

# Employment Conditions for Private Veterinarians Engaged as Employees during an Emergency Animal Disease (EAD) Response

## 1. Purpose

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This employment conditions document is for the use of jurisdictions to help achieve consistency in employment conditions for private veterinarians engaged as an employee during an EAD response.

It is noted that industrial agreements vary between jurisdictions.

This document should be read in conjunction with the “National Guidance Document” and the “Standard Contract Elements” document.

Suggested approaches are consistent with the Emergency Animal Disease Response Agreement (EADRA).

## 2. Duties

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An outline of the primary roles that may be performed by veterinarians in an EAD response, as well as an indication of the roles more suited to private practitioners is provided in Appendix 1. Detailed functional roles are provided in the [AUSVETPLAN Control Centre Management manual](#) (part 2).

Note that not all of the described functions/roles within control centres will need to be performed by a veterinarian. However there needs to be a sufficient number of veterinarians within the centre and within some sections to provide appropriate technical support to the response.

## 3. Duration of Employment

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Prior to engagement, it is important to provide veterinarians with an estimate of the likely duration of employment. This will help private practitioners determine whether they are able to participate. It is acknowledged that the likely duration may be uncertain in the early stages, but will become clearer as the response progresses.

The jurisdiction may need to determine the best engagement method permitted under industrial agreements to cater for this uncertainty.

## 4. Termination

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Normal jurisdictional processes for the termination of employment agreements apply. Short-term appointments may be necessary to avoid severance payments in the case that a response is terminated.

## 5. Contracts

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Note that contracts are discussed in the National Guidance document and are mainly suitable for certain types of services where the private practitioner can act relatively independently. They are generally not suitable for Control Centre positions, although contracts may be suitable for some specialist Control Centre positions for example a consulting specialist epidemiologist. Contracts may be open ended, with clear termination clauses; or alternatively a series of short-term contracts may be offered.

## 6. Salary Levels

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In 2006 AHC agreed to pay non-government veterinary practitioners employed in an EAD response on a full-time, short-term basis according to one of three pay levels related to work experience. AHC also agreed that the remuneration would be based on the Australian Government Department of Agriculture (the Department) Veterinary salary scale as detailed in the Department's certified agreement. Following review during 2013, the appropriate current rates are provided below.

Level	Eligibility	Department of Agriculture Salary November 2013
NGV1*	Practitioner with less than 5 years relevant experience since graduation	\$86,247 (APS6.04)
NGV2	Practitioner with more than 5 years relevant experience since graduation or has appropriate area/s of expertise	\$92,404 (APS6.06)
NGV3	Practitioner with more than 5 years relevant experience since graduation, plus completion of additional training for roles in an LCC or SCC such as coordinator of tracing, coordinator of surveillance, IP Operations etc.	\$109,584 (APS6.08)

\* NGV = Non Government Veterinarian

These rates will be reviewed and updated annually by the Department and Animal Health Committee.

It is recognised that private practitioners engaged during a response will be employed under the relevant jurisdiction's industrial agreement (except when exceptional circumstances

require private practitioners to be employed by the Commonwealth and seconded to jurisdictions). Jurisdictions have agreed to pay private practitioners the award pay scale that is closest to the agreed Commonwealth rate. A table showing a comparison of jurisdictions' current (2013) salary levels for government veterinarians is provided in Appendix 2.

Irrespective of the salaries for private veterinarians recruited into a response, there may also be a need for jurisdictions to evaluate senior manager roles within the Control Centres either prior to or during a response so that officers acting in those positions may be remunerated appropriately through "higher duties" payments or temporary appointments. This will help avoid anomalous situations; such as existing government employees being remunerated at rates lower than subordinates.

## 7. Casual Employment

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Private practitioners may also be employed on a 'casual' employment basis. This method of employment is generally used where the hours are variable. In this case the employee is not eligible for benefits such as recreation and sick leave or public holidays. Hence a loading (generally between 15 and 25 percent) is normally applied to the base salary level. The actual details will vary to some extent between jurisdictions.

## 8. Overtime and Weekend Work

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Overtime pay should be made available for work over and above standard work hours. The overtime rates for each jurisdiction are provided at Appendix 2.

## 9. Location

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Private practitioners employed by the jurisdiction would most likely work from a Control Centre or Forward Command Post.

## 10. Flexibility

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For large responses where there is a shortage of available veterinarians, it is suggested that jurisdictions implement employment and contracting policies that are as flexible as possible to encourage greater levels of participation. Some examples include:

- Contracting a veterinary practice to undertake work that can be incorporated into their normal routine. For example during the proof of freedom phase, conduct a defined number of farm surveillance visits over a defined period of time. This would be particularly important for single-person practices where the work could be allocated within the practice's geographic work area.
- Part-time or casual employment for private practitioners with young children.
- Organisation of child-care services for the same demographic.

- Fly-in-fly out arrangements for private practitioners from other states or distant locations.

## **11. Marketing**

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During large responses, veterinary resources will be at a premium and extra work may be required to attract private practitioners to work in a response. Control centre logistics units need to place a high priority on marketing veterinary positions within the response to private practitioners. A variety of mechanisms may be explored to achieve this, but essentially private practitioners will need to be reached through a variety of channels and the roles properly explained in a way that attracts their interest.

Early establishment of the Veterinary Liaison Officer function will be an essential component of this strategy. The veterinary liaison function will be responsible for ensuring that veterinarians are advised of the current situation and addressing issues raised by veterinarians both employed and external to the response. It is essential that this function is fulfilled by person/s (there may be more than one required in a large response) with private veterinary practice background.

Pre-existing arrangements with veterinary practices for provision of services outside of emergency responses will also facilitate engagement of veterinarians during responses and are therefore encouraged.

## **12. Procurement**

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Of key importance is the need to adequately resource (or preferably over-resource) logistic sections at the start of a response so that the recruitment section does not become overwhelmed. This has occurred previously, leading to disillusioned private practitioners who were initially willing to participate.

Regarding employment agencies, previous experience is that their use for actual appointment of veterinarians is not ideal. However they may still be used for locating potential employees.

## **13. Provision of Equipment/Consumables**

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Specialised equipment required for the response, as well as consumables, should be bulk purchased by the control centres and supplied to employees (as well as contractors where possible).

Consumables used to treat individual, sick animals are generally the responsibility of the animal owner.

## **14. Travel and Accommodation**

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The jurisdiction will pay for reasonable travel expenses from the private veterinarian's normal residence/place of employment to the control centre for the purposes of deployment (and return).

For staff living away from home while deployed from a control centre, the centre will normally bulk purchase accommodation. Where this is not in place, standard accommodation rates will be paid by the jurisdiction.

Standard meal allowances will be paid where purchase of meals is necessary. Reimbursement of meal expenses will be paid on provision of receipts. No meal allowance is paid when meals are supplied.

## **15. Vehicles**

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Government vehicles will generally be supplied for use. If the employee must use their private vehicle, mileage rates in line with Australia Taxation Office (ATO) rates will be paid by the jurisdiction.

## **16. Other Employment Conditions – Superannuation, Workers compensation, leave etc**

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Standard employment conditions for the relevant jurisdictions apply.

## **17. Insurance**

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Veterinarians employed for the response will be covered by the jurisdiction under the normal government employment arrangements.

## **18. Induction and Briefing**

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Control centres need to place a high priority on good induction processes for new employees. Aspects that may be particularly important for private practitioners coming into a response include:

- Matching skills and experience to response roles wherever possible
- Ensuring full briefing on the objectives, relevant policies and rationale of the response, including how the response is organised
- Providing suitable just-in-time training arrangements
- Administrative arrangements
- Reporting requirements
- What to expect
- How to voice concerns
- Specific requirements of the role
- Privacy requirements

- Information on how they should interact with the public (including social media) during a response.
- Code of Conduct and the importance of projecting a professional image
- Availability of counseling

## 19. Training

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Many private practitioners will not have undertaken EAD training prior to engagement for the response. Hence it is important that effective “just-in-time” training is provided during responses.

Private practitioners may require training in the specifics of the roles that they will be undertaking, as well as the issues covered under induction. Provision of this training is the responsibility of each section manager in a state or local control centre or forward command post. In large outbreaks, a dedicated training officer/s may be in place for each section.

## Appendix 1: Potential Roles for Veterinarians during an EAD Response.

Veterinarians working within a response may be drawn from either the private or public sector. As a general principle, the higher-level positions would most likely be filled by veterinarians who have significant experience in veterinary public health or significant disease control or surveillance programs. Generally these are people who work within government departments or have done so previously. To explain why this is the case, private veterinary practice is quite different to the roles performed by veterinarians employed by government. In general terms, private veterinarians are primarily concerned with addressing the health issues of individual animals or smaller groups of animals (e.g. a herd of cattle), with the client being the animal owner. The focus of government veterinary practice is more at the whole of industry level (and increasingly with public good outcomes), for example implementing disease prevention, surveillance or control programs that have benefits for an entire industry or sector of industry and/or the broader economy. The key skills of the private veterinarian are clinical in nature, whereas for government veterinarians the key skills are in epidemiology (the study of diseases in populations) and design of disease control and surveillance programs (and with broader links into public policy).

Hence, within an EAD response government veterinarians, because of their experience, are better suited to the higher-level roles in control centres that have an emphasis on disease eradication strategy and management of the program. Private veterinarians are better suited to implementation of operational on-ground control strategies such as surveillance for disease, vaccination programs etc. Note that this is a generalisation and there will always be exceptions.

However, also for many of the roles, appointment of personnel with strong management/disease control/emergency response skills regardless of their veterinary 'status' may be preferable. There would be many circumstances where an appropriately skilled and experienced 'non-veterinarian', for example an animal health technician, would perform more effectively than a veterinarian without strong experience in that particular area. There are likely to be cases where non-veterinarians undertake roles where the public may normally expect a veterinarian to be performing the role.

There are also a significant number of other positions utilised in a response where a veterinarian could be utilised owing to that person's particular skill set.

The positions or functions in the following table are those where a veterinarian is required to fill the role, or where it may be advantageous for the role to be filled by a veterinarian. Where there are a number of positions within a section for which a veterinarian is not necessary, but may be advantageous, it is almost essential that at least some positions are filled by veterinarians to ensure that the appropriate level of technical, animal health expertise is available within the control centre and individual work sections.

Very few of the positions listed must be filled by veterinarians. These are:

- Chief Veterinary Officer
- Epidemiologist (at least one in a significant response)
- Either Controller or Operations Manager of the LCC
- Field surveillance teams (one vet per team). The number of these will vary greatly depending on the type of response (see section 7).
- Veterinary Liaison Officer

However as indicated above a number of sections should have a veterinarian within the group. The minimum number of veterinarians required within the two control centres (not counting members of field teams, or laboratory diagnostic teams) is around 10. This will increase significantly for large responses.

<b>State Coordination Centre (SCC)</b>		
The SCC has primary responsibility for coordination of activities across the state/territory, in accordance with the strategic direction provided by the CVO, CCEAD and/or NMG.		
<b>Function</b>	<b>Brief Description</b>	<b>Notes</b>
Chief Veterinary Officer (CVO)	Overall responsibility for leadership, planning and management of the eradication or control campaign. Must be able to balance knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign, as well as be an effective communicator.	Must be a vet, but unlikely to be filled by a private vet, even in an acting capacity. Generally a statutory or at least permanent appointment.
Members of CVO Unit	Supports and advises the CVO in critical decision-making and strategic direction.	Will depend on the response, but a veterinarian experienced in disease control programs will often be desirable.
SCC Coordinator	Responsible for coordinating the response from a State perspective and managing the SCC and the Coordination Management Team (CMT). Must have a balanced knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign.	Best suited to a veterinarian, but not essential, provided the position has veterinary deputies. Should be a person with significant experience in disease control programs. Private vets unlikely to meet this requirement.
SCC Planning	Coordinates development of strategic plans for control and eradication, as well as supporting actions. Planning functions may include: Technical Analysis (including Epidemiology); Response Planning; Resource Planning; Situation and Assessment; Legal; Information Systems; Mapping & GIS; Animal welfare	The manager may often be a vet with epidemiological and disease control experience. However this is not essential, but there must be veterinarian(s) in the group.
SCC technical Analysis - Epidemiology	Provides wide-ranging specialist technical advice to the SCC and LCC functional areas to support eradication and control activities. Includes collection & analysis of epidemiological data & intelligence needed to determine the extent and pattern of infection in the outbreak, the possible mechanisms by which the disease may spread and information required for planning the disease control strategy, such as movement restrictions, tracing, surveillance and vaccination.	Normally veterinarian(s) with post graduate qualifications or experience, but not essential for all to be vets.  Would need at least one vet in the group.
SCC Animal Welfare	Responsible for ensuring that animal welfare standards are adhered to and applied consistently.	Not necessarily a vet, but may be an advantage.



SCC Operations	Responsible for coordination and standardisation of all disease control measures within the jurisdiction including the identification of resources, potential problems and the development of solutions. Operations can include (but not limited to) investigations, surveillance, laboratory, movement controls, tracing, infected premises, vaccinations.	The manager may often be a vet with disease control experience. This is not essential, but there must be veterinarian(s) in the group. Similar comments apply to functional areas within operations, particularly areas like surveillance.
SCC Liaison – Veterinary Practitioners	Primarily responsible for providing the official conduit between the SCC CMT and the veterinarian community so that veterinary practitioners and associations are fully aware of the disease control measures being implemented and state-wide concerns are addressed.	Must be a veterinarian and preferably will have both government and private veterinary practice experience, particularly the latter.
SCC Public Information Management	This section is responsible for establishing and maintaining all SCC public information functions.	Depending upon the scale and nature of the incident, this section may need full time access to a veterinarian.

### Local Control Centre (LCC)

One or more LCCs may be established (or in some cases it may be combined with the SCC). An LCC has primary responsibility for planning, conducting and supporting all operational activities in its geographic area/s of responsibility consistent with the strategic direction provided by the SCC.

Function	Brief Description	Notes
LCC Controller	Plan, implement and take on overall management of the operational aspects of a response.	Will often be a vet, but not essential. If not a vet, then the LCC operations manager should be a vet.  Unlikely to be filled by a private vet.
LCC Planning.	Responsible for the collection, collation, analysis (or interpretation) and dissemination of information within the LCC. Also provides information that contributes to the situational awareness of all personnel involved in the response.  Develops the operational level plans necessary to implement the strategies/policies provided by the SCC.  Specific areas include: Technical Analysis – Epidemiology; Technical Analysis – Other Specialties; Response Planning; Resource Planning; Situation and Assessment; Legal; Information Systems; Mapping and GIS; Animal Welfare	The manager may preferably be a veterinarian, but can be performed by non-vets provided a vet is accessible. There are some aspects of planning where a veterinarian with disease control experience is essential.  There would normally be a number of vets in this section.
LCC Technical Analysis -	Responsible for providing epidemiological knowledge and experience that supports	Normally one or more veterinarians with recent

Epidemiology	<p>response activities.</p> <p>Collects technical data about the incident and undertakes analysis to anticipate rates of spread, impact etc, and predict the escalation or de-escalation of an incident. Provides intelligence that assists with decision making and planning of activities, such as movement restrictions, tracing, surveillance and vaccination.</p>	<p>training in epidemiology or currency through work experience.</p> <p>People with similar skills could also work in this area, for example medical epidemiologists.</p>
LCC Response Planning	<p>Responsible for operational planning for areas allocated as the responsibility of the LCC. Works closely with the LCC Operations function and will have primary responsibility for the compilation and maintenance of the LCC Incident Action Plans.</p>	<p>Needs to be at least one veterinarian experienced in response management / disease control in this section.</p>
LCC Animal Welfare	<p>Responsible for ensuring that animal welfare standards are adhered to within the LCC's assigned area of responsibility and any issues are addressed should they occur.</p>	<p>Veterinarian or other person with appropriate skills &amp; experience in animal welfare.</p>
LCC Operations.	<p>Responsible for tasking and application of resources required for a response to an incident, in order to achieve the operational objectives set by the LCC Controller. Will undertake all field disease control measures within the LCC assigned area of responsibility. LCC Operations may assume State Coordination Centre (SCC) Operations functions with the agreement of the SCC Coordinator.</p>	<p>There may be a number of veterinarians in this area.</p>
LCC Operations Management	<p>Responsible for establishing and maintaining all LCC operational functions.</p>	<p>Likely to be a veterinarian, particularly if SCC Controller is not a vet. Should be experienced in disease control programs and have a balanced knowledge of the scientific, political, legal, management and industry aspects of a major eradication campaign.</p>
LCC Investigations	<p>Responsible for the direction and management of field surveillance, tracing and laboratory data collection within the assigned area of responsibility of the LCC.</p>	<p>There would normally be one or more vets in this area.</p>
LCC Laboratory	<p>Responsible for maintaining records of the flow of samples from field personnel to all laboratories and within the laboratory system and ensuring all samples are transported within legislative requirements.</p>	<p>May be a veterinarian, but not essential.</p>
LCC Surveillance	<p>Responsible for all surveillance operations undertaken by the LCC, including development of response biosecurity surveillance measures and ensuring that all Workplace Health &amp; Safety requirements are followed by surveillance personnel.</p>	<p>Would normally be at least one vet in this area.</p>
LCC Infected Premises Operations	<p>Responsible for the overall response biosecurity measures including coordination of valuation, destruction, disposal and</p>	<p>Manager does not need to be a vet, but needs to have access to one to assess technical disease</p>

	Decontamination / disinfestations on Infected Premises (IPs) and Dangerous Contact Premises (DCPs).	control issues. There may also be particular tasks requiring a vet such as treatment of sick animals on an IP and destruction of animals using restricted drugs.
LCC Other Field Operations	Responsible for coordination and development of operations that are outside the programs being undertaken by other functions within the LCC, including: vaccination / medication; vector control, wild animal control.	May require access to veterinary skills, particularly if vaccination or medication is being used.
Forward Command Post (FCP)	One or more FCPs may be established to manage field activities within a finite geographic area. FCPs are usually established where it is impractical for field personnel to work out of a LCC due to the remoteness of the location.	A veterinarian is not necessarily required in the team, but could be a distinct advantage depending on the situation.
Field surveillance teams	Discover unreported or undetected foci of infection within the RA and other areas as required.  Determine the health status of at-risk stock on properties visited.  Advise stock owners about precautions to take to minimise the risk of disease, etc. Quarantine and secure stock found with suspicious clinical signs, and immediately notify the LCC.	Field surveillance team members should be veterinarians or experienced animal health officers, and authorised as inspectors.  Whether a vet in each team is essential depends on the disease situation.  A key role for private veterinarians.
Field Destruction Team	Plan and implement a program for the humane and efficient destruction of infected and susceptible animals on the IP.	Does not normally need to include a veterinarian, but particular circumstances may require this, for example use of injectable euthanasia agents. A vet may also be required to supervise animal welfare aspects.
Field Vaccination / Medication Teams.	Implement a vaccination or treatment program on designated livestock properties.	May or may not be performed by veterinarians depending on the particular disease situation and the vaccine / drug registration requirements (e.g. may be a label / regulatory requirement for the vaccine to be administered by a vet). Preference is to use non-vets where possible and in the majority of cases vets need not be used.
Laboratory Team	Perform diagnostic tests in a laboratory approved for the purpose.	Normally includes veterinarians such as pathologists. However these would be people normally working in that discipline.
LCC Liaison – Veterinary	Responsible for providing the official conduit between the LCC Incident Management	Preferably a veterinarian with experience in government

Practitioners	Team (IMT) and the veterinarian practitioners who are involved in, or affected by the response, to support LCC operations.	service as well as private practice, particularly the latter.
SCC Public Information Management	This section is responsible for management of public information generated from and received by the LCC.	Depending upon the scale and nature of the incident, this section may need full time access to a veterinarian.
Private Practitioners	Whether directly engaged in a response or not, private veterinarians have a key responsibility to keep an eye out for new cases and to keep their clients informed.	Essential veterinary role.

## Appendix 2 – Salary Comparison between Jurisdictions

Officer Type	Annual salary range							
	Western Australia	Victoria	Northern Territory	Queensland	New South Wales	South Australia	Tasmania	Commonwealth
Base grade field veterinary officer	\$60,365 – 82,764	\$81,093 – \$89,604	\$69,388-83,212	\$70,013 – 76,461	\$73,037	\$70,098	\$53,926 – 72,571	\$92,404
Mid level field veterinary officer	\$98,686 – 109,280	\$89,605 – \$98,116	\$85,779-96,068	\$81,399 – 87,691	\$84,553	\$78,092	\$75,893 – 87,771	\$101,013
Senior / supervising field veterinary officer	\$112,907 – 121,013	\$99,466 – \$116,287	\$99,457-111,108	\$91,712 – 107,467	\$95,352	\$81,166 – 86,086	\$93,957 – 100,355	\$109,584
Veterinary policy officer / manager	\$112,907 – 121,013	\$99,466 – \$116,287	\$99,457-111,108	\$91,712 – 107,467	\$105,136	\$89,160 – 97,462	\$75,893 – 87,771	\$92,404
Senior veterinary policy officer / manager	\$127,877 – 138,895	\$116,288 – \$133,106	\$114,737-125,054	\$101,610 – 114,889	\$110,403	\$100,842 – 105,760	\$93,957 – 100,355	\$109,584

Overtime	Determined at the time of the declared emergency.	Applies after 7.6 hours work. 1.5x for the first two hours then 2x. Sunday 2x all day. Public holidays 2.5x. OT only paid on salary rate of \$72,292 / annum.		Overtime applies for any time an employee works more than 36.25 hours Monday to Friday, plus any work performed on the weekend.	Mon-Frid, after 7 hours, 1.5x for first 2 hours and 2x thereafter. except Sunday - 2x all day. 2.5x on public holidays.		Mon-Frid 1.5 for first 3 hours in excess of 7hrs 21 mins; 2 x thereafter; Weekends 2 x for all hours worked; Holidays – 2.5 x for all hours worked.	Applies after 40 hours worked per week. Mon-Sat 1.5x for first 3 hours then 2x. Sunday, 2x. Public holiday 2.5x.
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