



ANZICS Statement on Intensive Care Specialists Providing Services to Patients in Private Hospitals

Background:

Intensive care specialists (Intensivists) frequently provide professional services to patients in private hospitals, often as a group practice, to facilitate 24/7 rostering, continuity of care, familiarity, and maintenance of standards required for the safe delivery of care. This statement outlines several matters that intensivists who treat patients in private hospitals should consider.

Rostering:

The safe management of intensive care patients calls for intensivists caring for these patients to be rostered solely to the intensive care unit whilst on duty and immediately available when on call. As mentioned above intensivists frequently operate as part of a group with a defined roster. Intensivists should be cognisant of the ACCC recommendations for Medical rostering published in July 2004¹ which can be accessed at www.accc.gov.au.

Relationship with private hospitals:

Private hospitals should ensure their intensive care units satisfy current recommendations and guidelines stipulated in the Medicare Benefits Schedule Book published by the Australian Government Department of Health and Ageing, including the provision of junior medical staff.

In addition to direct patient care, intensivists frequently provide non-clinical and administrative services to private hospitals, such as, but not limited to on-call availability, support for clinical emergencies, supervision of medical emergency or cardiac arrest teams, hiring and supervising junior medical staff, the development of a number of clinical protocols for use within the intensive care unit and participating in hospital committees. These additional services are over and above contractual obligations to individual patients and as such these services should be remunerated by the hospital in the form of a retainer or other appropriate arrangement.

Whilst many options are available and no single option is preferred, intensivists are advised to seek professional advice about the best structure for their local environment. However, when considering a service agreement with a hospital it is recommended that intensivists engage the respective hospital in a contractual arrangement that considers the following:



General terms:

1. The duration and terms of renewal of the contract;
2. The duties expected of the intensivists, both clinical and non-clinical, including appointing a director of the unit to liaise with hospital administration;
3. The responsibilities of the hospital in ensuring adequate facilities are provided to care for patients;
4. Provision of office facilities for the intensivist on duty and provision of a safe and adequate environment for work;
5. Granting the relevant clinical privileges as appropriate;
6. Clear process for dispute resolution and disengagement;
7. Other items of specific relevance.

Financial terms:

1. An agreed remuneration for the Director's role and other non-clinical duties;
2. A process of invoicing and payment;
3. Clearly define that a clinician's billing for professional services is a matter between the clinician and their patients.

Practitioners' arrangement:

It is recommended that practitioners working as a group consider entering into an agreement that defines and addresses the following:

1. Risk and liability severally, jointly and individually;
2. Individual's share of income within the practice which maybe defined by the number of weeks/days on duty;
3. Mechanism for share distribution;
4. Appointment of a director;
5. Adherence to an agreed Code of Conduct;
6. Terms of inclusion of new members;
7. Terms of termination of members;
8. Voting rights within a group arrangement;
9. Provision for sick and annual leave;
10. Confidentiality;
11. Clear process for dispute resolution.



12. Process whereby a practitioner's share (wholly or partly) may be handed over, or sold, to another practitioner;
13. Process of dissolution of a group arrangement;
14. Other items of specific relevance.

Disclaimer:

Whilst ANZICS provides this statement as a guide, it acknowledges the terms of free and fair trade and fully endorses the provisions of the Trade Practices Act 1974.

This statement is not meant to provide comprehensive recommendations, but is rather designed to encourage intensivists working in private hospitals to formalise their engagement with the respective hospitals and amongst themselves.

[1_http://www.accc.gov.au/content/item.phtml?itemId=575092&nodeId=784a9a04b3e3cfc8ab0afdb607718bcd&fn=Medical%20roster%20checklist%20July%202004.pdf](http://www.accc.gov.au/content/item.phtml?itemId=575092&nodeId=784a9a04b3e3cfc8ab0afdb607718bcd&fn=Medical%20roster%20checklist%20July%202004.pdf)