

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|---|--|
| 1 | Duration and date of operation | <p>The agreement will:</p> <ul style="list-style-type: none"> • have a three-year term; • operate from the date of certification, including any back payment of wages; • have a nominal expiry date of 30 June 2028. |
| 2 | Wage increases | <p>The guaranteed wage increases are as follows:</p> <ul style="list-style-type: none"> • 1 July 2025, subject to in principle agreement being reached in accordance with the specified conditions – 3 per cent (applied to the higher of the award or agreement rate being paid at the nominal expiry of the <i>Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022</i>); • 1 July 2026 - 2.5 per cent (applied to the preceding agreement rate of pay); • 1 July 2027 - 2.5 per cent (applied to the preceding agreement rate of pay). |
| 3 | CPI Uplift Adjustments (CUA) | <p>Where the relevant through-the-year March CPI outcome (All Groups Brisbane) measure ('the CPI measure') exceeds the relevant guaranteed wage increase under the agreement, a CUA will become payable up to the maximum amount of up to 0.5% in year 1 and up to 1.0% in years 2 and 3 of the agreement.</p> <p>The CUA will be:</p> <ul style="list-style-type: none"> • based on the percentage difference between the guaranteed wage increase under the agreement for the agreement year and the relevant CPI measure as published by the Australian Bureau of Statistics from 2026 onwards; • paid or payable where that CPI: <ul style="list-style-type: none"> ○ exceeds the 3 per cent increase in year 1, providing up to a maximum additional 0.5 per cent; ○ exceeds the 2.5 per cent increase in years 2 and 3, providing up to a maximum additional 1 per cent. • considered and treated as a wage increase under the agreement and applied to the rates payable from the date the guaranteed wage increase was payable i.e., it will go into base, be cumulative and relevant for future agreement year increases. <p>Note that once the CPI outcome is known, and where applicable, implementation of the payment may take up to four months to process and for employees to receive the relevant back-payment.</p> |
| 4 | Increases to certain allowances | <p>The following allowances to increase in line with the headline wage increase (including the CUA, if triggered) in the new agreement:</p> <ul style="list-style-type: none"> • Professional Development Allowance for Resident Medical Officers • Vocational Training Subsidy for Resident Medical Officers • Clinical Manager's Allowance • Medical Manager's Allowance |
| 5 | Increase Resident Medical Officer Night Shift Allowance | <p>Queensland Health proposes to increase the night shift allowance for Resident Medical Officers from 15% to 20% from the date of certification of the replacement agreement.</p> <p>This increase recognises the unsociable nature of night shift work and will create clear differentiation from the afternoon shift allowance, which remains at 15%.</p> |

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|---|--|
| 6 | A new Career Medical Officer (CMO) classification structure | <p>Queensland Health proposes to introduce a new Career Medical Officer (CMO) classification structure, commencing 1 July 2026.</p> <p>Key features of the proposed structure that will be reflected in MOCA7 include:</p> <ul style="list-style-type: none"> Two classification levels, equivalent to Level 10 and Level 13 of Schedule 1 – Wage Rates and Allowances. Appointment to a CMO role at Level 10, with progression to the second level after five years of service. Eligibility to apply will be limited to employees with a minimum of six years' post-graduate experience. Roles will be by appointment only to advertised vacancies; there will be no automatic progression from other classifications. Supervised by a Senior Medical Officer. Implementation date of 1 July 2026 to allow time for development of role descriptions and supporting materials. <p>The proposed CMO structure aligns with the National Medical Workforce Strategy and aims to provide an alternative career pathway for medical officers outside of specialist training. It is expected to support workforce retention and reduce reliance on locum placements in hard-to-fill areas. A regional focus, with positions targeted at locations classified as Modified Monash Model (MMM) 3–7 to support regional recruitment and workforce sustainability.</p> |
| 7 | Increase to Senior Medical Officer Attraction and Retention Allowance for Rural Generalists | <p>Queensland Health proposes to increase the Senior Medical Officer Attraction and Retention Allowance for Rural Generalists for Rural Generalists in MMM 4-7 locations increased as follows:</p> <ul style="list-style-type: none"> MMM 3 - 4 – 45% MMM 5 - 7 – 50% <p>This increase will apply from the 1 July 2026 to allow for implementation and is intended to enhance incentives for recruitment and retention in the most remote and hard-to-fill locations.</p> |
| 8 | Increase to Senior Medical Officer Attraction and Retention Allowance for General Practitioners with FRACGP or FACRRM | <p>Queensland Health proposes to increase the Senior Medical Officer Attraction and Retention Allowance from 35% to 40% for General Practitioners who hold Fellowship of the Royal Australian College of General Practitioners (FRACGP) or Fellowship of the Australian College of Rural and Remote Medicine (FACRRM).</p> <p>This increase will apply from 1 July 2026 to allow for implementation and is intended to strengthen incentives for the recruitment and retention of General Practitioners across Queensland Health.</p> |
| 9 | Provide Regional and Rural Attraction Allowance to Medical Practitioners with Private Practice (MPPP) | <p>Queensland Health proposes to apply the Regional and Rural Attraction Allowance to Medical Practitioners with Private Practice (MPPPs) from 1 January 2026.</p> <p>This allowance will be paid as follows (based on the base rate of the MPPP):</p> <ul style="list-style-type: none"> 5% for MPPPs employed in Cairns and Hinterland HHS, Townsville HHS (excluding Palm Island) or Darling Downs HHS. 10% for MPPPs employed on Palm Island, or in Central West HHS, Mackay HHS, Central Queensland HHS, Wide Bay HHS, or South West HHS 15% for MPPPs employed in Torres and Cape HHS or North West HHS <p>The allowance is intended to support MPPP workforce retention.</p> |

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|--|--|
| 10 | SMO Professional Development Allowance | A one-off 3% increase to the SMO Professional Development Allowance (PDA) on existing rate, on date of certification. |
| 11 | Workplace Behaviour | <p>Queensland Health proposes to include the following clause in MOCA, subject to final agreement in drafting:</p> <p>Workplace behaviour</p> <p>[1] Queensland Health is committed to working with employees to create and maintain a work environment that is free from workplace harassment. Managers and employees have shared obligations for creating an ethical, professional, and productive workplace culture by carefully considering their own behaviour and potential impact upon others.</p> <p>[2] All employees have the right to be treated fairly and with dignity in an environment free from adverse behaviours such as intimidation, humiliation, harassment, sexual harassment, victimisation, discrimination, and bullying. The employer recognises that adverse behaviours such as these are serious workplace issues, which are not acceptable and must be eliminated from the workplace.</p> <p>[3] The employer supports the accepted industrial principle that all employees have the right to raise concerns with their employer about issues of bullying, harassment, sexual harassment, or workplace behaviour without fear of victimisation. Unions may refer instances of alleged victimisation on systematic and broader issues directly to MOCA Oversight Committee for attention.</p> <p>[4] The Code of Conduct for the Queensland Public Service applies to all managers and employees covered by this Agreement. If it is substantiated that a manager or employee is found to have been involved in the above adverse behaviours, this may be a breach of the Code of Conduct and they may be subject to a disciplinary process.</p> |
| 12 | Workplace Health and Safety | <p>Queensland Health proposes to include the following clause in MOCA, subject to final agreement in drafting:</p> <p>[1] The parties to this Agreement are committed to continuous improvement in work health and safety outcomes through the implementation of the Queensland Health, Health Safety and Wellbeing Management System. All managers and employees will be assisted in understanding and fulfilling their responsibilities in maintaining and promoting a safe working environment.</p> <p>[2] The employer is committed to the establishment of local health and safety committees in accordance with the <i>Work Health and Safety Act 2011</i>. Queensland Health will promote the role of local Health and Safety Committees and the important role of health and safety representatives.</p> <p>Persons conducting a business or undertaking (PCBUs) will support requests for the establishment of work groups, election of HSRs and establishment of Health and Safety Committees made in accordance with the <i>Work Health and Safety Act 2011</i>.</p> <p>[3] Further, without limiting the issues which may be included, the parties agree to address the following hazards and issues:</p> <ol style="list-style-type: none"> 1. aggressive behaviour management; 2. occupational violence (intentional and unintentional); 3. fatigue risk management; 4. guidelines for work arrangements (including hours of work); 5. guidelines on security for health care establishments; 6. where appropriate, injured workers have the opportunity to be re-trained in alternative areas/work departments; |

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|--|---|
| | | <p>7. management of ill or injured employees;</p> <p>8. personal protective equipment;</p> <p>9. psychosocial hazards (including unsafe workloads);</p> <p>10. workers' compensation;</p> <p>11. musculoskeletal disorders;</p> <p>12. working off-site;</p> <p>13. workplace bullying and harassment; and</p> <p>14. sexual harassment and sexual safety.</p> <p>[4] Workplace psychosocial hazards will be a standing agenda item for all local health and safety committees.</p> <p>[5] The parties commit to working collaboratively to promote and implement the Queensland Health Consultation Standard and Guidelines.</p> <p>[6] The parties acknowledge that fatigue management is a health and safety issue and will ensure workplace fatigue is managed to minimise its effects and related risks on the workplace, employees, patients and others through the application of a best practice risk management framework as a core business function. Risks are managed in accordance with WHS legislative obligations and utilising evidence-based approaches.</p> <p>[7] The parties commit to ensure that appropriate feedback is provided to employees who raise workplace health and safety matters.</p> |
| 13 | Amendment to 'Extended Hours Rostering for Senior Medical Officers' clause | <p>Include the following statement in clause 12.6:</p> <p>Following the consultation process specified above, Queensland Health may withdraw from an extended hours roster if it determines this roster no longer meets clinical need, after providing four weeks' notice.</p> |
| 14 | Clarification of Professional Development Leave (PDL) | <p>Queensland Health proposes to clarify that Professional Development Leave (PDL):</p> <ul style="list-style-type: none"> • may be accessed for examination preparation and study; and • is not available for other training mandated by the employer, such as Mandatory Training defined under HR Policy G6: Mandatory Training (Mandatory training is to be completed during ordinary hours). |
| 15 | Best Practice Rostering Guideline | <p>Queensland Heath commits to developing a Best Practice Rostering Guideline within twelve months after certification of the agreement. Which will include:</p> <ul style="list-style-type: none"> • Clarification that work (including oncall) should not be rostered on a day on which leave commences. • Clarification around rostering of and access to crib and meal breaks (including payment), including current clauses 12.12 and 12.8 in MOCA. • Clarification of the steps the organisation needs to take where emergent needs arise and roster changes are required. • Clarification around Public Holiday rostering – including that roster should not be amended to avoid entitlements. • Clarification of the importance of clinical supervision time. • Clarification of digital recall—including associated verifiable documentation to facilitate pathway to payment; and clarification of when circumstances might be considered digital recall, to enhance clarity of current 12.21.4.3 in MOCA6 does not apply. • Include reference to/incorporation of considerations for overtime provisions from the <i>Industrial Relations Act 2016 (Qld)</i>. • Clarification of what is included in "Clinical Handover" in clause 12.14.4 in MOCA6 (i.e. handover notes). • Incorporate relevant outcomes from the Fatigue Review. |

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|--|---|
| | | <ul style="list-style-type: none"> Clarification of availability of PDL for RMOs during ordinary time, including for example on weekends to ensure access is not unreasonably withheld. |
| 16 | MOCA Oversight Committee reporting | Queensland Health proposes to update the frequency of reporting requirements of clause 3.4 in MOCA6 with parties to mutually agree on any changes during drafting. Where mutual agreement is not reached current frequency will be retained. |
| 17 | Specification of Attraction and Retention Allowance Reduction for non-participation in Granted Private Practice Arrangements | <p>Queensland Health proposes to amend clause 12.28.2(b) of MOCA6 to clarify the circumstances under which a 25% reduction to the base salary applies in relation to the Attraction and Retention Incentive Allowance – Senior Medical Officers.</p> <p>Specifically, a new provision will be included to reinstate the intent of the former MOCA5 clause, making clear that a 25% reduction will apply to employees who:</p> <ul style="list-style-type: none"> fail to complete the Granted Private Practice Agreement (GPPA) template within three months of commencing employment. <p>This amendment will sit alongside the existing provisions, which apply the same 25% reduction to employees who:</p> <ul style="list-style-type: none"> participate in the GPPA retention arrangement rather than the assignment arrangement; or have their GPPA terminated in accordance with the relevant termination provisions. <p>This amendment is intended to remove ambiguity and ensure alignment with the original policy intent underpinning the attraction and retention incentive.</p> |
| 18 | Removal of 'Medical Officer Credentialed Practice' from Classification Table | <p>Queensland Health proposes to remove the 'Medical Officer Credentialed Practice' classification from clause 2.6.4 of MOCA6.</p> <p>This classification is not currently defined for the purposes of the classification scale, and only 'Advanced Credentialed Practice' is recognised by the State Recognised Practice Committee. Removal of the undefined classification will improve clarity and ensure consistency with the existing credentialing framework.</p> <p>There will be no loss of entitlements for employees currently at this classification level.</p> |
| 19 | Agreement corrections and contemporisation | Within MOCA6 there is inconsistent numbering and clause referencing that require updating, there is terminology changes that are outdated and need to be modernised, and lastly minor changes to ensure legislative compliance. |
| 20 | Discontinuation of the following clauses of MOCA6 | <p>Discontinuation of the following existing clauses from MOCA6:</p> <ul style="list-style-type: none"> Clause 2.2 - Cost of Living Adjustment (COLA) payments, which is not consistent with the new PSWP. <p>Any commitment clauses referring to completed projects or reviews arising during the life of the MOCA6 only. Uncompleted projects will be continued and will report to MOCA7 oversight committee.</p> |
| 21 | New common clauses across Queensland Health certified agreements | <p>To support standardisation and consistency across Queensland Health certified agreements, the inclusion of model clauses into the replacement agreement, including the replacement of existing clauses, where an equivalent clause already exists. The objective to apply common clauses will ensure effective use of resources within the sector, minimise delays and disputation on process.</p> <p>The parties will work collaboratively during the drafting process to finalise the inclusion of particular common clauses by mutual agreement. Where mutual agreement is not reached on the inclusion of a specific common clause, the existing clause in the current agreement will be retained.</p> |

**Agreed items to resolve proposed *Medical Officers' (Queensland Health)*
Certified Agreement (MOCA7) 2025**

| Ref. | Matter | Offer |
|------|--|---|
| 22 | HR Policies | <ul style="list-style-type: none"> Queensland Health is committed to taking a consultative and cooperative approach with respect to its HR Policy Framework. Amendment of clause 1.10.HR Policy Preservation – There will be no removal or reduction in any entitlement to any employee, contained within the HR policies; If an agreed or arbitrated amendment is made to a HR policy preserved under this agreement, it is to be amended and applied to employees covered by this Agreement; the parties will not unreasonably withhold agreement as part of policy reviews. Remove protection for the following HR Policies where entitlements are current enshrined in legislation: <ul style="list-style-type: none"> C9 Carer's leave; and C11 Bereavement and compassionate leave. Retain HR Policy Protection for all other policies outlined in Schedule 3. Queensland Health commits to reviewing D4, D8 and D9 during the life of the agreement. |
| 23 | Improved and/or clarified wording within MOCA7 | <ul style="list-style-type: none"> Within MOCA6 there is inconsistent numbering and clause referencing that require updating, there are terminology changes that are outdated and need to be modernised, and lastly minor changes to ensure legislative compliance. The parties agree to clarify the intent of clauses in relation to fatigue provisions and consolidate on call and recall provisions from three different industrial instruments. Clarification of digital recall—including associated verifiable documentation to facilitate pathway to payment; and clarification of when circumstances (such as phone calls that significantly impact clinical care) might be considered digital recall, to enhance clarity of current 12.21.4.3 in MOCA6 does not apply. Define afternoon shift in MOCA based on current award definition. Amend 12.2.2 to remove 'should where practicable' and replace with 'shall'. |
| 24 | Excluded matters | <p>In accordance with PSWP, the following provisions, commitments or undertakings will not be included in the proposed Agreement:</p> <ul style="list-style-type: none"> One-off sign-on payments; Cost of Living Adjustment (COLA) payments similar to or the same as provided for under the previous PSWP (noting the current PSWP provides a new inflation based adjustment mechanism in the form of the CUA); Reopening wage rates under a settled replacement agreement during the life of that agreement, except as provided for by the CUA mechanism; Incorporating certified agreement rates of pay into underpinning awards; Broadening the scope of existing financial elements or introducing new financial elements outside of those included in this offer; or Any changes to superannuation arrangements, regardless of how the costs are proposed to be met. |
| 25 | Termination of MOCA6 | Upon certification of MOCA7, MOCA6 will be terminated. |