



# Parliamentary Debates

(HANSARD)

FORTIETH PARLIAMENT  
FIRST SESSION  
2018

LEGISLATIVE ASSEMBLY

ANSWERS TO QUESTIONS ON NOTICE  
(Received after Thursday, 30 November 2017)

Tuesday, 2 January 2018



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## QUESTIONS ON NOTICE

Answers received after Thursday, 30 November 2017

Questions and answers appear as supplied to Hansard.

### WESTERN AUSTRALIAN COUNTRY HEALTH SERVICE — MEDICAL SERVICES AGREEMENT

#### **2341. Ms M.J. Davies to the Minister for Health:**

For each West Australian Country Health Service (WACHS) cant the Minister please provide details pertaining to the contract WACHS and doctors (the Medical Service Agreement) for the services supplied by GPs to WACHS; including, but not limited to:

- (a) close on call arrangements;
- (b) terms of the Medical Service Agreements; and
- (c) any other relevant standard and non-standard clauses?

#### **Mr R.H. Cook replied:**

I am advised that:

- (a)–(c) A Medical Services Agreement (MSA) is a common law commercial contract between the doctor and health site with standard fee for service (FFS) arrangements and clauses related to scope of practice, service delivery and governance requirements.

The current registered MSA is applicable to all Health Services and is due to expire November 2017. The new MSA is currently being finalised.

MSA arrangements are currently used by all WA Country Health Service (WACHS) sites. As specific rates are directly negotiated with the doctor under a commercial in confidence basis, WACHS is not able to provide specific rates or payment details for particular doctors. General Practitioners provide in and after hours services via MSAs to most WACHS sites dependent upon the local service model of care and service delivery requirements in obstetrics, anaesthetics, emergency medicine and inpatient care.

It is estimated that 90% of MSA contracts provided to GPs have standard clauses (except Southern Inland Health Initiative [SIHI] contracts) with about a 10% variation, usually related to special arrangements for services such as obstetrics, anaesthetics and surgery.

Additional payments are made by WACHS to ensure continuous service provision in regional sites. Items include rural practice incentive (RPI) payments, provision of on call services, non-clinical administrative requirements determined by the Health Service and Chairmanship of the Medical Advisory Committee (MAC).

Resident GPs in all regions are generally on a FFS arrangement with payment in line with the Western Australian Government Medical Services Schedule (WAGMSS).

Other payments may include the following but are not standard for all contracts:

RPI for doctors residing in regional towns and loaded as a percentage to FFS at time of billing. RPI is based on remoteness ranging from 4% in Bunbury and Busselton to 24% in Tom Price and Paraburdoo.

Close availability payments are currently paid at a rate of \$131,974 per annum or \$361.60 per day (24 hours) for off-site clinical cover and apply to most WACHS sites; usually paid for obstetric and anaesthetic services or at single doctor sites where a GP may be required to provide Emergency Medicine or Inpatient services in or after hours. Availability requirements are dependent on the model of service and the service level required at each site. Non-clinical services rate are currently paid at a rate of \$148 an hour to support GPs in meeting administrative requirements at the request of the Health Service.

MAC Chairman is paid at a rate of \$180 per hour up to a maximum of \$1,200 per month in support of administrative time preparing for meetings, but not paid for attending meetings

Day rates are only for short term locum placements and FFS payments under WAGMSS do not apply. The day rates range from \$1,400 for a junior doctor to \$1925 for a GP Proceduralist per day in the inner regional classification, ranging up to \$2,325 for a GP Proceduralist per day in the most remote areas in the north.

GPs resident in the regions do not generally receive payments from WACHS for accommodation and travel; there are exceptions for SIHI doctors who provide services in neighbouring towns.

Other general clauses within the MSA outline requirements for

Credentialing and Scope of Practice;

Emergency Services competence;

Maintenance of skills;

Response times to emergencies;

Arrangements for care of patients in the medical practitioner's absence; and

Description of services.

All SIHI contracts are non-standard due to the incentive nature of the payments. SIHI focuses on additional incentive payments for nominated towns to support the provision of emergency medicine and procedural services.

SIHI incentives have been made to support doctors who meet the eligibility criteria to increase service provision in hard to recruit sites, with a focus on comprehensive emergency services. These incentives have previously included:

Emergency Medicine Incentive and GP availability — payment to support provision of emergency medicine services within nominated towns on a 24 hour basis.

Procedural Incentive — payment to participate within the Procedural services roster including after-hours services as required within nominated towns,

Primary Health Care Incentive — payment to provide primary health care within nominated towns including those without a resident GP.

Aboriginal Health Care Incentive — payment to provide Aboriginal health care services within nominated towns.

Location Support Payment — an annualised payment for doctors residing within nominated locations.

Attraction and Assistance Incentive — payments made over two years to support the relocation and retention of doctors in nominated sites.

MINISTER FOR EDUCATION AND TRAINING — CANNINGS PURPLE — CONTACT

**2377. Mr Z.R.F. Kirkup to the Minister representing the Minister for Education and Training:**

I refer to the Premier's answer to Legislative Assembly Question on Notice No. 250 and ask, since 17 March 2017:

- (a) has the Minister or current Ministerial staff met or had any contact with representatives of registered lobbyist Cannings Purple (in their capacity as lobbyists only) and if so;
- (b) what are the dates for each meeting or instance of contact;
- (c) who did representatives of Cannings Purple meet with or contact;
- (d) what was the topic of discussion for each meeting or instance of contact;
- (e) what third party, if any, was being represented by Cannings Purple;
- (f) was any follow-up action agreed to by the Minister or Ministerial staff:
  - (i) if so, what action was agreed to; and
- (g) what form did the contact take (i.e. email, phone) or for meetings, where did they take place?

**Mr P. Papalia replied:**

No, however the Minister and current ministerial staff may have had contact with representatives for administrative purposes only, or may have had incidental or irregular social contact in which case this is not listed.

