GP VMO Contract Guideline

Introduction:
The purpose of this document is to provide a guide for individual GP VMOs, including GP VMO Registrars, to assist them in the contract negotiations with their Local Health Service (LHS or health service by any other name) in relation to hospital work, including that provided in the Urgent Care Centres (UCCs).

This guideline provides a baseline to a range of elements that when combined would be considered a fair remuneration package. This guideline does not set the upper limits which a LHS may invest to support their medical workforce.

RDAV will continue to provide support to members, for an individual or group, at their request and with the agreement of the LHS CEO, in their contract negotiations.

RDAV recognises the long-standing arrangements which exist in some communities between a LHS and local General Practice/s in relation to contracting the medical workforce for the local hospital. However, RDAV recommends that there must be provision for an individual to have a direct relationship with a LHS.

Rates outlined in this document have been considered by the membership of RDAV and have been a reasonable level of remuneration and endorsed formally by the RDAV Board.

Out of Scope of the GP VMO Guideline:

- GPs who are engaged to work solely in General Practice, and provide no service to the LHS.

Explanatory Notes:

- This document provides a guideline only to assist RDAV members in their contract negotiations and neither party is limited to the amounts or elements specified in the document.
- Under this guideline, the point of accountability for the medical roster in the hospital is the Director of Medical Services for the LHS.
- RDAV recognises the National Terms and Conditions for Employment of Registrars (NTCER) in the General Practice environment.
- For permanent employment arrangements, RDAV recognises the AMA Victoria Medical Specialists Enterprise Bargaining Agreement, with all approved rural loadings.
- It is important that GP VMOs consider the total remuneration package, not compare individual elements with various arrangements currently in place across the state.
- The billing process between the GP VMO and the LHS is to be determined by the individual as to whether that is through the General Practice or undertaken by the individual or a mechanism facilitated by the LHS.

- Any fees involved in the Practice providing billing support to the GP VMO is to be negotiated by the individual.
- There are elements in this Guideline which RDAV recommends are payable to the GP VMO in full (including registrars) regardless if the billing is organised through the General Practice:
    - Sign on payment
    - Relocation support
    - GP VMO Engagement Incentive
    - Professional Development Allowance
- **All amounts outlined in this document are GST exclusive**.

Sign on payment:

- If a GP VMO signs a contract and actively participates in the hospital medical roster the following is payable:

Table 1:

	Contract signed and one shift completed	Retention - payable after 12 months and signing of another 12-month contract
MMM 3	$15,000	$20,000
MMM 4	$20,000	$30,000
MMM 5	$25,000	$40,000
MMM 6	$30,000	$50,000
MMM 7	N/A	N/A
	IF doctor withdraws from service within 6 months of initial contract being signed, 100% of retention payment is to be re-paid to LHS	IF doctor withdraws from service within 3months of contract being signed, 100% of retention payment is to be re-paid to LHS
	IF doctor withdraws from service within 6-9 months of initial contract being signed, - 50% of payment is to be re-paid to LHS	If work is provided only for 3-9 months in year 2 50% to be repaid to LHS

- Sign on payment structure is complete upon second payment at 1 year anniversary period, it is not a recurrent payment.
- These payments are per individual doctor

GP VMO Engagement Incentive and/or Relocation Support:

- If a GP VMO signs a contract and actively participates in the hospital medical roster the following is payable:
    - MMM 3 $2,000
    - MMM 4 $3,000
    - MMM 5 $4,000
    - MMM 6 $5,000
    - MMM 7 $6,000

Professional Development Allowance:

- For a GP VMO credentialled to provide emergency and/or public inpatient care is supported to attend Advance Life Support, or accredited equivalent each year.
- This may be facilitated by through attendance at a locally provided accredited course; or
- Provision of reimbursement to the value of $2,000 to support course registration.
- For GP VMOs who also provide a procedural service an additional $2,000 is provided per year to undertake professional development.

Meeting, mandatory training and non-patient contact time:

- This will be paid at an hourly rate of $220.
- In the event of less than 24 hours' notice of meeting cancellation, the allocated time for a meeting will be payable to the GP VMO.

Telephone calls:

- For the period 11pm to 7am calls from hospital staff to the GP VMO will be paid at a rate of 10% of the oncall fee/call.
- Telephone calls made at the request of the GP VMO do not incur a fee.
- There is no fee payable for a telephone call that results in the GP VMO attendance at the hospital.

Fatigue Leave Payment:

- In the event that a GP VMO has less than an eight-hour continuous break between the end of their previous day's work at 6pm and commencement of work the following morning at 8am, as a result of recall to the hospital a fatigue payment will be paid by the LHS to the GP VMO.
- This payment will be $1,040 for a half day, and $1,560 for a full day, as required, to establish the eight-hour break.
- Should a GP VMO elect to work in their practice, they will not be eligible for the fatigue payment.

Oncall Arrangements:

- Multiple oncall rosters may be required depending on the service profile and activity of the hospital as well as the credentialling requirements of the individual doctors.
- There should be a standard facility/emergency oncall line in the roster.
- In the event of a junior doctor or registrar rostered to the facility/emergency roster another doctor must be rostered oncall for supervision.
- In a birthing facility, where activity exceeds 60 births per year, RDAV recommends individual medical practitioners are rostered for each of the following services: emergency/facility, obstetrics and anaesthetics 24/7.
- Where a medical practitioner is rostered to cover two elements of the service eg obstetrics and supervision, or emergency/facility and anaesthetics, a second oncall payment in recognition of the additional service being covered, is paid at a rate of 50% of the oncall fee.
- No medical practitioner should be rostered to greater than two oncall services for a single oncall period, eg maternity, emergency and supervision, other than in extenuating situations, and should not be a standard arrangement.

Supervision:

- Within the medical roster, if a registrar is rostered, a supervising doctor must also be rostered, and paid an oncall allowance for the period.
- Supervisors responsible to registrars working at GP VMOs, will be paid at the hourly rate if attendance is required at the hospital.
- Oncall supervisors must be available to attend if required within the recommended times.

Procedural Rostering:

- All doctors with procedural skills should be provided with equitable access to procedural shifts to ensure maintenance of skills and opportunity for skill development.

Billing Administration:

- RDAV recommends that for hospital work, outside of the rostered general practice days, where the practice does the billing on behalf of the GP VMO, the contribution to the practice does not exceed 10%.

Remuneration arrangements:

- There are three models outlined below.
- The best arrangement will be dependent upon the size and activity in a hospital, and they type of work a GP VMO performs.
- RDAV recommends that each of the models outlined in Table 1 is inclusive of all hospital-based work including Urgent Care Centre, Procedural, Inpatient care, and out-patient clinics.
- RDAV generally recommends that the one arrangement is in place regardless of the range of services the individual GP VMO provides.

- There may be specific circumstances where an individual has regular procedural shifts rostered, that a fee for service arrangement is negotiated with the LHS, separate to the hourly or daily rate arrangements for non-procedural or recall clinical work.

Table 2 – Schedule of fees payable for GP VMO Services. Three fee structures are provided for consideration.

Hourly Rate	**Fee for Service**	**Day Rate**
$260 per hour base rate (payable in 15min increments), An additional $40/hr loading for GP VMOs credentialled for procedural services. Registrar rate 85% of unsupervised rate. These rates are inclusive of loadings in lieu of leave loadings, superannuation, sick leave entitlements.	125% of the CMBS rate Anaesthetic $35.00/RVG Registrar rate 125% of CMBS, where Registrars that are credentialled for independent practice in area of adv skill. Registrars requiring supervision for all attendances, 85% of CMBS rate.	$2,200 for a 24 hour period, or $2,420 where GP VMO provides procedural services. Registrar rate 85% of unsupervised rate.
After Hours: 150% of base rate	After Hours: 150% of base rate	N/A
Unsociable Hours: 200% of base rate	Unsociable Hours: 200% of base rate	N/A
Oncall: Monday – Thursday $250 Friday – Sunday $370 Public Holiday $500	Oncall: Monday – Thursday Friday - Sunday	Oncall: Inclusive
Second/Supervisors Oncall: 50% of the oncall fee relevant to the roster	As per hourly rate model.	As per hourly rate model.
Recall – min 2 hours paid. In event there is more than one hour between end of one recall attendance and another recall attendance, a min. 2 hours payment is made. Where GP VMO is recalled within the hour from end of previous recall, it is at the standard rate of 15 min increments.	Recall for supervisors as per hourly rate model.	No recall
Indexation - 2% base rate increment per annum/CPI whichever is higher	Indexation - In event of a CMBS freeze, a minimum of 2% annual indexation or CPI whichever is greater.	Indexation - a minimum of 2% annual indexation or CPI whichever is greater

Funding streams supporting GP VMO remuneration reform:

RDAV recommends that the GP VMOs participate in the various Medicare billing arrangements that may be in place to offset the remuneration payments eg COAG 19(2) Exemption MBS billing for approved sites.

Employment of Registrars:

- RDAV support a single employer model for rural generalist registrars.
- The arrangement would be based on the State Award arrangements for other registrars working in the hospital system.

GP VMO Contract Review process:

- GP VMO contracts are usually 3-4 years duration.
- RDAV recommends that a clause is included, at the commencement of a new remuneration structure, to review the contract at six months. The review process can be instigated by either the GP VMO or the LHS.
- Where there has been a significant change in activity/service profile, it is recommended that a review of remuneration arrangements also be undertaken.

For GP VMOs presenting the RDAV Guideline to their local health service:

Case Study 1
GP VMO in small rural hospital who provides the following services:

- UCC oncall and attendance as per roster that is 24/7, 365 days per year.
- UCC presentations can vary from 2 per day up to 20 per day. No real pattern to activity to predict the higher levels of activity. But averages overall to 10 presentations per day, lower acuity, with Cat 1 & 2 presentations less than 15 in a year.
- Admitted inpatients 5-20 inpatients. Average 12 in-patients.

Recommendation would be daily rate.

Case Study 2
GP VMO in rural hospital who provides no procedural services:

- UCC oncall and attendance as per roster that is 24/7, 365 days per year.
- UCC activity averages than 15-30 presentations per day, cat 1 & 2 presentations 15-30 per year.
- Consistently in hospital for greater than five hours per day when rostered.
- Inpatient attendance and recalls if combined with UCC roster, there would be no minimum in patient number.
- Inpatient attendance where inpatient average exceeds 15 per day, would recommend separate roster from UCC.

Recommendation would be hourly rate.

Definitions:

GP VMO	Medical Practitioner working in General Practice and contracted to provide medical services at the local health district/hospital.
Business Hours	Mon – Friday 8am to 6pm
After Hours	Mon – Friday 7am to 8am and 6pm to 11pm Saturday 8am to 12noon
Unsociable Hours	Mon – Friday 11pm to 7am Saturday – 11pm (Friday) to 8am Sat & 12 noon to Midnight Sunday – All Day Public Holiday All Day

[i] Accredited by the GP VMO's individual specified College either RACGP or ACRRM