



**WA HEALTH SYSTEM - MEDICAL  
PRACTITIONERS - AMA AGREEMENT 2016**

**DOCTORS IN TRAINING**

Australian Medical Association (WA)



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## Introduction

On 3 March 2016 the Australian Medical Association (WA) provided a log of claims to the Minister for Health on behalf of medical practitioners employed under the following agreements (the 2013 AMA Agreements):

- *Department of Health Medical Practitioners (Metropolitan Health Services) AMA Industrial Agreement 2013;*
- *Department of Health Medical Practitioners (WA Country Health Service) AMA Industrial Agreement 2013;*
- *Department of Health Medical Practitioners (Drug and Alcohol Office) AMA Industrial Agreement 2013;*
- *Department of Health Medical Practitioners (Director General) AMA Industrial Agreement 2013;* and
- *Department of Health Medical Practitioners (Clinical Academics) AMA Industrial Agreement 2013 (the Clinical Academics Agreement).*

The log of claims was developed following extensive consultation with practitioners across the public health system over the preceding three years and was lodged in the context of increasing clinical disengagement, increasingly restricted autonomy of medical practitioners, growing uncertainty in relation to job security, restricted access to leave and other entitlements, a government enforced reduction of health FTE, a healthcare recruitment freeze and new healthcare infrastructure projects that have been beset with problems.

WA's economy has provided a tough negotiating environment, with a record budget deficit and paltry growth of 1.3% in the 2015/16 state health budget. Further, the timing of the log of claims coincided with the release of the WA Public Sector Wages Policy Statement 2016, which required that increases in wages and associated conditions for all industrial agreements be limited to 1.5% per annum. This was reflected in the Department of Health's response to the AMA (WA) log of claims, which was a consolidated replication of the current agreements into one agreement (with the exception of the Clinical Academics Agreement). None of the claims lodged by the AMA (WA) were acknowledged or considered by the WA Health in the initial stages of negotiations.

Despite these difficulties and WA Health's initial intransigence, the AMA (WA) managed to secure an in-principle agreement with WA Health prior to the expiry of the 2013 Agreements, thus ensuring salary increases effective from 1 October 2016. A formal agreement was reached on 6 December 2016 and the *WA Health System Medical Practitioners AMA Industrial Agreement 2016* (the 2016 AMA Agreement) was registered by the WA Industrial Relations Commission on Friday, 13 January 2017. Accordingly, all increases in salaries and allowances under the 2016 AMA Agreement will be back paid to apply from 1 October 2016.

The AMA (WA) believes that the agreement reached represents a good outcome for medical practitioners, with significant improvements in conditions within the parameters of the Public Sector Wages Policy. Some of the major successes the AMA (WA) has secured in this round of negotiations include:

- Increased job security, including three year contracts of employment for Interns through to Resident Medical Officer Year 2 and 12 months contract renewal notice for Senior Practitioners.
- Salary and allowance increases of 1.5% per annum over the next three years, backdated to 1<sup>st</sup> October 2016.
- Roster notice period and duration has doubled and now rosters must be released 14 days before commencement and for a period of 28 consecutive days.
- More transparent and guaranteed access to leave, recognition of service and portability of leave accrual across WA Health's employing entities.
- Attendance at mandatory training is now a recognised component of "non-clinical duties" and forms part of rostered hours.
- Senior Practitioners: The rolling of Arrangement A Private Practice Income Allowance into base salary, a longstanding claim of the AMA (WA) and something that has not been achieved elsewhere in Australia.

The Clinical Academics Agreement and Subsidiary Agreements are being finalised at the time of writing. The same salary increases and date of effect will apply.

### **New WA Health Boards and Changes to the WA Health Employing Structure**

Recent reforms to WA Health governance and the creation of separate employing entities has resulted in a number of amendments to the application and scope of the 2016 AMA Agreement compared with previous agreements. The employing entities are:

- North Metropolitan Health Service;
- South Metropolitan Health Service;
- East Metropolitan Health Service;
- Child and Adolescent Health Service;
- WA Country Health Service;
- Director General of Department of Health; and
- Mental Health Commission.

### **Consolidated Agreement**

The AMA (WA) and WA Health have worked together to consolidate the 2013 Agreements (with the exception of the Clinical Academics Agreement) into one Agreement. While the conditions and entitlements enjoyed in the agreements have been retained, there is now both express and implied certainty regarding the portability of service and leave accruals across all of WA Health's employing entities. This also safeguards a minimum set of conditions for all salaried medical practitioners employed across the WA Health System.

For practitioners who are directly employed by a WA Country Health Service or the Director General of the Department of Health, the terms, conditions, allowances and salaries that are specific to those practitioners can be found in Schedules 2, 3 and 4 of the 2016 AMA Agreement.

## Availability of Leave

The AMA (WA) has secured improvements in relation to the portability of service and leave between WA Health's employing entities, removing previous distinctions that applied between metropolitan and country sites. The 2016 AMA Agreement expressly states that:

- **Annual Leave - Clause 34(15)**  
Annual leave transfers from one employer to another.
- **Professional Development Leave – Clause 18(8)**  
Professional development leave transfers from one employer to another.

These additional provisions compliment protections previously negotiated by the AMA (WA) in relation to Sick Leave (Clause 36(14)(a)) and Long Service Leave (Clause 37(12)(a)). In other words, Professional Development Leave and Annual Leave will now also transfer from one Employer to another Employer under the 2016 AMA Agreement provided there is no break in service beyond one week.

No practitioner will see a reduction in terms, conditions or salary as a result of the consolidation of the 2013 Agreements.

## Term of the 2016 AMA Agreement

The 2016 AMA Agreement has a term of three years, guaranteeing salary increases for 2016, 2017 and 2018. The 2016 AMA Agreement had operational effect from the date that it was registered with the WA Industrial Relations Commission on 13 January 2017. However, the AMA (WA) has negotiated an effective operational date of 1 October 2016 in relation to all salaries and allowances. This means that your 2016 salary increase will be backdated to reflect an increase of 1.5% to apply from 1 October 2016.

If you have ceased employment with WA Health and have since been reemployed by any of the employing entities, your allowances and salary will only be backdated to your most recent start date. Those practitioners who, at the date of registration, were no longer employed by any of the WA Health entities covered by the 2016 AMA Agreement will not receive any back pay.

## Doctors in Training

This summary details specific changes applying to Doctors in Training employed under the 2016 AMA Agreement.

### 1. Base Salaries

Salaries and allowances will increase by 1.5% per annum over the term of the agreement, effective 1 October 2016, 1 October 2017 and 1 October 2018 respectively.

Progression through salary increments has been clarified and practitioners shall progress through the applicable salary range by annual increments on the anniversary of their appointment to the classification.

The 'Salaries and Allowances' section of this information booklet sets out the tables showing annual salaries and allowances payable to Doctors in Training in the metropolitan area.

### 2. Allowances

Allowances have increased by 1.5% per annum, in line with salary increases, as outlined in the 'Salaries and Allowances' section of this information booklet. The Meal Allowance is adjusted in accordance with the *Public Service Award 1992*.

#### 2.1 Professional Development Allowance – Clause 18

The Professional Development Allowance has increased 1.5% in line with the salary increases.

#### 2.2 On Call and Call Back – Clause 33

The On Call allowance has increased in line with the salary increases. The on call allowance is noted in the 'Salaries and Allowances' at the rear of the booklet. The Call Back hourly rates, are retained and calculated as a percentage of the practitioners ordinary base rate (Clause 33(2)(a)) under the 2016 Agreement.

### 3. Contract of Service

#### 3 year contract for Interns

2017 Interns will be the first cohort of Doctors in Training in Australia to be appointed on 3 year contracts. Progression from Intern to Resident Medical Officer will occur on successful completion of internship and general registration with the Australian Health Practitioner Regulation Authority. Successful completion of internship is required to continue the contract. There is scope for an Intern to spend more than one year successfully completing their internship without breaking their 3 year contract. For example, if an Intern spends 18 months completing their internship, upon progressing to Resident Medical Officer, 18 months will remain on the contract.

2017 Resident Medical Officers will be offered two year contracts. WA Health has agreed that there will be capacity for Doctors in Training to move between Employers without breaking their 3 year contract.

Leave entitlements will transfer between Employers, provided there is no break in service of more than one week. See 'Annual Leave' and 'Professional Development Leave'.

## 4. Professional Development Leave (PDL)

The AMA (WA) has negotiated improved access to PDL and reduced the administrative burden on Doctors in Training.

In accordance with Clause 18(10) Doctors in Training will be able to access PDL in single days. Where singular day PDL is accessed it will be debited as 8 hours, unless the practitioner was rostered to work other than 8 hours. If this is the case, the leave will be debited as the hours rostered.

A new clause 18(5) provides that non-accruing PDL shall be accessed before accruing PDL in all instances. This will assist Doctors in Training to preserve as much accruing PDL as possible, to keep in reserve for the most demanding and critical times of their training program.

A new provision has also been added to make sure applications for leave and rostered time off to attend exams are not unreasonably refused.

Finally, the AMA (WA) has ensured that PDL is carried forward in full from Employer to Employer and from contract to contract. If the practitioner resigns or is terminated by the Employer through no fault of the practitioner and is engaged by another WA Health Employer under the 2016 AMA Agreement, accrued PDL will be transferred provided there is not more than one week break between contracts.

## 5. Rostering

The AMA (WA) successfully sought changes to the rostering provisions to enable Doctors in Training to better pre-plan and balance their work/life commitments. Time frames relating to the duration and release of rosters have been increased as follows:-

- Rosters to be provided for a period of not less than 28 consecutive days.
- Rosters to be provided at least 14 days prior to their commencement.
- Where possible, rosters shall be published 21 days prior to their commencement.

Equally important, having listened to the concerns expressed by Doctors in Training over a long period about the increasing burden of mandatory training requirements, the AMA (WA) has successfully negotiated the inclusion of mandatory training as a rostered component of non-clinical duties.

## 6. Clinical Rotations

The Employer now has an obligation to use its best endeavours to notify the practitioner of their clinical rotations and the locations no less than four weeks before the commencement of each year. To facilitate the requirements of career progression, the AMA (WA) has safeguarded that every endeavour must be made by the Employer to accommodate the practitioner's clinical preferences. Any changes to the clinical rotations, once advised, must be by consultation and agreement with the practitioner.

## 7. Annual Leave

During the term of the previous AMA Agreement, there have been increased incidences of declined applications for annual leave, contrary to the WA Health Leave Management Policy, which stresses the importance of regularly taking leave. As a result, the AMA (WA) considered it paramount to negotiate for the inclusion of a provision which states that all annual leave which has accrued more than 12 months prior, can be taken with two weeks' notice, in keeping with WA State legislation.

The AMA (WA) recognises that practitioners seek to utilise their leave in a responsible manner. It is hoped that the inclusion of this provision will result in a reduction in leave applications being denied, and will serve as a means of redress for practitioners who have accrued leave in excess of their annual entitlement and who have not been allowed the opportunity to access such leave.

## 8. Parental leave

Amendments to federal legislation affecting parental leave entitlements, in particular concurrent parental leave, have been reflected in the provisions of the Agreement.

Both parents may simultaneously access parental leave for a period of up to 8 weeks at the time of birth or adoption of a child. The 8 weeks of concurrent leave must be taken whilst the primary care giver is on parental leave and in blocks of not less than 2 weeks at a time.

‘Keeping in Touch’ days are now expressly provided for in the Agreement, allowing a practitioner to keep in touch with their work and facilitate a return to employment following a period of parental leave. The ‘Keeping in Touch’ days are paid days and can be worked at any time during parental leave after the first 42 days following the birth or placement of the child, subject to agreement with the employer.

## 9. Carer’s Leave

Reflecting amendments to *the Minimum Conditions of Employment Act 1993*, practitioners are now able to access up to 10 days per annum from their accrued sick leave entitlements, to care for an ill family member or for an unexpected emergency affecting a member of the practitioner’s family or household.

## 10. Witness and Jury Service Leave

Amendments to current provisions ensure that practitioners will not be rostered for night shift duty immediately prior to a court attendance, if they are required to attend court prior to 12 noon.

## SALARIES AND ALLOWANCES

### DOCTORS IN TRAINING – BASE SALARY

Classification and Increment Point	1.50% on and from	1.50% on and from	1.50% on and from
	01-Oct-16	01-Oct-17	01-Oct-18
Intern	\$76,177	\$77,319	\$78,479
Resident Medical Officer Yr 1	\$83,795	\$85,052	\$86,328
Resident Medical Officer Yr 2	\$92,174	\$93,557	\$94,960
Resident Medical Officer Yr 3	\$101,391	\$102,912	\$104,456
Registrar Yr 1	\$106,460	\$108,057	\$109,678
Registrar Yr 2	\$111,784	\$113,461	\$115,163
Registrar Yr 3	\$120,168	\$121,970	\$123,800
Registrar Yr 4	\$126,177	\$128,069	\$129,990
Registrar Yr 5	\$132,485	\$134,472	\$136,489
Registrar Yr 6	\$139,110	\$141,196	\$143,314
Registrar Yr 7	\$146,065	\$148,256	\$150,479
Senior Registrar Yr 1	\$157,021	\$159,376	\$161,766
Senior Registrar Yr 2	\$164,871	\$167,344	\$169,854
Supervised Medical Officer Yr 1	\$106,460	\$108,057	\$109,678
Supervised Medical Officer Yr 2	\$111,784	\$113,461	\$115,163
Supervised Medical Officer Yr 3	\$120,168	\$121,970	\$123,800
Supervised Medical Officer Yr 4	\$126,177	\$128,069	\$129,990
Supervised Medical Officer Yr 5	\$132,485	\$134,472	\$136,489
Supervised Medical Officer Yr 6	\$139,110	\$141,196	\$143,314
Supervised Medical Officer Yr 7	\$146,065	\$148,256	\$150,479
Supervised Medical Officer Yr 8	\$157,021	\$159,376	\$161,766
Supervised Medical Officer Yr 9	\$164,871	\$167,344	\$169,854
Trainee Medical Administrator Yr 1	\$111,784	\$113,461	\$115,163

<b>Trainee Medical Administrator Yr 2</b>	\$120,168	\$121,970	\$123,800
<b>Trainee Medical Administrator Yr 3</b>	\$126,177	\$128,069	\$129,990
<b>Trainee Medical Administrator Yr 4</b>	\$132,485	\$134,472	\$136,489
<b>Trainee Medical Administrator Yr 5</b>	\$139,110	\$141,196	\$143,314
<b>Trainee Medical Administrator Yr 6</b>	\$146,065	\$148,256	\$150,479
<b>Trainee Medical Administrator Yr 7</b>	\$157,021	\$159,376	\$161,766
<b>Trainee Psychiatrist Yr 1</b>	\$120,168	\$121,970	\$123,800
<b>Trainee Psychiatrist Yr 2</b>	\$126,177	\$128,069	\$129,990
<b>Trainee Psychiatrist Yr 3</b>	\$132,485	\$134,472	\$136,489
<b>Trainee Psychiatrist Yr 4</b>	\$139,110	\$141,196	\$143,314
<b>Trainee Psychiatrist Yr 5</b>	\$146,065	\$148,256	\$150,479
<b>Trainee Psychiatrist Yr 6</b>	\$157,021	\$159,376	\$161,766
<b>Trainee Psychiatrist Yr 7</b>	\$164,871	\$167,344	\$169,854
<b>Trainee Public Health Physician Yr 1</b>	\$111,784	\$113,461	\$115,163
<b>Trainee Public Health Physician Yr 2</b>	\$120,168	\$121,970	\$123,800
<b>Trainee Public Health Physician Yr 3</b>	\$126,177	\$128,069	\$129,990
<b>Trainee Public Health Physician Yr 4</b>	\$132,485	\$134,472	\$136,489
<b>Trainee Public Health Physician Yr 5</b>	\$139,110	\$141,196	\$143,314
<b>Trainee Public Health Physician Yr 6</b>	\$146,065	\$148,256	\$150,479
<b>Trainee Public Health Physician Yr 7</b>	\$157,021	\$159,376	\$161,766
<b>Trainee Public Health Physician Yr 7</b>	\$157,021	\$159,376	\$161,766

## DOCTORS IN TRAINING – ALLOWANCES

### Professional Development Allowance (Clause 12(7)(a))

The Professional Development Allowance has increased in line with salary increases.

Classification and Increment Point	1.50% on and from 01-Oct-16	1.50% on and from 01-Oct-17	1.50% on and from 01-Oct-18
Intern	\$5,573	\$5,657	\$5,742
Resident Medical Officer	\$5,573	\$5,657	\$5,742
Registrar	\$9,753	\$9,899	\$10,048
Senior Registrar	\$13,933	\$14,142	\$14,354
Supervised Medical Officer	\$9,753	\$9,899	\$10,048
Trainee Medical Administrator	\$9,753	\$9,899	\$10,048
Trainee Psychiatrist	\$9,753	\$9,899	\$10,048
Trainee Public Health Physician	\$9,753	\$9,899	\$10,048

### Doctors in Training – On Call and Call Back (Clause 33(1)(c)(i))

The On Call Allowance and Call Back hourly rate have increased in line with salary increases. The On Call Allowance is noted below. Please see Clause 33(2)(a) for the Call Back hourly rate.

1.5% on and from 1-Oct-16	1.5% on and from 1-Oct-17	1.5% on and from 1-Oct-18
\$11.34	\$11.51	\$11.68



**This Agreement has been negotiated by the Australian Medical Association (WA) on your behalf. Securing changes to your employment terms and conditions, including salary and allowance increases, involves a significant amount of effort. This is financed solely by AMA (WA) members.**

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