



# General Practice HR Guide

## **JOB DESCRIPTION**

*What might be included/considered here:*

1. The practitioner is expected to provide high quality general medical services to all allotted patients.
2. In doing this he/she is expected to conduct these services in accordance with the AMA Code of Ethics, the Trade Practices Act and within the guidelines of the HIC.
3. The practitioner is expected to maintain personal and clinical standards to the level required to remain on the Vocational Register, meet Accreditation standards and to maintain good standing with the Medical Board of Queensland.
4. The practitioner is expected to embrace the practice vision statement and philosophy, always provided that personal ethics, limitations and conscientious objections in variance with this should be recognized and discussed with the practice principal/s, preferably at the outset.

## **TERMS OF EMPLOYMENT**

*Aspects that may need to be considered/discussed/agreed upon include:*

1. Total hours per week
2. Weekday hours
3. Saturday hours
4. Sunday hours
5. Public holidays
6. On-call/after hours commitments
7. Rostered half day/day off
8. Time off following weekend or after hours duty
9. Meal breaks
10. Flexibility - the need to vary with demand and with leave requirements of the practice practitioners
11. Contact versus non-contact hours

## **DEFINED WORKLOAD**

*May wish to define:*

1. Minimum booking intervals e.g. not less than every.....minutes
2. Maximum number of patients or appointment slots per hour
3. Flexibility - the need to vary with practice demands
4. Home visits, when and what geographical area
5. Hospital visits, when and which hospitals
6. Nursing home visits, when and which nursing homes
7. Surgical assists, when and where

## **PRACTICE INFRASTRUCTURE**

When employing in General Practice and appropriate and supporting infrastructure is essential to sustain the position. Infrastructure elements that form the basis of General Practice accreditation requirements provide a model for reference. There are a number of important components of infrastructure including:

- **Administrative structures and processes**, for example, documented lines of authority and policies, structures for staff meetings
- **Human resource management**, for example, adequate space and availability of equipment
- **Physical structures and equipment**, for example, adequate space and availability of equipment
- **Information/communication and records management**, for example, an effective patient record system, which meets legislative and confidentiality requirements and facilitates easy retrieval, and effective communication systems, are installed
- **Safe environment and practice systems**, for example, a risk management program is in place to reduce safety risks, including infection control, security, and management of waste
- **Quality assurance processes**, for example, a developed plan to improve and evaluate performance of all staff, is available
- **A professional and learning environment**, where a professional support system is established, opportunities are made available for participation in case conferences, and continuing education and skill development is actively encouraged and enabled

## REMUNERATION

*Aspects for consideration/discussion might include:*

1. Salaried position: fixed wage with annual and sick leave entitlements, leave loading, long service leave entitlement and superannuation guarantee
2. Wage position at hourly or sessional rate: superannuation guarantee paid if necessary gross income per month exceeded, with or without pro-rata of the above entitlements
3. Wage position at percentage rate with or without a minimum guarantee: superannuation guarantee needs to be considered when agreeing on specific percentage as does whether any leave entitlements are to be provided
4. Variation in remuneration for on-site and off-site out-of-hours/after hours work
5. Variation of remuneration for home visits, hospital visits, nursing home visits, surgical assisting etc.
6. Bonus/incentive payments
7. Frequency of payment ie weekly, fortnightly, monthly
8. Payment by cheque, direct deposit etc.

## CALCULATION OF GROSS BILLINGS/TAKINGS

*May need to consider/discuss:*

1. What is to be included in gross billings/takings?
2. Are payments to be made on billings or receipts?
3. It is important to discuss whether a periodic itemised statement of gross billings/takings is to be provided
4. If so, how often?

## **NON FEE FOR SERVICE/INCENTIVE PAYMENTS**

*May need to consider/discuss the entitlement of the employee to:*

1. PIP
2. SIP - service incentive payments as of November 2001
3. GPII payments
4. Division payments
5. ACIR payments

and the degree of those entitlements ie are they to be included and if so at what rate?

It is recommended that the subject of Accreditation / Computerisation be discussed here, including whose responsibility is the cost of such, both in terms of establishment and ongoing costs.

## **LEAVE ENTITLEMENTS**

*May wish to define specifically here:*

1. Salaried practitioners leave entitlements with regard to recreational leave, sick leave, study leave, compassionate and religious leave, maternity leave and long service leave, the conditions thereof and whether any of these entitlements are cumulative (always remembering that while there is no specific award operating here, there may be certain basic industrial requirements or recommendations.)
2. Any similar conditions to be offered to wage practitioners, their amounts, conditions and payments details
3. How much notice of leave is required?
4. It might be prudent to record the need for leave times to be mutually agreeable to all parties
5. It might be prudent to discuss here whether cover is required for leave periods, and if so, who is responsible for the organisation and payment of such

## **TAXATION**

Salaried practitioners are included in the PAYG system of the practice in most circumstances. It may be desirable/required here to define whether the wage practitioner is a sub-contractor, responsible for his/her own taxation payments, or whether, as is mostly the case, the wage practitioner is an employee, with the practice responsible for PAYG payments on the employee's behalf.

- ❑ Employees would be included in the PAYG system.
- ❑ Contractors (in own name or in name of an entity) they are then responsible for payment of their own tax. An ABN is required and GST registration if income is greater than \$50000 per annum.

## **SUPERANNUATION**

As alluded to under REMUNERATION, there are specific Superannuation Guarantee entitlements, under certain conditions, provided for by Government legislation. This section may be useful to document this guarantee and to discuss/document any employee requirement for further employee contributions. It is highly advisable to define here whether the Superannuation Guarantee is included in the percentage of the wage practitioner or is in addition to that percentage.

## **WORKERS' COMPENSATION**

It may be considered advisable to document here that the employee is covered by the Workcover policy of the practice unless he or she is a sub-contractor, when it is the responsibility of the sub-contractor.

## **WORK PLACE HEALTH AND SAFETY ISSUES**

Workplace Health and Safety issues may wish to be discussed and an awareness be made of the policy and procedure manual, if applicable.

## **REGISTRATION/PROFESSIONAL INDEMNITY INSURANCE**

1. It may be advisable to document here that it is the employee's responsibility, unless otherwise agreed to, to keep his/her registration and professional indemnity insurance current and for the employer to sight proof thereof on renewal and/or on demand of the practice principal
2. Principals should be aware that vicarious liability might be incurred if these are not maintained

## **VEHICLE**

1. Are any vehicle expenses to be paid for by the practice and if so how much, how often, and what documentation is required?
2. There may be regulatory requirements with regard to provision of allowances for employees involved in inter-workplace travel that need to be researched/conformed with

## **DRESS REQUIREMENTS**

Do you wish to establish a required or minimum standard of dress?

## **MEDICAL EQUIPMENT**

*It might be considered desirable to discuss/document here:*

1. What equipment is the employee expected to provide eg stethoscope, otoscope, ophthalmoscope, Doctor's bag etc?
2. What consultation room/basic equipment is the practice to provide?
3. Whose responsibility is it to maintain the Doctor's bag etc?

## **PRACTICE MEETINGS**

1. Is the employee required/entitled to attend practice meetings?
2. If so, what is the level of his/her participation?

## **PROBATION PERIOD**

1. If there is to be a probation period it is obviously necessary to agree on the length of this and to document it.
2. There may be regulatory requirements that need to be researched/conformed with.

## **PERFORMANCE ASSESSMENT**

*May wish to consider/discuss:*

1. What are the performance parameters to be considered?
2. Who reviews these?
3. How often is this to take place?

## **REVIEW OF CONDITIONS OF EMPLOYMENT**

*May wish to consider/discuss:*

1. When should this agreement and the conditions of employment be reviewed?
2. How often should this agreement and the conditions of employment be reviewed?

## **DISPUTE RESOLUTION**

*May wish to consider/discuss:*

1. What is the protocol for dispute resolution?
2. Who is to be nominated as the mediator/arbitrator should mutually satisfactory resolution fail to be achieved eg the President of the Queensland branch of the AMA or his nominee?

## **DISMISSAL CONDITIONS**

*May wish to consider/discuss:*

1. What conditions might allow for dismissal?
2. What is the protocol leading to dismissal eg are there a required number of warnings beforehand, is there to be counselling etc?
3. What notice is required?
4. Is the dismissal to be in writing?
5. There may be regulatory requirements that need to be researched/conformed with

## **RESTRAINT OF TRADE**

*May wish to consider/discuss*

1. Should there be a "Restraint of Trade" condition?
2. If so, what are the terms of this in terms of distance and time etc?

## **OWNERSHIP OF MEDICAL RECORDS**

*May wish to consider/discuss:*

1. Are the records the property of the treating doctor or the practice?
2. If the records are agreed to be the property of the practice, should there be a guarantee of access to the records for the treating doctor if required and under what circumstances would this be so?
3. Similarly, if the records are agreed to be the property of the treating doctor.....

### **Original Members of the GP Employer / Employee working party: (1999)**

Dr Wendy Welsh	Employer GP
Dr Colin Rigg	Employee GP
Dr Mark Newbold	Employer GP
Dr Sian Lauw	Employer GP
Dr Raewyn James	Employee GP
Dr Roger Morris	Employee GP
Virginia Holding	Practice Manager
Wendy Fennah	GP Support Program Coordinator SCDGP

*Updated in July 2002*

Dr Roger Morris	Employee GP
Ms Wendy Fennah	GP Support Program Coordinator SCDGP

The working party suggests that GPs entering into a Contract of Employment refer to the relevant legislation relating to workplace and employment issues.

### **Some areas of resource might include:**

Qld Govt Dept of Employment, Training and Industrial Relations.

AMA Industrial Relations.

R.A.C.G.P.

Australian Taxation Office.

Personal solicitor / accountant.

Peer group discussion.

Superannuation Fund Groups.