Private Practice in the Queensland Public Health Sector

Purpose
To ensure private practice activities in the Queensland public health sector are sustainable, support patient choice and workforce retention.

Scope
This Health Service Directive applies to all Hospital and Health Services.

Principles
- Consistency: contracts and agreements regarding private practice in the Queensland public health sector facilities are consistent
- Efficiency and value: private practice is conducted in a way that supports overall service sustainability and best use of public resources
- Managed: private practice is actively managed and monitored by Hospital and Health Services
- Simplicity and transparency: obligations, performance criteria and fees for private practice are accessible, clear and consistent
- Patient centred: private practice is conducted in a way that prioritises patients’ needs
- Value for money: private practice is conducted in a way that is financially sustainable in the benefits it creates

Outcomes
Hospital and Health Services must achieve the following outcomes:
- An established and documented governance framework for private practice in the Queensland public health sector
- Private practice arrangements at the Hospital and Health Service are supported by a written contract or agreement between the health service and the practitioner/entity performing the service/s
• Standardised fees are levied to clinicians engaging in private practice activities
• Private practice enhances and supports the delivery of public practice
• Patients are provided with the choice to be treated as a public or private patient in accordance with the National Healthcare Agreement 2013.

Mandatory requirements
All Hospital and Health Services must:
• Use the standard granted private practice agreement template (Senior Medical Officers) issued by the Department of Health, unless otherwise approved by the Director-General
• Use the standard granted private practice schedule template (Visiting Medical Officers) issued by the Department of Health, unless otherwise approved by the Director-General
• Conduct performance reviews of private practice activities annually
• Ensure fees are charged for private practice services in accordance with the Queensland Health Fees and Charges Register
• Comply with the Private Practice in the Queensland Public Health Sector Framework
• Ensure all clinicians and support staff have access to training and education material appropriate to their roles and responsibilities regarding private practice
• Establish a local private practice governance committee (or a committee with adequate terms of reference) to oversee the administration and sustainability of private practice arrangements operating within their service.

Related or governing legislation, policy and agreements
• Health Insurance Act 1973 (Cwth)
• Hospital and Health Boards Act 2011 (Qld)
• Health Employment Directive 8/14 Visiting Medical Officers – Employment Framework
• National Health Reform Agreement 2012
• National Health Care Agreement 2013

Supporting documents
• Private practice in the Queensland public health sector framework
• Guideline to patient billing practises in the Queensland public health sector
• Queensland Health Fees and Charges Register
Business area contact
Revenue Strategy and Support Unit, Finance Branch, Corporate Services Division, Department of Health

Review
This Health Service Directive will be reviewed at least every three years
Date of last review: December 2015

Approval and Implementation
Directive Custodian
Deputy Director-General, Corporate Services Division, Department of Health

Approval by Chief Executive
Director-General, Department of Health
Approval date: 14 March 2016

Issued under section 47 of the Hospital and Health Boards Act 2011

Version Control

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Prepared by</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.0</td>
<td>July 2014</td>
<td>Finance Branch</td>
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<tr>
<td>2.0</td>
<td>January 2016</td>
<td>Revenue Strategy &amp; Support Unit, Finance Branch and HRS Branch</td>
<td>The following changes were made:</td>
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<td>o ‘Purpose’ section reworded.</td>
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<td>o ‘Principles’ section reworded to reflect the changes in the medical officer’s employment arrangements and additional principle added ‘Value for money’.</td>
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<td>o “Outcomes’ section reworded to reflect the changes in the medical officer’s employment arrangements and additional information added regarding patient choice.</td>
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Definitions of terms used in this directive

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
<th>Source</th>
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<tbody>
<tr>
<td>Clinician</td>
<td>An individual who provides diagnosis, or treatment, as a professional: a) medical practitioner b) nurse c) allied health practitioner; or, d) health practitioner not covered by paragraph a), b) or c) (National Health Reform Act 2011).</td>
<td>National Health Reform Act 2011</td>
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<tr>
<td>Fees</td>
<td>Fees outlined in the Queensland Health Fees and Charges Register</td>
<td>Health Service Directive # QH-HSD-045 – Fees and Charges for Health Care Services</td>
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<tr>
<td>Private Practice</td>
<td>The provision of professional services to a person who could receive treatment free of charge under the National Health Reform Agreement 2011 (as amended or replaced) but who has elected to be treated privately in the public system; or a person who agrees to be a fee-paying patient (including third party compensable private patients i.e. through motor vehicle insurance, workers’ compensation, Department of Veterans’ Affairs etc.) of the clinician and makes this election on the basis of informed financial consent.</td>
<td>Private practice in the Queensland Public Health Sector Framework</td>
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<td>Public sector health service facility</td>
<td>A facility at which public sector health services are provided</td>
<td>Hospital and Health Boards Act 2011 (Qld)</td>
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