

Contracted locum medical practitioners - Arrangements and conditions

Human Resources Policy B45 (QH-POL-166)

Purpose

To outline the arrangements for engaging contracted locum medical practitioners.

Application

This policy applies to the engagement of locum medical practitioners to provide services for:

- Hospital and Health Services
- Queensland Health (the department).

Delegation

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

Legislative or other authority

- *Criminal Code Act 1899*
- *Labour Hire Licensing Act 2017*
- *Public Health Act 2005*
- *Work Health and Safety Act 2011*
- Managing the risk of psychosocial hazards at work Code of Practice 2022

Related policy or documents

- Fatigue Risk Management HR Policy I1 (QH-POL-171)
- Indemnity for Queensland Health Medical Practitioners HR Policy I2 (QH-POL-153)
- Credentialing and defining the scope of clinical practice Health Service Directive (QH-HSD-034)
- Credentialing and defining the scope of clinical practice Policy (QH-POL-390)
- Credentialing and defining the scope of clinical practice for medical practitioners and dentists: a best practice guideline (QH-GDL-390-1)
- Credentialing and defining the scope of clinical practice process Standard (QH-IMP-390-2)
- Statewide and regional scope of clinical practice Standard (QH-IMP-390-3)
- Procurement approval Policy (QH-POL-474)
- Procurement approval Guideline (QH-GDL-474)

- Vaccine preventable disease screening for contractors, students and volunteers Health service directive (QH-HSD-047)
- Protocol for vaccine preventable disease screening for contractors, students and volunteers (QH-HSD-047-1)
- Preferred Supplier Panel (PSP) 111539 for Clinical Contingent Workforce
- Queensland Health standard locum contract – Medical practitioners and associated schedule (non-PSP)
- Medical Recruiter process and eRecruit system guide
- Queensland Country jDocs and iDocs Guidelines 2018 v15
- Code of Conduct for the Queensland Public Service
- *Queensland Procurement Strategy 2023 - Jobs, Economy, Legacy, Confidence*
- *Queensland Procurement Policy 2023*
- Australian Taxation Office (ATO) Employee or contractor page – online
<https://www.ato.gov.au/business/employee-or-contractor/how-to-work-it-out--employee-or-contractor/>

Contents

Policy	3
1. Principles.....	3
1.1 Procurement.....	4
1.2 Queensland Country Practice	4
1.3 Junior doctors.....	4
2. Existing Queensland Health/HHS employee not to be engaged as a contracted locum	5
3. Contracted locum – Engagement and contracting arrangements.....	5
3.1 Preferred Supplier Panel 111539 for Clinical Contingent Workforce	6
3.2 Use of medical recruitment/placement agency outside of PSP 111539	6
3.2.1 <i>Labour Hire Licensing Act 2017</i>	6
3.3 Contracted locum engaged through an interposed entity	6
3.4 Recruitment services.....	7
4. Standard locum contract	7
5. Agency responsibilities in relation to pre-engagement checks.....	7
6. Agency responsibilities in relation to insurances held	8
7. Credentialing and defining the scope of clinical practice	8
8. Engagement period	8
9. Locum fee structure	8

9.1	Daily rate inclusive of agency fee.....	9
9.2	Maximum daily rate.....	9
9.3	Specialisation loadings.....	9
9.4	Regional loadings.....	9
10.	Use of locums to cover the private practice operated by the Medical Superintendent/ Medical Officer with Private Practice (MSPP/MOPP).....	10
10.1	Arrangements for locums relieving MSPPs.....	10
10.2	Fee structure for contracted locum medical practitioners relieving MSPP or MOPP...10	
11.	Revenue produced by contracted locums.....	11
12.	Travel arrangements.....	11
12.1	Accommodation.....	11
12.2	Relocation of family, pets and personal effects.....	11
12.3	Motor vehicle.....	12
13	Invoicing.....	12
14	Locum medical practitioner fatigue management.....	12
15	Policy compliance.....	12
	Definitions.....	13
	History.....	14

Attachment 1 – [Contracted locum medical practitioner maximum daily rates and specialisation loadings](#)

Attachment 2 – [Regional loadings and locations](#)

Policy

1. Principles

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

- maintenance of a secure, reliable supply of relief for employee medical officers – contributes to the support, safety and retention of the medical workforce
- employment (permanent, temporary or casual) under the industrial instruments is preferable to contracted locum arrangements – direct recruitment of employee medical officers remains a priority for longer term temporary and permanent vacancies
- existing departmental/ Hospital and Health Service (HHS) employee medical officers are not to be engaged as contracted locums (refer section 2)
- contractors are not employees – contractor relationships must be managed effectively, particularly minimising the risk that contractors are ‘deemed’ as employees under taxation and/or superannuation law

- junior doctor positions may be filled via the annual Resident Medical Officer (RMO) Recruitment Campaign or by HHSs undertaking direct advertising and recruitment processes. Where junior doctor positions remain vacant, the procurement of locum services may be required (refer section 1.3)
- prevocational doctors are not to be contracted to supply relief as vocational practitioners
- the existing medical workforce should be utilised in their employed capacity to provide relief wherever practicable, including providing support across HHSs.

Queensland Health is committed to promoting and protecting the physical and psychological health, safety and wellbeing of its workers by providing a safe and inclusive workplace with a focus on preventing harm. Queensland Health has an obligation under the *Work Health and Safety Act 2011* to manage risks to persons in the workplace arising through our work, work environments, systems and practices. When applying this policy, proper consideration must be given to the *Managing the risk of psychosocial hazards at work Code of Practice 2022*, including identifying psychosocial hazards and assessing and managing any risks.

1.1 Procurement

The use of this policy and all related procurement is to comply with the *Queensland Procurement Strategy 2023 – Jobs, Economy, Legacy, Confidence*, the *Queensland Procurement Policy 2023*, department/HHS procurement policy and guidelines, demonstrate delivery of best value outcomes and be undertaken with integrity, probity, and accountability.

1.2 Queensland Country Practice

The Senior Medical Relief Program is administered by Queensland Country Practice (QCP), Queensland Rural Medical Service, within Darling Downs HHS. QCP provides short- and medium-term placement services for experienced senior medical practitioners across Queensland. QCP may have capacity to supply some relief to rural and remote senior practitioners through its:

- Senior Vocational Relieving Service – practitioners with scope of clinical practice in general practice and/or rural generalist medicine (general practice and advanced skills)
- Queensland Country Relieving Doctors (Queensland Country jDocs) of pre-vocational practitioners without scope of clinical practice, requiring supervision.

Internal relieving programs are to be supported in preference to utilising externally sourced agency locums. Contact QCP to determine their capacity to provide relief for employee medical officers – Medical_Relief_QCP@health.qld.gov.au.

1.3 Junior doctors

While it is not desirable to use a locum to fill junior doctor positions (e.g., principal house officer), if this is unavoidable, the rate paid to the junior doctor is to be in accordance with the appropriate resident medical officer 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. Junior doctor locums may be paid on an hourly rate basis rather than a daily rate basis.

The Director of Medical Services (DMS) (refer definitions) must ensure the locum junior doctor is provided with appropriate supervision and support to perform the duties required of them during a locum placement.

Where a junior doctor position is required to be backfilled, Medical Administration teams may run an 'available candidates' report from the eRecruit system to determine if any suitable candidates remain available in the pool for short- or long-term appointments. HHSs may undertake their own mid-year recruitment processes, as required, to facilitate mid-year intakes to fill junior doctor vacancies.

2. Existing Queensland Health/HHS employee not to be engaged as a contracted locum

A contracted locum engagement option is not permitted when the medical practitioner is an existing employee of the department/HHS. The relevant DMS is accountable for ensuring no locum contract is entered into when the locum is an existing employee.

Employees have access to various forms of leave entitlements, all of which have a specific function, including managing fatigue, e.g., recreation leave. Queensland Health/HHSs does not allow existing employees to be re-engaged as contracted locums while they are taking such leave, or when on rostered days off.

In exceptional circumstances, the Director-General (or delegate) may approve the engagement of an existing employee medical officer as an 'employee locum', on the provision the employee is not on paid leave and is engaged to work in regional, rural and remote facilities. Further information for this engagement is in the relevant Health Employment Directive.

3. Contracted locum – Engagement and contracting arrangements

Contracted locum medical practitioners may be engaged through an approved provider under a preferred supplier panel (PSP) or standing offer arrangement (SOA), through a medical recruitment/placement agency, or through a third party interposed entity (e.g., a medical practice company or partnership). Any engagement of a contracted locum must be undertaken in accordance with procurement policies and procedures, delegations and the specifications of the relevant arrangement.

The contracted locum must be either an employee, contractor or sub-contractor of the approved provider/agency/entity (not an employee of the department/HHS).

An individual/sole trader, with or without an Australian Business Number (ABN), is not to be engaged directly, including through an agent acting on behalf of the individual, as a contracted locum. Individual medical practitioners providing backfill assistance to the department/HHS are to be placed on payroll and paid as an employee under the relevant industrial instruments.

3.1 Preferred Supplier Panel 111539 for Clinical Contingent Workforce

A preferred supplier panel (PSP 111539) for Clinical Contingent Workforce has been established, commencing 1 December 2022, for the provision of locum medical practitioners.

For the purposes of this policy, a reference to the Preferred Supplier Panel (PSP) 111539 for Clinical Contingent Workforce is a reference to any replacement PSP or standing offer arrangement (SOA) covering locum medical practitioners.

The PSP has been developed in compliance with relevant legislation, directives and the *Queensland Procurement Policy*. PSP 111539 establishes a panel of approved providers of clinical workforce categories, including locum medical practitioners, to cover shift-by-shift placements and planned locum placements (short- or long-term contracts). The PSP may also be used to recruit temporary and permanent employee medical officers. The arrangement is subject to agreed terms and conditions, including negotiated fees and charges.

Where the rate for a locum sourced under the PSP is above the maximum daily rate plus loadings for the equivalent locum under this HR policy, HHSs need to comply with these policy requirements. That is, Director-General (or delegate) approval is required to pay rates under the PSP that are higher than the total daily rates and loadings under this policy.

The PSP is managed by System Procurement, Corporate Services Division, and is a state-wide arrangement. The objective of PSP 111539 is to provide value for money and reliable locum procurement services, engage preferred providers who are licensed, provide standardised contract conditions, increased transparency and accountability in the use of the services, visibility of expenditure and meaningful workforce data.

Information, guides and templates for PSP 111539 are available on the System Procurement QHEPS intranet site. The Executed Deed outlines the pre-engagement, indemnity, insurance and other requirements for approved providers and contracted locums under the PSP. PSP 111539 terms and conditions must be used for all locum engagements under the PSP.

3.2 Use of medical recruitment/placement agency outside of PSP 111539

There may be circumstances when PSP 111539 approved providers are unable to source a locum directly for the placement, or the department/HHS may choose to engage a medical recruitment/placement agency outside of the PSP. Engagement of a secondary provider outside of the PSP is subject to the provisions and the daily rates of this policy (refer Attachment one) and is to be in accordance with procurement policy, processes and relevant delegations.

3.2.1 Labour Hire Licensing Act 2017

Where a medical recruitment/placement agency outside of the PSP is used, the department/HHS is to ensure that the agency, if meeting the definition of labour hire services under the *Labour Hire Licensing Act 2017* (Qld), holds a Labour Hire Licence where required.

3.3 Contracted locum engaged through an interposed entity

In some instances, a contracted locum may be engaged through a third party interposed entity, such as a medical practice company or partnership.

Where an interposed entity is to be engaged to provide the locum placement, an appropriate contract is to be prepared to ensure the contracted locum cannot otherwise be deemed an employee of the department/HHS under superannuation guarantee or taxation legislation.

The standard Queensland Health locum contract or standard visiting medical officer contract may be used as the basis for a contract with an interposed entity.

Any contract entered into with an interposed entity must ensure:

- the locum be engaged as an employee or contractor/sub-contractor of the third party interposed entity, not as an employee of the department/HHS
- the third party interposed entity must not be a sole trader and therefore will not have an Australian Business Number (ABN) that is registered as an individual.

Care should be taken to ensure the interposed entity is not an individual effectively operating as a sole trader. The Australian Taxation Office (ATO) may look behind such arrangements and deem the individual to be an employee of the department/HHS for superannuation guarantee purposes. Reference should be made to the ATO employee or contractor web page to evaluate the risk of the contractor locum being deemed an employee.

Note that rates paid to an interposed entity for the services of a contracted locum are to be within the maximum daily rates outlined in Attachment one of this policy. Any rates paid are not to be aligned to employee award or certified agreement rates of pay and are not to include employee provisions such as overtime.

3.4 Recruitment services

An approved provider under the PSP or a medical recruitment/placement agency may be engaged to provide recruitment services for a long-term temporary or permanent medical practitioner employee of the department/HHS.

The PSP provides for recruitment services within an established contract arrangement and fee structure. Where a candidate of a non-PSP agency is being considered, the department/HHS must seek legal advice on any contract being entered into and confirm any placement fees and conditions prior to considering such candidates.

4. Standard locum contract

The standard locum contract is available on QHEPS for use by the department/HHSs to engage a contracted locum through a medical recruitment/placement agency outside of the PSP. The overarching contract is to be negotiated and signed by the relevant delegate, after which the associated Standard locum contract – Schedule is used to request a locum and to outline contract particulars for individual locum engagements.

Only use of the standard locum contract provides the individual contracted locum with indemnity in accordance with the same terms, limitations and exclusions expressed in the *Indemnity for Queensland Health medical practitioners HR Policy 12*.

5. Agency responsibilities in relation to pre-engagement checks

An up-to-date curriculum vitae (CV) and recent referee reports must be provided for any locum candidate being put forward for consideration.

A medical recruitment/placement agency must demonstrate that appropriate pre-engagement checks, including the provision of any required documentation and/or evidence

(e.g. registration and vaccination status), have been undertaken prior to supplying a locum to the department/HHS. These pre-engagement checks are detailed in clause 4.2 of the standard locum contract.

The agency is to ensure, where relevant, that the locum has obtained a provider number for the purpose of any Medicare billing for private patients throughout the performance of the locum engagement.

6. Agency responsibilities in relation to insurances held

A medical recruitment/placement agency is required to hold the insurances specified in clause 16 and item 10 of Schedule 1 of the standard locum contract.

7. Credentialing and defining the scope of clinical practice

The relevant DMS must approve the engagement of the contracted locum medical practitioner prior to commencement of duty. The approval process must include the DMS's verification and approval of all necessary documentation to support the locum's engagement, including but not limited to, registration status, qualifications, identification, referee reports and curriculum vitae, prior to the contracted locum commencing duty.

Contracted locum medical practitioners are required to undergo a credentialing process to be granted a defined scope of clinical practice (SoCP), appropriate to the role they are contracted to provide the department/HHS. Locums must have current SoCP upon commencement of their engagement.

8. Engagement period

A contracted locum medical practitioner can only be engaged for a maximum period of six consecutive months. Any engagement beyond six months for the same contracted locum is to be re-negotiated to a temporary appointment under the relevant medical award and enterprise agreement, i.e., the locum is to be placed on the Queensland Health payroll as a temporary or permanent employee of the department/HHS.

Where it is anticipated the period of engagement is likely to be more than six months, a recruitment process should be undertaken by the department/HHS, or agency recruitment services should be utilised as per section 3.4 of this policy.

Throughout the period of a locum engagement to backfill a permanent vacancy, the department/HHS is to continue efforts to permanently recruit to the vacant role. Recruitment efforts are to be outlined in any business case for an extension of a locum for more than six months.

9. Locum fee structure

Contracted locum engagements are to be paid on a daily rate basis. As specified in Attachment One, the daily rate is comprised of a base rate plus additional loadings considering the role description of the vacancy, the location of the engagement and the qualifications and experience of the individual contracted locum. Separate daily rates apply for junior doctors. Refer to section 10.2 for Medical Superintendent/Medical Officer with Private Practice rates.

The daily rate is expected to cover all work done by the locum on each workday of the engagement. Only in the situation a locum has been required to perform work in excess of 12 hours in any one day, can an additional payment be negotiated.

9.1 Daily rate inclusive of agency fee

The daily rate paid for a contracted locum engagement is inclusive of any agency fee/s in relation to that engagement. The amount retained by the agency for its fee and the amount the agency pays the locum is a matter between the agency and the locum. Agency fees, identifying any GST component, are to be identified on the payment invoice (refer section 13).

9.2 Maximum daily rate

The daily rates prescribed in Attachment One are maximum rates. Rates paid for a locum assignment are to be negotiated up to the maximum based on the qualifications and experience of the medical practitioner, the skills being sought by the department/HHS and the duration of the engagement. That is, the maximum daily rate is not intended to automatically be paid for every locum assignment. An individual locum will have a different level of skill and experience and may or may not have the specialty registration being sought by the department/HHS.

The percentages prescribed for specialisation loadings in this policy are to be applied to the negotiated daily rate determined for the individual locum.

9.3 Specialisation loadings

Specialisation loadings applied to an individual locum, based on evidence of their registration and qualifications, are contained in Attachment One.

9.4 Regional loadings

Regional and remote locations generally have a higher reliance on locums. Maximum daily rates are supplemented with a regional loading contained in Attachment Two and apply to contracted locums based at that location.

The state is divided into seven regions based on the Modified Monash Model (MMM). The MMM measures remoteness and population size on a scale of categories MM1 to MM7, where MM1 is a major city and MM7 is very remote. The MMM is reviewed following each national Census every five years, i.e., the remoteness category of a location is subject to change.

10. Use of locums to cover the private practice operated by the Medical Superintendent/Medical Officer with Private Practice (MSPP/MOPP)

When a locum is engaged by the HHS to relieve a MSPP/MOPP, the MSPP/MOPP has the option of engaging the locum to cover their private practice (i.e. where the practice is not owned by the HHS). There is no obligation for the MSPP/MOPP to engage the locum contracted by the HHS to backfill the MSPP/MOPP's private practice.

If the MSPP/MOPP elects to use the locum to cover their private practice, a separate agreement is to be entered into between the MSPP/MOPP and the locum. The agreement is independent of the HHS and at no cost to the HHS. Remuneration for the locum for work

performed in the private practice is a private arrangement between the MSPP/MOPP and the locum and is to be negotiated prior to the relief period.

A locum engaged by the HHS to relieve for a MSPP/MOPP is required to prioritise all public hospital/patient duties for the HHS.

10.1 Arrangements for locums relieving MSPPs

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

- When the HHS requires relief for the hospital's MSPP during absences on leave, the DMS is responsible for appointing a relieving medical officer.
- Where a locum is engaged to relieve the MSPP, the locum is to be at least a third-year resident medical officer.
- The MSPP may recommend a locum to the DMS.
- A locum recommended by the MSPP is to be acceptable to the DMS and have the appropriate credentials and scope of clinical practice prior to commencement.
- Where the recommended locum is not being engaged through the PSP, a medical recruitment/placement agency or a third party interposed entity, the individual medical practitioner is to be placed on payroll and paid as an employee under the relevant industrial instruments.

10.2 Fee structure for contracted locum medical practitioners relieving MSPP or MOPP

The fee structure for locums relieving MSPP or MOPP is as follows:

- In a location where the HHS owns the private practice, the negotiated locum daily rate is paid. The HHS retains the private practice earnings.
- In a location where the HHS does not own the private practice, 50% of the negotiated locum daily rate is paid.

Where the MSPP/MOPP engages the contracted locum medical practitioner directly to relieve their private practice, any retention of private practice earnings is subject to negotiation with the private practice and the locum.

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

11. Revenue produced by contracted locums

The whole amount of any revenue or payment which the contracted locum may be entitled to claim in respect of the treatment of private patients during the locum engagement is to be assigned to the department/HHS (excludes private patient billings in relation to a private practice owned and operated by an MSPP/MOPP - refer section 10 above).

The medical recruitment/placement agency must ensure that the locum has obtained and maintains a provider number for the purpose of Medicare billing of relevant private patients treated throughout the locum engagement.

The medical recruitment/placement agency must ensure the locum agrees to establish a pay group link and grants the department/HHS the right to render accounts for the private patient medical services provided by the locum, in the locum's name and under the locum's provider number.

Refer to the standard locum contract for more details.

12. Travel arrangements

- The department/HHS will reimburse one return economy class airfare in order for a contracted locum to take up a locum assignment.
- When it is appropriate for the contracted locum to drive a private motor vehicle to take up a locum assignment travel must be by the most practicable direct route. A kilometric allowance based on the applicable Australian Taxation Office cents per kilometre rate (for example, the 2023/2024 rate is 85 cents per kilometre) is to be paid for the initial journey to the location and return journey upon completion of the engagement. No additional kilometric allowance is payable throughout the engagement.
- Travel by rail, coach or sea can occur subject to time restraints and this travel being reasonable in the circumstances.

12.1 Accommodation

A contracted locum is to be provided with suitable accommodation while undertaking a locum engagement. Accommodation for other than the locum medical practitioner cannot be guaranteed and is at the discretion of the department/HHS. Family members/pets are not to be housed for any period at provided accommodation without prior written approval.

When the department/HHS is unable to provide accommodation, a rental subsidy may be negotiated. This subsidy is to reflect the actual cost in the marketplace for providing suitable accommodation at the location where the job is based. Where a locum is seeking to accommodate family members/pets for all or part of the locum engagement and accommodation is unable to be provided, the locum may need to source private accommodation or supplement the rental subsidy provided.

12.2 Relocation of family, pets and personal effects

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

- seek to relocate their family and/or pets. A contracted locum is not an employee of the department/HHS and is responsible for any relocation costs for family members/pets. A locum seeking to have family/pets relocated for all or part of the duration of the locum engagement is to seek prior approval from the HHS/division.
- need to ship a significant volume of personal effects. In the event that a contracted locum needs to supplement normal luggage limits, support may be negotiated to ship a modest amount of the locum's personal effects by freight transportation or other means; this does not include luggage for family members which is the locum's responsibility. The duration of the locum assignment is a consideration for the transport of any personal effects.

12.3 Motor vehicle

Provision of a motor vehicle for use of a locum medical practitioner is at the discretion of the department/HHS.

13. Invoicing

Payment of contracted locum fees is subject to the medical recruitment/placement agency or third party interposed entity providing a correctly rendered tax invoice. The invoice must identify the component of the payment that is attributed to agency/entity fees.

Daily rates and loadings in this policy are exclusive of GST.

As the contracted locum is an employee or contractor/sub-contractor of the if the agency/third party interposed entity, all payments are to be made to the agency/third party interposed entity and no payments are to be made directly to a locum medical practitioner via the finance system.

14. Locum medical practitioner fatigue management

This policy is to be read in conjunction with *Fatigue Risk Management HR Policy 11*. The use of a fatigue risk management system applies in all departmental/HHS facilities and/or work areas and applies to all contracted medical practitioner locum engagements.

A contracted locum is required to commence a locum assignment in a 'fit for duty' state.

15. Policy compliance

In accordance with the *Code of Conduct for the Queensland Public Service*, all employees are expected to comply with this policy when sourcing locums.

Locum medical practitioners are obliged to comply with the Code of Conduct, fatigue management framework and workplace health and safety policies and procedures, as well as any other departmental/HHS clinical or non-clinical policies and procedures in place whilst undertaking a locum engagement.

Exceptional circumstances are considered on a case-by-case basis. Any exemption to the terms of this policy requires Director-General (or delegate) approval following consultation with and endorsement by the Senior Director, Workforce Relations and Policy, Human Resources Branch.

In exceptional circumstances, a Health Service Chief Executive (HSCE) may authorise payment of a locum daily rate up to 20 percent above the maximum daily rates prescribed in Attachment One. HSCE authorisations are only to be provided in exceptional circumstances, for example, to manage the risk of not meeting service level capabilities under the Clinical Services Capability Framework.

The HSCE must notify the Chief Human Resources Officer, Queensland Health, through monthly reporting when an authority is exercised. Reference is to be made to the relevant Instrument of Authorisation, as amended from time to time.

Definitions

Term	Definition
Contracted locum	An appropriately registered medical practitioner who is engaged through a third party under a contract for a temporary period to meet a special need for a specified period or no more than six months. A contracted locum is not an employee of the department/HHS.
Correctly rendered tax invoice	Means a document that satisfies the definition of tax invoice in section 195-1 of the <i>A New Tax System (Goods and Services Tax) Act 1999</i> (Cwth), including: <ul style="list-style-type: none"> • in which the amount claimed is due for payment and correctly calculated in Australian dollars • which is set out as an itemised account, identifying the GST exclusive amount, the GST component and the GST inclusive amount and enables the Customer to ascertain what the invoice covers and the amount payable • which includes adequate information for the customer to verify that the invoice is accurate • which is accompanied by supporting documentation reasonably requested by the customer.
Current departmental/HHS employee	An appropriately registered medical practitioner employed on a permanent or temporary basis in the department/HHS and who is paid via the Queensland Health payroll system. Excludes casual employees.
Director of Medical Services (DMS)	For the purposes of this policy, reference to Directors of Medical Services (DMS) includes Executive Directors of Medical Services (EDMS), Clinical Directors, or equivalent, however so named.
Medical Superintendent or Medical Officer with Private Practice	A medical practitioner appointed to perform clinical duties and responsibilities in accordance with clauses 14.2 or 14.3 of Medical Officers (Queensland Health) Award – State 2015 . The Medical Superintendent or Medical Officer with Private Practice will also be engaged in the private practice of medicine.
Suitable accommodation	Accommodation at least comparable in standard to that occupied by government employees traveling and relieving in the centre where the job is based.
Working day	For a contracted locum, a period of no less than eight hours (excludes MSPP/MOPP), exclusive of a meal break, between 0600 hrs and 2400 hrs on any day where work is performed. Note, recall may be required at any time outside of the scheduled work period.

History

Date	Policy change
12 April 2024	Updated to: <ul style="list-style-type: none"> • amend policy title from ‘Locum Arrangements and Conditions - Medical Officers’ to ‘Contracted locum medical practitioners - Arrangements and conditions’ • include provisions relating to Preferred Supplier Panel 111539 • adopt the Modified Monash Model for regional location loadings • amend maximum daily rate and loadings • add maximum daily rates for junior doctors • include reference to the Psychosocial Code of Practice 2022 • update references and naming conventions • remove attachment three procurement guidelines.
October 2011	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).
June 2009	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.

Attachment 1 – Contracted locum medical practitioner maximum daily rates and specialisation loadings

1. Senior medical officers

1.1 Maximum base daily rate

The base daily rate is to be **up to** a maximum rate of **\$1980**, plus GST, per working day, for contracted locums supplied by a third party. This maximum base daily rate includes any on call or recall allowance and any actual hours worked, including recalls. Daily payment amounts include the agency fee. Refer also section 10.2 of this policy for rates payable to contracted locum medical practitioners relieving MSPP or MOPP.

It is not expected agencies automatically request the maximum rate. A daily rate is to be negotiated in consideration of the duration of the locum assignment and the experience of the individual locum practitioner. The maximum daily base rate is supplemented by a specialist loading in recognition of the locum's qualifications. A regional loading is applied to the maximum base daily rate in acknowledgment of the geographical remoteness and town size of the location of the locum assignment (refer Attachment 2).

Only in exceptional circumstances can any consideration be given to paying a daily rate which exceeds the maximum rates outlined in this policy (refer section 9.2).

Payment for any hours worked in excess of 12 hours in a 24-hour period may be negotiated to be paid at an hourly rate of no more than the calculated daily rate applied to the assignment divided by eight (8).

For example, when a locum completes a rostered working day from 08:00hrs to 16:30hrs (includes 30-minute lunch break) and is recalled to the facility and works from 19:00hrs to 21:15hrs, this equates to 10 hours and 15 minutes actual work time – no additional payment is made. However, if the locum is further recalled from 22:00hrs to 00:30hrs, the locum has worked a total of 12 hours 45 minutes and where negotiated as part of the locum assignment, will receive 45 minutes payment at the additional hourly rate.

In the circumstance a locum is required to be on call on a non-working day, such arrangements will be determined by the department/HHS as part of the assignment. For any recalls on a non-working day, the locum is to be paid a negotiated hourly rate of no more than the calculated daily rate applied to the assignment divided by eight (8), up to a maximum of the daily rate.

1.2 Specialisation loadings

Specialisation		Loading
1.	Medical practitioner without specialist registration	0%
2.	Medical practitioner with specialist registration in general practice but without an advanced skill recognised by Queensland Health	15%
3.	Medical practitioner without specialist registration but with an advanced skill recognised by Queensland Health and being sought by the department/HHS	15%

4.	Medical practitioner with specialist registration in general practice and an advanced skill recognised by Queensland Health and being sought by the department/HHS	30%
5.	Medical practitioner with specialist registration in a specialty other than general practice	30%

Example

An Anaesthetist registered for 7 years is engaged to undertake a locum assignment for two (2) weeks based at Gladstone Hospital.

Negotiated base daily rate → \$1980 per working day

Specialisation loading (Category 5) → \$1980 x 30% = \$594

Regional loading for Gladstone (MM3) → \$1980 x 2.5% = \$49.50

Daily rate → \$1980 + \$594 + \$49.50 = \$2623.50 per working day (plus GST)

2. Resident medical officers (RMOs)

2.1 Maximum base daily rate

The base daily rate is to be up to a maximum rate of the rate specified in the table below, plus GST, per working day, for contracted locum RMOs (junior doctors) supplied by a third party. This maximum base daily rate includes any on call or recall and the agency fee.

It is not expected agencies automatically request the maximum rate. A daily rate is to be negotiated in consideration of the duration of the locum assignment and the experience of the individual locum practitioner. The maximum daily base rate is supplemented by a location loading in acknowledgment of the geographical remoteness and town size of the location of the locum assignment (refer Attachment 2).

In the circumstance a locum is required to be on call on a non-working day, such arrangements will be determined by the department/HHS as part of the assignment. For any recalls on a non-working day, the locum is to be paid a negotiated hourly rate of no more than the calculated daily rate applied to the assignment divided by eight (8).

	Maximum base daily rate – Resident medical officers			
Resident medical officer category	Senior Registrar	Registrar	Principal House Officer	Other
Maximum daily rate	\$1485	\$1287	\$1188	\$990

Example

A Principal House Officer is engaged to undertake a locum assignment for three (3) weeks based at Mt Isa Hospital.

Negotiated base daily rate → \$1188 per working day

Regional loading for Mt Isa (MM6) → \$1188 x 20% = \$237.60

Daily rate → \$1188 + \$237.60 = \$1425.60 per working day (plus GST)

Attachment 2 – Regional loadings and locations

A regional loading is applied to the negotiated daily rate in recognition of the remoteness of a location.

Modified Monash Model Category	Loading applied to base daily rate
MM1 – Metropolitan	0%
MM2 – Regional centre	1.5%
MM3 – Large rural towns	2.5%
MM4 – Medium rural towns	5%
MM5 – Small rural towns	10%
MM6 – Remote communities	20%
MM7 – Very remote communities	30%

Modified Monash Model Category Locations ^{^*#}						
MM1	MM2	MM3	MM4	MM5	MM6	MM7
Birtinya	Bundaberg	Gladstone	Atherton	Babinda	Capella	Alpha
Brisbane	Cairns	Gympie	Ayr	Baralaba	Clermont	Aramac
Caboolture	Gordonvale	Maryborough	Beaudesert	Biggenden	Cloncurry	Augathella
Caloundra	Hervey Bay	Yeppoon	Biloela	Blackwater	Collinsville	Aurukun
Gailes	Mackay		Bowen	Boonah	Cooktown	Badu Island
Gold Coast	North Ward		Cannonvale	Cardwell	Cow Bay (Diwan)	Bamaga

Ipswich	Rockhampton		Charters Towers	Cherbourg	Dunwich	Barcaldine
Logan	Toowoomba		Chinchilla	Childers	Glenden	Bedourie
Mountain Creek	Townsville		Dalby	Dimbulah	Hopevale	Birdsville
Nambour	Vincent		Emerald	Dysart	Injune	Blackall
Noosa			Gatton	Eidsvold	Jumbun	Boigu Island
Redcliffe			Goondiwindi	Esk	Middlemount	Bollon
Redlands			Home Hill	Gayndah	Mount Garnet	Boulia
Ripley			Innisfail	Gin Gin	Mount Isa	Burketown
Robina			Kingaroy	Herberton	Mungindi	Camooweal
Southport			Mareeba	Ingham	Sapphire (Gemfields)	Charleville
Tugun			Moranbah	Inglewood	Springsure	Chillagoe
Varsity Lakes			Roma	Jandowae	St George	Coen
Wacol			Stanthorpe	Kilcoy	Surat	Croydon
			Warwick	Laidley	Taroom	Cunnamulla
				Magnetic Island	Tieri	Dajarra
				Malanda	Wallumbilla	Dauan Island
				Maleny	Wandoan	Dirranbandi
				Miles	Woorabinda	Doomadgee
				Milla Milla	Wujal Wujal	Erub (Darnley Island)
				Millmerran		Forsayth
				Mission Beach		Georgetown
				Monto		Hughenden
				Mossman		Iama (Yam Island)

				Mount Morgan		Isisford
				Mount Perry		Jericho
				Moura		Julia Creek
				Mundubbera		Jundah
				Murgon		Karumba
				Nanango		Kowanyama
				Oakey		Laura
				Proserpine		Lockhart River
				Ravenshoe		Longreach
				Sarina		Mabuiag Island
				Tara		Mapoon
				Texas		Masig (Yorke Island)
				Theodore		McKinlay
				Tully		Mer (Murray Island)
				Wondai		Mitchell
				Yarrabah		Moa Island (Kubin)
						Moa Island (St Paul's)
						Mornington Island
						Morven
						Muttaburra
						Napranum
						New Mapoon
						Ngurapai (Horn Island)

					Norfolk Island
					Normanton
					Palm Island
					Pormpuraaw
					Poruma (Coconut Island)
					Quilpie
					Richmond
					Saibai Island
					Seisia
					Tambo
					Thargomindah
					Thursday Island
					Ugar (Stephen Island)
					Umagico
					Urandangi
					Warraber (Sue Island)
					Weipa
					Windorah
					Winton

^ Based on 2019 Modified Monash Model (MMM) data release.

* MMM locations subject to change category as the MMM is updated based on Australian Bureau of Statistics Census data used to determine remoteness and population, which is reviewed following each Census.

Note, the above table contains locations of hospitals, primary health care centres, multipurpose health care centres and clinics. Not all locations listed above have a medical practitioner based at the location. The MMM location is the location at which the locum engagement is based, not at a location the locum may need to attend during the placement.