

## Indemnity for Queensland Health Medical Practitioners

**Policy Number:** I2 (QH-POL-153)

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**Purpose:** The purpose of this policy is to outline the indemnity arrangements for medical practitioners engaged by Queensland Health when undertaking clinical management of patients or providing associated clinical services (including clinical governance, education and research), including under the direction of a Hospital and Health Service.

**Application:** This policy applies to medical practitioners engaged by Queensland Health:

- to undertake clinical management of public patients (as defined in the definitions table), for example:
  - a medical practitioner is engaged by Queensland Health if they are an employee (including visiting medical officer (VMO) employees engaged under senior health service employee contracts of employment, medical officers in public health and government medical officers (GMOs) directly engaged by Queensland Health)
  - a medical practitioner directly assisting Queensland Health in the clinical management of public patients (such as a doctor assisting in an emergency retrieval of a public patient)
  - a medical practitioner operating under a joint appointment arrangement between Queensland Health and a university
  - a medical practitioner required to travel interstate (e.g. northern NSW), as directed by Queensland Health, to provide medical services to interstate patients, such as retrieval services.
- to undertake associated clinical services (as defined in the definitions table), for example:
  - a medical practitioner appointed as an investigator under part 9 of the Hospital and Health Boards Act 2011 to investigate the clinical management of patients against stated terms of reference
  - a medical practitioner engaged by Queensland Health who provides clinical advice to general practitioners or to interstate hospitals/staff regarding the treatment of interstate patients.
- undertaking clinical management of private patients (as defined in the definitions table) in the circumstances set out in Attachment Two, for example:
  - a senior medical officer (SMO) treating their private patient in a Queensland Health facility under a grant of private practice.

This policy also applies to a medical practitioner who has incurred legal liability or costs in the course of their employment with Queensland Health, whether or not the practitioner has continued in employment.

### **Collaborative Work Agreements with the Mater Public Hospital**

This policy continues to apply to medical practitioners engaged by Queensland Health participating in secondments under approved collaborative work agreements with Mater Misericordiae Health Services Brisbane Limited (the Mater).

### **Independent VMO contractors and locum doctors engaged under standard contracts**

This policy applies to independent VMO contractors and locum doctors engaged under the Standard Visiting Medical Officer contract or the Standard Locum contract for Medical Officers, as stated in the standard contract.

### **Application in Hospital and Health Services**

This policy applies to medical practitioners engaged under the *Hospital and Health Boards Act 2011* performing duties and functions under the direction of a Hospital and Health Service, and medical practitioner employees of a Hospital and Health Service.

Reference is to be made to the Summary - Application of indemnity arrangements and decision makers for Queensland Health Medical Practitioners (Attachment Three).

This policy does **not** apply to:

- contracted medical practitioners directly engaged under any other type of contract for their services. These practitioners are to refer to their contract for their indemnity cover. If there is no indemnity clause, or the clause is unclear, the practitioner may apply for indemnity under section 7 of this policy. (Note: this exclusion does not include employee medical practitioners engaged via a senior health service employee contract of employment.)
- independent contractors or consultants providing services to Queensland Health (it is possible to specifically provide for indemnity in the contract for services), for example:
  - a contract for the provision of emergency department services at a public hospital between a private company and Queensland Health.
- medical practitioners unregistered without a valid reason, to the satisfaction of the decision maker, as at the time of the performance of the services for which indemnity is sought.
- medical practitioners not credentialed without a valid reason, to the satisfaction of the decision maker, at the time of the performance of the services for which indemnity is sought.
- medical practitioners engaged by public sector agencies other than Queensland Health and not providing services for Queensland Health, for example:
  - medical practitioners providing GMO services to the Queensland Police Service or Department of Justice and Attorney-General.
- non-medical practitioner employees and other persons performing duties or functions for Queensland Health. Those persons are to refer to the Queensland Government Indemnity Guideline, as amended from time to time, for their indemnity arrangements.

- medical practitioners engaged by the Mater. Those practitioners are to refer to that organisation's policy on indemnity and any relevant agreements or contracts in place between Queensland Health and the operators of the Mater.

A decision that this policy does not apply to a medical practitioner for one of the reasons set out above is to be made by the decision maker.

### Delegation:

The 'delegate' is as listed in the relevant Department of Health Human Resource (HR) Delegations Manual, Department of Health Human Resource (HR) Delegations Manual - Queensland Ambulance Service Employees, or Hospital and Health Services Human Resource (HR) Delegations Manual, as amended from time to time.

Where a Hospital and Health Service (HHS) employs medical practitioners directly, e.g. SMOs and VMOs, reference is to be made to the relevant HHS HR delegations manual.

### Legislative or other authority:

- *Ambulance Service Act 1991*
- *Commissions of Inquiry Act 1950*
- *Crime and Corruption Act 2001*
- *Criminal Code Act 1899*
- *Health Insurance Act 1973 (Cth)*
- *Health Ombudsman Act 2013*
- *Health Practitioner Regulation National Law Act 2009*
- *Health Practitioners (Disciplinary Proceedings) Act 1999*
- *Hospital and Health Boards Act 2011*
- *Human Rights Act 2019*
- *Judicial Review Act 1991*
- *Personal Injuries Proceedings Act 2002*
- *Public Sector Ethics Act 1994*
- *Public Service Act 2008*
- *Supreme Court of Queensland Act 1991 - Uniform Civil Procedure Rules 1999*

### Related policy or documents:

- Health Professionals Registration – Medical Officers, Nurses and Other Health Professionals HR Policy B14 (QH-POL-147)
- Visiting Medical Officer – Engagement, entitlements and duties HR Policy B20 (QH-POL-256)
- Locum Arrangements and Conditions – Medical Officers HR Policy B45 (QH-POL-166)
- Guide to Informed Decision-making in Healthcare
- Fatigue Risk Management HR Policy I1 (QH-POL-171)
- Private practice in the Queensland public health sector policy (QH-POL-403)
- Private practice in the Queensland public health sector implementation standard (QH-IMP-403)
- Private practice in the Queensland public health sector framework
- Private Practice in the Queensland Public Health Sector Health Service Directive (QH-HSD-044)
- Visiting Medical Officers – Employment Framework Health Employment Directive 05/18
- Requirements for reporting corrupt conduct HR Policy E9 (QH-POL-218)
- Research Management Policy (QH-POL-013)
- Credentialing and defining the scope of clinical practice Health Service Directive (QH-HSD-034)
- Medicare Benefits Schedule
- National Healthcare Agreement 2012
- National Health Reform Agreement 2011

**Policy subject:**

1	Claims .....	5
1.1	Claims - Scope of indemnity .....	5
1.1.1	Medical practitioner engaged by Queensland Health .....	5
1.1.2	Medical practitioner engaged by Queensland Health to perform associated clinical services (excluding patient research) .....	5
1.1.3	All medical practitioners .....	5
1.2	Claims – method of indemnity .....	5
1.3	Claims – exclusions from indemnity .....	6
1.3.1	Review of a decision to exclude from indemnity .....	7
2	Legal representation/assistance .....	7
2.1	Scope of representation/assistance in respect of investigative agencies (excluding a Medicare Australia investigation or inquiry), the Office of the Health Ombudsman and the Medical Board of Australia .....	7
2.2	Scope of representation/assistance in respect of a Medicare Australia investigation or inquiry .....	7
2.3	Representation/assistance – exclusions .....	8
2.3.1	Review of decision to exclude from indemnity .....	9
3	Fatigue .....	9
4	Recovery of costs .....	9
5	Police investigations and criminal offences (specific offences) .....	9
5.1	Review of decision regarding a police investigation or criminal offence .....	10
5.2	Reimbursement of criminal defence costs .....	10
5.2.1	Review of decision regarding reimbursement of criminal defence costs .....	11
6	Medical practitioner responsibilities .....	11
7	Other circumstances .....	11
7.1	Review of other circumstances indemnity decision .....	12
8	Defamation .....	12
9	Interaction with other policies .....	12
	Definitions: .....	12
	History: .....	16
Attachment One	Claim Process	
Attachment Two	Extent of indemnity for private patients	
Attachment Three	Summary – Application of indemnity arrangements and decision makers for Queensland Health Medical Practitioners	

## 1 Claims

### 1.1 Claims - Scope of indemnity

#### 1.1.1 Medical practitioner engaged by Queensland Health

Indemnity is to be provided for a claim against a medical practitioner when the medical practitioner was engaged to perform duties for and under the direction of Queensland Health and the practitioner:

- undertook the clinical management of a patient or participated in research involving patient contact or responsibilities, which is the subject of the claim, in accordance with the medical practitioner's scope of practice as granted by the relevant medical superintendent, chief executive or Chief Health Officer (CHO) on the recommendation of the relevant credentialing and scope of clinical practice committee, where such credentialing and privileging is required
- participated in ongoing clinical audits and provided early notification of possible claims relating to the clinical management of patients or to participation in such research
- acted in good faith and without gross negligence.

#### 1.1.2 Medical practitioner engaged by Queensland Health to perform associated clinical services (excluding patient research)

Indemnity is to be provided for a claim against a medical practitioner when the medical practitioner was engaged to perform associated clinical services for Queensland Health, except for participation in research involving patient contact or responsibilities (refer section 1.1.1). The medical practitioner is to have endeavoured to provide such services in good faith and without gross negligence to the satisfaction of the decision maker.

#### 1.1.3 All medical practitioners

A medical practitioner is not to be excluded from the scope of this policy because they lack permission from a relevant delegate, if the indemnity decision maker is satisfied as to the reason for a medical practitioner not holding such permission.

#### Examples

- a resident medical officer (RMO), a medical superintendent with private practice (MSPP) and a medical officer with private practice (MOPP) are covered by this policy if rostered on call or recalled specifically by Queensland Health to assist with an emergency clinical situation for which the RMO, MSPP or MOPP is not credentialed.
- a junior doctor who is not required to be credentialed and privileged is still covered by this policy.

### 1.2 Claims – method of indemnity

Section 26C of the *Public Service Act 2008* (the Act) provides that a state employee does not incur civil liability for engaging, or as a result of engaging, in conduct in an official capacity, instead the liability attaches to the State. The Act provisions are extended to medical practitioner **employees** of Queensland Health.

Liability for civil claims is to be accepted for employee medical practitioners when notification of the matter is provided to Queensland Health and an undertaking is made by the medical practitioner that they acted in good faith and without gross negligence. In addition, medical practitioner employees must continue to meet the other requirements for a grant of indemnity as outlined in this policy, e.g.

hold current registration at the time of the incident, the subject of the claim. The decision maker will review the medical practitioner's grant for an indemnity to ensure the policy requirements are met in order to accept a civil liability on behalf of the State.

Where this policy indicates application to a non-employee medical practitioner, the medical practitioner is to apply to the decision maker for a grant of indemnity and must meet all requirements of this policy for an indemnity to be provided.

Queensland Health is to indemnify medical practitioners who are covered by this policy for claims related to their duties and functions. The indemnity consists of:

- any damages or costs awarded or negotiated in respect of a claim
- the provision of legal representation or the reasonable costs of defending or settling the claim.

Queensland Health is not to seek any contribution from the medical practitioner in respect of the above amounts (subject to section 1.3).

Queensland Health is to appoint and instruct solicitors to conduct the defence of the claim on behalf of the State (for employees) or the medical practitioner and the medical practitioner is to cooperate fully with Queensland Health's solicitors in the conduct of the case.

Queensland Health may be required to respond to a matter as a defendant in addition to providing indemnity cover to a medical practitioner involved in the matter under the terms of this policy. In these instances, Queensland Health is to take all reasonable steps to manage any potential conflict of interest and is to be mindful of the interests of the medical practitioner through all stages to the conclusion of a claim.

### 1.3 Claims – exclusions from indemnity

A medical practitioner is not to be entitled to indemnity for a claim when:

- the medical practitioner has been convicted of a criminal offence arising from the conduct that is the subject of the claim (except where the conviction has arisen out of an incident subject to section 3)
- or
- the medical practitioner's conduct that is the subject of the claim has been proven, to the satisfaction of the decision maker, to have been other than in good faith and with gross negligence
- or
- the medical practitioner is found to have engaged in misconduct of a kind that would warrant dismissal of employment.

Indemnity may be withdrawn when either of the circumstances outlined above applies or one of the following circumstances arises:

- the medical practitioner does not cooperate fully with the solicitors appointed by Queensland Health (the State) to conduct the defence of the matter
- details provided by the medical practitioner as part of the claim for indemnity are found to be incorrect or misleading such that the medical practitioner would not be covered by this policy
- the medical officer was unregistered without a valid reason as at the time of the incident subject of the claim occurred
- the medical officer was not credentialed without a valid reason at the time of the incident subject of the claim occurred.

A decision that indemnity is unavailable or is to be withdrawn under this section is to be made by the decision maker. For medical practitioners working in and for the Department, a decision to withdraw or



deny indemnity is to be referred to the Deputy Director-General, Corporate Services Division. For employee medical practitioners working in and for a HHS (excluding SMO and VMO employees), a decision to withdraw or deny indemnity may be referred to the Deputy Director-General, Corporate Services Division. When indemnity is to be denied or withdrawn subject to the conduct of the employee medical practitioner being deemed other than in good faith and with gross negligence, advice from the Crown Solicitor is to be sought before such assistance is withdrawn.

### 1.3.1 Review of a decision to exclude from indemnity

When the medical practitioner is dissatisfied with the decision of the decision maker that indemnity is unavailable or is withdrawn, the medical practitioner may request a review of the decision be undertaken (refer Attachment One section 7).

## 2 Legal representation/assistance

### 2.1 Scope of representation/assistance in respect of investigative agencies (excluding a Medicare Australia investigation or inquiry), the Office of the Health Ombudsman and the Medical Board of Australia

Queensland Health is to appoint and instruct solicitors to provide legal representation for, and legal assistance to, a medical practitioner in relation to an appearance before, or the giving of evidence or information to, an investigative agency, the Office of the Health Ombudsman or the Medical Board of Australia in connection with the clinical management of public patients or the provision of associated clinical services (or the clinical management of private patients in the limited circumstances set out in Attachment Two).

Where an inquest or Coronial inquiry is to be held a medical officer only need seek separate representation if there is a conflict or potential conflict between the medical officer's interests and that of Queensland Health or the State. Queensland Health is to appoint solicitors to provide separate legal representation after obtaining legal advice regarding any actual or potential conflict of interest.

In relation to an investigation or an inquiry by or on behalf of Medicare Australia reference is to be made to section 2.2.

In relation to an investigation or an inquiry by a police service, reference is to be made to section 5.

Queensland Health is not to provide representation for, and legal assistance to, a medical practitioner for the purpose of initiating or continuing separate legal proceedings, by or on behalf of the medical practitioner, in relation to an appearance before, or the giving of evidence or information to an investigative agency, the Office of the Health Ombudsman or the Medical Board of Australia, unless approval in writing has first been obtained from the Attorney-General.

Queensland Health may be required to respond to an investigative agency, the Office of the Health Ombudsman or the Medical Board of Australia as a party in addition to providing representation to a medical practitioner responding to the investigative agency, the Office of the Health Ombudsman or the Medical Board of Australia under the terms of this policy. In these instances, Queensland Health is to take all reasonable steps to manage any potential conflict of interest and is to be mindful of the interests of the medical practitioner through all stages to the conclusion of the matter.

### 2.2 Scope of representation/assistance in respect of a Medicare Australia investigation or inquiry

It is the responsibility of Queensland Health to ensure that the operation of all Medicare Benefits Schedule (MBS)-billed clinics complies with the requirements of the MBS, the *Health Insurance Act*

1973, the National Healthcare Agreement, the National Health Reform Agreement (and associated business rules) and other relevant Commonwealth and/or Queensland Government requirements.

A medical practitioner engaging in granted private practice is to comply with Queensland Health policy and guidelines related to private practice billing for admitted and non-admitted patients.

Queensland Health is to appoint and instruct solicitors to provide legal representation for, and legal assistance to, a medical practitioner in relation to an appearance before, or the giving of evidence or information to, a Medicare Australia investigation or inquiry, when:

- at the time of the incident/s subject of the investigation or inquiry, the medical practitioner had been granted permission to participate in granted private practice through a current senior health service employee contract of employment, signed with effect on or after 4 August 2014
- the investigation or inquiry is in respect of an alleged breach of the *Health Insurance Act 1973* in relation to patient election and informed financial consent administrative processes, including use of the medical practitioner's provider number for those related private patient billings
- the patient is a Medicare eligible patient and had a valid referral or request, i.e. in accordance with Medicare Australia requirements and the National Health Reform Agreement 2011.

Queensland Health is not to provide representation for, and legal assistance to, a medical practitioner for the purpose of initiating or continuing separate legal proceedings, by or on behalf of the medical practitioner in relation to an appearance before, or the giving of evidence or information to, any Medicare Australia investigation or inquiry, unless approval in writing has first been obtained from the Attorney-General.

Queensland Health may be required to respond to a Medicare Australia investigation or inquiry as a party in addition to providing representation to a medical practitioner responding to a Medicare Australia investigation under the terms of this policy. In these instances, Queensland Health is to take all reasonable steps to manage any potential conflict of interest and is to be mindful of the interests of the medical practitioner through all stages to the conclusion of the matter.

### 2.3 Representation/assistance – exclusions

A medical practitioner is not entitled to legal representation and assistance under sections 2.1 or 2.2, or legal representation and assistance may be withdrawn, when:

- the medical practitioner has been convicted of a criminal offence arising from the conduct that is the subject of the appearance (except where the conviction has arisen out of circumstances described in sections 2.2 or 3)  
or
- the medical practitioner's conduct that is the subject of the appearance has been proven, to the satisfaction of the decision maker to have been other than in good faith and with gross negligence  
or
- the medical practitioner is referred to a Professional Conduct Review Panel, a Panel constituted under the *Health Practitioners Regulation National Law Act 2009* or the Queensland Civil and Administrative Tribunal (QCAT) by the Office of the Health Ombudsman or the Medical Board of Australia (this exclusion is not to apply if a medical practitioner is referred by the Office of the Health Ombudsman or the Medical Board of Australia to a Professional Conduct Review Panel, a Panel constituted under the *Health Practitioners Regulation National Law Act 2009* or the QCAT on the basis of their professional practice in delivering a clinical service or an associated clinical service)  
or
- the medical practitioner does not cooperate fully with the solicitors appointed by Queensland Health to represent the medical practitioner



or

- details provided by the medical practitioner to support representation are found to be incorrect or misleading such that the medical practitioner is not to be covered by this policy.

A decision that legal representation or assistance is unavailable or is to be withdrawn under this section is to be made by the decision maker. For medical practitioners working in and for the Department, a decision to withdraw or deny indemnity is to be referred to the Deputy Director-General, Corporate Services Division. For employee medical practitioners working in and for a HHS (excluding SMO and VMO employees), a decision to withdraw or deny indemnity may be referred to the Deputy Director-General, Corporate Services Division. When legal representation or assistance is to be denied or withdrawn subject to the conduct of the employee medical practitioner being deemed other than in good faith and with gross negligence, advice from the Crown Solicitor is to be sought before such assistance is withdrawn.

### 2.3.1 Review of decision to exclude from indemnity

When the medical practitioner is dissatisfied with the decision that representation or assistance under section 2.1 or 2.2 is unavailable or is withdrawn, the practitioner may request a review of the decision (refer Attachment One, section 7).

## 3 Fatigue

When a medical practitioner engaged by Queensland Health is required to continue working due to operational requirements, the medical practitioner is or may become fatigued. Legal representation, assistance, and indemnity are to be provided by Queensland Health at the request of the practitioner, when the incident subject of the claim would not have, on the balance of probabilities, occurred but for the fatigue.

The delegated decision maker may obtain written advice from an agreed independent fatigue management expert to assess whether fatigue existed.

## 4 Recovery of costs

When under section 1.3 indemnity has been withdrawn from a medical practitioner where it is proven that the medical practitioner did not act in good faith and without gross negligence, or if the medical practitioner is convicted of a criminal offence with regard to the conduct which is the subject of the claim, Queensland Health may in its discretion recover from the medical practitioner any amounts which were paid by Queensland Health under section 1.2 prior to the indemnity being withdrawn.

If one of the exclusions under section 2.3 applies, Queensland Health may in its discretion recover any amounts from the medical practitioner which were paid by Queensland Health for representation/assistance under sections 2.1 or 2.2 prior to the exclusion taking effect.

## 5 Police investigations and criminal offences (specific offences)

When a medical practitioner is investigated by a police service or other entity with responsibility for investigating offences, or is charged with a criminal offence, Queensland Health is to appoint and instruct solicitors to provide legal representation for, and legal assistance to, the medical practitioner to respond to the investigation or to defend the criminal charge, provided that:

- the investigation or charge arose out of the clinical management provided by the medical practitioner in accordance with the medical practitioner's scope of practice as granted by the relevant medical superintendent, chief executive or CHO on the recommendation of the relevant Credentialing and Scope of Clinical Practice Committee, where such credentialing and privileging is required

- or
- the investigation or charge arose out of the associated clinical services (refer definitions) provided by the medical practitioner, and the practitioner has endeavoured to provide such services in good faith and without gross negligence to the satisfaction of the decision maker.

A medical practitioner is not entitled to representation or assistance under this section, or it may be withdrawn, if:

- the medical practitioner's conduct that is the subject of the charge has been proven, to the satisfaction of Queensland Health, to have been other than in good faith and with gross negligence
- or
- the medical practitioner does not cooperate fully with the solicitors appointed by Queensland Health to represent the medical practitioner
- or
- details provided by the medical practitioner to support representation are found to be incorrect or misleading such that the medical practitioner is not to be covered by this policy
- or
- new information emerges which, if known to the decision maker at the time of granting the application for legal assistance would have led to the decision maker deciding not to grant legal assistance.

A decision that legal representation or assistance is unavailable or is to be withdrawn under this section is to be made by the decision maker (refer Attachment Three). For medical practitioners working in and for the Department, a decision to withdraw or deny indemnity is to be referred to the Deputy Director-General, Corporate Services Division. For employee medical practitioners working in and for a HHS (excluding SMO and VMO employees), a decision to withdraw or deny indemnity may be referred to the Deputy Director-General, Corporate Services Division. When legal representation or assistance is to be denied or withdrawn subject to the conduct of the employee medical practitioner being deemed other than in good faith and with gross negligence, advice from the Crown Solicitor is to be sought before such assistance is withdrawn.

If a medical practitioner is convicted of a criminal offence, or one of the other exclusions under this section applies, Queensland Health may in its discretion recover from the medical practitioner any amounts which were paid by Queensland Health under this section prior to conviction or the exclusion taking effect.

This section does not extend to the provision of legal representation for, or legal assistance to, a medical practitioner for the purposes of appealing their conviction of a criminal offence.

### 5.1 Review of decision regarding a police investigation or criminal offence

When the medical practitioner is dissatisfied with the decision that representation or assistance is unavailable or is withdrawn by the decision maker, the practitioner may request a review of the decision (refer to Attachment One, section 7).

### 5.2 Reimbursement of criminal defence costs

Queensland Health is to provide reimbursement to the medical practitioner of the reasonable costs incurred by the medical practitioner in seeking their own legal representation to defend the criminal charge if:

- the charge arose out of the clinical management provided by the medical practitioner in accordance with permission granted by the medical superintendent, chief executive or CHO on

- the recommendation of the relevant Credentialing and Scope of Clinical Practice Committee, where such credentialing and privileging is required  
or
- the charge arose out of the associated clinical services provided by the medical practitioner, and the practitioner has endeavoured to provide such services in good faith and without gross negligence to the satisfaction of Queensland Health  
or
  - the medical practitioner is not committed for trial in respect of the charge after committal proceedings, or is acquitted of the charge at trial, or the charge is withdrawn or discontinued for any reason  
or
  - the medical practitioner's conduct the subject of the charge has not been proven, to the satisfaction of Queensland Health, to constitute having not been in good faith and without gross negligence.

An application for reimbursement of criminal defence costs is to be made to the decision maker.

### 5.2.1 Review of decision regarding reimbursement of criminal defence costs

When the medical practitioner is dissatisfied with the decision of the decision maker to not reimburse criminal defence costs or with the amount to be reimbursed, the practitioner may request a review of the decision be undertaken (refer to Attachment One, section 7).

## 6 Medical practitioner responsibilities

It is the responsibility of the medical practitioner to keep the medical superintendent, chief executive or CHO informed of any change in circumstances which may affect indemnity cover under section 1.1, or representation/assistance under sections 2.1, 2.2 or 5.

## 7 Other circumstances

It is not possible to provide for all circumstances when indemnity may be appropriate and there may be other circumstances when it is appropriate to provide an indemnity or an indication of whether an indemnity is to be extended.

An application for other circumstances indemnity is to be determined on a case-by-case basis by the decision maker. The decision maker is to seek legal advice. Some of the factors to be considered to determine the application are:

- whether the practitioner was acting, or is to act, under the direction of Queensland Health
- whether the activities undertaken by the practitioner were, or are to be, of benefit to Queensland Health
- the nature of the patient or service delivery
- the nature and extent of available underwriting or insurance.

## Examples of when indemnity may be provided

- If a medical practitioner proposes to undertake an interstate clinical role or educational opportunity a determination of the indicative indemnity position can be made.
- The performance of research by a senior medical officer granted private practice arrangements.
- Advice provided by a Queensland Health medical practitioner to an external practitioner located overseas.
- Practitioners directly engaged under a contract for their services when the contract is unclear or silent on indemnity.
- A practitioner seeking representation before a body that has been excluded from the definition of investigative agency under this policy.
- A practitioner who attends an interstate or overseas public or private hospital, or Queensland private hospital, for the purposes of procuring organs for transportation.
- A practitioner who attends a Queensland or interstate private hospital for the purposes of retrieving a patient.
- A practitioner who is required to travel overseas e.g. Papua New Guinea, to provide medical services to Australian or overseas patients, such as retrieval services.
- A practitioner who is a member of an ethics committee based in a public health facility assessing research for a private hospital or general practitioner, as requested by the authorised delegate. Reference is also to be made to the Research Management Policy or any replacement document dealing with substantially the same subject matter.
- A member of a Queensland Health credentialing appeals committee

Note the above list is provided as a guide only and is not exhaustive. Indemnity applications for other circumstances will be considered on a case-by-case basis.

### 7.1 Review of other circumstances indemnity decision

When the medical practitioner is dissatisfied with the decision of the decision maker to not provide indemnity in other circumstances, the practitioner may request a review of the decision be undertaken (refer Attachment One, section 7).

## 8 Defamation

This policy applies to claims for defamation brought against medical practitioners covered by this policy. In accordance with whole-of-government policy, Queensland Health does not provide assistance to medical practitioners commencing defamation action against any other person or organisation.

## 9 Interaction with other policies

This policy interacts with other policies implemented by Queensland Health from time to time, and medical practitioners covered by this policy are expected to comply with those policies, for example:

- Requirements for reporting corrupt conduct HR Policy E9
- Fatigue Risk Management HR Policy I1
- Guide to Informed Decision-making in Healthcare
- Research Management Policy
- the relevant Human Resources Delegations Manual.

### Definitions:

<b>Associated clinical services</b>	Services which draw on the clinical expertise and experience of a medical practitioner, and include, among others: <ul style="list-style-type: none"> <li>• clinical governance</li> </ul>
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	<ul style="list-style-type: none"> <li>• undertaking a medical administration role, e.g. clinical CEO, executive director of medical services (EDMS)</li> <li>• participation in health research when the research protocol has been approved by Queensland Health on the advice of a duly constituted Human Research Ethics Committee (HREC) (whether as principal investigator or a member of the research team)</li> <li>• education and training related to or involving clinical management of public patients</li> <li>• membership of clinical committees, e.g. Ministerial Advisory Committee, Credentialing and Scope of Clinical Practice Committee, Appeal Committee convened to consider an appeal against a decision of a Credentialing and Scope of Clinical Practice Committee</li> <li>• observership activities connected with clinical management of public patients</li> <li>• the conduct of investigations into the clinical management of patients, e.g. as an investigator under part 9 of the <i>Hospital and Health Boards Act 2011</i>, membership of a whistleblower review panel.</li> <li>• the conduct of clinical reviews and providing expert clinical advice as a clinical reviewer under part 6 of the <i>Hospital and Health Boards Act 2011</i>.</li> </ul> <p>(Full detail on research protocols is to be obtained from the Research Management Policy and associated standards).</p>
<b>Chief executive</b>	The manager of the organisational unit or Hospital and Health Service in which the medical practitioner is primarily engaged to undertake the clinical management of patients and/or associated clinical services. The definition includes an officer with responsibility for a statewide service.
<b>Claim</b>	Any demand made on the practitioner by a third party and would include: <ul style="list-style-type: none"> <li>• a letter of demand</li> <li>• a complaint to the Office of the Health Ombudsman</li> <li>• any pre-litigation process under the <i>Personal Injuries Proceedings Act 2002</i>, but excluding section 9A initial notices, as such notices do not constitute a demand.</li> </ul>
<b>Clinical management</b>	The diagnosis, care, advice, treatment, referral and follow-up of public patients and of private patients in the circumstances set out in Attachment Two.
<b>Clinical management of public patients</b>	The clinical management (procedural and non-procedural) of public patients, irrespective of the location in Queensland at which the clinical management is undertaken, and includes: <ul style="list-style-type: none"> <li>• advice provided to public patients as part of the consenting process</li> <li>• advice provided whilst on call or upon request from an authorised Queensland Health employee</li> <li>• clinical management of patients determined to be public patients at private facilities.</li> </ul>
<b>Clinical management of private patients</b>	The clinical management (procedural and non-procedural) of private patients, and includes advice provided to private patients when there has been compliance with Queensland Health's consenting process.
<b>Clinician</b>	An individual who provides diagnosis, or treatment, as a health professional:

	<ul style="list-style-type: none"> <li>• medical practitioner</li> <li>• nurse or midwife</li> <li>• allied health practitioner</li> <li>• health practitioner not covered by paragraph a), b) or c) (<i>National Health Reform Act 2011 (Cth)</i>).</li> </ul>
<b>Collaborative work agreement</b>	<p>For the purposes of this policy, an agreement entered into between Queensland Health and Mater Misericordiae Health Services Brisbane Limited (the Mater) for the secondment of medical practitioners and other employees engaged by Queensland Health to undertake their public health duties at the premises of and for the Mater.</p> <p>A collaborative work arrangement does not include other forms of arrangements between the Mater and Queensland Health, for example joint appointments, research fellowships, persons engaged to perform wait list surgery for Queensland Health patients under separate agreements (e.g. Surgery Connect) and other types of contractual arrangements.</p>
<b>Department</b>	<p>The Department includes employees working in and for:</p> <ul style="list-style-type: none"> <li>• Aboriginal and Torres Strait Islander Health Division</li> <li>• Clinical Excellence Queensland</li> <li>• Corporate Services Division</li> <li>• eHealth Queensland</li> <li>• Health Support Queensland</li> <li>• Healthcare Purchasing and System Performance Division</li> <li>• Office of the Director-General</li> <li>• Prevention Division</li> <li>• Strategy, Policy and Planning Division</li> <li>• Queensland Ambulance Service (QAS)</li> <li>• any successor agency of those listed above, however so named.</li> </ul>
<b>Deputy Director General, Corporate Services Division (DDG CSD)</b>	<p>The role at Deputy Director-General or equivalent level, however so named, within the Department, responsible for legal services.</p>
<b>Granted private practice</b>	<p>A limited right to provide professional services to private patients on the terms an approved granted private practice agreement entered into between Queensland Health and an employee SMO or VMO.</p> <p>Assignment arrangement - Queensland Health may grant a clinician the ability to engage in private practice during employed time and assign all billings to the employing Queensland Health entity.</p> <p>Retention arrangement - Queensland Health may grant a clinician the ability to engage in private practice during employed time and retain billings after paying applicable service fees.</p>
<b>Hospital and Health Service (HHS)</b>	<p>A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.</p>
<b>Investigative agency</b>	<p>Any of the following entities:</p> <ul style="list-style-type: none"> <li>• the Crime and Corruption Commission</li> <li>• a commission under the <i>Commissioners of Inquiry Act 1950 (Qld)</i></li> </ul>



	<ul style="list-style-type: none"> <li>• the Parliamentary Commissioner under the <i>Crime and Corruption Act 2001</i> (Qld)</li> <li>• a court (when the practitioner has received a subpoena or summons to appear)</li> <li>• the Queensland Human Rights Commission</li> <li>• the Queensland Ombudsman</li> <li>• the Queensland Civil and Administrative Tribunal (other than for matters excluded below)</li> <li>• the Office of the Public Guardian</li> <li>• the Queensland Family and Child Commission</li> <li>• the Auditor-General and the Queensland Audit Office</li> <li>• a parliamentary committee of any State, Territory or Commonwealth Parliament</li> <li>• an investigation by a coroner of any State or Territory, including an inquest</li> <li>• any other State, Commonwealth or Territory body with investigatory or inquiry powers under a State, Commonwealth or Territory Act</li> <li>• any other investigative agency as determined by the Director-General of Queensland Health.</li> </ul> <p><b>But does not include:</b></p> <ul style="list-style-type: none"> <li>• the Medical Board of Australia (as it is specifically provided for in the policy)</li> <li>• a Medicare Australia investigation (as it is specifically provided for in the policy)</li> <li>• the Professional Conduct Review Panel or a Panel established under the <i>Health Practitioners Regulation National Law Act 2009</i> (subject to section 2.3)</li> <li>• the Queensland Civil and Administrative Tribunal considering disciplinary proceedings against a medical practitioner (subject to section 2.3)</li> <li>• the Office of the Health Ombudsman (in relation to a claim as defined in this policy)</li> <li>• the Office of the Health Ombudsman in relation to an investigation or other relevant action taken under the <i>Health Ombudsman Act 2013</i> (as it is specifically provided for in the policy.)</li> <li>• a police investigation (as it is specifically provided for in the policy)</li> <li>• a Queensland Health internal inquiry or investigation conducted by, for example, the Ethical Standards Unit (including for matters referred by the Crime and Corruption Commission), human resources, a clinical reviewer appointed under part 6 of the <i>Hospital and Health Boards Act 2011</i> or an investigator appointed under part 9 of the <i>Hospital and Health Boards Act 2011</i>.</li> </ul>
<b>Licensed private practice</b>	An arrangement granted by the Hospital and Health Service or the Department for an individual to undertake private patient activities at a public health facility during unpaid time.
<b>Medical officer/practitioner</b>	A medical practitioner who is registered with the Medical Board of Australia under the <i>Health Practitioner Registration National Law Act 2009</i> (Qld).
<b>Medical services</b>	Any of the medical services set out in Schedule 1 of the <i>Health Insurance Act 1973</i> (Cth).

<b>Medical superintendent</b>	Includes Executive Director of Medical Services (EDMS) and Director of Medical Services.
<b>Medicare Benefits Schedule (MBS)</b>	The Commonwealth Government's scheme to provide medical benefits to Australians established under part II, IIA, IIB and IIC of the <i>Health Insurance Act 1973</i> (Cth) together with relevant Regulations made under the Act.
<b>Medicare principles</b>	The principles set out in Clause 4 of the National Health Reform Agreement.
<b>Private patient</b>	The provision of professional services to a person who could receive treatment free of charge under the National Health Reform Agreement but who has elected to be treated privately in the public system, or a person who agrees to be a fee paying patient of the medical officer and makes this election on the basis of informed financial consent.
<b>Private practice</b>	Any contractual arrangement between Queensland Health and clinical staff with these features: <ul style="list-style-type: none"> <li>• the medical treatment of a patient who has elected to be a private patient in respect to informed financial consent</li> <li>• clinical staff treating the private patient using their Medicare provider number to facilitate billing, where applicable.</li> </ul>
<b>Public patient</b>	In relation to a hospital, means a patient in respect of whom the hospital provides comprehensive care, including all necessary medical, nursing and diagnostic services and, if they are available at the hospital, dental and paramedical services, by means of its own staff or by other agreed arrangements ( <i>Health Insurance Act 1973</i> (Cth)).
<b>Queensland Health</b>	The accumulative body of the Department and Hospital and Health Services.
<b>Reasonable costs</b>	The legal professional costs and outlays of and incidental to the extension of the indemnity, commensurate with what was required to provide adequate protection of legal rights or interests.
<b>Scope of clinical practice (SoCP)</b>	The extent of an individual practitioner's approved clinical practice within a particular organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the organisation to support the practitioner's scope of clinical practice.
<b>Service fees</b>	The service fees for granted private practice specified in the Queensland Health Fees and Charges Register, as amended or replaced.

## History:

October 2020	<ul style="list-style-type: none"> <li>• Policy: <ul style="list-style-type: none"> <li>– formatted as part of the HR Policy review</li> <li>– amended to update references and naming conventions</li> <li>– amended as a result of changes outlined in the Hospital and Health Boards (Changes to Prescribed Services) Amendment Regulation 2019.</li> </ul> </li> </ul>
August 2014	<p>Amended to include:</p> <ul style="list-style-type: none"> <li>• application to SMOs and VMOs employed under a senior health service employee contract</li> <li>• reformed private practice arrangements</li> <li>• reference to civil liability of State employees under s26C of the <i>Public Service Act 2008</i></li> </ul>

	<ul style="list-style-type: none"> <li>• updated the standard of conduct to reflect <i>Public Service Act 2008</i> provision</li> <li>• clarification of application for prescribed employer Hospital and Health Services</li> <li>• updated the application of indemnity and decision makers for Queensland Health (schedule three)</li> <li>• clarification of arrangements for rural general practitioner VMOs (schedule two)</li> <li>• policy formatted as part of the HR Policy Simplification project</li> <li>• forms removed from policy and reformatted for on line access</li> <li>• updated references and naming conventions.</li> </ul> <p>Policy approved with effect from 4 August 2014.</p>
July 2012	<p>Amended to include:</p> <ul style="list-style-type: none"> <li>• sections 7.5 and 8.3 in relation to Medicare Australia investigations, as a result of an SMO participating in bulk-billed clinic arrangements under Queensland Health's interpretation of Business Rule G20 of the National Health Reform Agreement</li> <li>• Collaborative Work Agreements between Queensland Health and the Mater</li> <li>• clarification of arrangements for HHSs</li> <li>• Cabinet endorsed policy on 25 June 2012 (Cabinet decision no. 111).</li> </ul>
December 2009	Deputy Premier and Minister for Health approved release of policy.
November 2009	Cabinet approved policy on 23 November 2009 (Cabinet decision no. 9101).
November 2009	This policy was developed as a result of the HR policy consolidation project and the review of the medical indemnity provisions for medical practitioners
January 2003	IRM 3.8-4 Indemnity for Queensland Health and Other Medical Practitioners
Previous	IRM 3.8-4 Indemnity for Queensland Health and Other Approved Medical Practitioners

# Attachment One – Claim Process

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 standard practice and ensure employee entitlements continue to be met.

## 1 Processing indemnity claims

### 1.1 Application

When a medical practitioner undertaking clinical or associated clinical services first becomes personally aware of a claim in which they are named as a respondent/defendant, the practitioner is to submit a notification and undertaking for a grant of indemnity to the decision maker (refer Attachment Three) within two working days after receipt of the claim.

Information provided in the notification is to accurately reflect the circumstances of the claim. Incorrect or misleading information which affects the application of this policy may lead to subsequent withdrawal of indemnity.

If the medical practitioner is not formally named as a respondent/defendant, they do not need to claim indemnity through this process. Medical practitioners are to cooperate fully with Queensland Health's solicitors in the defence of the claim as requested.

### 1.2 Responsibilities of decision maker

Within two working days of the receipt of a notification and undertaking for a grant of indemnity for a civil matter that appears accurate and complete in all particulars, the decision maker is to complete the indemnity confirmation to:

- confirm in writing to the medical practitioner that the practitioner is to be indemnified; or
- advise the medical practitioner in writing that the matter of indemnity has been referred to the Deputy Director-General, Corporate Services Division (DDG CSD) for further consideration (medical practitioners engaged by the Department and employee medical practitioners working in and for a Hospital and Health Service (excluding senior medical officer (SMO) and visiting medical officer (VMO) employees)).

When indemnity is referred for further consideration, the relevant departmental or Hospital and Health Service (HHS) delegate is to ensure Queensland Health's solicitors are instructed to take all appropriate legal action in respect of the claim pending the decision.

Upon receipt of an indemnity decision referral from a departmental or HHS delegate, the DDG CSD is to determine whether a medical practitioner is entitled to indemnity under this policy. The DDG CSD is to provide written notification to the medical practitioner of the decision within seven working days.

## 2 Processing representation before investigative agencies (excluding Medicare Australia investigations) and the Medical Board of Australia

## 2.1 Application

When a medical practitioner undertaking clinical or associated clinical services is required to appear before or give evidence to, an investigative agency (excluding Medicare Australia), the Office of the Health Ombudsman or the Medical Board of Australia, the practitioner is to submit a request for legal representation/assistance to the decision maker, within two working days after personal receipt of the notice to appear.

## 2.2 Responsibilities of decision maker

Within two working days of receipt of a request that appears accurate and complete in all particulars, the decision maker is to complete the representation confirmation to:

- confirm in writing to the medical practitioner that legal representation and assistance by Queensland Health's solicitors is to be provided to the practitioner; or
- advise the medical practitioner in writing that the matter of legal representation/assistance has been referred to the DDG CSD for further consideration (medical practitioners engaged by the Department and employee medical practitioners working in and for a HHS (excluding SMO and VMO employees)).

When representation is referred for further consideration, the relevant departmental or HHS delegate is to ensure Queensland Health's solicitors are instructed to take all appropriate legal action in respect of the notice to appear pending the decision.

Upon receipt of a representation decision referral from a departmental or HHS delegate, the DDG CSD is to determine whether a medical practitioner is entitled to legal representation or assistance under this policy. The DDG CSD is to provide written notification to the medical practitioner of the decision within seven working days.

## 3 Processing representation for a Medicare Australia investigation or inquiry

### 3.1 Application

When a medical practitioner is required to appear before or give evidence to a Medicare Australia investigation or inquiry in relation to section 2.2 of this policy, the medical practitioner is to submit a request for legal representation/assistance to the decision maker within two working days after personal receipt of the notice to appear.

### 3.2 Responsibilities of decision maker

Within two working days of receipt of a request that appears accurate and complete in all particulars, the decision maker is to complete the representation confirmation to:

- confirm in writing to the medical practitioner that legal representation and assistance by Queensland Health's solicitors is to be provided to the practitioner; or
- advise the medical practitioner in writing that the matter of legal representation/assistance has been referred to the DDG CSD for further consideration (medical practitioners engaged by the Department and employee medical practitioners working in and for a HHS (excluding SMO and VMO employees)).

When representation is referred for further consideration, the relevant departmental or HHS delegate is to ensure Queensland Health's solicitors are instructed to take all appropriate legal action in respect of the notice to appear pending the decision.

Upon receipt of a representation decision referral from a departmental or HHS delegate, the DDG CSD is to determine whether a medical practitioner is entitled to legal representation or assistance under this policy. The DDG CSD is to provide written notification to the medical practitioner of the decision within seven working days.

## 4 Processing reimbursements of criminal defence costs

### 4.1 Application

When a medical practitioner wishes to seek reimbursement of the reasonable costs incurred in defending a criminal charge, the practitioner is to submit an application for reimbursement of criminal defence costs to the decision maker. When the medical practitioner is engaged by a HHS, the Health Service Chief Executive is the decision maker. When the medical practitioner is engaged by the Department, the DDG CSD is the decision maker.

### 4.2 Responsibilities of decision maker

The decision maker is to provide confirmation in writing to the medical practitioner of the decision for reimbursement of all costs, a portion of costs, or nil reimbursement of defence costs.

## 5 Processing reimbursements of criminal defence costs

### 5.1 Application

When a medical practitioner is investigated by a police service or other entity with responsibility for investigating offences, or is charged with a criminal offence, the practitioner is to submit a notification and undertaking for a grant of indemnity to the decision maker within two working days of being asked to respond to an investigation or being charged. For medical practitioners engaged by the Department or a non-prescribed HHS, notifications are to be forwarded to the Chief Legal Counsel, Legal Branch, CSD. Upon receipt of the notification, the Chief Legal Counsel is to inform the DDG CSD.

### 5.2 Responsibilities of decision maker

The decision maker is to notify the medical practitioner in writing of the decision within seven working days.

## 6 Processing other circumstances claims

### 6.1 Application

A medical practitioner to whom this policy applies (refer application section) may seek indemnity relating to other circumstances on a case-by-case basis. A medical practitioner, including a VMO, under any type of contract for service may seek indemnity under the other circumstances process on a case-by-case basis, when the contract for service does not include an indemnity clause or the clause is unclear.

The medical practitioner is to submit a notification and undertaking for a grant of indemnity to the decision maker within two working days of receiving a claim, a notice to appear or a charge being laid. For medical practitioners engaged by the Department or employee medical practitioners working in and for a HHS (excluding an employee SMO or VMO, or a contractor medical practitioner engaged directly by the HHS), notifications are to be forwarded to the Chief Legal Counsel, Legal Branch, CSD. Upon receipt of the notification, the Chief Legal Counsel is to inform the DDG CSD.

### 6.2 Responsibilities of decision maker

The decision maker is to notify the medical practitioner in writing of the decision within seven working days.



## 7 Review of decisions

### 7.1 Medical practitioner engaged by the Department or an employee medical practitioner working in and for a HHS (excludes SMO and VMO employees of the HHS)

When the medical practitioner is dissatisfied with the determination made by the DDG CSD, the practitioner may request a review by the Director-General.

In reviewing a determination, the Director-General is to consult with:

- the head of the medical staff association of the relevant Department or HHS facility at which the medical practitioner is engaged (or when there is no medical staff association, a peer nominated by the medical practitioner and agreed to by the Director-General)
- the Private Practice Governance Board for decisions relating to a Medicare Australia investigation
- an independent cost assessor chosen by the medical practitioner from a panel of assessors authorised by Queensland Health, when agreement is unable to be reached as to the amount of reimbursement of reasonable criminal defence costs. Referral to a cost assessor is to be made at the expense of Queensland Health.

In reviewing a determination regarding eligibility for indemnity or legal representation/assistance for a medical practitioner arising out of an incident classified as associated clinical services, the Director-General is to consult with a supervisor nominated by the medical practitioner.

### 7.2 Medical practitioner engaged directly by an HHS

When the medical practitioner is dissatisfied with the determination made by the decision maker the practitioner may request a review of the decision from the decision maker or the Hospital and Health Board, in accordance with local procedures.

## Attachment Two – Extent of indemnity for private patients

Medical practitioners	Indemnity cover for private patients	Effective date (if applicable)
Senior medical officers (SMO) Resident medical officers (RMO)	Full cover when the practitioner is undertaking the clinical management of the private patient under an arrangement approved by Queensland Health. This includes any contractual arrangement in place between Queensland Health and a private facility. It also includes arrangements approved by the Medical Superintendent to support SMOs and VMOs undertaking the clinical management of private patients under a grant of private practice, or in exigent circumstances, where approval is given by the Medical Superintendent to support clinical management of a VMO's private patients under licensed private practice.	
SMOs and Visiting Medical Officers (VMOs) granted private practice - assignment arrangement and retention arrangement	Full cover when the practitioner is undertaking the clinical management of the private patient under their Queensland Health employment. This includes any contractual arrangement in place between Queensland Health and a private facility.	4 August 2014
Flying specialist services	Covered when within Queensland Health premises or consulting within their rooms (excluding private hospitals).	1 July 1997
Medical superintendents with private practice (MSPP) and medical officers with private practice (MOPP)	Covered for private practice procedural work, on Queensland Health premises or in their private rooms, subject to the following: <ul style="list-style-type: none"> <li>• The practitioner has complied with section 1.1.1, including being granted permission by the relevant chief executive on the recommendation from the relevant Credentialing and Scope of Clinical Practice Committee.</li> <li>• The provision of services in Queensland public hospitals is consistent with the approved role delineation of the hospital's medical, surgical and support services.</li> </ul>	1 July 1997
Visiting medical officers	Covered for 'failure to warn' claims based upon consent obtained in the VMO's private rooms subject to the following conditions: <ul style="list-style-type: none"> <li>• The patient is admitted as a public patient to a public hospital for the purpose of the clinical management to which the consent relates.</li> <li>• The practitioner has complied with section 1.1.1, including being granted permission to undertake clinical management to which the consent relates, by the relevant chief executive on the recommendation of the relevant Credentialing and Scope of Clinical Practice Committee.</li> <li>• The provision of advice about the nature and risks of the proposed clinical management and the obtaining of consent accord with Queensland Health policy at the relevant time (refer Informed Consent for Invasive Procedures protocols).</li> </ul>	17 June 2002

Rural general practitioners (e.g. VMOs engaged in a recognised rural maternity service and credentialed for obstetrics and/or anaesthetics) who enter into an indemnity cover agreement with Queensland Health	Covered for private procedural work in Queensland public hospitals (and on-call work as agreed with Queensland Health) subject to the following: <ul style="list-style-type: none"> <li>• The practitioner participates in on call rosters as agreed with Queensland Health.</li> <li>• The practitioner has complied with section 1.1.1, including undertaking the private procedural work in accordance with the Credentialing and Defining the Scope of Clinical Practice Health Service Directive or any replacement document dealing with substantially the same subject matter.</li> <li>• The procedures undertaken are consistent with the approved role delineation of the hospital's medical, surgical and support services.</li> <li>• The practitioner complies with Queensland Health's policies and procedures.</li> <li>• The practitioner enters into an indemnity cover agreement with Queensland Health in relation to these conditions.</li> </ul>	17 June 2002
Reliever – full-time salaried medical officer, including RMOs, when directed to relieve MS/MOPPs	Covered for all private practice, whether performed within Queensland Health facilities or not, when required to fully relieve the MSPP and MOPP.	
University employees	Covered for attendance as part of public hospital duties. This includes the clinical management of private patients in public hospitals (by consultation upon request) when no fee is raised.	
Unpaid/voluntary/honorary	Covered for attendance as part of public hospital duties. This includes the clinical management of private patients in public hospitals when no fee is raised.	
Researcher engaged by Queensland Health	Covered for research activities as part of public hospital duties. This includes research involving private patients in public hospitals when no fee is raised. Refer Research Management Policy, or any replacement document dealing with substantially the same subject matter, and associated standards for full details regarding research.	
Other relievers	Covered for attendance as part of public hospital duties. This includes the clinical management of private patients in public hospitals when no fee is raised.	
Medical practitioners engaged by Queensland Health who undertake Queensland Health approved training courses or programs involving the clinical management of private patients, either in public or private facilities	Covered as if the clinical management were clinical management provided to a public patient.	
Medical practitioners engaged by a Queensland Health statewide service who provide commercial professional services for Queensland Health	Covered whether services provided to clients in Queensland, elsewhere in Australia, or overseas.	

## Attachment Three – Summary – Application of indemnity arrangements and decision makers for Queensland Health Medical Practitioners

Employment Groups	Medical Practitioner's Responsibilities	Recommended Decision Maker	Entity to provide indemnity and to pay for indemnity, legal assistance or other associated costs arising from the grant of indemnity (excludes costs covered by insurance)
1. Medical Practitioners working in and for a Hospital and Health Service	Advise Hospital and Health Service supervisor of the claim, investigation or criminal proceedings within two working days of receipt of the notice	Health Service Chief Executive (may be referred to the Deputy Director-General, Corporate Services Division)	Hospital and Health Service
2. Medical Practitioners working in and for the Department	Advise departmental supervisor of the claim, investigation or criminal proceedings within two working days of receipt of the notice	Director-General Chief Health Officer or relevant delegate	Department
3. Senior Medical Officers and Visiting Medical Officers employed in the Department	Advise departmental supervisor of the claim, investigation or criminal proceedings within two working days of receipt of the notice	Director-General Chief Health Officer or relevant delegate	Department
4. Senior Medical Officers and Visiting Medical Officers working in a Hospital and Health Service	Advise Hospital and Health Service supervisor of the claim, investigation or criminal proceedings within two working days of receipt of the notice	Health Service Chief Executive	Hospital and Health Service
5. Independent Contractor Visiting Medical Officers and Locum Doctors engaged under a contract	Advise Hospital and Health Service or departmental supervisor of the claim, investigation or criminal proceedings within two working days of receipt of the notice	Health Service Chief Executive (where the contractor is engaged by a Hospital and Health Service) Director-General Chief Health Officer or relevant departmental delegate (where the contractor is engaged by the Department)	Hospital and Health Service or Department
6. Persons engaged under an instrument to perform a specific function:			
6.1 Health Service Auditor, Clinical Reviewer or Health Service Investigator appointed by a Hospital and Health Service under the <i>Hospital and Health Boards Act 2011</i>	Advise Hospital and Health Service contact within two working days of receipt of the notice	Health Service Chief Executive	Hospital and Health Service

Employment Groups	Medical Practitioner's Responsibilities	Recommended Decision Maker	Entity to provide indemnity and to pay for indemnity, legal assistance or other associated costs arising from the grant of indemnity (excludes costs covered by insurance)
6.2 Health Service Auditor, Clinical Reviewer or Health Service Investigator appointed by the Department under the <i>Hospital and Health Boards Act 2011</i>	Advise departmental contact within two working days of receipt of the notice	Director-General Chief Health Officer or relevant departmental delegate	Department
7. Others not specified elsewhere, for example: - Members of official committees - Members of unincorporated hospital auxiliaries - Persons undertaking a health profession re-entry program	Advise Hospital and Health Service or departmental contact within two working days of receipt of the notice	Health Service Chief Executive (where the person is engaged by a Hospital and Health Service) or Director-General Chief Health Officer or relevant departmental delegate (where the person is engaged by the Department)	Hospital and Health Service or Department