1 PURPOSE

To outline the arrangements for the payment of fees to private medical practitioners who are not engaged under visiting medical officer (VMO) arrangements.

2 APPLICATION

This policy applies to Queensland Health employees making arrangements with private medical practitioners who are not engaged under VMO arrangements.

3 GUIDELINES

Guidelines may be developed to facilitate implementation of this policy. The guidelines must be consistent with this policy.

4 DELEGATION

The ‘delegate’ is as listed in the Queensland Health Human Resource Delegations Manual as amended from time to time.

5 REFERENCES

- Terms and Conditions of Employment, Queensland Government Visiting Medical Officers 2005 (2005 VMO Agreement)
- VMO Contractors Engaged Under IRM 3.9-3 – Circular ER 05/06
- Visiting Medical Officer Contractor – Advanced Practiced Status for Rural Maternity Services HR Policy B19
- Allowances HR Policy C15

6 SUPERSEDES

- IRM 2.6-2 Fees for Private Medical Practitioners For Service in Country Hospitals
- IRM 2.6-3 Fees for Consultation - Private Medical Practitioner
- IRM 2.6-6 Private General Medical Practitioner / Specialist Lecturing Medical Trainees in Rural Health

7 POLICY

7.1 Fees for private medical practitioners providing services to country hospitals

Fees are payable to private medical practitioners for providing the following services in country hospitals:

- Conducting outpatient clinics at various outpatient centres and hospitals.
• Providing prolonged clinical assistance in respect to an in-patient.
• Attendance at the hospital for clinical duties during periods when the hospital’s medical officer is absent on medical escort duties.
• Acting as the medical escort for a public patient requiring inter-hospital transfer to a larger centre.

Private medical practitioners who provide obstetric and/or anaesthetic services to rural facilities for maternity services are to be engaged under Visiting Medical Officer Contractor – Advanced Practiced Status for Rural Maternity Services HR Policy B19.

The fees are as follows:

<table>
<thead>
<tr>
<th>Effective date</th>
<th>Loaded hourly rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 March 2008</td>
<td>$127.25</td>
</tr>
<tr>
<td>1 March 2007</td>
<td>$119.85</td>
</tr>
<tr>
<td>1 March 2006</td>
<td>$112.83</td>
</tr>
</tbody>
</table>

The above fees are to be reviewed in accordance with the 1st, 2nd and 3rd year VMO loaded hourly rate as contained in the VMO Agreement.

The private medical practitioner is to be advised to indicate on their claim for payment whether the service provided was of an emergent/acute or elective/planned nature.

Emergent/acute work
Payment for emergent/acute work between the hours of 08:00 and 24:00 is to be paid at the rate of one and a half times the appropriate loaded hourly rate specified above.

Recalls between 24:00 and 08:00 are to be paid at the rate of double the appropriate loaded hourly rate specified above. Time worked is to be calculated as from home and back to home with a payment for a minimum time of two hours for the first call back, and one hour for any subsequent call back in any period of 24 hours (defined as 8:00am to 8:00am). Any subsequent call back within the respective minimum periods of two and one hours, are not be regarded as a separate call back. Time in excess of the above minimal periods is to be calculated to the nearest quarter of an hour.

Elective/planned work
Payments for elective/planned activity will be on the basis of actual time worked. The payment may include the relevant travelling time (refer below).

Time worked
The calculation of time worked (including travelling time) is based on the following:

• Only time associated with conducting outpatient clinics, providing clinical assistance, and duties relating to the escorting of public patients is included.
• Necessary and reasonable travelling time is calculated from the time of leaving the home centre until the time of return.
• Travelling time is not payable for providing prolonged clinical assistance to an inpatient.
• Reasonable travelling time for appointments with public patients at outpatient clinics in the visited hospital is included.
• When private practice is conducted, the time occupied in private practice is to be deducted from the total time taken by the visit.

Motor vehicle allowance for the use of a private motor vehicle is paid in accordance with Allowances HR Policy C15.

7.2 Fees for consultations – private medical practitioners

The fees for private medical practitioners who are called in by a medical superintendent of a country hospital for consultation, including pre-operative consultations, are as follows:

<table>
<thead>
<tr>
<th>Date from</th>
<th>Amount per consultation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 September 2007</td>
<td>$71.71</td>
</tr>
<tr>
<td>1 September 2006</td>
<td>$68.95</td>
</tr>
<tr>
<td>27 March 2006</td>
<td>$66.30</td>
</tr>
</tbody>
</table>

The above fee is to be reviewed in line with increases to the relevant medical officers’ Certified Agreement.

When a medical superintendent with right of private practice (MSRPP) is called in to provide consultation services, the MSRPP may be paid separately for each consultation when:

• they are called in to consult by the medical superintendent of the public hospital at the adjoining centre
• one or more of these consultations is conducted during the same visit.

When an MSRPP is unavailable, the health service district executive director of medical services (EDMS) is to determine the appropriate resources to meet service delivery needs.

This arrangement does not authorise health service districts to use the services of specialist consultants or other private medical practitioners. Unless specific approval is obtained for the use of the services of private medical practitioners, medical staff at subsidiary hospitals are to avail themselves of the opinions of the full-time medical staff at the main hospital.

Motor vehicle allowance for the use of a private motor vehicle is paid in accordance with Allowances HR Policy C15.

7.3 Private general medical practitioners/specialists lecturing medical trainees in rural health

The fees payable to private general medical practitioners/specialists for lecturing medical trainees in rural health are as follows:

<table>
<thead>
<tr>
<th>Date from</th>
<th>Rate per hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 March 2008</td>
<td>$127.25</td>
</tr>
<tr>
<td>1 March 2007</td>
<td>$119.85</td>
</tr>
<tr>
<td>1 March 2006</td>
<td>$112.83</td>
</tr>
</tbody>
</table>
The above rate recognises the higher level of preparation required for lecturing medical trainees and will be reviewed in line with changes to the VMO Agreement.

8 HISTORY

| December 2009 | Developed as a result of the HR policy consolidation project. |

Please note that any material printed is regarded as an uncontrolled copy. It is the responsibility of the person printing the document to refer frequently to the Queensland Health Internet site for updates.