

## Summary of Key Terms of the Agreement

### 1. **Salaries and allowances**

Under the agreed settlement, pay rates and nominated allowances are adjusted first by a once-off 'upscaling' of rates effective 1 October 2007 and then by annual increases of 3.25% effective 1 October in each of 2007, 2008, 2009 and 2010. In each case, revised rates are payable from the first full pay period commencing on or after the nominated date.

Salary Circular 388 shows the **combined** effect of the 'upscaling' and the first 3.25% pay increase payable from the first full pay period commencing on or after 1 October 2007.

In addition to the above:

- the telephone allowance available to direct care employers whose employer requires them to install and/or maintain a fixed-line telephone for on-call purposes has been updated (see Amendment No 8 in Schedule 3);
- direct care employees – other than those on re-call - who are required by the hospital to work outside ordinary hours, and are given less than 24 hours' notice of that requirement, may claim reimbursement of the reasonable child-care expenses incurred where such care is required for their child(ren) for that additional duty (see Amendment No 9 in Schedule 3); and
- an alternative on-call/re-call model is now available as a substitute for the existing 'four clear days' provision by local agreement between a hospital and its employees (see Amendment No 13 in Schedule 3).

### 2. **Classification changes**

In addition to the effects of the 'upscaling' mentioned above, there are some further changes to the classification arrangements for direct care employees.

Nurse Practitioners will be classified at the RPN6 level based on an interim position description to be found at Attachment 1 to Schedule 3 of the Deed (see Amendment 3 in Schedule 3).

Multiple entry points are now available for Grade 1 Psychiatric State Enrolled Nurses (see Amendment 15 in Schedule 3).

RPNs whose undergraduate degree included a major in mental health will commence at RPN Grade 2 Year 1. RPNs who prior to appointment have

completed a post graduate diploma in psychiatric nursing will commence at RPN Grade 2 Year 2 (see Amendment No 14<sup>1</sup> in Schedule 3).

A fifth increment point will be payable to Grade 4 RPNs (non-Unit Managers) from the first pay period commencing on or after 1 October 2008. This increment point will be \$17 above the fourth increment point (see *Wages* on Page 1 of Schedule 2 to the Deed).

### **3. Workload Management**

(see Page 3 of Schedule 2 to the Deed)

#### *Adult Acute Inpatient Units*

The parties have agreed to recognise core staffing profiles for each unit and to roster to HDUs with regard to occupancy levels. The Government has agreed to fund an additional 35 EFT to facilitate changed rostering practices in HDUs.

#### *Community Settings*

The Agreement Implementation Committee will oversight a number of processes and initiatives aimed at improving caseload management and other resourcing issues. The Government has agreed to fund an additional 25 EFT to facilitate these workload improvements in the community settings.

### **4. Skills Mix**

(see Amendment No 5 in Schedule 3)

A new staffing skills mix rostering formula of a minimum of 2/3 RPN and 1/3 PSEN is established for inpatient settings including adult acute, aged acute and CAMHS. The parties have also agreed that RPN2 positions in community settings are 'training' positions (see Attachment 2 to Schedule 3). RPNs in these positions should be supervised by more senior staff and their caseload should comprise generally stable and well-known patients.

### **5. Leave matters**

#### *Parental Leave*

(see Amendment No 11 in Schedule 3)

The draft agreement provides that paid Maternity Leave and paid Adoption Leave for the primary caregiver will increase from 8 weeks to 9 weeks for

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<sup>1</sup> Due to a drafting error, Amendment No 14 is not numbered as such, but nonetheless appears discretely between the Amendments numbered 13 and 15.

paid leave of the relevant type commencing on or after 1 October 2007 and then from 9 weeks to 10 weeks for paid leave of that type commencing on or after 1 October 2008.

*Long Service Leave*

(see Amendment No 10 in Schedule 3)

Under the draft agreement, the maximum allowable period of absence between recognisable employers is extended to thirteen weeks. The thirteen weeks is inclusive of leave entitlements paid out on termination and as such can be regarded as the period between the employee's cessation date between the former employer and his/her commencement date with the new employer.

*Medicare Study Leave*

(see Amendment No 16 in Schedule 3)

An additional two days Study Leave is available professional development activities for Mental Health Professionals who are eligible (or will be eligible) to claim Medicare services under the Commonwealth Mental Health Initiative.

*Volunteer Emergency Relief Activities*

(see Amendment No 12 in Schedule 3)

The in-principle settlement provides that health services will develop local policies aimed at facilitating release from normal duty without loss of pay for direct care employees who are members of voluntary relief organisations such as the CFA, SES, Australian Red Cross or St John Ambulance. Release may occur where a local emergency arises that requires the direct care employee's attendance, or for the purposes of the direct care employee attaining relevant qualifications.

Under the policy developed by a health service, such release will be conditional on it not unreasonably affecting the operations of the health service.

**6. Other matters**

A number of service delivery and productivity improvement matters have been agreed between the parties (see Attachment 2 to Schedule 2 of the Deed). These include an intention to increase the proportion of RPN2, PSEN and PSO staff working in community settings to 15% of all staff working in those settings over the life of the agreement.

Separate from the agreement, the Minister for Mental Health will establish a Mental Health Workforce Strategy Committee focussing on sustainability, recruitment and retention.