



Remuneration Policy for health professional staff

Policy Statement

Healthy Living NT seeks to reward its health professional staff for additional effort and be innovative in remuneration packages.

Background

1. Healthy Living NT holds a number of primary core contracts with external funders for the delivery of a range of services. These include contracts with:

- a) Diabetes Australia Ltd for the delivery of diabetes and related NDSS information under a funding agreement with the Department of Health (2016-2020);
- b) the NT Department of Health for the delivery of diabetes and cardiac education services from urban bases in Darwin and Alice Springs (2017-2022);
- c) to remote communities throughout the NT, through funding under the DoH Medical Outreach Indigenous Chronic Disease program administered by the NT PHN (Health Network NT Ltd) – held since 2011 with variable terms; d) Other minor funders and service contracts for the delivery of diabetes and/or cardiac education services such as Darwin Corrections Centre.

2. These core contracts enable Healthy Living NT to employ a number of specialist health professional staff whose primary responsibility is the delivery of relevant services specified under the contracts. Health professionals' employment agreements, job descriptions and remuneration packages with Healthy Living NT reflect that delivery of core contract services is the primary purpose of their employment, and that salaried remuneration is deemed to cover the provision of all services. Individual job descriptions and remuneration are not linked to a specific funded program, and in the course of their duties, health professionals employed by HLNT provide services that meet a number of program/contract outcomes. Job descriptions also note that that additional or special projects may also be undertaken.

3. Healthy Living NT recognises that delivery of some core services requires greater employee effort than others (eg provision of remote services), and seeks to acknowledge this additional effort through incentive arrangements.

4. Additionally, from time to time, using the specialist skills of its health professional staff, Healthy Living NT is able to take on additional projects, work or activities which are complementary but not mandated by core contracts listed above, and attract additional funding or remuneration.

Currently, income derived from these projects is used for the delivery of the project and to back-fill positions (where necessary and possible). The conduct of additional projects or additional work by Healthy Living NT is decided upon within a formal assessment framework.



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5. Examples of additional projects or work outlined in point 4 above include:
 - a) Eligibility of Credentialed Diabetes Educators and Accredited Practicing Dietitians to claim Medicare rebates for specified client services (eg. eligible EPC / GPMP items) for direct client services delivered free by HLNT under the NT DoH contract referred to in 1b) above.
 - b) Specific projects which attract additional funding and which require the direct application of core health professional staff in their delivery.
 - c) Provision of health professional services on a private practice basis which may be conducted from HLNT premises or from external locations such as GP clinics, for fee paying clients.
6. This policy seeks to establish a framework for the equitable remuneration of health professional effort either through provision of remote services or supplementary income derived from additional work or projects undertaken by Healthy Living NT.

Policy

7. Medicare/HIC Rebates applying to client services delivered under the NT DoH contract (referred to in 5a)

In the case of Medicare/HIC rebates, Healthy Living NT will pay the employee 15% of the **gross** income directly generated through HIC private practice provisions in addition to the remuneration and benefits in the Second Schedule of their contract, subject to:

- a) All income generated through private practice will be assigned to the employer; there will be no reduction in the employee's remuneration package as a result of additional income generated.
- b) Healthy Living NT will be responsible for all fixed costs associated with such practice, including extension to professional indemnity insurance where required.
- c) Any operational costs of Medicare/HIC rebatable activities must be agreed in advance with the CEO.
- d) The health professional making HIC claims not less than quarterly.

8. Ancillary Projects (referred to in 5b)

In the case of specific ancillary projects undertaken by Healthy Living NT which attract additional funding and which require the direct application of core health professional staff in their delivery, Healthy Living NT will pay the employee with 10% of the gross income generated through the individual's direct work on the project in addition to the remuneration and benefits in the Second Schedule of their contract, subject to:

- a) The individual health professional's time and role being clearly agreed and identified in the project budget and project plan prior to project commencement.
 - b) The incentive payments are clearly tied to identified and measurable project deliverables specific to the relevant health professional.
9. An example of how this formula would apply in the case of projects is shown below for the proposed NPS Quality Use of Medicines project

Item	Assumption	GST Inc \$	CDNE Remuneration	CNE Remuneration
Air travel to Nhulunbuy	(4 trips*2*\$750)	6,000.00		
Accommodation	(5 nights *2*4*\$150)	6,000.00		
Travel Allowance	(5 days*2*4*\$60)	2,400.00		
Car hire/local transport	(5 days*4*\$100)	2,000.00		
CDNE Salary Costs	(40hrs*4*\$66.00)	10,560.00	1,056.00	
CNE Salary Costs	(40hrs*4*\$66.00)	10,560.00		1,056.00
Resource Development:				
•Development costs	(120hrs*\$66.00)	7,920.00	396.00	396.00
•Artwork & resource prod.		12,000.00		
Evaluation & Reporting	(40hrs*\$66.00)	2,640.00		
Audit		2,200.00		
Sub-total		62,280.00		
Administration/Service Fee	@ 15%*1.1	10,276.20		
TOTAL		\$ 72,556.20	\$ 1,452.00	\$ 1,452.00

10. Private Practice services (referred to in 5c)

In the case of income generated through private practice (including fees and Medicare/HIC rebates), Healthy Living NT will pay the employee 15% of the **net** income directly generated through private practice in addition to the remuneration and benefits in the Second Schedule of their contract, subject to:

- a) All income generated through private practice will be assigned to the employer; there will be no reduction in the employee's remuneration package as a result of additional income generated.
- b) Healthy Living NT will be responsible for all fixed costs associated with such practice, including extension to professional indemnity insurance where required.
- c) The calculation of net income will be based on the deduction of the following costs where applicable:
 - Costs charged by external practices and/or a reasonable apportionment of costs associated with delivery of private practice from HLNT premises including rent, electricity etc;
 - The cost of additional salary costs where the employee is required to work additional hours for the conduct of private practice or where they have been specifically employed to conduct private practice.
 - Any other operational costs which must be agreed in advance with the CEO.
- d) The health professional making HIC claims within 48 hours of service provision.

11. MOICD Remote Education Services (referred to in 1c)

Health professional employees involved in the direct delivery of education services under the MOICD/ Outreach Health Services program are entitled to receive additional remuneration as follows:

- a. For delivery of remote services (defined as involving travel away from an employee's town of residence), a Remote Service Allowance (RSA) of \$100 per full day away from the place of residence will be payable. This allowance is in addition to normal base salary and is referred to as a non-salary benefit.
- b. In the case of part-time employees who work additional day(s) specifically under the MOICD program, the additional time worked will be remunerated at the daily rate specified in their employment agreement with Remote Service Delivery further acknowledged in accordance with 10a) above.
- c. For the delivery of MOICD services that do not involve travel away from the employee's place of residence, the remuneration package contained at Schedule 2 of the HLNT employment agreement applies.

Payment Policy

12. Where a part-time employee is required to work additional day(s), this must be advised to the Manager, Finance and Administration in advance. The additional day(s) worked will be paid as a normal salary PAYG benefit within the normal payroll cycle, on which statutory superannuation is also payable.
13. Health professional employees receiving additional non-salary benefit under this policy may receive the benefit as either a PAYG or exempt benefit. The method of additional remuneration will be determined by the taxable nature of the remuneration and where possible, the employee's preference. Such additional remuneration will be assessed and paid to the relevant employee on a fortnightly basis, where applicable. Superannuation is included in the gross amount of the non-salary remuneration.
14. Any additional non-salary remuneration will only become payable once Healthy Living NT has received payment for invoices or claims submitted:
 - a. MOICD invoices cannot be submitted until the relevant health professional has completed all necessary reports;
 - b. Medicare rebate claim submissions are the responsibility of the relevant health professional.
15. In the event that an ancillary project or additional work is not successfully completed (and which may involve the return of the project to the funder and/or reimbursement of funds), the incentive payments made to health professionals for the project or additional work are prima facie refundable to Healthy Living NT.

Exclusions from policy

16. Medicare/HIC rebates which are claimable, but not payable to HLNT or the employee due to provisions of funding agreements eg income assigned to another funder.
17. Additional health professional or project staff employed directly and primarily to deliver a specified ancillary project (or where funding is used to provide for backfilling of positions. In these cases the remuneration package is deemed to cover fully the work effort for the project.
18. Effort by core health professional staff in managing/advising on ancillary projects except where this effort is specifically identified and costed in the project budget and directly attributable to the relevant health professional.
19. Effort by core health professional staff in contributing to the evaluation of and reporting on ancillary projects.
20. Activities by health professional staff in attracting funds for specific HLNT projects e.g. fundraising for Type 1 forum, sponsorship from pharmaceutical companies for specific activities, general fundraising activities.
21. Activities by health professional staff which are not related to their employment with Healthy Living NT and are conducted outside of normal work hours.

Operation of Policy

22. Application of this revised policy will commence on approval by Board, and recognises work conducted under MSOAP (and subsequent MOICD program) from March 2011 onwards.
23. This policy will be managed on the basis of implementation experience, with any variations needed as a result to be approved by the CEO. In appropriate cases the CEO may consult with the Board Executive or Governance Policy Committee for further guidance.
24. This policy will be appraised annually in the normal cycle of Healthy Living NT policy review as determined by Board.

Dispute Resolution

25. All parties subject to this policy are expected to apply all best endeavours and act in good faith to resolve issues and points of disagreement between the parties.
26. In the event that the parties cannot resolve a dispute arising in relation to the interpretation, operation or application of this policy, either party may refer the matter to the President of the Association or their nominee who will determine an appropriate course of action to achieve an equitable resolution.

Responsibility for Policy

The Board of Healthy Living NT is responsible for ensuring this policy is up to date and complied with.

Approval

Original Approval Date:	Board Meeting 3/08 of 28 June 2008
Revision 1 Date Approved:	Board Meeting 3/11 of 25 June 2011
Revision 2 Date Approved:	Board Meeting 6/13 of 14 December 2013
Revision 3 Date Approved:	Board Meeting 6/15 of 12 December 2015
Revision 4 Date Approved:	Board Meeting 6/16 of 10 December 2016
Revision 5 Date Submitted:	Board Meeting 3/19 of 22 June 2019
Revision 5 Date Approved:	Board Meeting 3/19 of 22 June 2019

Circulation: All HLNT Board Members, CEO, health professional and finance staff

Sign off by: Association President



Signature:

On behalf of Healthy Living NT Board

Related HLNT Documents/Policies:

Employment Agreement
 General Terms and Conditions of Employment
 Ethical Practice Guidelines
 Time Off In Lieu
 Travel Allowance