

15 March 2020

Hon Dr Steven Miles MP
Minister for Health
Minister for Ambulance Services
Member for Murrumba
Email: health@ministerial.qld.gov.au

Dear Minister Miles

We jointly write to seek your urgent support in addressing a significant risk to medical workforce in small rural hospitals.

Current working arrangements for Medical Superintendents / Medical Officers with Private Practice (MS/MO with Private Practice) was being reviewed under the Rural & Remote Review Working Group MOCA 5 Process. The triggers for the review included increased Queensland Health work demands that are not remunerated under current arrangements, no ability to assess actual work hours and need for fatigue provisions. This was prioritised out of the last MoCA negotiation.

The MS/MO with Private Practice workforce is at breaking point. COVID-19 has increased stressors and expectations of MS/MO with Private Practice's on an already fragile workforce. An increase of emergency presentations as a result of COVID-19 will mean:

- Private GP practice will reduce and there will be a subsequent reduction in income.
- Public work will increase significantly, with no increase in income.

We call for an interim emergency approach to the MS/MO with Private Practice working arrangements on an opt in basis. We recommend that each MS/MO with Private Practice be offered the following options:

1. No change to their current employment conditions OR
2. Transitioning to a COVID SMO temporary contract
 - a) Taking LWOP (or equivalent) from their current MSOPP/MSRPP role.
 - b) Commencing a 6 month Part-time 0.2 (or more) FTE SMO position based on local circumstances.
 - c) Working 1.6 hrs (or more) each M-F at the hospital with the rest of the time being paid on stand-by on-call and allowing continuation of private practice.
 - d) Each recall in ordinary hours paid for a minimum of one hour at ordinary time. Any hours in excess of 40 hours per week (rostered hours plus recall in ordinary hours) and any recall outside ordinary hours will be paid as Physical Recall (MOCA5 11.18.5)

This approach will allow private practice to continue as the MS/MO would either be at the hospital or the practice – there would no conflict in billing privately while working for Queensland Health.

We would welcome the opportunity to discuss this in detail with you or Director General Dr John Wakefield. RDAQ Executive Officer, Ms Marg Moss is available to assist your office via email mmoss@rdag.com.au or phone 0400 428 213.

Sincerely

Dr Clare Walker
President
Rural Doctors Assoc of Queensland

Dr Sandy Donald
Senior Vice President
Together Branch of the ASU

Dr Chris Perry
Vice President
Australian Medical Association Queensland

Dr Jim (James) Finn
State Secretary
ASMOFQ

Cc:

1. Dr John Wakefield, Director General, Queensland Health
2. Ms Lisa Davies-Jones, Chief Executive, Office of Rural & Remote Health Establishment