

This explainer summarises the key claims in the Public Hospital Doctors (State) Award 2024.

## Pay

### Pay Parity

- ✓ 30% Pay Uplift Claim for 2024, a 4% or CPI (whichever higher) from July 2025, and 3.5% or CPI from July 2026 (Clause 17).
- ✓ 100% Salary Packaging: Doctors can package up to 100% of salary into superannuation or approved benefits. All savings belong to the employee (no employer share), and Award entitlements (e.g. overtime, allowances) are calculated as if no packaging occurred (Clauses 20–21).

### Fair Compensation for Unsociable Hours

- ✓ All overtime paid (Clause 37 and 38): any Employee who works overtime must be paid the following rates of their hourly rate of pay (including applicable loadings and allowances) for each hour worked:

For overtime worked on	Overtime Penalty Rate
Monday to Saturday— for the first 2 hours	150% (time and a half)
Monday to Saturday—after 2 hours	200% (double time)
Sunday—all day	200% (double time)
Public Holidays—all day	200% (double time)

- ✓ Payment for Work in an Extended Span of Ordinary Hours (Clause 39):
  - DiTs and CMOs will receive penalty rates when they perform their ordinary hours of work outside of the period 7am to 6pm, Monday to Friday, otherwise known as a **Day Shift**.
  - Staff Specialists will only receive penalty rates if:
    - They have an “Extended Span of Hours Agreement”  
**and**
    - Perform their ordinary hours of work outside a Day Shift

**IMPORTANT** – Staff Specialists who work from midnight to 7am will always receive overtime, rather than penalty rates, even on an “Extended Span of Hours Agreement”.

More information on “Extended Span of Hours Agreements” for Staff Specialists can be found [here](#).

ASMOF has put forward penalty rates that are competitive, with the aim for an ambitious but achievable claim. More information on “Penalty Rates” can be found [here](#).

Employees who work their ordinary hours in the time periods set out in the below table must be paid their hourly rate of pay (including applicable loadings and allowances) plus the specified penalty for each hour worked:

<b>Period of Time</b>	<b>Penalty Rate</b>
Hours worked between 18:00 and midnight Monday to Friday	20%
Hours worked between midnight and 07:00 Tuesday to Friday <b>NOT APPLICABLE TO STAFF SPECIALISTS – OVERTIME APPLIES</b>	50%
Hours worked on a weekend (Saturday and Sunday) (inclusive of midnight to 7:00 Monday)	100%
Hours worked on Public Holidays	150%

- ✓ On-call and recall protections (Clauses 40–41):
  - Equitable allocation
  - Digital recall: paid a minimum of 30 minutes at the appropriate overtime rate for each time the Employee performs such duties.
  - Physical recall: be paid for the time worked at the appropriate overtime rates - minimum payment of four hours in respect of each recall.
  - Maintained and enhanced the on-call allowances won in the Doctor in Training Contravention case. Expanded to cover CMOs.
  - On call allowance for Staff Specialists: 10% of the base hourly rate for a level 1 Staff Specialist (payable for all Staff Specialists i.e. for Level 2 to 5 Staff Specialists, at the hourly rate for a Level 1 Staff Specialist at the same increment level of the Levels 2 to 5 Staff Specialist).

## **Allowances**

- ✓ Rural & Regional Attraction Allowance (Clause 31): 10–20% loading on base salary depending on remoteness based on the Modified Monash Model (Clause 31).
- ✓ Expanded the Managerial Allowance to cover CMOs appointed by a Public Health Organisation to the positions of Deputy Director of Medical Services or Director of Medical Services (Clause 28).
- ✓ Higher Duties allowance (DITs and CMOs) applies from when the employee starts performing the higher duties, rather than having to work three days or more to receive the allowance (Clause 26).
- ✓ Higher Medical Qualifications allowance expanded to apply to fellowships, masters, doctorates, and rural advanced diplomas (Clause 26 and Clause 3.29 definition)

- ✓ Flight allowance for Doctors in Training required to complete a rotation or clinical term at a Regional or Rural Location (Clause 27).
- ✓ Uniform and laundry allowance to also cover where the Employer does not provide a laundry service for uniforms (Clause 25).

## **Work, Health and Safety**

### **Safe Working Hours**

- ✓ Mandatory 10-hour break between shifts; if breached, staff are paid overtime until rest is achieved (Clause 33).
- ✓ Rostering must minimise fatigue, with no more than 7 consecutive days or 7 consecutive nights, and safe handover built into rosters (Clause 35).
- ✓ On call to be rostered no more than 1:4. The on-call frequency may exceed one in four weeks to meet a clinical emergency or subject to the written agreement of the Union, the concerned Employees and the Employer.

### **Night Shift Relief and Rostering**

- ✓ **Night Shift Relief:** After completing night shifts, employees must receive a break equal to the number of shifts worked, or at least 48 hours (whichever is longer), before starting their next duty period.
- ✓ **Rostering Requirements:** Rosters must allow for proper staff supervision, training, and clinical handover during ordinary hours. Employers are responsible for ensuring staffing levels are sufficient to meet clinical workload demands

### **Fair and Predictable Rostering**

- ✓ Rosters published at least 28 days in advance; changes require consultation (Clause 35).
- ✓ Doctors in Training must receive their term allocations at the start of the clinical year (Clause 35.7).
- ✓ Short-notice roster changes attract reimbursement of reasonable childcare costs (Clause 35.14).
- ✓ Rosters must provide equitable distribution of shifts and ensure adequate supervision, training, and clinical handover (Clause 35.10–11).
- ✓ Better protections of ADOs for DiTs and CMOs (Clause 34):
  - If a DiT or CMO transfers to a different LHD, the ADOs need to be transferred rather than automatically paid out
  - ADOs cannot be used in place of paid leave, unless the DiT or CMO agrees to it

## Job Security

- ✓ Permanent employment is the default; temporary contracts only allowed for specific, limited reasons (Clause 9).
- ✓ Doctors in Training retain continuous employment throughout training programs, regardless of rotation site (Clause 9.4).
- ✓ Protections for Clinical Academics with secondary NSW Health appointments tied to their university role (Clause 9.5).
- ✓ Retain Senior CMO classification when moving LHDs (Clause 18.11)
- ✓ Postgraduate fellows automatically become Staff Specialists after two years (Clause 18.9).
- ✓ Senior Registrars (Clause 3.56): Doctors in Training are required to be appointed as Senior Registrars when they are either:
  - Last year of specialty training, or
  - Increment from Registrar Year 9

## Safe and Healthy Workplaces

- ✓ Mandatory Safe Staffing Committees in every Health Service to review ratios, skills mix and publish recommendations annually (Clause 65).
- ✓ Fatigue Review Committee established to investigate rostering practices and make recommendations to the Minister (Clause 64).
- ✓ Employer obligations to provide safe transport when staff are too fatigued to drive after extended hours or overnight shifts (Clause 63).
- ✓ Mandatory data collection and reporting related to wellbeing of Employees in the workplace by NSW Health, which is now required to be shared with the Union and staff through the new Wellbeing Committee (Clause 62).

## Education and Professional Development

### (Doctors in Training and CMOs)

- ✓ Doctors in Training entitled to 3 weeks PDL per year; CMOs 25 days (Clause 67 and 68).
- ✓ Education & PD allowances for Interns/Residents (\$6,698 pa) and Registrars/CMOs (\$21,500 pa), covering fees, travel, childcare, and equipment (Clause 69 & Schedule 1).
- ✓ Free access to HETI CPD home for all DiTs and CMOs (Clause 71).
- ✓ Protected Training Time: 5 hours/week for Medical Officers, free from clinical duty, with rescheduling required if interrupted (Clause 72).

**NOTE:** Staff Specialists will retain TESL entitlements in the current TESL Policy Directive. These will form part of a review process in 2026. The 2025/26 TESL entitlement is \$40,400 for Level 1 Staff Specialists.

## **Protected Clinical Support Time and Training Time (Clause 42 and 72)**

- Allocation: Departments must allocate reasonable Clinical Support Time (CST) for employees, based on duties, seniority, leadership responsibilities, and FTE. If rostered CST cannot be delivered due to service demands or staffing shortages, the employer must provide an alternative. If CST is undertaken outside rostered hours, it is paid as unrostered overtime.
- Minimum Percentages:
  - Staff Specialists: 30% of ordinary hours (or higher if required by Specialist College standards).
  - Medical Officers/CMOs: 10% of ordinary hours (or higher if required by accreditation standards).
- Leadership Roles: Employees in leadership positions are entitled to additional CST to reflect their responsibilities.
- Supervisors & Directors of Training: Staff Specialists and CMOs who are Directors of Training or Clinical/Training Supervisors receive an additional 10% CST (or higher if required by accreditation standards).

## **Union Rights**

- ✓ Updating Union and Delegate rights to match the strongest rights that exist in NSW (Part J, Clauses 77 to 82)
- ✓ Enshrinement of Trade Union rights including:
  - Union delegates being able to perform union-related activities during paid work time
  - Union delegates ability to take Trade Union Leave and attend Trade Union Training Courses
- ✓ No set limit on Trade Union Leave, with the average expected use being around five days per year.
- ✓ Union members can now be seconded from NSW Health to the Union
- ✓ Access to workplace facilities to use to perform union-related activities
- ✓ Guaranteed Orientation and Inductions sessions for all new employees, and the Union being permitted to attend these sessions.

## **Fair Leave Entitlements**

- ✓ Five weeks' annual leave, plus extra for frequent weekend/public holiday work; option to cash out additional leave (Clause 43).
- ✓ 15 days paid personal leave (Clause 48).
- ✓ 14 weeks paid parental leave, extended entitlements for pre-term births, stillbirth, miscarriage, fertility treatment, and surrogacy/adoption (Clauses 49–50).

- ✓ 20 days paid Domestic & Family Violence leave each year, separate from other entitlements, with strict confidentiality protections (Clause 53).
- ✓ Career Breaks of up to 12 months unpaid leave for training, education, or health/personal reasons, with return-to-role guarantee (Clause 54).

## Other

### Procedural Fairness

- ✓ Transparent performance management: informal resolution first, then formal plans with written reasons and union representation (Clause 74).
- ✓ Misconduct handled under NSW Health policy with procedural fairness and full access to evidence (Clause 75).
- ✓ Annual Performance Agreements for Staff Specialists must be jointly developed, covering duties, on-call, CPD, and employer commitments (Clause 76).

### Combination of Medical Superintendents and CMOs

ASMOF has put forward a proposed structure that merges Medical Superintendents and CMOs into one classification.

The proposed structure can be found [here](#).

**IMPORTANT** – This structure **does not change** the duties, responsibilities, or requirements for Medical Superintendents and CMOs. It also does not allow for NSW Health to force a Medical Superintendent to do CMO work and vice versa.

### Emergency Physician Allowance

After union pressure earlier this year, the Ministry of Health confirmed in writing that the Emergency Physicians Allowance (PD2024\_026) is secure and will continue.

The Extended Shift Allowance—which attempted to incorporate the EP Policy Directive into an earlier draft of the ASMOF Award—has been removed from the latest version of the Award.

Award reform is an iterative process, and the large number of issues and claims that we are pursuing will necessitate reform across more than one award cycle. ASMOF continues to push for the existence of the Emergency Physicians Allowance and will continue to seek out improved methods of enforcement.