entitled to paid special maternity leave not exceeding the amount of paid maternity leave available under **item 1.7.1**, and thereafter, to unpaid special maternity leave.

1.11.2 Where a Doctor not then on maternity leave is suffering from an illness, whether related or not to pregnancy, a Doctor may take any paid personal illness leave to which she is

entitled and/or unpaid personal illness leave in accordance with the relevant personal illness leave provisions.

1.11.3 Where a Doctor is not fit for work during that period because she has a pregnancy related illness the Doctor is entitled to a period of unpaid special maternity leave. The Doctor must give notice of the commencement and expected period of leave as soon as practicable. The Hospital may require the Doctor to provide evidence that would satisfy a reasonable person or a certificate from another registered medical practitioner that the leave is taken for because of a pregnancy related illness.

1.11.4 A Doctor's entitlement to 52 weeks of paid and unpaid parental leave associated with the birth of a child is reduced by the amount of any unpaid special maternity leave taken by the Doctor while she is pregnant.

## 1.12 **Paternity/Partner Leave**

1.12.1 A Doctor will provide to the Hospital at least ten (10) weeks prior to each proposed period of paternity/partner leave, with:

- (a) evidence (the Hospital may require the Doctor to provide evidence that would satisfy a reasonable person or a certificate from another registered medical practitioner) which names his or her spouse and states that she is pregnant and the expected dated of confinement, or states the date on which the birth took place; and
- (b) written notification of the dates on which he or she proposes to start and finish the period of paternity leave; and
- (c) a Statutory Declaration stating:
  - (i) except in relation to leave taken simultaneously with the child's mother under **item 1.9.1** or **item 1.14.1(a)**, that he or she will take the period of paternity/partner leave to become the primary care-giver of a child;
  - (ii) particulars of any period of maternity leave sought or taken by his or her spouse; and
  - (iii) that for the period of paternity/partner leave he or she will not engage in any conduct inconsistent with his or her contract of employment.

1.12.2 The Doctor will not be in breach of **item 1.12.1** if the failure to give the required period of notice is because of the birth occurring earlier than expected, the death of the mother of the child, or other compelling circumstances.

## 1.13 **Adoption Leave**

1.13.1 The Doctor shall be required to provide the Hospital with written notice of their intention to apply for adoption leave as soon as is reasonably practicable after receiving a placement approval notice from an adoption agency or other appropriate body.

1.13.2 The Doctor must give written notice of the day when the placement with the Doctor is expected to start as soon as possible after receiving a placement notice indicating the expected placement day.

1.13.3 The Doctor must give the following written notice of the first and last days of any period of adoption leave they intend to apply for because of the placement:

- (a) where a placement notice is received within the period of eight (8) weeks after receiving the placement approval notice – before the end of that 8 week period; or

- (b) where a placement notice is received after the end of the period of eight (8) weeks after receiving the placement approval notice – as soon as reasonably practicable after receiving the placement notice.

1.13.4 Generally the Doctor must apply for leave to the Hospital at least ten (10) weeks before the date when long adoption leave begins and the period of leave to be taken, or 14 days in advance for short adoption leave. A Doctor may commence adoption leave before providing such notice where, through circumstances beyond the control of the Doctor, the adoption of a child takes place earlier.

1.13.5 Before commencing adoption leave, a Doctor will provide the Hospital with a statement from an adoption agency of the day when the placement is expected to start and a Statutory Declaration stating:

- (a) that the child is an eligible child, whether the Doctor is taking short or long adoption leave or both, and the particulars of any other authorised leave to be taken because of the placement;
- (b) except in relation to leave taken simultaneously with the child's other adoptive parent under **item 1.9.1** or **item 1.14.1(a)**, that the Doctor is seeking adoption leave to become the primary care-giver of the child;
- (c) particulars of any period of adoption leave sought or taken by the Doctor's spouse; and
- (d) that for the period of adoption leave the Doctor will not engage in any conduct inconsistent with their contract of employment.

1.13.6 A Doctor must provide the Hospital with confirmation from the adoption agency of the start of the placement.

1.13.7 Where the placement of child for adoption with a Doctor does not proceed or continue, the Doctor will notify the Hospital immediately. The Hospital will then nominate a time, not exceeding four (4) weeks from receipt of notification, for the Doctor's return to work.

1.13.8 A Doctor will not be in breach of this item as a consequence of failure to give the stipulated periods of notice if such failure results from a requirement of an adoption agency to accept earlier or later placement of a child, the death of a spouse, or other compelling circumstances.

1.13.9 A Doctor seeking to adopt a child is, on the production of satisfactory evidence if required, entitled to unpaid leave for the purpose of attending any compulsory interviews or examinations necessary to the adoption procedure. The Doctor and the Hospital should agree on the length of the unpaid leave. Where agreement cannot be reached the Doctor is entitled to take up to two (2) days' unpaid leave. Where paid leave is available to the Doctor the Hospital may require the Doctor to take such leave instead.

#### 1.14 **Right to Request**

1.14.1 A Doctor entitled to parental leave pursuant to the provisions of **item 1.7.1** may request the Hospital to allow the Doctor:

- (a) to extend the period of simultaneous unpaid parental leave provided for in **item 1.9.1** up to a maximum of eight (8) weeks;
- (b) to extend the period of unpaid parental leave provided for in **item 1.7.1** by a further continuous period of leave not exceeding 12 months;

- (c) to return from a period of parental leave on a part-time basis until the child reaches school age;
- (d) to assist the Doctor in reconciling work and parental responsibilities.

1.14.2 The Hospital shall consider the request having regard to the Doctor's circumstances and, provided the request is genuinely based on the Doctor's parental responsibilities, may only refuse the request on reasonable grounds related to the effect on the workplace or the Hospital's business. Such grounds might include cost, lack of adequate replacement staff, loss of efficiency and the impact on customer service.

#### 1.15 **Doctor's Request and Hospital's Decision to be in Writing**

1.15.1 The Doctor's request and the Hospital's decision made under **items 1.14.1(b) and 1.14.1(c)** must be in writing. The Hospital's response, including details of the reasons for any refusal, must be given as soon as practicable, and no later than 21 days after the request is made.

#### 1.16 **Request to Return to Work Part-time**

1.16.1 A request under **item 1.14.1(c)** must be made as soon as possible but no less than seven (7) weeks prior to the date upon which the Doctor is due to return to work from parental leave.

#### 1.17 **Variation of Period of Parental Leave**

1.17.1 Unless agreed otherwise between the Hospital and the Doctor, where a Doctor takes leave under **items 1.7.1 and 1.14.1(b)**, a Doctor may apply to the Hospital employer to change the period of parental leave on one occasion. Any such change must be notified in writing at least two (2) weeks prior to the start of the changed arrangements.

#### 1.18 **Parental Leave and Other Entitlements**

1.18.1 A Doctor may in lieu of or in conjunction with parental leave access any annual leave or long service leave entitlements which they have accrued, subject to the total amount of leave not exceeding 52 weeks or a longer period as agreed under **item 1.14**.

1.18.2 Where a public holiday occurs during a period of paid parental leave, the public holiday is not to be regarded as part of the paid parental leave and the Hospital will grant the Doctor a day off in lieu to be taken by the Doctor immediately following the period of paid parental leave.

#### 1.19 **Transfer to a Safe Job**

1.19.1 Where a Doctor is pregnant and provides evidence that would satisfy a reasonable person that she is fit for work but it is inadvisable for her to continue in her present position during a stated period because of illness or risks arising out of the pregnancy or hazards connected with the work assigned to the Doctor, the Doctor will, if the Hospital deems it practicable, be transferred to a safe job with no other change to the Doctor's terms and conditions of employment until the commencement of maternity leave. The Hospital may require the evidence referred to above to be a certificate from another medical practitioner.

1.19.2 If the Hospital does not think it reasonably practicable to transfer the Doctor to a safe job, the Doctor may take paid no safe job leave, or the Hospital may require the Doctor to take paid no safe job leave immediately for a period which ends at the earliest of either:

- (a) when the Doctor is certified unfit to work during the six (6) week period before the expected date of birth by another registered medical practitioner; or

- (b) when the Doctor's pregnancy results in the birth of a living child, or when the Doctor's pregnancy ends otherwise than with the birth of a living child.

1.19.3 The entitlement to no safe job leave is in addition to any other leave entitlement the Doctor has.

**1.20 Returning to Work After a Period of Parental Leave**

1.20.1 A Doctor will notify their intention to return to work after a period of parental leave at least four weeks prior to the expiration of the leave.

1.20.2 Subject to **item 1.20.3** below, a Doctor will be entitled to the position which they held immediately before proceeding on parental leave. In the case of a Doctor transferred to a safe job pursuant to **item 1.19**, the Doctor will be entitled to return to the position they held immediately before such transfer.

1.20.3 Where such position no longer exists but there are other positions available which the Doctor is qualified for and is capable of performing, the Doctor will be entitled to a position as nearly comparable in status and pay to that of their former position.

**1.21 Replacement Doctors**

1.21.1 A replacement Doctor is a Doctor specifically engaged or temporarily promoted or transferred as a result of a Doctor proceeding on parental leave.

1.21.2 Before a Hospital engages a replacement Doctor the Hospital must inform that person of the temporary nature of the employment and of the rights of the Doctor who is being replaced.

**1.22 Consultation and Communication During Parental Leave**

1.22.1 Where a Doctor is on parental leave and a definite decision has been made that will have a significant effect on the status, pay or location of the Doctor's pre-parental leave position, the Hospital shall take reasonable steps to:

- (a) make information available in relation to any significant effect the change will have on the status or responsibility level of the position the Doctor held before commencing parental leave; and
- (b) provide an opportunity for the Doctor to discuss any significant effect the change will have on the status or responsibility level of the position the Doctor held before commencing parental leave.

1.22.2 The Doctor shall take reasonable steps to inform the Hospital about any significant matter that will affect the Doctor's decision regarding the duration of parental leave to be taken, whether the Doctor intends to return to work and whether the Doctor intends to request to return to work on a part-time basis.

1.22.3 The Doctor shall also notify the Hospital of changes of address or other contact details, which might affect the Hospital's capacity to comply with **item 1.22.1**.

## SCHEDULE C – LONG SERVICE LEAVE

### 1. LONG SERVICE LEAVE

#### 1.1 Entitlement

1.1.1 A Doctor is entitled to Long Service Leave with pay for continuous service as follows:

#### 1.2 Normal Entitlement

1.2.1 six (6) months of long service leave after 15 years of continuous service then two (2) months of long service leave after each additional five (5) years of continuous service.

1.2.2 The Hospital may grant pro-rata long service leave after 10 years of continuous service.

#### 1.3 Pro-rata Entitlement

1.3.1 Pro-rata entitlements accrue on termination of employment as follows:

(a) after 15 years of service; or

(b) after 10 years of service but before 15 years of service as long as employment ends for any reason other than serious and willful misconduct pursuant to **clause 17** (Termination of Employment).

1.3.2 Pro-rata entitlements are calculated as 1/30th of the period of continuous service since beginning employment, or since the last normal long service leave entitlement became due, whichever is later.

#### 1.4 Payment

1.4.1 The Doctor is entitled to be paid the ordinary rate of pay under **Schedule A.1** payable at the time the leave is taken or the period of employment ends. If appropriate, the Hospital may deduct rental charges consistent with **clause 58** (Deductions for Board and Lodging).

1.4.2 Payment of a Doctor's long service leave entitlement must be made by one of the following methods:

(a) in full and in advance of the Doctor commencing leave;

(b) at the same time as the Doctor would normally be paid when on duty; or

(c) in any other way agreed between the Doctor and the Hospital.

1.4.3 If the Agreement provides for an increase to ordinary pay pursuant to **Schedule A.1** (Rates of Pay) while the Doctor is on long service leave, the difference between any long service leave payment received and the increase must be paid to the Doctor at the end of the long service leave period.

#### 1.5 Taking of Leave

1.5.1 A Doctor must be granted long service leave within six (6) months of the date eligibility arose under this **Schedule C**. By agreement, the taking of the leave may be postponed.

1.5.2 Any long service leave is inclusive of public holidays occurring during the period when the leave is taken.

1.5.3 By agreement, the following may occur:

- (a) the first six (6) months of the Doctor's long service leave entitlement may be taken in two (2) or three (3) separate periods;
- (b) any further period of long service leave may be taken in two (2) separate periods.

## 1.6 Calculating Service for Entitlement to Leave

1.6.1 To determine a period of service of a Doctor, the Hospital must include the following service or breaks. To calculate an entitlement, service or breaks listed in **items 1.7.1 to 1.7.7** are counted as service, while **items 1.8.1 to 1.8.8** are not counted as service but do not break continuity of service.

Example: If a Doctor was engaged nine years ago and has within that time taken 12 months of Parental Leave, he or she must wait 11 years from the date of engagement before being eligible for pro-rata Long Service Leave.

## 1.7 Counted as Service:

- 1.7.1 Service for which long service or payment in lieu has not been received.
- 1.7.2 Service with her majesty's armed forces.
- 1.7.3 Service with a business that was transmitted, transferred, assigned, conveyed or succeeded from one business to another.
- 1.7.4 Annual leave, long service leave or personal/carer's leave.
- 1.7.5 Leave of absence where the absence is authorised in advance in writing by the Hospital to be counted as service.
- 1.7.6 Service outside of Victoria but in a College auspiced specialist training program.

### Recognition of Interstate Service

1.7.7 Doctors who commence employment with a Hospital listed in **Schedule D** after 30 November 2008 will have service with an interstate Government health service recognised for the purpose of calculating long service leave entitlements on application, provided that such interstate Government health service employment was within two (2) months of commencing employment with a Hospital listed in **Schedule D**.

## 1.8 Not Counted as Service but Not Breaking Continuity of Service:

- 1.8.1 Absence on account of injury arising out of or in the course of his or her employment.
- 1.8.2 Parental leave - a Doctor who is eligible for the entitlement under **Schedule B item 1.7** will not break continuity of service by any period of absence from employment between engagements that is up to 12 months.
- 1.8.3 Long Service Leave - when a Doctor is employed as part of an accredited Specialist training program but not employed by a Hospital listed in **Schedule D**, that service is deemed continuous when returning to the employ of a **Schedule D** Hospital, provided that:
  - (a) the break between periods of employment is not more than 2 months duration; and

(b) the long service leave accrued with a not listed in **Schedule D** employer is not recognised.

1.8.4 Absence arising directly or indirectly from an industrial dispute.

1.8.5 Any period of time from employment between engagements with the Department, any Hospital, Benevolent Home, Community Health Centre, Society or Association that are registered under the *Health Services Act 1998* and any other provider that is less than the Doctor's allowable period of absence from employment pursuant to **item 1.9** below.

1.8.6 The dismissal of a Doctor by a Hospital if re-employed within two (2) months of the dismissal.

1.8.7 Any other leave of absence authorised by the Hospital.

1.8.8 Service that lasts less than six (6) months with the Department, any Hospital, Benevolent Home, Community Health Centre, Society or Association that are registered under the *Health Services Act 1998*.

#### 1.9 **Allowable Break in Service**

1.9.1 A Doctor's allowable period of absence from employment is five (5) weeks in addition to the total period of paid annual leave and/or personal leave that the Doctor actually receives on termination, or for which he or she is paid in lieu.

#### 1.10 **Hospital Cannot Avoid Obligations**

1.10.1 Where the institution interrupts the Doctor's work, causes the Doctor to be absent from work, or terminates the Doctor's employment with the intention of avoiding obligations under this **Schedule C** (Long Service Leave), the period of absence is counted as continuous service.

#### 1.11 **Payment on Termination**

1.11.1 On termination of employment Doctors are entitled to receive payment for any outstanding normal or pro-rata long service leave entitlement.

#### 1.12 **Transfer of Entitlement**

1.12.1 Where a Doctor has a pro-rata long service leave entitlement and/or a normal entitlement on termination of employment and they move to the Department, any Hospital, Benevolent Home, Community Health Centre, Society or Association registered under the *Health Services Act 1998* within two (2) months, they may elect to transfer the entitlements rather than have them paid out.

1.12.2 A Doctor may, in writing, request that the Hospital defer payment in respect of any pro-rata leave entitlements beyond two (2) months. Unless this notice is given, the leave entitlement must be paid out when six (6) months is exceeded. When the Doctor finally gives notice in writing that they are employed by the Department, any Hospital, Benevolent Home, Community Health Centre, Society or Association that are registered under the *Health Services Act 1998*, then the Hospital is no longer required to make payment to the Doctor.

#### 1.13 **Long Service Leave that was Granted in Advance**

1.13.1 Where a Doctor who has been granted long service leave in advance and who has been terminated consistent with **sub clause 17.1.3** (i.e. for serious and willful misconduct), may have an amount equal to the amount paid in respect of the advance leave deducted and withheld from any payments owed by the institution on termination.



**1.14 What Happens on Doctor's death?**

1.14.1 For a Doctor who has completed at least ten (10) years of service and who has died, the Hospital must pay the Doctor's authorised representative an amount equal to 1/30<sup>th</sup> of the Doctor's continuous service in respect of which leave has not been allowed or payment made immediately prior to the death of the Doctor.

**1.15 Hospital Must Keep Records**

1.15.1 The Hospital must keep a record of long service leave for each Doctor. This record must show details of service, leave taken and payments made.

**1.16 Doctor Responsible for Proof of Service**

1.16.1 The Doctor is at all times responsible for proving that he or she has completed sufficient service consistent with **items 1.6** through **1.10** to access the long service leave entitlement. A certificate in the form noted at **item 1.17** shall constitute proof, but not the only possible proof.

**1.17 Certificate of Service:**

<ul style="list-style-type: none"><li>▪ <b>CERTIFICATE OF SERVICE</b></li><li>▪ [Name of Institution] [date]</li><li>▪ This is to certify that [Name of Doctor] has been employed by this institution/society/board for a period of [years/months/etc.] from [date] to [date].</li><li>▪ Specify hereunder full details of paid or unpaid leave or absences including periods represented by payment made in lieu of leave on termination. ..... .....</li><li>▪ Specify hereunder full details of long service leave granted during service or on termination: ..... .....</li><li>▪ Signed.....[Stamp of Institution]</li></ul>
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## SCHEDULE D – LIST OF RESPONDENTS

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### METROPOLITAN HEALTH SERVICES:

Alfred Health

Austin Health

Calvary Health Care Bethlehem Ltd.

Eastern Health

Melbourne Health

Mercy Public Hospitals Inc.

Northern Health

Peninsula Health

Peter MacCallum Cancer Institute

Southern Health

St Vincent's Health

The Royal Children's Hospital

The Royal Victorian Eye and Ear Hospital

The Royal Women's Hospital

Western Health

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### RURAL AND REGIONAL HEALTH SERVICES:

Albury Wodonga Health

Bairnsdale Regional Health Service

Ballarat Health Services

Barwon Health

Bass Coast Regional Health

Bendigo Health Care Group

Central Gippsland Health Service

Djerriwarrh Health Service

Echuca Regional Health

Gippsland Southern Health Service

Goulburn Valley Health

Latrobe Regional Hospital

Mildura Base Hospital

Northeast Health Wangaratta

Portland District Health

South West Healthcare

Swan Hill District Health

West Gippsland Healthcare Group

Western District Health Service

Wimmera Health Care Group

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**OTHER HEALTH SERVICES:**

The Victorian Institute of Forensic Mental Health (Forensicare)