

Definition of Registrar		
What's the issue?	ASMOF solution	MoH response
<p>The current definition of Registrar allows hospitals to employ a PGY3 in a Registrar position and NOT pay them as a Registrar.</p> <p>This is unfair and inequitable.</p> <p>We want to remove this loophole which allows for a medical officer to be paid according to an artificial and arbitrary classification based on Post Graduate Year and not according to the work they do.</p> <p>The current definition has resulted in a number of anomalies and inequities for medical officers.</p>	<p>Our proposal:</p> <ol style="list-style-type: none"> 1. There should be no minimum period of service required, and 2. A Registrar should be defined as a medical officer who is appointed to: <ul style="list-style-type: none"> • an accredited vocational training position, or • an unaccredited position where the duties performed are substantially comparable to that of a medical officer occupying an accredited vocational training position, or • a position designated as a registrar position by the employer. <p>And includes those positions that are required to supervise Interns and/or Residents, or those who are eligible to participate in an on call roster that is not an Intern or Resident roster, or where the duties performed by the medical officer are substantially comparable to the duties performed by an accredited vocational trainee.</p>	<p>They say this will cost too much (approx. 1% of existing Employee Related Costs) and want to retain the minimum three years' service requirement.</p>
Remote On-call/ Call-back		
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<p>This is the allowance you are paid for being in readiness whilst on call. The clause allows for a medical officer to be paid overtime for undertaking a remote clinical appraisal. But the existing clause mandates that before overtime can be paid a medical officer needs to go through 11 steps.</p> <p>This is overly bureaucratic and burdensome and has resulted in a default position of 'non-payment' being adopted by the NSW Health Service</p>	<p>We want to give operational intent to the clause and to ensure the clause better reflects the imposition on medical officers of being on call.</p> <p>Medical officers must be properly remunerated when they are on call and are required to provide a clinical appraisal.</p>	<p>Not address our claim but instead seek to reduce the current entitlement by reducing the call back period from the current minimum 4 hours payment at overtime rates to 3 hours.</p>
Mandatory Breaks between Shifts		
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<p>Awards often provide for a minimum amount of time off between the end of one shift and the start of another but this Award does not. The employer has a duty of care where an employee works long hours without a break and work schedules which limit the time employees can physically and mentally recover from work may cause fatigue and impact on staff and patient safety.</p>	<p>There will not be less than 10 hours break between each rostered shift.</p>	<p>Not agree</p>

Study Leave		
What's the issue?	ASMOF solution	MoH response
<p>Members have told us that they generally have trouble getting study leave approved and the current requirements regarding study leave are too restrictive.</p>	<p>Our claim is for a simplified provision to ensure greater compliance. We want easier and more consistent access to Study Leave which properly reflect the current training environment.</p> <p>We have asked for the following:</p> <ul style="list-style-type: none"> • a clear entitlement of seven working days per year • accumulation to a maximum of 14 days • attendance at lectures, tutorials, examinations to be included • study time • attendance at conferences/seminars that will contribute toward meeting registration requirements or a higher qualification to be included, and • the employer will not to unreasonably refuse a request for Study Leave. 	<p>Not agree</p>
ADOs		
What's the issue?	ASMOF solution	MoH response
<p>There are difficulties in ensuring members can access ADOs and in ensuring employers comply with paying overtime for subsequent ADOs once the three ADOs permitted to be accrued have been reached.</p> <p>Some members have been told if they do not take ADOs they will lose them, or that they are not paid out at the appropriate Overtime rate</p> <p>A majority of members want to retain ADOs but have them properly administered.</p>	<p>We want to ensure that if a medical officer has accumulated three ADOs and then subsequently works on a further ADO, this is not accumulated but is to be paid as overtime.</p>	<p>The MOH want to roster JMOs for a day off each month rather than accrue an ADO (i.e. remove ADOs and roster the 152 hours per month over 19 working days in each 28 day period) would ensure that "ADOs" are actually taken, but removes flexibility for JMOs in taking ADOs. If all 20 working days were worked in the 28 day period, the extra day would immediately be Overtime.</p>
Higher Duties Allowance		
What's the issue?	ASMOF solution	MoH response
<p>The Ministry want to remove Higher Duties Allowance from the Award.</p>	<p>We oppose this and believe the clause must be retained.</p>	<p>The Ministry want to remove Higher Duties Allowance from the Award.</p>

Payment of Accommodation Travel Costs for JMOs on Rotation		
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Members have told us the accommodation on secondment is often very poor and that there is a lack of suitable accommodation for those medical officers who have families.	<p>We want the following:</p> <ul style="list-style-type: none"> • The employer to provide suitable accommodation for medical officers directed to work at a hospital that requires relocation. • If the family of the medical officer accompanies them to the hospital location, the accommodation must be suitable for that purpose. • If suitable accommodation cannot be provided the employer will provide a subsidy to the medical officer so they may utilise private rental accommodation. • Providing reimbursement of travel costs for JMOs who are required to rotate to other locations as part of their training. 	Not agree
Removal of Rural Increment		
What's the issue?	ASMOF solution	MoH response
<p>Where a medical officer, other than an intern, is seconded to work in a “rural” hospital they will have their salary increased by one incremental step (by way of allowance) for the period they work in that hospital.</p> <p>The Ministry want to remove this additional increment.</p>	We believe this increment must remain.	The Ministry want to remove this provision.
Overtime		
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The Ministry want medical officers to work shifts of up to 12 hours to be paid at ordinary rates before overtime was incurred.	The current Award clause should be retained. This provides for overtime being paid for “all time worked in excess of the ordinary hours” or “all time worked in excess of ten hours in any one shift”.	