

# Locum Arrangements and Conditions - Medical Officers

## Human Resources Policy

Effective Date: October 2011

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## **1 PURPOSE**

To outline the arrangements for engaging locum medical practitioners sourced through a third party.

## **2 APPLICATION**

This policy applies to the engagement of locum medical practitioners through a third party. Clause 7.10 applies specifically to locums relieving for medical superintendents with right of private practice (MSRPP) and medical officers with right of private practice (MORPP).

## **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 or the Health Service District Financial Delegations for Expenditure, Losses and Special Service Payments, as amended from time to time.

## **5 REFERENCES**

- District Health Services Senior Medical Officers' and Resident Medical Officers' Award – State 2003
- Medical Superintendents with Right of Private Practice and Medical Officers with Right of Private Practice– Queensland Public Hospitals Award – State 2003
- Medical Officers' (Queensland Health) Certified Agreement (No. 2) 2009
- Medical Officers' (Queensland Health) Memorandum of Understanding 2005
- Medical Superintendents with Right of Private Practice in Partnership – Role and Responsibilities HR Policy B6 (QH-POL-173)
- Medical Superintendents – Role and Responsibilities HR Policy B8 (QH-POL-172)
- Transfer and Appointment Expenses HR Policy D4 (QH-POL-245)
- Medical Fatigue Risk Management HR Policy I1 and Implementation Standard
- Indemnity for Queensland Health Medical Practitioners HR Policy I2 (QH-POL-153)
- Queensland Health Clinical Workforce Planning Policy (QH-POL-333)
- Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health Policy 2011 (QH-POL-330)
- Standard Process for Credentialing and Defining the Scope of Clinical Practice for Medical Practitioners and Dentists in Queensland Health 2011 – Implementation Standard (QH-IMP-330-1)
- Queensland Health Procurement Policy (QH-POL-044)
- Queensland Health Procurement Procedures (QH-PCD-044-1)
- Queensland Health standard locum contract (refer HR forms index - [http://www.health.qld.gov.au/hrpolicies/forms\\_index.asp](http://www.health.qld.gov.au/hrpolicies/forms_index.asp))
- Code of Conduct for the Queensland Public Service

## **6 SUPERSEDES**

- Locum Tenens – Payments and Expenses HR Policy B17

## **7 POLICY**

For the purposes of this policy, reference to Directors of Medical Services (DMS) includes Executive Directors of Medical Services (EDMS) and District Directors of Medical Services (DDMS).

The workforce management principles which provide the context to this policy are as follows:

- Maintenance of a secure, reliable supply of relief contributes to safety and retention;
- Employment (permanent or temporary) under Queensland Health's industrial instruments is preferable to contracted locum arrangements;
- Junior doctor positions do not normally warrant relief requiring the procurement of locum services;
- Prevocational doctors are not contracted to supply relief as vocational practitioners.

Queensland Country Practice within the Office of Rural and Remote Health may have capacity to supply some relief to rural and remote practitioners through its:

- Senior Vocational Relieving Service of practitioners with scope of clinical practice in general practice and/or rural generalist medicine (general practice and advanced skills);
- Junior Doctor Relieving Service of pre-vocational practitioners without scope of clinical practice, requiring supervision.

While it is not desirable to use a locum to fill junior doctor positions (such as senior house officer or principal house officer), if this is unavoidable the rate paid to the junior doctor should be 50-75% of the locum maximum daily rate specified in Attachment One. The rate paid to a locum relieving a junior doctor is to take into account their qualifications and experience, and can be paid as an hourly rate rather than a daily rate.

### **7.1 Queensland Health procurement procedures**

Health service districts are required to comply with the Queensland Health Procurement Policy when engaging with third parties to supply locum medical practitioners.

It is recommended that health service districts establish a Standing Offer Arrangement with locum placement/recruitment agencies for the supply of locums, and use the Queensland Health standard locum contract (refer HR forms index) as the 'Instrument of Engagement'. For more information please refer to Attachment Three – Queensland Health Procurement Guidelines for the Hiring of Locum Medical Practitioners.

## **7.2 Existing Queensland Health employee not to be locum**

A locum engagement option is not permitted when the medical practitioner is an existing employee of Queensland Health. The DMS is accountable for ensuring no locum contract is entered into when the locum is an existing Queensland Health employee.

Employees of Queensland Health have access to various forms of leave entitlements, all of which have a specific function. Queensland Health does not allow existing employees to be re-engaged as locums while they are taking such leave.

## **7.3 Engagement and contracting arrangements**

Generally locum medical practitioners will be engaged through a medical recruitment or placement agency.

### **Engaged or employed by locum placement/recruitment agency**

The locum is either an employee of the agency or a subcontractor to the agency. Irrespective, the agency is paid by Queensland Health by invoice through the relevant finance unit and the locum medical practitioner is not placed on the Queensland Health payroll. In this situation the daily rates up to the maximum contained in Attachment One are applied, and the standard locum contract (refer HR forms index) is used.

### **Engaged through a third party (sole trader, partnership or company)**

The locum is an employee or contractor of a third party. Under this arrangement, advice must be obtained on the potential employment consequences and an appropriate contract prepared to ensure the locum cannot be construed as an employee of Queensland Health. The ability for a locum doctor to invoice through their own ABN is, on its own, not sufficient evidence to establish the existence of a third party company.

### **Engaged directly as an employee of Queensland Health**

When a locum is sourced through an agency and a placement fee only is paid to the agency, the locum is to be engaged as a temporary employee, placed on the Queensland Health payroll, and remunerated in accordance with the relevant award.

## **7.4 Standard locum contract**

The standard locum contract (refer HR forms index) has been developed for use by health service districts to engage a locum through a locum placement/recruitment agency. The contract is to be negotiated and signed by the health service district delegate, after which a request form (Schedule 2 of the standard locum contract) can be used for individual locum engagements.

## **7.5 Agency responsibilities in relation to suitability checks**

A locum placement/recruitment agency must demonstrate that appropriate recruitment checks have been undertaken prior to supplying a locum to Queensland Health. These recruitment checks are detailed in clause 4.2 of the standard locum contract (refer HR forms index).

## **7.6 Agency responsibilities in relation to insurances held**

An agency is required to hold the insurances specified in clause 16 and item 10 of Schedule 1 of the standard locum contract (refer HR forms index).

## **7.7 Credentialing and defining the scope of clinical practice**

The DMS must approve the engagement of the locum medical practitioner prior to commencement of duty. The approval process requires verification of registration status, credentialing, and defining the scope of clinical practice prior to the locum commencing duty.

## **7.8 Engagement period**

A locum medical practitioner can only be engaged for a maximum period of six months. Any engagement beyond six months for the same locum is to be changed to a temporary appointment under the relevant medical award, i.e. the locum is to be placed on the Queensland Health payroll as a temporary employee.

## **7.9 Locum fee structure**

Queensland Health is to pay a daily rate for all locum engagements. As specified in Attachment One, this rate is comprised of a base rate plus additional loadings based on the role description, the location of the engagement and the qualifications and experience of the locum.

### **7.9.1 Daily rate inclusive of agency fee**

The daily rate paid for a locum engagement is inclusive of any agency fee in relation to that engagement.

### **7.9.2 Maximum rate**

The rates prescribed in Attachment One are **maximum** rates based on the qualifications and experience of the medical practitioner and the skills being sought by the health service district.

### **7.9.3 Specialisation loadings**

Specialisation loadings are contained in Attachment One.

### **7.9.4 Regional loadings**

Regional locations attracting a regional loading are contained in Attachment Two and apply to all locums performing duties at that location.

The state is divided into six regions based on the Accessibility/Remoteness Index Australia Plus (ARIA+) indices to determine a regional loading.

### **7.9.5 Fee structure for medical officers relieving MSRPP or MORPP**

The fee structure for locums relieving Medical Superintendents with Right of Private Practice (MSRPP) or Medical Officers with Rights of Private Practice (MORPPs) is as follows:

- In a location where Queensland Health owns the private practice, the full locum daily rate is paid. Queensland Health retains the private practice earnings.
- In a location where Queensland Health does not own the private practice, 50% of the full locum daily rate is paid. The locum medical practitioner usually negotiates with the private practice to retain a proportion of earnings from the private practice.

### **7.10 Use of locums to cover the private practice operated by the MSRPP**

When a locum is engaged to relieve a MSRPP, the MSRPP has the option of engaging the locum to cover the private practice.

If the MSRPP elects to use the locum to cover the private practice, a separate agreement is to be entered into between the MSRPP and the locum. The agreement is independent of the hospital and at no cost to the hospital. Remuneration for the locum for work performed in the private practice is a private arrangement between the MSRPP and the locum, and is to be negotiated prior to the relief period.

#### **7.10.1 Arrangements for locums relieving MSRPPs**

The following arrangements are to apply when a MSRPP is relieved by a locum:

- When the hospital requires relief for the MSRPP during absences on leave, the DMS is responsible for appointing a relieving medical officer.
- The locum is to be at least a third year resident medical officer.
- The MSRPP may recommend a locum.
- A locum recommended by the MSRPP is to be acceptable to the DMS and have the appropriate credentials and scope of clinical practice prior to commencement.

### **7.11 Travel arrangements**

- Queensland Health will reimburse one return economy class airfare in order for a locum to take up a locum assignment.
- When it is appropriate for the locum to drive to take up a locum assignment, a kilometric allowance is to be paid in accordance with Queensland Health's Transfer and Appointment Expenses HR Policy D4.
- An entitlement to economy class air travel or kilometric allowance back to the locum's home base at the completion of each six week period of the assignment may be negotiated.
- Travel by rail, coach or sea can occur subject to time restraints and this travel being reasonable in the circumstances.

### 7.11.1 Relocation of family and personal effects

Given the short duration of locum assignments, it is not expected that locums:

- seek to relocate their family. Discretion may need to be exercised depending on the locum's personal circumstances.
- need to ship a significant volume of personal effects. In the event that a locum needs to supplement normal luggage limits, an entitlement to ship a modest amount of personal effects by freight transportation or other means may be negotiated.

### 7.11.2 Accommodation

When the health service district is unable to provide accommodation, a rental subsidy may be negotiated. This subsidy is to reflect the actual cost in the market place at the location where the job is based for providing suitable accommodation appropriate to the locum's personal circumstances.

## 7.12 Locum medical practitioner fatigue management

This policy is to be read in conjunction with Medical Fatigue Risk Management HR Policy I1. The use of a fatigue risk management system applies in all Queensland Health facilities and/or work areas, and applies to all medical engagements, including locums.

Queensland Health requires a locum to commence a locum assignment in a 'fit for duty' state.

## 8 POLICY COMPLIANCE

In accordance with the Code of Conduct for the Queensland Public Service, Queensland Health employees are expected to comply with this policy and non-compliance may result in disciplinary or other action being taken.

Special circumstances are considered on a case-by-case basis. Any exemption to the terms of this policy requires Director-General approval following consultation with and endorsement by the Senior Director Workplace Relations Unit.

## 9 DEFINITIONS

<b>Current Queensland Health employee</b>	Permanent or temporary employee. Excludes casual employees.
<b>Locum</b>	An appropriately registered medical practitioner who is engaged for a temporary period through a third party to meet a special need for a specified period of no more than six months.
<b>Medical Superintendent or Medical Officer with Right of Private Practice</b>	A medical practitioner appointed to perform clinical duties in accordance with clause 4.2 of Medical Superintendents with Right of Private Practice and Medical Officers with the Right of Private Practice – Queensland Public Hospitals Award – State 2003. The Medical Superintendent or Medical Officer with Right of



	Private Practice will also be engaged in the private practice of medicine.
<b>Suitable accommodation</b>	Accommodation at least comparable in standard to that occupied by government employees in the centre where the job is based.
<b>Working day</b>	A period of no less than eight hours, and up to 12 hours, between 0600 hrs and 2400 hrs on any day where work is performed.

**10 HISTORY**

<b>October 2011</b>	Amended as a result of consultation with Directors of Medical Services, and to reflect the introduction of a standard locum contract (refer HR forms index).
<b>June 2009</b>	Developed as a result of a 2008 Queensland Health audit of locum arrangements across the districts, and the resulting need for a consistent approach to medical practitioner locum recruitment. This policy was endorsed by the Executive Management Team on 5 May 2009.

## Locum maximum daily rates

The base rate is to be **up to** a maximum of \$1800 per working day for locums supplied by a third party. This base rate includes any on call or recall allowance and the agency fee. Any hours worked in excess of 12 hours in a 24 hour period are to be paid at an hourly rate determined as follows:

$$\text{Additional hourly rate} = \frac{\text{Appropriate working day rate}}{8}$$

Please note that a locum relieving a MSRPP or MORPP role is not required to work at least 8 hours per day at the hospital, however is required to be available on call at all times when not in attendance at the hospital and is not entitled to additional payment beyond the daily rate (or a proportion of the daily rate where applicable).

The **specialisation loadings** are as follows:

Specialisation	Loading
Medical practitioner without specialist registration	0%
Medical practitioner with specialist registration in general practice but without an advanced skill recognised by Queensland Health	15%
Medical Officer without specialist registration but with an advanced skill recognised by Queensland Health and being sought by the Health Service District	
Medical practitioner with specialist registration in general practice and an advanced skill recognised by Queensland Health and being sought by the Health Service District	30%
Medical practitioner with specialist registration in a specialty other than general practice	

### Payment matrix based on the maximum base rate\* applying specialisation and regional loadings

		Highly accessible	Accessible	Moderately accessible 1	Moderately accessible 2	Remote	Very remote
		0%	0%	0%	10% of base	20% of base	30% of base
Medical practitioner without specialist registration	0%	\$1,800	\$1,800	\$1,800	\$1,980	\$2,160	\$2,340
Medical practitioner with specialist registration in general practice but without an advanced skill recognised by Queensland Health	15%	\$2070	\$2070	\$2070	\$2,250	\$2,457	\$2,664
Medical practitioner without specialist registration but with an advanced skill recognised by Queensland Health and being sought by the Health Service District							

## Attachment One HR Policy B45

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		<b>Highly accessible</b>	<b>Accessible</b>	<b>Moderately accessible 1</b>	<b>Moderately accessible 2</b>	<b>Remote</b>	<b>Very remote</b>
		0%	0%	0%	10% of base	20% of base	30% of base
Medical practitioner with specialist registration in general practice and an advanced skill recognised by Queensland Health and being sought by the Health Service District.	30%	\$2340	\$2340	\$2340	\$2,520	\$2,754	\$2,988
Medical practitioner with specialist registration in a specialty other than general practice							

\* These calculations are based on the maximum base rate of \$1800 per working day. When a lower rate is set, the above figures will change.

## Regional locations attracting a regional loading\*

Region	Loading
Highly accessible	0%
Accessible	0%
Moderately accessible 1	0%
Moderately accessible 2	10%
Remote	20%
Very remote	30%

Region	Highly accessible	Accessible	Moderately accessible 1	Moderately accessible 2	Remote	Very remote
<b>Districts and locations</b>	Brisbane Caboolture Caloundra Gold Coast Ipswich Metro North HSD Metro South HSD Redcliffe Robina Strathpine	Beaudesert Boonah Bundaberg Childers Dalby Esk Gatton Gladstone Gympie Hervey Bay Kilcoy Kingaroy Laidley Mackay Maleny Maryborough Millmerran Nambour Nanango Oakey Rockhampton Toowoomba Warwick Yeppoon	Atherton Ayr Babinda Baralaba Biggenden Biloela Blackwater Bowen Cairns Charters Towers Cherbourg Chinchilla Gayndah Gin Gin Goondiwindi Gordonvale Herberton Home Hill Ingham Inglewood Innisfail Jandowae Mareeba Miles Mossman Monto Moranbah Mount Morgan Moura Mundubbera Murgon Proserpine Sarina Stanthorpe Townsville Tully Wondai Woorabinda Yarrabah	Dunwich Dysart Eidsvold Emerald Roma Tara Theodore	Alpha Aramac Augathella Barcardine Blackall Charleville Clermont Cloncurry Collinsville Cooktown Cunnamulla Dirranbandi Hughenden Injune Julia Creek Longreach Mitchell Mt Isa Mungindi Palm Island Quilpie Richmond Springsure St George Surat Tambo Texas Taroom Wandoan Winton	Bamaga Doomadgee Hopevale Mornington Island Normanton Thursday Island Weipa

\*Regional loadings based on the Accessibility/Remoteness Index Australia Plus (ARIA+)

## Queensland Health procurement guidelines for the hiring of locum medical practitioners

The hiring of locums is equivalent to the hiring of contractors. Therefore, health service districts are required to comply with the Queensland Health Procurement Procedures.

The following options are available to health service districts when hiring locums:

### Option 1 (Recommended approach)

Establish a long term arrangement, e.g. Standing Offer Arrangement (SOA), with suitable agencies for the supply of locums, and use the Queensland Health standard locum contract as the 'Instrument of Engagement'.

- An SOA can be established for a period of 12 months with the option to extend for a further 2 or 3 periods, each up to 12 months. Discretion rests with the health service district executive to exercise the extension options.
- The benefit of establishing an SOA is that when a locum is required they can be directly sourced from an agency listed in the SOA.
- A Request for Offer (RFO) process is undertaken to seek interested agencies to apply to enter into the SOA. Local Shared Services Partner Contract Hubs can assist with the RFO process. Refer also to the following resources:
  - o QH Procurement Procedures  
<http://qheps.health.qld.gov.au/policy/docs/pcd/gh-pcd-044-1.pdf>
  - o RFO process map and relevant templates  
[http://qheps.health.qld.gov.au/pl/corp\\_governance/rfo\\_menu.htm](http://qheps.health.qld.gov.au/pl/corp_governance/rfo_menu.htm)
  - o Procurement Pathways Pocket Guide  
[http://qheps.health.qld.gov.au/pl/training/proc\\_pock\\_guide.pdf](http://qheps.health.qld.gov.au/pl/training/proc_pock_guide.pdf)
  - o Procurement Delegations  
[http://qheps.health.qld.gov.au/pl/corp\\_governance/delegations/dist\\_new\\_struct.xls](http://qheps.health.qld.gov.au/pl/corp_governance/delegations/dist_new_struct.xls)
  - o Contract Signing Delegations  
[http://qheps.health.qld.gov.au/pl/corp\\_governance/delegations/contract\\_sign\\_deleg.xls](http://qheps.health.qld.gov.au/pl/corp_governance/delegations/contract_sign_deleg.xls)
  - o Financial Delegations  
[http://qheps.health.qld.gov.au/financenetwork/financial\\_policy/docs/Delegations/fin\\_del\\_hsd.pdf](http://qheps.health.qld.gov.au/financenetwork/financial_policy/docs/Delegations/fin_del_hsd.pdf)
- Financial delegations are not required to establish the SOA, but approval is required from a Type 3 Procurement Delegate to establish the SOA, and the Agreement must be signed by the District CEO, exercising the Contract Signing Delegations.
- When engaging locums from the SOA, approval is required from a financial delegate and a Type 2 procurement delegate (to approve a purchase from an SOA). Schedules 2 and 3 of the Queensland Health standard locum contract should then be signed, using the Contract Signing Delegations.

**Option 2**

Source locums as and when required and use the Queensland Health standard locum contract as the 'Instrument of Engagement'.

- In this situation, a Request for Quote (RFQ) process is used to seek a minimum of 3 quotes (for value under \$250,000). Please refer to the resources provided via the above links.
- If it is not possible to obtain 3 quotes because there is a sole supplier situation, a limited supplier situation (2 suppliers) or there is a genuine urgency, follow the guidelines in Section 1.3 of the Queensland Health Procurement Procedures. Please seek assistance from your local Shared Services Partner Contract Hub.
- Approval from a Type 1 Procurement Delegate is required to accept a quote from a RFQ process, followed by expenditure approval by a financial delegate. The District CEO must sign the Agreement, exercising Contract Signing Delegations.

**Delegations**

Please note that financial delegations and procurement delegations are different and have different expenditure thresholds.

All financial delegates do not have procurement delegations.

Contract Signing Delegations are usually limited to the District CEO.

For more information on Queensland Health Procurement Procedures, procurement and contract signing delegations, please contact the Health Services Purchasing and Logistics (HSPL) Branch on 3006 2902.