Continuing Medical Education Support for Victorian Public Hospital Medical Specialists

Questions and Answers

The following is a list of questions and answers assembled by the Victorian Hospitals’ Industrial Association and the Australian Medical Association Victoria Limited to assist both Hospitals and the full-time and Fractional Specialists (Doctors) in the correct application of Continuing Medical Education (CME) Support. Clause 19 of the AMA Victoria – Victorian Public Health Sector Medical Specialists Enterprise Agreement 2013 (the Specialists Agreement) is the basis for the CME Support obligation and entitlement.

Warning: The conditions in the Specialists Agreement are obligations established under the Fair Work Act 2009. These obligations and entitlements are the minimums that must be applied to Doctors employed in Health Services subject to the Specialists Agreement. Always refer to the Specialists Agreement to answer any questions. The attached are simply to assist in this process and do not override the conditions stated in the Specialists Agreement.

1. Why do differing conditions for CME still exist between Hospitals?

   Continuing Medical Education Support came into effect as an entitlement in 2006. At that time many Doctors had access to CME support through various local agreements and private practice funds. The current entitlement in the Agreement identifies this historical basis and specifies that those arrangements will not change (see sub-clause 19.1.2 of the Agreement). In addition a general provision applies that protects more preferable conditions enjoyed by Doctors prior to 15 December 2013 (see sub-clause 6.1).

   This Q and A list does not take into account any more favourable local conditions for Doctors that may currently be in place.

2. Do I get CME if I am a locum?

   CME applies to employed Doctors (see clause 4). If a Doctor is employed as a fixed-term Doctor (eg, a Locum), he/she would be entitled to CME because it applies to all employed Doctors. In practice however, a potential exists for a Health Service not to approve the cost if the claim is not fully compliant. Therefore a locum is advised to seek approval prior to incurring the expenditure. Prior approval should be handled expeditiously if a Hospital wishes to encourage the undertaking of CME activities.

   In addition if the Health Service employs the Doctor as a Fractional Specialist, it should require the Doctor to make the usual declaration regarding any CME claims made by the Doctor at other Victorian Health Services in the financial year because the Doctor is not entitled to claim more CME in total than the reimbursement limit for a full-time Specialist in any one financial year.

3. If my working hours vary during the year, how much CME do I get?

   The Agreement does not deal with situations where standard hours change during the year, such as where Fractional Specialists are employed temporarily at increased hours in a relieving capacity. Where that occurs, the logic of the Agreement would suggest CME entitlement should be calculated by averaging the hours over the current financial year. However, it is not intended that a Doctor would have to repay some part of a reimbursement already received where he/she subsequently reduces his/her normal hours leading to an ‘averaged’ entitlement less that what he/she has already received by way of reimbursement.
4. Should others pay the expense (of attending a conference) – eg, sponsors or specialist colleges?

The entitlement (and obligation) to CME support is between a Doctor and a Hospital. If the claim meets the criteria of the clause, an entitlement is created. The Health Service may wish to secure some support from a third party. However this cannot be used as a basis for rejecting a claim. This particular issue is a matter for discussion between the sponsor or college and the Health Service. The Doctor may well assist in this process.

5. Do you need receipts having claimed a per diem allowance?

The Doctor may request to be paid a ‘per diem’ allowance either before or after the educational activity (see sub-clauses 19.3.2(a)(B) & 19.4.5).

- Receipts or other evidence of expenditure should be retained as he/she may be required by the ATO to substantiate the deduction. The per diem allowance is taxable in the hands of the Doctor as income and therefore the Hospital is not required to deduct tax when paying the allowance (see sub-clause 19.4.7).
Where the Doctor is seeking reimbursement of actual costs being incurred then he/she must be able to provide receipts or other suitable evidence on request (see sub-clause 19.4.2).

6. Can I use my Meal and Entertainment card for a meal and claim a per diem allowance or reimbursement for the meal?

Neither AMA Victoria nor the Victorian Hospitals Industrial Association advocates this practice. Doctors wishing to address their expenses in this way are advised to consult with their accountants or financial advisers on such an approach.

7. Cycle of renewal of portable technological aids (eg, Laptop every three years) are they reasonable?

The Doctor is entitled to reasonable costs of portable technological aids. How often these aids are replaced can be affected by a number of factors. One benchmark that can be used is the ATO guide to the effective life of laptop computers, which is three years (see Taxation Ruling TR 2013/4). However, this should be treated as a guideline only. In some instances the aid may need to be replaced earlier due to damage or failure to continue to provide assistance with CME. In other cases, the useful life of an item may be a longer period.

8. What place is there for pre approval of expenses?

Approval of expenses is ultimately required prior to reimbursement (see sub-clause 19.1.1). Pre approval can be valuable to Doctors in minimising subsequent disputes. However, it is not a requirement that pre approval be secured prior to expenditure.

Examples of claiming Per Diem

Dr Nguyen wishes to explore how she can recoup any expenses she may incur, or has incurred while attending a 5 day conference in Singapore. (Note she is unable to claim expenses other than taxi fares to and from the airport on a day when most of the time is spent flying)

Option 1 – Claiming expenses in advance of the conference

Dr Nguyen may wish to claim any potential expenses, including per diems, in advance. She can do this by supplying an itinerary of her intended travel. She is entitled to claim according to the ATO’s reasonable expenses guidelines for the location of her travel. This will be paid as an untaxed allowance by the Hospital but must be declared as such for tax purposes. She should keep all the receipts for her expenses as the tax office may request evidence that the expenses occurred and equalled or exceeded that paid.

Option 2 – Claiming expenses after the conference

Dr Nguyen may wish to claim her expenses after the conference. She is entitled to claim according to the ATO’s reasonable expenses guidelines for the location of her travel. In this case she can lodge the claim without providing receipts to the Health Service. This will be paid as a reimbursement by the Hospital and is therefore not taxed by the Hospital.
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9. **CME expenses during sabbatical leave, are these allowable?**

   Yes. If the purpose of the expense incurred is for continuing medical education purposes which would otherwise be approvable for CME purposes. A Doctor is entitled to reimbursement of approved costs for CME (see sub-clause 19.1.1).

   However, the costs of undertaking Sabbatical Leave are not determined in the Agreement other than for payment of salary. It is not unusual for a Doctor on Sabbatical leave to attend a conference or other CME activity which may or may not relate to their Sabbatical Leave. In such a case, the airfares and other conference related expenses directly pertaining to the CME activity would be reimbursable. It is recommended that prior approval be sought.

10. **CME expenses during Pro-Bono/Voluntary work, are these allowable?**

    Yes. If the purpose of the expense incurred is for continuing medical education purposes which would otherwise be approvable for CME purposes. A Doctor is entitled to reimbursement of approved costs for CME (see sub-clause 19.1.1).

    It is possible that a Doctor absent performing Pro-Bono/Voluntary work might attend a conference or other CME activity which may or may not relate to their Pro-Bono/Voluntary work. In such a case, the airfares and other conference related expenses directly pertaining to the CME activity would be reimbursable. It is recommended that prior approval be sought.

11. **Proximity of accommodation to a conference. Should long distance travel be reimbursed?**

    The Doctor is entitled to reimbursement of accommodation at the hosting hotel or elsewhere as is reasonable for the conference attended (see sub-clause 19.3.2(a)(A)). If accommodation away from the conference site was obtained for a good reason, and was for the purpose of the conference then reimbursement for travel costs locally to the conference should be reimbursed.

12. **What qualifies as a “conference” in terms of content / hours?**

    Clause 19 does not provide any rules in relation to the content or hours for professional conferences and workshops. The test is whether the conference or workshop falls within CME activities or purposes directly relevant to the Doctor’s employment with the Health Service.

    Further, it is acknowledged that not all conferences will be of the same format or standard as to their program and content. When assessing whether or not a specific professional conference or workshop should qualify for CME Support purposes, a Health Service will generally look for that conference or workshop to feature one (or more) of the following:

    - Academic merit;
    - At least 4 hours of content per day (on average);
    - The Doctor is a presenter at the conference;
    - Qualifying for Learned College CPD.
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13. **Does a course or CME activity need to be relevant to the Doctor’s current employment? (eg, medico-legal issues / Masters of Business Administration)**

   It is acknowledged that there must be some flexibility applied regarding the relationship between a CME activity and a Doctor’s role with a Health Service. As a general principle, a course or CME activity that would support a Doctor’s future career development is within bounds – for example, undertaking a course or activity that would be relevant to a role aspired to in the future and facilitates achievement of that goal, rather than it being directly related to the Doctor’s current role.

14. **What is appropriate recovery time after a long trip?**

   No specific time limit exists under the Agreement other than for a maximum of two weeks conference leave per annum and cumulative up to 4 weeks in any two years (see sub-clause 32.2). Leave should include travel to and from the conference plus some allowance for adjustment. It is unsafe for a Doctor to return to work while fatigued by time-zone adjustment.

15. **What if the Doctor doesn’t attend the conference?**

   If a Doctor has been reimbursed conference expenses, but for whatever reason does not attend the conference, the Doctor must report in writing to the Chief Medical Officer the lack of attendance and the reasons for it as soon as practicable after becoming aware that they cannot attend. The Doctor must also cancel the bookings and retrieve the funds expended wherever possible. The Doctor must then as soon as practicable repay to the Health Service the CME Support reimbursement he/she had received for that activity/purpose. If there are amounts that cannot be recovered, the Doctor should provide a statement as to why the funds cannot or should not be repaid to the Health Service. To mitigate losses to both the Doctor and the Health Service, Doctors should consider taking out suitable travel insurance.

16. **Does the Doctor need to have paid for registration before the meeting expenses are reimbursed?**

   No, incurring the expense triggers an entitlement to claim reimbursement (see sub-clause 19.1.1).

17. **Can a reimbursement be made in June for a conference in September when it is paid for in June?**

   Yes, incurring the expense triggers an entitlement to claim reimbursement (see sub-clause 19.1.1). The expenses are to be submitted within three months of being incurred and where practicable within the financial year to which they relate (see sub-clause 19.4.3). The Health Service will process reimbursements within 30 days of receipt of a compliant claim (see sub-clause 19.4.4).

18. **Can a cap be applied to accommodation costs for an overseas conference?**

   While Clause 19 does not specify a cap on individual expense items, all expenses must be “reasonably and necessarily incurred” (see sub-clause 19.1.4). As such, reimbursement for accommodation is subject to accommodation at a hosting hotel or elsewhere as is reasonable for the conference attended (see sub-clause 19.3.2(a)(A)).
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19. **What entitlement is there for Doctors who resign before the proposed activity takes place?**

   The entitlement to CME Support is for all employed Doctors. Simply because a Doctor has resigned does not negate the entitlement or obligation for CME Support, provided the cost was incurred and claim was made before employment ended for CME purposes already approved by the Health Service. However, if the Doctor ceased being an employee before incurring the expense, then they would not be entitled to CME support under the agreement (see sub-clause 19.1.1).

   CME expenses incurred before entering into formal employment are not reimbursable under the agreement.

20. **What CME entitlement is there for a Doctor on maternity leave?**

   A Doctor on maternity leave is still required to maintain their registration and continuing education by the Hospital. The Doctor can claim for CME expense reimbursement based on their hours/appointment prior to taking leave, but not paid conference leave. Normal application and approval processes should be followed.