

Allowances

Policy Number: C15 (QH-POL-099)

Publication date: June 2020

Purpose: To outline eligibility for the payment of allowances.

Application: This policy applies to respective Queensland Health employees who are entitled to allowances as outlined in this policy.

Delegation: The 'delegate' is as listed in the Department of Health Human Resource (HR) Delegations Manual, or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

Legislative or other authority:

- *Public Service Act 2008*
- Building Trades Public Sector Award – State 2012
- District Health Services Employees' Award – State 2012
- District Health Services Senior Medical Officers' and Resident Medical Officers' Award – State 2012
- Engineering Award – State 2012
- Queensland Health Nurses and Midwives Award – State 2012
- Queensland Public Service Award – State 2012
- Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011
- Medical Officers' (Queensland Health) Certified Agreement (No. 3) 2012
- Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012
- Operational Stream Employees (Queensland Health) Certified Agreement 2006
- Queensland Health Building, Engineering and Maintenance Services Certified Agreement (No. 5) 2011
- Queensland Public Health Sector Certified Agreement (No. 8) 2011 (EB8)

Related policy or documents:

- PAYG Business Procedure No. 10 – Vehicle Mileage Allowances (QH-PCD-267-1-10)
- Taxation Unit Summary of FBT Rates and Indices
- Accommodation Assistance – Rural Remote Incentive HR Policy D5 (QH-POL-096)
- Fatigue Leave following Weekends and/or Rostered Days Off HR Policy C65 (QH-POL-135)

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1 Policy statement

There are many allowances detailed in Awards and Certified Agreements, which are not included in this HR policy. Amounts can be increased from time to time by decisions of the Queensland Industrial Relations Commission (QIRC).

This policy is to be read in conjunction with specific Awards, Agreements, administrative arrangements and policies applying to occupational groups.

2 Aboriginal and Torres Strait Islanders Health Workers

2.1 Aboriginal and Torres Strait Islanders health workers – Special Allowance

A Special Allowance is payable to eligible Aboriginal and Torres Strait Islander health workers.

Aboriginal and Torres Strait Islander health workers in the Cape York and Torres Strait Hospital and Health Services (and additional sites as agreed between the parties) who:

- do not qualify for an entitlement in accordance with Accommodation Assistance - Rural and Remote Incentive HR Policy D5
- do not receive a locality allowance in accordance with this policy are to be paid a special allowance on a fortnightly basis.

The quantum amount of the special allowance is to be increased in accordance with any future enterprise bargaining allowance increases.

The table below outlines the amount of the Aboriginal and Torres Strait Islander health workers' special allowance to be paid from the relevant date.

EB8		
1 September 2011	1 September 2012	1 September 2013
\$72.88	\$75.07	\$77.32

3 Building, engineering and maintenance services (BEMS) employees

3.1 Tool allowance

Health service employees covered by the following Awards and Agreement are entitled to the tool allowance if they are required to supply and use their own tools:

- Building Trades Public Sector Award – State 2012
- Engineering Award – State 2012
- Queensland Health Building, Engineering and Maintenance Services Certified Agreement (No. 5) 2011.

The tool allowance rates are specified in clause 5.2.26 of the Building Trades Public Sector Award – State 2012, and as amended by Queensland State wage case decisions.

Tradespersons employed under the Building Trades Public Sector Award – State 2012 are entitled to the payment of the full amount of the tool allowance for any week during which work is performed. A week is the period from Monday to Friday.

Payment of the tool allowance for tradespersons employed under the Building Trades Public Sector Award – State 2012 is made for the full week if the employee is absent on paid sick leave for part of a week.

The full tool allowance is not paid for Building Trades Public Sector Award – State 2012 employees when:

- an employee is absent for the whole of a week (no tool allowance is payable)
- an employee is absent for part of a week on sick leave no pay. A proportional payment only is made (i.e. an employee absent for two days on sick leave no pay is entitled to payment of 3/5 of the tool allowance).

3.2 Application of certain allowances for BEMS employees undertaking trade work while engaged outside the HBEA Stream

In limited circumstances, BEMS employees temporarily engaged in duties outside their substantive BEMS classification position may be called upon to use their trade skills and tools to perform trade work during or outside of their ordinary working hours. Examples include an

employee performing trade-based activities whilst relieving as a supervisor or performing trade work as part of an on-call roster to ensure coverage in areas of skills shortage.

The performance of trade work by supervisory and management positions outside the Health Building Engineering Agreement (HBEA) stream is not to be a regular practice within Queensland Health. Non-BEMS positions are not to perform work which is to be undertaken by trade-based BEMS positions. However, it is acknowledged that in certain circumstances, such as when BEMS employees are performing higher duties, this practice can be unavoidable and is of a service delivery and operational benefit to Queensland Health.

Further information regarding the ability to apply certain BEMS allowances (tool allowance and attraction and retention allowance for electricians) to BEMS employees temporarily engaged outside of their substantive BEMS classification is available on the BEMS Enterprise Bargaining intranet site.

4 Dentists

4.1 Dental officer correctional services allowance

Commencing 29 November 2010, all Dental Officers (DO) Level 1, pay points 1-6 will be paid an allowance that would result in the payment of one pay point higher than their substantive salary level for time while on duty in a correctional centre dental clinic.

For example, a DO Level 1 at pay point 1 will receive DO Level 1 pay point 2 rates. A DO Level 1 at pay point 6 will receive DO Level 2 pay point 1 rates for time while on duty in the correctional centre.

This allowance is in recognition of all disabilities associated with working in correctional facilities.

DO Level 2 and above (Senior Dentists and above) are not eligible to receive the allowance.

5 District Health Services Employees Award

5.1 Cashier allowance AO1/AO2

A cashier allowance is payable to employees whose salary (including any extra remuneration) is below the minimum of the AO3 level.

A Cabinet decision of 1990 provided an entitlement to cashier allowance for Hospital and Health Service employees.

5.2 Clinical coders (All-purpose allowance)

Clinical coders employed at the AO3 level are entitled to receive a clinical coders allowance as per clause 14.2 of the Queensland Public Health Sector Certified Agreement (No. 8) 2011 (EB8).

Part-time clinical coders are entitled to the allowance on a pro rata basis. The allowance is an all-purpose allowance.

5.3 Coronial autopsy allowance

5.3.1 Coronial autopsy allowance

A coronial autopsy allowance, per coronial autopsy, is payable to operational stream employees

covered by the District Health Services Employees' Award – State 2012 who assist with a coronial autopsy.

To be eligible for payment of this allowance, an employee is to:

- assist with a coronial autopsy
- perform the related special duties
- fulfil the related legal requirements.

Payment of the coronial autopsy allowance, per coronial autopsy for those operational employees yet to obtain their full autopsy training module competency, is not to exceed the weekly all-purpose coronial autopsy allowance.

EB8		
1 September 2011	1 September 2012	1 September 2013
\$28.04	\$28.88	\$29.75

5.3.2 All-purpose coronial autopsy allowance for Health Services Support Agency (HSSA) employees only

Eligible operational stream employees (excluding casuals) of HSSA are to receive a weekly all-purpose allowance in lieu of the allowance payable in 5.3.1. The allowance is to be applied on a pro rata basis for part-time employees. Casual employees are to be excluded.

To be eligible for payment of this allowance, an employee is to:

- work within HSSA
- frequently assist with coronial autopsies
- perform the related special duties
- fulfil the related legal requirements.

This allowance has been established for eligible employees of HSSA in recognition that they frequently assist with coronial autopsies. The all-purpose allowance is to cease when an employee who is in receipt of the allowance no longer frequently assists with coronial autopsies.

HSSA management are responsible for the appropriate application of the allowance by ensuring that only eligible employees are nominated to Payroll Services to receive the allowance.

Those employees who assist with coronial autopsies that are not HSSA employees are to access the allowance outlined in 5.3.1 only. Employees of HSSA that may assist with coronial autopsies but are not eligible to receive the all-purpose allowance can access the allowance outlined in clause 5.3.1.

EB8		
1 September 2011	1 September 2012	1 September 2013
\$175.23	\$180.49	\$185.90

5.4 Environmental allowance

Operational stream employees may be eligible to receive either the environmental allowance or the mental health allowance (refer clause 5.5). However, employees are not eligible to receive

both allowances. When an employee is eligible for either the environmental allowance or the mental health allowance the higher payment under the environmental allowance applies.

Employees engaged under the Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011 who work in high security and/or secure mental health rehabilitation units may also be eligible to receive the environmental allowance.

The rates and application of this allowance are outlined in Schedule One.

5.5 Mental health allowance

The mental health allowance – operational stream employees (previously known as the neuropsychiatric allowance) has been extended to eligible administrative and BEMS employees who work in the facilities as outlined in Schedule Two.

5.6 Suspended height external cleaning allowance

A suspended height external cleaning allowance of \$1.00 per hour effective from 1 September 2007 is payable to operational stream employees of the Royal Brisbane and Women's Hospital, Metro North Hospital and Health Service when they:

- are required to externally clean windows, eaves or other parts of the external facade of a multi-storey building
- perform the cleaning from any type of swing scaffold suspended by rope, cable, bosuns chair, harness or a suspended scaffold requiring the use of steel or iron hooks or angle irons.

The suspended height external cleaning allowance is not payable for external cleaning of a ground floor or equivalent. The allowance compensates employees for disabilities such as height and environmental conditions.

Employees may only undertake external cleaning duties when they have:

- been directly instructed to do so by an authorised supervisor
- been suitably trained in operating the particular scaffold or harness and have received instruction in workplace health and safety guidelines applicable to such work
- undertaken an appropriate formal training course and hold appropriate qualifications to undertake such work. Authorised supervisors must verify that employees hold the relevant qualifications.

The suspended height external cleaning allowance is to be increased at the same time and by the same percentage as the wage increases provided under the relevant certified agreement.

5.7 X-ray work allowance – wardsperson and other non-qualified operators

An x-ray work allowance similar to that prescribed by clause 12.4.5 of the Queensland Health Nurses and Midwives Award – State 2012 is paid to wardspersons and other non-qualified operators, as the basis of compensation for x-ray work performed.

Non-qualified operators currently in receipt of relevant allowances exceeding the amount prescribed by clause 12.4.5 are to continue to receive the higher allowance until they cease to perform the x-ray work or the x-ray work allowance reaches the level of payment of the current allowances.

6 Health practitioners

The allowances in this group apply to employees covered by the Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011.

On call allowance (employees employed under the District Health Services Employees Award) and overtime meal allowance (included in the allowances payable to District Health Services Award employees) also applies to health practitioners.

6.1 Radiographer's allowance – BreastScreen Queensland screening units

Radiographers employed in mobile, relocatable or satellite screening units are to be paid an allowance for increased responsibilities required by radiographers when images are taken with no on site processing.

The allowance is payable for the period of time when a radiographer is employed in mobile, relocatable or satellite screening units.

The allowance is payable to radiographers with a substantive level of HP3.0 to HP3.4. The allowance is the amount equivalent to the difference between HP3.5 and the substantive level.

6.2 Rural and remote allowance

A rural and remote allowance is payable to Health Practitioners permanently located in eligible HHSs and facilities as per clause 32 of the Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011.

Employees working in areas identified as category A in the table at Schedule Three of this policy are entitled to receive \$60 per week and employees working in areas identified as category B in the table are entitled to receive \$100 per week.

Employees who currently receive the rural and remote allowance under clause 32 of Health Practitioners (Queensland Health) Certified Agreement (No. 2) 2011 will continue to receive an amount at least equal to the current amount for their current category despite any changes to eligible HHSs or facilities or categories.

The rural and remote allowance is not an all-purpose allowance and therefore is not payable on paid leave or overtime.

Part-time and casual employees are entitled to the allowance on a pro rata basis.

7 Health service and public service employees

7.1 Divisional and district allowances/parities

The following arrangements apply to the payment of divisional and district allowances/parities:

- All divisional and district allowances/parities prescribed by the various Awards are included in the calculation of overtime payments, extra payments for weekend work and afternoon and night shift allowances.
- Divisional and district allowances/parities are not included in the calculation of superannuation as directed by QSuper.
- Divisional and district allowances/parities are not paid in addition to locality allowance.

- Divisional and district allowances/parities are not paid to an employee absent on workers' compensation leave. However, the rate of the divisional and district allowance/parity paid to an employee is to be taken into account for the purpose of determining the weekly rate of wage to be advised to WorkCover Queensland.
- The payment of divisional and district allowance/parity to casual employees is calculated as follows:
 - base rate multiplied by casual loading + divisional and district allowance/parity (proportionate) = fortnightly wage.

7.2 Locality allowance (public servants and certain other employees)

7.2.1 Eligibility for locality allowance

Locality allowance is payable to:

Award	Employee category
Queensland Public Service Award – State 2012	<ul style="list-style-type: none"> • Employees who work in the locations specified in Directive 19/99 – Locality Allowances
District Health Services Employees Award – State 2012	<ul style="list-style-type: none"> • Preservation of existing condition – refer clause 1.8 of the District Health Services Employees Award – State 2012
Queensland Health Nurses and Midwives Award – State 2012	<ul style="list-style-type: none"> • Section C – Psychiatric Hospitals and Eventide Homes nurses • Section D – Public Service • Section F – Certain Employees – Alcohol and Drug Dependence Services
District Health Services – Senior Medical Officers' and Resident Medical Officers' Award – State 2012	<ul style="list-style-type: none"> • Employees who are appointed to work at named centres as specified in Directive 19/99 – Locality Allowances

Locality allowance is not payable to casual employees.

7.2.2 Conditions and rates for payment of locality allowance

The general conditions and rates of locality allowance are specified in Directive 19/99 – Locality Allowances.

The following is to be considered when determining the payment of locality allowance:

- references to chief executive are to be read as chief executive or delegate
- references to public servant are to be read as public servant or health service employee
- locality allowances do not apply to employees who are paid divisional and district allowances/parities determined by the QIRC
- locality allowances are not to be paid to an employee while on workers' compensation. However, in the event of a workers' compensation claim the rate of locality allowance is included in the weekly wage rate advised to WorkCover Queensland
- when an employee is absent from their usual centre – refer to the applicable policies for travelling and relieving expenses.

7.3 Motor vehicle allowance – health service and public service employees

7.3.1 Motor vehicle allowance

The motor vehicle allowance is payable to health service and public service employees in accordance with the provisions of Directive 14/10 – Motor Vehicle Allowances (and any replacement directive).

7.3.2 Non-eligibility for payment

Motor vehicle allowance is not payable to:

- senior medical officers who have a motor vehicle entitlement - refer Motor vehicle allowance - Senior Medical Officers and Directors of Nursing HR Policy C24
- employees who travel between health facilities or towns/cities where they are engaged by more than one HHS and the reason for travel is to attend work for the additional engagement
- home help employees who do not meet the minimum travel requirements (refer section 7.4).

7.4 Motor vehicle allowance - Home help employees

The allowance is paid to home help employees who are required to travel distances:

- greater than 20 kilometres to their first place of work and/or
- greater than 20 kilometres on return home at the end of the day.

Payment is made for the distance travelled in excess of 20 kilometres each way.

Home help employees are to be rostered within reasonable travelling distance from their place of residence to their first place of work. The entitlement to motor vehicle allowance for home help employees is not automatic and is payable at the discretion of the Health Service Chief Executive (or delegate).

A decision to pay motor vehicle allowance is to be reviewed where an existing home help employee chooses to relocate their principal place of residence away from the area in which they have historically worked.

7.4.1 Taxation of motor vehicle allowance entitlement

Mileage allowances are to be paid through the payroll system be subject to PAYG withholding, and reported on the employees' payment summaries. For further information, reference is to be made to PAYG Business Procedure No. 10, available on the Finance Branch intranet site.

8 Medical

8.1 Clinical manager allowance – senior medical staff (other than medical superintendents)

The criteria and process for determining the clinical manager allowance is outlined in Schedule Four of this policy.

8.2 Medical manager allowance

The criteria and process for determining the medical manager allowance is outlined in Schedule Five of this policy.

9 Nurses and midwives

9.1 Clerical allowance

A clerical allowance is payable to directors of nursing and registered nurses (when there is no director of nursing) of hospitals in isolated areas when they are required to perform clerical duties and there is no clerical assistance available.

Hospitals in isolated areas are identified in Schedule Six.

The clerical allowance is paid on a fortnightly basis. There is no entitlement to clerical allowance during unpaid leave. The clerical allowance can be made to either the director of nursing or the designated registered nurse undertaking the necessary clerical duties. Only a single employee can be paid at any location.

Rate effective from 1/1/89	Employment status
\$550.00 per annum	Full-time
A daily allowance at the rate of \$2.50 per functioning day but not exceeding \$250.00 per annum	Part-time

9.2 Environmental allowance – mental health high security and secure mental health rehabilitation units

For Queensland Health nurses and midwives, the environmental allowance is paid in accordance with clause 13.2 of the Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012.

The rates and application of this allowance are outlined in Schedule One of this policy.

9.3 Operating theatre allowance

Clause 12.4.4 of the Queensland Health Nurses and Midwives Award – State 2012 provides for the payment of an operating theatre allowance to a nurse grade 5 or above who has specifically been appointed to be in charge of the operating theatre. The operating theatre allowance is therefore not payable to nursing officers who are only in charge of specific operations.

The allowance is not payable to a nurse grade 7 employed in operating theatres as the in charge responsibility has been taken into account in evaluating nursing roles at the nurse grade 7 classification level.

Nurse grade 5 and nurse grade 6 relieving at the nurse grade 7 level (and undertaking the full duties and accepting the full responsibilities of the role) are entitled to the payment of an operating theatre allowance as follows:

Period of relieving	Compensation
One week or more	Additional remuneration as a nurse grade 7. An operating theatre allowance is not payable as remuneration at the nurse grade 7 levels is in recognition of the operating theatre responsibility.
Less than one week	Payment of the operating theatre allowance when the nurse grade 5 or nurse grade 6 is specifically appointed as 'in charge' of the theatre on a day. The allowance is payable on a per day basis (for all purposes) and is not divisible

9.4 Preparation of meals – Directors of nursing

Effective date	Criteria for payment	Amount
1/1/97	<ul style="list-style-type: none"> Directors of nursing required to supply and cook meals for patients. 	<ul style="list-style-type: none"> \$21.05 per inpatient day
1/7/91	<ul style="list-style-type: none"> Directors of nursing of some outpatient centres required to provide meals to the royal flying doctor service teams. The directors of nursing are to supply the food. 	Reimbursement of <ul style="list-style-type: none"> \$6.90 (each breakfast and lunch) \$8.40 (each dinner)

9.5 Night shift allowance

By administrative arrangement the provisions of clause 6.9 of the Queensland Health Nurses and Midwives Award – State 2012 was extended to include shifts which commence from 5.00 p.m. and extend beyond 12.00 midnight. This arrangement is to apply to enrolled nurses and registered nurses and midwives Nurse Grade 5 to 7 covered by the Queensland Health Nurses and Midwives Award – State 2012. The 5.00 p.m. shift will also be deemed a night shift for the purposes of determining whether an employee is a continuous shift worker for annual leave purposes.

Definitions:

All-purpose allowance	An allowance that is included in calculations for all purposes included shift penalties, weekend penalties, overtime, leave and leave loading. Unless specifically prescribed, the allowance is not included in calculations for superannuation. Leave payments and loading will only attract payment where the allowance is being paid at the time of taking the leave. Partial periods of the year where the allowance is being paid are not applied to the leave loading.
Health practitioner employees	Employees covered by the Health Practitioners (Queensland Health) Certified Agreement (No. 2)2011.
Public service employee	A person employed under the <i>Public Service Act 2008</i> as a public service employee.

History:

<p>June 2020</p>	<ul style="list-style-type: none"> • Policy application amended as a result of changes to the Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019.
<p>October 2014</p>	<ul style="list-style-type: none"> • Policy amended to reflect correct environmental allowance amounts in accordance with the Queensland Public Health Sector Certified Agreement (No. 8) 2011 as outlined in Schedule One
<p>June 2014</p>	<ul style="list-style-type: none"> • Policy amended to: <ul style="list-style-type: none"> – clarify the approver for Clinical Managers Allowance as outlined in Schedule Four – include locality allowance provisions – include motor vehicle allowance – health service and public service employee provisions
<p>April 2014</p>	<ul style="list-style-type: none"> • Policy formatted as part of the HR Policy Simplification project. Policy amended to: • include: <ul style="list-style-type: none"> – Aboriginal and Torres Strait Islanders Health Workers – Special Allowance from HR Policy C31 – Dental Officer Correctional Services Allowance – Environmental allowance provisions from HR Policy C30 (including schedule one) – Mental Health Allowance provisions from HR Policy C29 (including schedule two) – Medical manager allowance (including schedule five) – Night shift allowance. • remove provisions that are duplicated in certified agreements and awards, including: <ul style="list-style-type: none"> – Live sewerage allowance – On site allowance – Foul linen allowance – On call allowance – Overtime meal allowance – Emergency clinical on call allowance – Higher education incentive allowance – Professional development allowance – Radiation therapy development allowance – Student clinical education allowance – Uniform and laundry allowance – Locality allowance – Motor vehicle allowance – Dispensary allowance – Hyperbaric allowance – Night supervisor allowance – On call allowance – Relieving in-charge allowance (and attachment three from the September 2010 version of this policy) <p>Refer to certified agreements and awards for these allowances.</p>

	<ul style="list-style-type: none"> • update <ul style="list-style-type: none"> – Cashier allowance AO1/AO2 and remove attachment one (primarily cash handling procedures) from the September 2010 version of this policy – Clinical coders allowance to remove duplication of certified agreements and awards provisions – Coronial autopsy allowances and rates – Clinical manager allowance (including schedule five) – Clerical allowance (including schedule six)
September 2010	<ul style="list-style-type: none"> • Amended to update HR policy references • Amended clause 7.22 to clarify the entitlements under clause 27 of the Health Practitioners' (Queensland Health) Certified Agreement (No. 1) 2007 • Included attachment four to update the eligible facilities attracting the health practitioner rural and remote allowance
November 2009	<ul style="list-style-type: none"> • Amended to reflect coronial autopsy allowance for CaSS employees.
January 2009	<ul style="list-style-type: none"> • Amended section 7.13.2 for clarification of entitlements, and to reflect the amendments made to the Health Practitioners - On Call, Continuous Overtime and Recall / Call Back HR Policy C20.
October 2008	<ul style="list-style-type: none"> • Amended clause 7.8 to include Forensic and Scientific Services. • Amended clause 7.10 to reflect as per Operational Stream Employees (Queensland Health) Certified Agreement 2006. • Amended clauses 7.12 and 7.13 to incorporate the provisions of On-Call Arrangements HR Policy C8 (repealed). • Amended clause 7.16 to reflect as per Operational Stream Employees (Queensland Health) Certified Agreement 2006. • Amended clause 7.20 updated to include Radiation Oncology Medical Physicists as per the Health Practitioners (Queensland Health) Certified Agreement (No. 1) 2007. • Amended clause 7.23 to include the Student Clinical Education Allowance Claim form. • Amended to reflect that a public service officer is defined as a person employed under the Public Service Act 2008.
June 2008	<ul style="list-style-type: none"> • Developed as a result of the HR policy consolidation project.
Previous	<ul style="list-style-type: none"> • On-Call Arrangements – Employees employed under the District Health Services Employees' Award – State 2003 HR Policy C8 • IRM 2.1-1 Allowances – Foul Linen • IRM 2.1-2 Allowances – Tool – Building Trades Award • IRM 2.1-3 Allowances – District

	<ul style="list-style-type: none"> • IRM 2.1-4 Allowances – Operating Theatre Allowances – Nursing Staff • IRM 2.1-5 Allowances – X-Ray Wardsperson and Other Non-Qualified Operators • IRM 2.1-6 Allowances – Dispensary – Nursing Staff • IRM 2.1-7 Allowances – Locality – Public Servants and Certain Other Employees • IRM 2.1-8 Allowances – Preparation of Meals for Patients – Directors of Nursing • IRM 2.1-9 Allowances – Preparation of Meals for Royal Flying Doctors (RFDS) – Directors of Nursing • IRM 2.1-10 Allowances – Clerical – Nursing Staff • IRM 2.1-12 Allowances - Cashier Allowances - AO1/AO2 • IRM 2.1-13 Allowances – On Site • IRM 2.1-17 Clinical Manager’s Allowance – Senior Medical Staff • IRM 2.1-18 Allowance – On Call – Registered Nurses and Enrolled Nurses • IRM 2.1-19 Allowance – Coronial Autopsy • IRM 2.1-21 Allowances – Meal – During Overtime – District Health Services Employees’ Award • IRM 2.1-22 Motor Vehicle Allowances – Health Service Employees • IRM 2.1-23 Taxation of Motor Vehicle Allowance Entitlement for Use of Private Motor Vehicle for Official Purposes • IRM 2.1-24 Hyperbaric Allowance • IRM 2.1-26 Allowance – Suspended Height External Cleaning – District Health Services • IRM 2.1-27 Allowances – Radiographers – Mobile Breast Screening Vans • IRM 2.1-28 Relieving In-Charge and Special Duty Allowance – Nurses (Queensland Health) Interim Certified Agreement 2005 • IRM 2.1-30 Clinical Coders – Administrative Stream – Allowance • IRM 2.1-31 Rural Allowance – Professional/Technical Employees • IRM 2.1-32 Student Supervision Allowance • IRM 2.1-33 Sole Practitioner Allowance – Radiographer/Sonographer • IRM 2.5-3 Payment for Work on Live Sewerage • Circulars ER07/03, ER57/03, ER65/03, ER68/03, ER80/03, ER84/03, ER89/03, ER21/04, ER47/04, ER84/04, ER97/04, ER99/04, ER20/05, ER85/05, ER12/06, ER10/06, ER29/06, ER30/06, ER31/06, ER34/06, ER43/06, ER61/06, ER71/06, ER74/06, ER79/06, ER84/06, ER101/06, ER104/06, ER113/06, ER117/06, ER09/07, ER26/07, ER30/07, ER35/07, ER37/07, ER51/07, ER 58/07, ER66/07, HR38/08
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Allowances – Schedule One

Environmental Allowance – Mental Health High Security and Secure Mental Health Rehabilitation Units

The following information is provided as the minimum mandatory standard practice, procedure or process to enable satisfactory compliance with this Queensland Health HR policy.

Local guidelines/procedures may be developed to facilitate implementation of this policy. Any local guidelines/procedures must be consistent with this policy and schedule and ensure employee entitlements continue to be met.

For Queensland Health nurses and midwives, the environmental allowance is paid in accordance with clause 13.2 of the Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012.

For all other eligible employees, the allowance is paid on the basis of an administrative arrangement and is applicable to staff specifically allocated to work at the nominated facilities.

This allowance is not payable to employees who provide on-call services only or who provide general supervision.

The nominated facilities are:

- Townsville (secure mental health rehabilitation unit)
- Prince Charles (secure mental health rehabilitation unit)
- West Moreton (high security and secure mental health rehabilitation unit)
- Toowoomba - Ridley Centre (secure mental health rehabilitation unit)
- Caboolture (secure mental health rehabilitation unit).

The allowance is not payable to visiting medical staff.

The following tables outline the weekly allowance amounts payable in accordance with the respective enterprise agreements:

Queensland Public Health Sector Certified Agreement (No.8) 2011

Weekly rates effective from		
1 September 2011	1 September 2012	1 September 2013
\$21.70	\$22.40	\$23.10

Nurses and Midwives (Queensland Health) Certified Agreement (EB8) 2012

Weekly rates effective from		
1 April 2012	1 April 2013	1 April 2014
\$21.72	\$22.37	\$23.04

Payment of the allowance for employees other than those already in receipt of this allowance commenced from 1 April 2000 or from the date of opening (or deeming) of any future high security and/or secure mental health rehabilitation units.

The allowance is not payable to visiting medical staff.

Allowances – Schedule Two

Mental Health Allowance – Administrative, Operational and BEMS Stream Employees - Application

1 Application

This policy applies to eligible administrative, operational and BEMS stream employees who work in acute units with high dependency beds in the following facilities:

- Bayside (Redlands Hospital)
- Bundaberg
- Cairns
- Logan
- Mackay
- Maryborough
- Nambour
- The Prince Charles Hospital
- Princess Alexandra Hospital
- Redcliffe/Caboolture
- Rockhampton
- Royal Brisbane and Women’s Hospital
- Toowoomba
- Townsville
- West Moreton.

Eligible employees are to be employed in the above identified acute units and not just visit those areas on a short-term basis.

Full-time employees are required to perform a minimum of one and a half hours cumulative work per shift within the acute unit to be considered employed in the area.

Part-time employees performing shifts of less than eight hours duration are required to perform a minimum of one hour cumulative work per shift. Eligible part-time employees are to be entitled to the allowance on a pro rata basis.

Employees may be eligible to receive either the mental health allowance, or the environmental allowance. Employees are not eligible to receive both allowances. When an employee is eligible for either the mental health allowance or the environmental allowance the higher payment under the environmental allowance is to be applied.

Eligible BEMS employees are entitled to payment of this allowance from the operative date of the Queensland Health Building, Engineering & Maintenance Services Certified Agreement (No.5) 2011.

The following table outlines the weekly allowance amounts payable in accordance with clause 9.5 of the Queensland Public Health Sector Certified Agreement (No.8) 2011 (EB8).

Weekly rates effective from		
1 September 2011	1 September 2012	1 September 2013
\$11.59	\$11.94	\$12.30

Allowances – Schedule Three

Health practitioners’ rural and remote allowance category A and B eligible facilities

Hospital and Health Service	Facility		
	Non category A and B	Category A \$60 per week	Category B \$100 per week
Cairns & Hinterland	<ul style="list-style-type: none"> • Cairns • Gordonvale • Ravenshoe • Yarrabah 	<ul style="list-style-type: none"> • Atherton • Babinda • Herberton • Innisfail • Malanda • Mareeba • Millaa Millaa • Douglas Shire (Mossman) • Tully 	<ul style="list-style-type: none"> • Chillagoe • Croydon • Dimbulah • Forsayth • Georgetown • Mt Garnet
Cape York		<ul style="list-style-type: none"> • Cooktown 	<ul style="list-style-type: none"> • Aurukun • Coen • Hopevale • Kowanyama • Laura • Lockhart River • Mapoon • Pormpuraaw • Weipa • Wujal Wujal
Central Queensland	<ul style="list-style-type: none"> • Duaringa • Gladstone • Mt Morgan • Ogmoo • Rockhampton • Yeppoon 	<ul style="list-style-type: none"> • Baralaba • Biloela • Blackwater • Capella • Cracow • Dingo • Emerald • Gemfields • Moura • Springsure • Theodore 	<ul style="list-style-type: none"> • Woorabinda
Central West			<ul style="list-style-type: none"> • Alpha • Aramac • Barcaldine • Blackall • Boulia • Isisford • Jundah • Longreach • Muttaborra • Tambo • Windorah

			<ul style="list-style-type: none"> • Winton
Children's Health Queensland	<ul style="list-style-type: none"> • RCH 		
Darling Downs	<ul style="list-style-type: none"> • Oakey • Toowoomba 	<ul style="list-style-type: none"> • Cherbourg • Chinchilla • Dalby • Glenmorgan • Goondiwindi • Inglewood • Jandowae • Kingaroy • Meandarra • Miles • Millmerran • Moonie • Murgon • Nanango • Stanthorpe • Tara • Taroom • Texas • Wandoan • Warwick • Wondai 	
Gold Coast	<ul style="list-style-type: none"> • Gold Coast • Robina 		
Mackay	<ul style="list-style-type: none"> • Mackay • Marlborough • Sarina • St Lawrence 	<ul style="list-style-type: none"> • Clermont • Dysart • Moranbah • Proserpine 	
Metro North	<ul style="list-style-type: none"> • Caboolture • Kilcoy • RBWH • Redcliffe • Prince Charles 		
Metro South	<ul style="list-style-type: none"> • Beaudesert • Dunwich • Logan • Princess Alexandra • Queen Elizabeth II • Redland • Wynnum 		
North West			<ul style="list-style-type: none"> • Mt Isa • Burketown • Camooweal • Cloncurry • Dajarra • Doomadgee • Julia Creek • Karumba • Mornington Island

			<ul style="list-style-type: none"> • Normanton
South West		<ul style="list-style-type: none"> • Bollon • Dirranbandi • Injune • Mitchell • Mungundi • Roma • St George • Surat • Wallumbilla 	<ul style="list-style-type: none"> • Augathella • Charleville • Cunnamulla • Morven • Quilpie • Thargomindah
Sunshine Coast	<ul style="list-style-type: none"> • Caloundra • Gympie • Maleny • Nambour 		
Torres Strait and Northern Peninsula			<ul style="list-style-type: none"> • Bamaga • Thursday Island
Townsville	<ul style="list-style-type: none"> • Magnetic Island • Townsville 	<ul style="list-style-type: none"> • Ayr • Bowen • Charters Towers • Collinsville • Home Hill • Ingham 	<ul style="list-style-type: none"> • Hughenden • Richmond • Palm Island
West Moreton	<ul style="list-style-type: none"> • Boonah • Esk • Gatton • Ipswich • Laidley 		
Wide Bay	<ul style="list-style-type: none"> • Bundaberg • Childers • Gin Gin • Hervey Bay • Maryborough • Mt Perry 	<ul style="list-style-type: none"> • Biggenden • Eidsvold • Gayndah • Monto • Mundubbera 	

Allowances – Schedule Four Clinical Manager Allowance

1 Clinical Manager Allowance

The payment of a clinical manager allowance is prescribed in clause 2.4 of the Medical Officers' (Queensland Health) Certified Agreement (No. 3) 2012 (MOCA3). The clinical manager allowance rates are specified in schedule 1 of MOCA3.

A clinical manager allowance is payable to a medical officer who manages medical services within a department (howsoever titled) within a medical facility in addition to their clinical duties. Such a position may be titled Director, Deputy Director or Assistant Director (e.g. Director of Anaesthetics, Gladstone Hospital).

The clinical manager allowance replaces the previous director allowances under clause 5.5.5 of the District Health Services - Senior Medical Officers and Resident Medical Officers' Award - State 2012.

Where an employee was eligible for a clinical manager allowance at the date of certification of MOCA3, and maintains continuous eligibility post certification, the allowance will be an all-purpose allowance, despite potential for a change in the level of the clinical manager allowance payable.

An all-purpose allowance is included when calculating the following entitlements:

- overtime
- option A and P supplementary benefit payment
- long service leave
- loading on recreation leave
- superannuation

2 Determining the clinical manager allowance level

For positions of director, deputy director and assistant director to be entitled to the clinical manager allowance, the roles need to meet the managerial responsibilities and the annual recurrent budget and FTE staff minimums outlined below. Roles that do not meet the below criteria are not entitled to the clinical manager allowance.

The managerial responsibilities for roles of director, deputy director and assistant director are to include:

- clinical governance
- strategic planning
- global budget management
- human resource management
- professional education.

The annual recurrent budget figure will be adjusted at least every three years, in line with the annual All Groups CPI as at the end of the June quarter.

The HR Services Branch determines the clinical manager allowance level for any clinical manager role within their authority using the criteria specified in this policy. In determining the appropriate clinical manager allowance level, the annual recurrent budget combined with the number of FTE staff (see definitions below) is used with the below table.

In determining the appropriate level for the FTE staff, the lowest level accommodating the number of FTE staff for which they are responsible is the level used. When the annual recurrent budget and the FTE staff are different levels, the higher level will be used to determine the allowance.

Level	Annual Recurrent Budget	FTE Staff
CM1	\$1,206,000 - \$2,713,000	5 - 10
CM2	\$2,713,000 - \$4,221,000	10 -15
CM3	\$4,221,000 - \$6,030,000	15 -30
CM4	\$6,030,000 - \$8,442,000	20 -50
CM5	\$8,442,000 - \$10,854,00	40+
CM6	\$10,854,000 - \$13,226,000	45+
CM7	\$13,226,000+	50+

2.1 Example 1

A director has a clinical management role for a department with an annual recurrent budget of \$3m and FTE staff of 25. The appropriate level is CM3.

The level is derived as follows:

- The budget column is first referred to and indicates a CM2 level.
- The FTE column is then referred to and indicates that both CM3 and CM4 accommodate the FTE figure. The first (lowest) level accommodating the FTE applies (CM3).
- As the budget and FTE columns indicate different levels (budget CM2 and FTE CM3) the higher applies (i.e. CM3).

2.2 Example 2

A director has a clinical management role for a department with an annual recurrent budget of \$7.3m and FTE staff of 79. The appropriate level is CM5.

The level is derived as follows:

- The budget column is first referred to and indicates a CM4 level.
- The FTE column is then referred to and indicates that each of CM5, CM6 and CM7 accommodate the FTE figure. The first (lowest) level accommodating the FTE applies (CM5).
- As the budget and FTE columns indicate different levels (budget CM4 and FTE CM5) the higher applies (i.e. CM5).

3 Full-time equivalent (FTE) staff definition

Combined FTE of medical, nursing, professional, technical/scientific, operational and administrative staff dedicated either fully or partially to the department, division, facility, unit or service, for which the director has a clinical management role.

Notes:

- Staffing numbers for occupational groups that have their own hierarchal structure are to be included in the FTE Staff figure where the director does have a day to day clinical management role. Including the staffing numbers of these groups does not affect reporting relationships.
- When services overlap, shared staff are to be proportionately distributed and counted according to utilisation.

- The FTE figure is to be based on the actual FTE not the standard FTE.

4 Annual recurrent budget definition

Labour and non labour costs required to deliver the service as set out in the cost centres for which the director has responsibility.

Notes:

- The starting point for calculation of annual recurrent budget is the total annual recurrent budget in all cost centres of the department, division, facility, unit or service. However, where it is demonstrated and confirmed by the incumbent director, that another person genuinely has direct responsibility for a particular cost centre, that part of the budget will not be counted.
- Where cost centres are shared with other departments, divisions, facilities, units or services, they are to be proportionately divided between departments for the purposes of the calculation of the budget amount.

4.1 Example

Within the Department of Paediatrics, there are 10 medical staff FTE, 30 nursing staff FTE, 2 professional staff FTE, 1 administrative staff FTE and 0.5 operational staff FTE. There are 6 cost centres for the Department of Paediatrics which total \$5.8m. However, the Director has responsibility for 5 cost centres totalling \$3.6m and the Nurse Unit Manager has responsibility of 1 cost centre totalling \$2.2m. Within the cost centre of the Nurse Unit Manager there are 20 nursing staff FTE.

In calculating the FTE staff for the Director of Paediatrics the result would be 43.5 FTE as **all** staff are included. However, in calculating the annual recurrent budget, only the cost centres of the Director are to be included totalling \$3.6m. The cost centre for the Nurse Unit Manager which contains 20 FTE nursing staff is **not** included.

Using the above table would provide for an FTE staff commencing at the CM4 level and an annual recurrent budget of CM3 level. Therefore, the clinical manager allowance for the Director of Paediatrics would be CM4.

Note:

Refer to compiling data for additional examples relating to shared staffing, shared budgets and double counting.

5 Application and assessment process

Should any role (new or current) take on increased, or alternatively have reduced, managerial responsibility/functions the relevant Health Service Chief Executive (or delegate) may seek re/assessment of the clinical manager allowance level. Employees must use the application for clinical manager allowance form.

New role	Reassessment of role
<p>Step 1 Role approved by Health Service Chief Executive</p>	<p>Step 1 Endorsed application forwarded to HR Services Branch.</p> <p><i>Use the Application for Clinical manager and Medical manager allowance determination form and include</i></p> <ul style="list-style-type: none"> • approved role description • organisational chart

	<ul style="list-style-type: none"> • list of cost centres used for annual recurrent budget • list of categories of staff used for FTE Staff.
<p>Step 2 Prior to advertising and/or filling the role, an application is forwarded to the HR Services Branch to determine the level of the allowance.</p> <p>On approval HR Services Branch will advise the Health Service Chief Executive of the outcome and include the position on the approved list of directors.</p> <p>Use the Application for Clinical manager and Medical manager allowance determination form and include:</p> <ul style="list-style-type: none"> • approved role description • organisational chart • list of cost centres used for annual recurrent budget • list of categories of staff used for FTE Staff. 	<p>Step 2 HR Services Branch</p> <ul style="list-style-type: none"> • assesses all directly affected Director roles then • advises the new level.
<p>Step 3 Hospital and Health Service proceeds to advertising and/or filling of role.</p>	<p>Step 3 Hospital and Health Service</p> <ul style="list-style-type: none"> • advises the Director of the outcome • applies the new allowance if the level has changed or proceeds to advertising and/or filling the role.

6 Compiling data

The following matters must be considered by Hospital and Health Services when compiling data for an application or reassessment of the clinical manager allowance level:

- vertical double counting of FTE staff and annual recurrent budget will occur where the organisation's structure includes Directors at more than one level in the hierarchy.
- the FTE Staff and annual recurrent budgets of the Director, for which they have a clinical management role, will include the staff and budgets of Directors at lower levels. This is the only instance of double counting that is acceptable.
- the FTE staff and annual recurrent budgets of lower level directors will include only the staff and budgets for which they have a clinical management role.
- horizontal double counting of FTE staff and annual recurrent budgets will not occur between clinical services at the same hierarchical level in the organisation's structure except instances of when staff are shared. When staff are shared, the staff are to be proportionately divided and counted between each clinical area.

6.1 Example

A Hospital and Health Service has a Director, Division of Medicine. Reporting to this role are the Directors of the Department of General Medicine, Department of Cardiology, Department of Allowances

Gastroenterology and the Department of Neurology. As such, the Director, Division of Medicine has an overarching clinical management role for the delivery of the entire Internal Medicine clinical service in the Hospital and Health Service (which includes each of these specialist divisions).

In determining the FTE staff and annual recurrent budget of the Director, Division of Medicine, the FTE Staff and annual recurrent budgets under each of the Departments of General Medicine, Cardiology, Gastroenterology and Neurology would be included (although they have their own Directors).

In determining the FTE Staff and annual recurrent budgets for each of the Directors of General Medicine, Cardiology, Gastroenterology and Neurology, only the staff and annual recurrent budgets of each of these specialties (or proportional FTE staff and budgets where shared) would be included.

A deputy director role will be classified at one level lower than the level of the Director. It is therefore necessary that the FTE staff and annual recurrent budget of the director be submitted with an application, for determination, of the allowance of an assistant director.

7 Appeal processes

An employee may appeal against any decision made in relation to CMA. The following processes are to be used:

7.1 Appeal regarding completion of the clinical manager allowance application form

The employee, a recognised union representative or management representative may refer the matter to the Health Service Chief Executive for resolution.

7.2 Appeal regarding clinical manager allowance level

The employee or their recognised union representative may refer the matter to the Health Service Chief Executive.

Allowances – Schedule Five Medical Manager Allowance

The payment of a medical manager allowance is prescribed in clause 2.4 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 3) 2012 (MOCA3)*. The medical manager allowance rates are specified in schedule 1 of MOCA3.

A medical manager allowance is paid to a medical officer responsible for the clinical governance of medical services across either a HHS or a medical facility (or sometimes both). Such a position may be titled District Director of Medical Services, Executive Director of Medical Services, Director of Medical Services, or Deputy Director of Medical Services. Some of these positions were previously and may still be known as Medical Superintendent positions. Director of Medical Services (DMS) is used as a generic title within this policy.

In order to be eligible for a medical manager allowance, a DMS must hold a Fellowship of the Royal Australian College of Medical Administrators (FRACMA). A DMS who does not hold a FRACMA may receive a clinical manager allowance in lieu of a medical manager allowance in accordance with the table in this Schedule.

These accountabilities include:

- manage and monitor medical workforce performance to ensure that medical services are provided in a clinically safe, efficient and effective manner.
- act as the expert resource for clinical leaders and executives in resolving complex clinical, legal, ethical and operational challenges.

A medical manager allowance is also payable to a Deputy Director of Medical Services (DDMS), howsoever titled. A DDMS is a medical manager who reports to the Director of Medical Services. A DDMS is to be paid three levels below the DMS they report to.

Where an employee was eligible for a medical manager allowance at the date of certification of MOCA3, and maintains continuous eligibility post certification, the allowance will be an all-purpose allowance, despite potential for a change in the level of the medical manager allowance payable.

To be eligible for a medical manager allowance, the position holder must fulfil the key accountabilities listed in the Queensland Health Guidelines for Developing Medical Administration Role Descriptions (available on the QHEPS Medical Administration page).

1 Determining the medical manager allowance level

The medical manager allowance is payable to DMS positions in accordance with the below table. The criteria applied to the MMA level is the clinical full-time equivalent (FTE) staff level of the medical facility managed by the DMS. Clinical FTE is defined as the total of all staff in the medical, nursing, health practitioner, technical officer and professional officer classifications.

In relation to a DMS whose clinical governance responsibility is across an entire HHS, clinical FTE across the entire HHS is used.

Criteria for Medical manager allowance (or Clinical manager allowance in lieu) levels	
Level	Criteria
MMA10 (or CMA7)	Clinical FTE greater than 3,000
MMA9 (or CMA7)	Clinical FTE 2,000 to 2,999
MMA8 (or CMA7)	Clinical FTE 700 to 1,999
MMA7 (or CMA7)	Clinical FTE 500 to 699
MMA6 (or CMA7)	Clinical FTE 300 to 499
MMA5 (or CMA7)	Clinical FTE 150 to 299
MMA4 (or CMA5)	Clinical FTE 100 to 149
CMA4	Clinical Medical Superintendent positions in facilities with 50 to 99 clinical FTE staff
CMA3	Clinical Medical Superintendent positions in facilities with 30 to 49 clinical FTE staff
CMA2	Clinical Medical Superintendent positions in facilities with less than 30 clinical FTE staff

If there is a significant increase in clinical FTE for a particular facility a HHS should consider upgrading the MMA level of the position occupant in accordance with the criteria in the above table. In order to maintain relativities, individual MMA levels should not be reassessed more than every three years unless there has been a significant change in clinical FTE.

2 Application and assessment process

Should any role (new or current) take on increased, or alternatively have reduced, managerial responsibility/functions the relevant Health Service Chief Executive (or delegate) may seek re/assessment of the medical manager allowance level. Employees must use the application for medical manager allowance form.

New role	Reassessment of role
<p>Step 1 Role approved by Health Service Chief Executive</p>	<p>Step 1 Endorsed application forwarded to HR Services Branch.</p> <p><i>Use the Application for Clinical manager and Medical manager allowance determination form and include</i></p> <ul style="list-style-type: none"> • approved role description • organisational chart • list of categories of staff used for FTE Staff.
<p>Step 2 Prior to advertising and/or filling the role, an application is forwarded to the HR Services Branch to determine the level of the allowance.</p> <p>On approval HR Services Branch will advise the Health Service Chief Executive of the outcome and include</p>	<p>Step 2 HR Services Branch</p> <ul style="list-style-type: none"> • assesses all directly affected DMS roles then • advises the new level.

<p>the position on the approved list of directors.</p> <p>Use the Application for Clinical manager and Medical manager allowance determination form and include:</p> <ul style="list-style-type: none"> • approved role description • organisational chart • list of categories of staff used for FTE Staff. 	
<p>Step 3 Hospital and Health Service proceeds to advertising and/or filling of role.</p>	<p>Step 3 Hospital and Health Service</p> <ul style="list-style-type: none"> • advises the DMS of the outcome • applies the new allowance if the level has changed or proceeds to advertising and/or filling the role.

3 Appeal processes

An employee may appeal against any decision made in relation to MMA. The following processes are to be used:

- appeal regarding completion of the Application for Clinical manager and Medical manager allowance determination form - The employee, a recognised union representative or management representative may refer the matter to the Health Service Chief Executive for resolution.
- appeal regarding medical manager allowance level - The employee or their recognised union representative may refer the matter to the Health Service Chief Executive.

Allowances – Schedule Six

Clerical Allowance eligible facilities

The following facilities are identified as isolated areas for the purposes of the Clerical Allowance outlined in section 9.1 of the Policy.

Alpha
Aramac
Augathella
Aurukun
Bamaga
Baralaba
Biggenden
Boulia
Burketown
Camooweal
Capella
Chillagoe
Cooktown
Cracow (Part time)
Croydon
Dajarra
Dimbulah
Dingo (Part time)
Dirranbandi
Doomadgee
Dysart
Eidsvold
Forsayth
Georgetown
Gin Gin
Home Hill
Injune
Isisford
Jandowae
Julia Creek
Jundah

Karumba
Lockhart River
Magnetic Island
Malanda
Maleny
Many Peaks
Meandarra (Part time)
Millaa Millaa
Moonie (Part time)
Mornington Island
Morren
Moura
Mt Garnet
Mt Perry
Mungindi
Muttaburra
Muttaburra
Pormpuraaw
Proston (Part time)
Ravenshoe
Surat
Tambo
Tara
Taroom
Thargomindah
Theodore
Wallumbilla
Wandoan
Weipa South
Woorabinda
Yarrabah