



Health Practitioners - Emergency Clinical On Call Allowance

Human Resources Policy

Effective Date: September 2008

1 PURPOSE

To outline the entitlements for Emergency Clinical On Call Allowance as outlined in clause 29 of the Health Practitioners (Queensland Health) Certified Agreement (No.1) 2007.

2 APPLICATION

This policy applies to all permanent, temporary and casual health practitioner appointments.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The “delegate” is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- District Health Services Employees' Award State-2003
- Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007
- IRM 2.5-26 On-Call Practices – Rural and Remote Medical Imaging Radiographers

6 SUPERSEDES

- This Policy replaces the Sole Practitioner allowance for Country Laboratory Managers and Radiographers/Sonographers as contained in IRM 2.1-33 Sole Practitioner Allowance - Radiographer/Sonographer.

7 POLICY AND APPLICATION

7.1 Emergency Clinical On-Call Allowance

Payment of the emergency clinical on call allowance applies from 1 September 2007. There is no entitlement to claim or seek payment of this allowance prior to 1 September 2007.

In accordance with clause 29 of the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007, employees, who are required to be on Emergency Clinical On Call for essential direct emergency clinical interventions where a patient's health will likely be compromised without timely intervention of the health practitioner, are to receive the Emergency Clinical On Call Allowance. In these cases, the Health Practitioner receives the Emergency Clinical On Call Allowance instead of the standard Health Practitioner - On Call, allowance as per HR policy C 20.

7.2 Emergency Clinical On Call Allowance - Definition

Pursuant to clause 29.3 of the health practitioner agreement, emergency clinical on call means on call arrangements where:

- Either:
 - the service is required for essential direct emergency clinical interventions where patient health will likely be compromised without the timely intervention of the health practitioner and the service operates 24 hours, seven days a week either on a staffed basis or an on call basis; or
 - where local District or Service Area Management has decided that the on call service for that profession, discipline or service is required for essential direct emergency clinical interventions where patient health will likely be compromised without the timely intervention of the health practitioner; and
- After being contacted, the employee will generally be available for presentation at the health facility within approximately 30 minutes assuming that there are good traffic conditions.

7.3 Applying the Policy

The following principles will assist the consistent application of the emergency clinical on call allowance:

- The emergency clinical on call allowance is payable regardless of whether employees are recalled during the retained period.
- Radiation therapists and nuclear medicine technologists are entitled to the payment of the emergency clinical on call allowance pursuant to provisions of clauses 29.3(a) ii) and 29.3(b). The absence of a service operating 24 hours seven days a week either on a staff basis or an on call basis, does not preclude consideration and payment of the emergency clinical on call allowance.
- For services that do **not** operate 24 hours seven days a week, either on a staffed basis or an on call basis, district or service area management are to decide the on call service for that profession, discipline or service is required for essential direct emergency clinical interventions where patient health will likely be compromised without the timely intervention of the health practitioner.
- Employees attached to positions that attracted payment of the sole practitioner allowance for country laboratory managers and radiographers/ sonographers as provided in IRM 2.1-33, will automatically be paid the emergency clinical on call allowance from 1 September 2007.

- Once District or Service Management has made the decision a profession, discipline or service is required for essential direct emergency clinical interventions, they are to inform the line manager who has responsibility for ensuring the emergency clinical on call allowance is applied and paid accordingly to the eligible employee(s).
- The emergency clinical on call allowance will be an amount of 7% of the HP3.7 ordinary hourly rate per hour that the employee is required for clinical on call. For the purpose of calculating the hourly rate, the divisor is to be based upon a 38 hour week and calculated to the nearest 5 cents.
- IRM 2.5-26 On-Call Practices – Rural and Remote Medical Imaging Radiographers which existed prior to the introduction to the Emergency Clinical On Call policy must be followed to ensure equity of application. The reference to the 45 minute reasonable time frame to respond to a call in contained in clause 3 of IRM 2.5-26 (Rural and Remote Medical Imaging Radiographers) has been superseded by this policy.

7.4 Examples of On Call Services

Examples of on call services that may constitute employees being placed on emergency clinical on call include but are not limited to:

- On call service for acute episode or trauma requiring emergency medical imaging, diagnosis or other radiological intervention.
- On call service for medicines management requiring emergency supply, intervention, therapeutic drug monitoring or other clinical intervention.
- On call service for emergency cardiac services such as bypass, pacemaker, pacing wires or stents.
- On call service for acute pulmonary conditions or episodes requiring urgent treatment or diagnosis.
- On call service for urgent psychosocial interventions.

Each example requires the specific skill base from a health practitioner employee.

District Chief Executive Officers are to keep in mind that the intervention is required for direct emergency clinical interventions where the patient's health will likely be compromised without the timely intervention of the health practitioner.

8 HISTORY

September 2008	Developed as a result of the certification of the Health Practitioners (Queensland Health) Certified Agreement (No.1) 2007.
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