asmofq
The Doctors' Union

26 March 2025

MOCA 7 Log of Claims

PREAMBLE

Queensland’s public health system relies on a skilled, resilient, and dedicated medical workforce to provide exceptional care to our diverse communities, from large metropolitan hospitals to the most remote outposts.

Over recent years, doctors have continued to deliver high-quality clinical services despite being profoundly challenged with increasing workloads, significant staffing shortages and an unsupportive workplace culture.

The ASMOFQ MOCA 7 Log of Claims seeks to improve working conditions in order to promote a sustainable health care system for both doctors and patients. By addressing important issues such as safe workloads and staffing, fatigue management, training and development as well as psychosocial safety and workplace culture, we seek to align the industrial instruments with modern workforce expectations, support the well-being of our doctors, and ensure the safety and quality of care that Queenslanders deserve.

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Workforce & Workloads

Safe Workloads & Staffing Nurses and Midwives (Queensland Health) Award – State 2015: Part 11 EB11: clauses 7.2(a), 46	• Reporting of workloads and staffing levels, with process to escalate • Regular reviews to assess staffing adequacy and safe doctor-to-patient ratios. • Reporting of overtime, fatigue, rostering metrics, leave balances, CST, staff attrition etc • Sufficient staffing levels to enable training the next generation of doctors to address future workforce shortages, not just current service provision
Workforce Planning McKell Report: Operating without a plan EB11: clause 64	• Refer to EB11 clause 64 • Use data to make decisions and develop strategy in respect of recruitment, training, and retention. • *"How many doctors, and with what capabilities, do we need to provide safe, timely and effective care for patients?"*
Medical Consultative Forums	• Establish a local medical consultative forums at each HHS to discuss and address doctor issues, particularly those related to workloads
Permanency of employment	• Convert temporary to permanent positions where possible & appropriate
Proper back-filling of positions	• To avoid excessive workloads or reduced access to leave, CST etc
Administrative officer support	• Allocate an appropriate FTE of administrative officer support to medical officers to ensure that they are not spending time on administrative work and tasks unnecessarily

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Workplace culture, Psychosocial safety and Well-being

Psychosocial safety in the workplace Safe Work Australia Model Code of Practice	• Reporting mechanism for psychosocial hazards • Identify risks, assess hazards, control risks and review control measures • Protection of medical officers from victimisation or reprisal when raising workplace concerns (including notifications without due process)
Promotion of well-being	• System design to promote well-being • Monitoring of workloads, rostering, overtime, fatigue, access to leave etc • Reporting of psychosocial hazards or unsafe situations • Well-being Medical Officer at each hospital (allocated FTE) • Exit interviews for departing staff by external party • Psychosocial rostering commitment (excessive weekends, or sevice terms)
Promotion of positive workplace culture	• Commitment to provide a supportive workplace environment • Accountability by hospital executive & management for psychosocial well-being of staff
Parental Leave	• Refer to ASMOF position statement on parental leave • Increase in spousal leave
Promotion of medical leadership	• For further discussion during bargaining • Generally, but also leadership training and development pathways for RMOs
On-call rooms	• Appropriate rooms for medical officers to rest and/or sleep
Office space	• Appropriate office space for medical officers (including RMOs)

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Rostering, Hours of Work, Overtime & Fatigue

Protection around “days off” (RMOs)	• RMOs can still be rostered overtime on any of their four “days off” • Stronger protections around “days off”
Roster changes with short notice	• Loading to be applied • Additional incurred costs such as parking, childcare to be reimbursed by the employer
Reporting system for issues regarding workloads, rosters, overtime and fatigue	• User-friendly, fit-for-purpose reporting system for doctors to notify issues and concerns
Full recognition of work as overtime	• Payment for additional hours of work performed eg prior to a shift, for discharge summaries
Mitigation against Excessive Phone Calls	• Develop protocols to reduce and manage excessive phone calls that disrupt rest periods, with a clear escalation process.
Night shift loading increase	• For further discussion during bargaining
Clinical Support Time (CST)	• Improve access to minimum CST entitlement (especially for RRR medical officers) • Data collection of CST allocated to individual medical officers
Term allocation and rostering outside ordinary hours	• Limit the allocation of RMOs to “service terms” • Limit the number of after hours & weekends shifts that RMOs can be rostered to in a given period

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Training & Professional Development

Access to professional development leave (PDL)	• Access to out-of-core hours PDL for both RMO & SMOs • Use of PDL for studying for exams
Career progression for PHOs & CMOs National Medical Workforce Strategy 2021-31: page 41-42	• To be discussed further • Better protections and training/education for PHOs to avoid exploitation and career non-progression. • Establish framework to develop skills and capabilities (optimise scope of practice) • Pathway for doctors not on a formal training program to become CMOs to address workforce shortage (MOCA 6 claim) • Allow PHOs or those waiting for entry into a training program to progress up to Level 9 (on par with Registrars)
Improved access to leave for examination purposes	• To be available for specialty primary/entrance examinations as well • PDL able to be taken for the purpose of studying for exams
College exam reimbursement	• Reimbursement of college examination fees upon successful completion, acknowledging the high financial burden and benefit to QH
Clarity on importance of professional development for RMOs	• Amend/clarify relevant MOCA6 clauses (7,3, 7.5)
Clinical Supervision Time	• Ensuring high-quality clinical supervision is fundamental to developing and maintaining a highly skilled medical workforce. • Protected, rostered time for senior clinicians (SMO and registrars) to provide structured teaching, feedback, and mentorship, without compromising service delivery. • Aim to enhance training outcomes and improve safety and quality, as well as foster a culture of excellence and support

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Regional, Rural and Remote

MSPP/MOPP review	• Review and consider MSPP/MOPP terms and conditions of employment to align with SMO entitlements and achieve parity.
FRACGP and FACRRM	• Recognition of FRACGP and FACRRM as specialties
Attraction & Retention Allowance	• Specialist medical practitioners including specialist general practitioners should receive an A&R allowance of 50% of base salary (and Rural Generalists)
Rural Generalist (RG) Incentives	• Adjustments to current RG incentives, to align with the actual location of work rather than the base appointment site • Loading for advanced skills in remote practice
Staffing Models at Rural Regional & Remote locations	• Increase headcount at hospitals to address excessive workloads, fatigue and burnout as well as access to entitlements • Rural Generalists should be paid as such, at their correct level
Rural Accommodation	• Provision of a defined standard of accommodation • Support for accomodation where not currently provided
Relocation volumes	• Align relocation volumes with teachers/police (e.g. 36 m^3 plus an additional 10 m^3 per dependent).
Clarification/consistency around employment arrangements for secondment/rotation	• For further discussion during bargaining • D4/D8 policies

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Fair Pay, Remuneration and Allowances

Wage increases and cost of living adjustment	• For further discussion during bargaining
No disadvantage to medical officers if negotiations extend past 30 June 2025	• For further discussion during bargaining
Review of incentive schemes (including replacement for WAIS)	• For further discussion during bargaining
Pay parity	• For GPs and RGs • PHOs to Level 9
Allowances (eg PDA, VTS, inaccessibility, clinical/medical managers, on-call)	• For further discussion during bargaining
Regional and Rural Allowance (clause 12.28.2)	• Extend allowance to RMOs as well as SMOs
Retention: incentives for continued employment with QH	• Introduce incentives for SMOs and RMOs for continued service with QH • eg allow long-standing SMOs to continue progression to MO3 and MO4, introduce further levels for SMOs and RMOs to progress
Support for Clinical/Medical Managers	• Administration officer support • Management training and support • Proper allocation of FTE for managerial work
Preservation of accrued entitlements while away (eg secondment/rotation or break)	• For further discussion during bargaining
Granted Private Practice (GPP): Retention	• Revision of cap and indexation

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Miscellaneous

Public Holidays	• Stronger protections against rostering practices that restrict public holiday entitlements
Climate Change Mitigation and Sustainability	• Refer to clause 15A in Victoria Health/ASMOF/AMA EA 2022-2026
Special leave arranagements	• Being called in early • Unable to leave work safely
Overseas travel approvals	• Clarity and/or simplication of approval process in situations such as when may be perceived to be representing QH
FBT notification	• Clarity provided to the doctor in respect of what type of fringe benefit is being provided (such as relocation assistance, housing, motor vehicle or any allowance)
No reduction in existing MOCA 6 terms and conditions	

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