Better Practice Guide

A Guide to Operating a Private General Practice

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Queensland Country Practice

Incorporating the National Rural Generalist Coordination Unit

Advancing rural health solutions

Queensland Government

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Better Practice Guide – A Guide to Operating a Private General Practice

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Queensland Rural Medical Service, Department of Health, GPO Box 48, Brisbane QLD 4001

Email programservicesQCP@health.qld.gov.au, phone (07) 2100 9685

Disclaimer

This document is intended for the use of Hospital and Health Services (HHSs) and their officers in considering and developing service improvement options. Whilst all care has been taken in the consideration and inclusion of references to relevant legal instruments, policies and guidelines, it does not replace the due diligence responsibilities of the relevant accountable officers in ensuring service changes meet all legal, policy and change management requirements and obligations.

A guide to Operating a Private General Practice

1. Introduction

This guide is intended to provide general guidance, options, suggestions and points to consider when a Hospital and Health Service (HHS) plans to establish and operate a general practice and facilitate private practice by its medical workforce.

Where existing private practices exist, the HHS must take care to ensure granted private practice arrangements do not compete with existing general practices or adversely affect their viability.

General practice provides planned and preventative care that maintains patient wellbeing in the community and attends to illness and injuries that may not need hospitalisation. Access to effective general practice leads to fewer preventable presentations to emergency departments and avoidable hospitalisations arising from chronic conditions.

Granted private practice arrangements established by Queensland Health require salaried medical officers to appoint the HHS (or another party appointed by the HHS) as their billing agent and requires the HHS to provide administrative and clinical support to support private practice.

The practice management support provided by the HHS may be limited, such as facilitating granted private practice arrangements[1] for Senior Medical Officers (SMOs) or enabling eligible Medicare billing for non-admitted patients in approved rural hospitals[2]; or it may involve operating a general practice on its hospital campus or elsewhere, employing dedicated practice staff, establishing systems and processes and maintaining practice accreditation. In these situations, the HHS is administering and facilitating medical practice – the medical practitioner is conducting the business of providing professional medical services.

Where the arrangement involves the transition from an existing general practice, the HHS should work with the retiring or exiting practice principal to manage the continuity of patient care, transfer of custody of patient records, acquisition of any practice assets required and ensure the practice's staff are treated fairly when their employment is ended by the practice. The re-engagement of former practice employees by the HHS is subject to Queensland Health's usual recruitment policies. Prior service in the practice is not recognised by Queensland Health.

When transitioning a general practice, the HHS cannot acquire a corporate entity as a going concern without the approval of the Treasurer[3], and only where the Public Interest Map threshold test is satisfied (which is unlikely)[4].

[1] Department of Health, Private practice in the Queensland public health sector framework, QH-HSD-044:2014, available from: www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/private-practice-in-the-queensland-public-sector

[2] Australian Government, Department of Health and Aged Care, Guide to the COAG Section 19(2), Improving Access to Primary Care in Rural and Remote Areas Exemptions Initiative, available from: https://www.health.gov.au/sites/default/files/2023-10/guide-to-the-coag-section-19-2-exemptions-initiative.pdf

[3] Queensland Treasury, Guidelines for the Formation, Acquisition and Post Approval Monitoring of Companies, June 2020, available from: https://s3.treasury.qld.gov.au/files/Guidelines-for-the-Formation-of-Companies-June-2020-FINAL.pdf

[4] Queensland Government, Public Interest Map, available from:

All public health services and programs undertaken by a HHS must be accredited to the standards required by the Department[5]. The Department has specified that a general practice must be accredited in accordance with the current edition of the Royal Australian College of General Practitioner's accreditation standards[6] and in line with the National General Practice Accreditation Scheme[7].

2. Practice facilities

Location

The location of a general practice should be guided by community needs. Ideally, the practice should be located where it is most accessible to patients (particularly where public transport is limited or absent) and be nearby to the community pharmacy or allied health services. In some communities, the practice could be best located adjacent to the residential aged care and independent living service. In some smaller remote communities, the hospital may have been designed with a co-located general practice to enable doctors to readily move between the practice and the hospital in the event of an emergency.

Where the proposed site is off campus, the HHS will need to assess options and have regard to Council zoning regulations and car parking requirements. Local real estate agents can be consulted regarding potential properties.

To ensure compliance with the *Disability Discrimination Act 1992*[8], the premises must enable people with a disability or impairment to access the building in ways that maintain their dignity.

Buying or leasing

Section 20A of the *Hospital and Health Boards Act 2011* permits a HHS to acquire or lease land and buildings (real property) with the written approval of the Minister and the Treasurer.

The Queensland Government Land Transaction Policy[9] is a whole of government policy that dictates how property is to be acquired, disposed of and leased. The Minister, through the Real Property Delegations, has delegated powers to officers performing real property functions and duties in their roles[10].

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www.premiers.qld.gov.au/publications/categories/policies-and-codes/public-interest-map-policy.aspx

[5] Queensland Government, Queensland Health, Patient Safety, Directive number, QH-HSD-032:2013, available from: www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety

[6] RACGP, Standards for general practices, 5th edition, available from: www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/table-of-contents

[7] Queensland Government, Accreditation guideline, Guideline number: QH-HSDGDL-032-5:2022: available from: www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety/accreditation

[8] Australian Government, Disability Discrimination Act 1992, no. 135, 1992, available from: www.legislation.gov.au/Details/C2018C00125

[9] Queensland Government, State Development, Infrastructure and Planning, Queensland Government Land Transaction Policy, available from: www.statedevelopment.qld.gov.au/industry/investment-transactions/qld-gov-land-transaction-policy

[10] https://qheps.health.qld.gov.au/__data/assets/pdf_file/0015/2261310/real-property-delegations.pdf
page not found, should not reference QHEPS in external facing documents

HHS property and legal services teams should be engaged at an early point to provide advice on the processes required to evaluate options under consideration, organise valuations, assess lease and fit out costs, review the terms of a lease and building contracts, facilitate approvals, and ensure compliance with relevant government policies. Alternatively, the Department of Health's Property Services Team can provide assistance with property acquisition and leasing.

Design

Royal Australian College of General Practitioners (RACGP) Standard 5 'the medical practice' aims to ensure the practice's facilities and medical equipment are appropriate for providing comprehensive patient care. The practice must provide a safe and effective environment for the practice team and its patients, with access to the medical equipment required.

- Facilities must be fit-for-purpose, and the design and layout must enable privacy, security, consultation space, and access to facilities such as toilets and hand-cleaning facilities
- The layout of the practice will ideally provide reception staff members clear sight of the waiting areas, so that they can see and monitor waiting patients
- Facilities should consider the cultural requirements of patients in areas such as the waiting room
- Consultation rooms need to be kept at a comfortable temperature.

Care and attention should be paid to the layout, lighting, safety and security of the premises for patient convenience and operational efficiency.

The RACGP has suggested the following when calculating how much area the practice will require[11]:

- The waiting room should provide a minimum of $2m^2$ for each chair, allowing six chairs per doctor in the waiting room
- A consulting room for each clinical team member (i.e. GPs and practice nurses)
    - Consulting rooms should be a minimum size of 12 m^2 (15–16 m^2 is recommended) with space for an examination couch, privacy screen or curtain, a hand basin and patient chairs
    - A clinical area for practice nurses, treatment rooms and adequate storage is important
    - Treatment rooms can be smaller, but at least 7 m^2 (2.5 x 3.0 m)
    - A larger procedural room of around 16 m^2 (3.5 x 4.5 m) for performing minor procedures and emergency treatment if required
- Administration areas require about 10 m^2 per staff member, with extra space for office and IT equipment, waste collection and storage
- Ample access to ensure ambulance services can enter and exit the building easily while preserving patient dignity
- Toilets and staff tearooms are a necessity
- The patient toilet needs to be large enough for a person with a disability to safely and comfortably access and ideally be located near the nurses' area.

[11] RACGP, General Practice Business Toolkit, Module 2 - Your practice premises, available from: https://www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit [accessed 25 March 2025]

The overall space available should consider future needs and the potential for the practice to host allied health providers or visiting specialist services. A casual or periodic rental arrangement may be appropriate to contribute towards the fit out and practice operating costs.

Security

Premises should be designed with the safety and security of patients and practice staff in mind.

Physical security measures to consider include:

- locked storage for drugs (including a safe[12] for S8 drugs), medical records, IT server and portable medical equipment
- visibility of the waiting room from reception
- internal or external CCTV
- remote locking of the practice entry; and/or
- ensuring consultation rooms have a second exit or duress alarm.

The extent of measures should weigh up the risk of a violent incident with the welcoming environment the practice should display.

Security measures should also consider IT security, including access and password controls for the operating system and application software, controls to prevent unauthorised access, training in IT security, and contingency planning for cyber incidents. These processes should all be documented in the practice's Practice Manual.

Equipment

GP standard 5.2 'practice equipment' sets out a list of the typical equipment required by a medical practice for comprehensive primary care and emergency resuscitation.

- PPE includes masks, plastic aprons, gowns, goggles/glasses, face shields, gloves, and swabs
- Purpose-built vaccine refrigerators are specifically designed to store vaccines between +2°C and +8°C (do not use domestic fridges) – temperature to be monitored and recorded, having regard for the National Vaccine Storage Guidelines 'Strive for 5'[13]
- The practice must always keep all medical equipment clean and serviceable, undertake routine test and tagging of electrical equipment, and keep records of scheduled maintenance including calibration
- The practice must use equipment in a safe manner using the manufacturer's operating instructions
- Doctors and staff must receive initial training in safe and effective use of equipment and receive refresher training where appropriate
- The practice should have a fully equipped doctor's bag available to all medical practitioners for routine visits and emergency care.

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[12] Queensland Health Departmental Standards, Secure storage of S8 medicines – version 2, July 2023, available from: www.health.qld.gov.au/__data/assets/pdf_file/0031/1108939/ds-secure-storage-s8-medicines.pdf

[13] Australian Government, Department of Health, Disability and Ageing, National vaccine storage guidelines, Strive for 5, 4th edition, National Immunisation Program, available from: National Vaccine Storage Guidelines 'Strive for 5' | Australian Government Department of Health and Aged Care

Acquiring an existing practice

Where the HHS considers that it is in the public health interest to maintain access to general practice services, it may seek to engage with a departing practice principal and acquire the practice's assets, enabling practice succession and continuity of healthcare in the community.

The HHS will need to undertake a due diligence process prior to drafting contracts to acquire practice assets, including:

- Arranging a building inspection (if acquiring a building) and searching the title documents
- Arranging a market valuation (if acquiring a building)
- Seeking delegate approval to lease non-residential property in accordance with the Queensland Health Corporate Real Property Delegations
- Reviewing the practice design against the accreditation standards and conducting a work health and safety audit
- Stocktaking equipment and medical consumables and assessing their condition
- Identifying redundant equipment (due to age or lack of standardisation).

The purchase price should reflect the market valuations and value in-use of the assets to the buyer (for example, no value for an item that will not be used). Goodwill is valued at the price a buyer is willing to pay above the value of the underlying assets. As there is generally no market for buying rural practices, there will usually be no goodwill.

For accounting purposes, the assets acquired will need to be valued and added to the asset register where items meet the asset threshold set by the HHS finance department.

In addition to the purchase of the practice assets, action will need to be given to:

- Register or transfer the practice business name[14]
- Arrange the transfer the practice's web domain (as applicable)[15]
- Communicate the change of management of the practice in the local paper or bulletin boards
- Ensure patients are informed (by SMS or letter) of the transfer of their patient care and records to the HHS – this is usually the responsibility of the outgoing principal.

3. Practice Workforce

A key challenge for any general practice is building a cohesive and effective practice team. This will involve creating a team-based structure with clear roles and delegated responsibilities, providing the right level of support and training, promoting information sharing and participation, managing people fairly, and offering competitive terms and conditions of employment.

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[14] ASIC, Australian Securities & Investments Commission, Business names, Submit a business name transfer request, available from: www.asic.gov.au/for-business/transfer-your-business-name/steps-to-transfer-a-business-name-to-a-new-owner/

[15] .auDA, Transfer your .au domain name, available from: www.auda.org.au/au-domain-names/domain-name-help/transferring-au-domain-name-another-registrar-fact-sheet

Practice staff engaged in a HHS operated general practice are HHS employees and are subject to the conditions of employment set out in the various health Awards and certified agreements.

Although there is no one size fits all approach to practice staffing, some studies have suggested each practice should have at least 1.5 support staff per full time equivalent rural doctor, with at least 0.40 full time nurses and 0.30 full time practice manager per full time equivalent rural doctor[16].

> *For example, a practice with two rural generalists working 0.80 FTE each in primary care would have a full-time practice nurse, a full-time receptionist and a 0.50 FTE practice manager (though more likely, the practice manager would be full time and share reception with a 0.50 FTE receptionist).*

The actual staffing profile will need to consider the preferences of some staff to work part-time, roles being shared with the local hospital and the need to adjust the profile based on the availability of experienced talent.

The RACGP Standards for General Practice require accredited practices to have role descriptions and induction processes in place to ensure there are clear roles, accountabilities and responsibilities[17].

Practice Manager

The Practice Manager is a key position within the practice that brings together business management and clinical coordination. Typically, the Practice Manager will be responsible for:

- Undertaking a range of staffing and financial management tasks, including Medicare billing
- Managing appointment schedules and associated procedures to ensure efficient patient care and complete Medicare billing
- Administering the medical software application and contracted IT support
- Coordinating accreditation requirements, including the maintenance of policy and procedures manuals, registers and plans
- Maintaining the practice premises, including equipment, cleaning services and security
- Negotiating rosters with hospital managers for the shared workforce.

Many of the tasks involved in setting up a new practice can usually be delegated to an experienced practice manager as doctors are very busy and the opportunity cost of a practitioner undertaking this role is very high.

Selecting the right Practice Manager with the right terms and conditions of employment, including remuneration, is vital. The practice is engaging the Practice Manager's expert knowledge of

[16] Sustaining Medical Practice in Rural and Remote Australia – A Summary of Viable Models of Rural and Remote Practice Project Stages One and Two , Rural Doctors Association of Australia, 2003, available from: www.aph.gov.au/~/media/wopapub/senate/committee/medicare_ctte/submissions/sub87att3_pdf.ashx

[17] RACGP, Standards for General Practices 5th Edition, Core Module, Criterion C3.2 Accountability and responsibility, available from: https://www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/core-standards/core-standard-3/criterion-c3-2-accountability-and-responsibility

Medicare and practice systems along with their vitality, insight and contribution to the development of the practice. To ensure successful recruitment and retention, the HHS should ensure:

- the role is appropriately scoped with clear responsibilities and delegated authority
- the Practice Manager is included in the management of the practice
- fair and reasonable access to training and professional development is provided.

Practice Nurses

Practice nurses provide invaluable clinical support and patient care that delivers more efficient and effective healthcare.

General practice nursing offers a great opportunity to work at the forefront of primary health care, working collaboratively as a respected professional in an interdisciplinary team that focuses on chronic disease management and preventative healthcare.

Practice nurses may be registered or enrolled nurses who can undertake a variety of roles in line with their approved scope of practice, including:

- Undertaking patient triage and assisting in emergency care
- Providing practice clinical support (wound care, pathology)
- Supporting health assessments and GP chronic disease care plans, including educating patients, navigating care with specialists and allied health providers and following-up on care plans
- Leading immunisation and other clinics
- Conducting accreditation and clinical governance functions.

The Australian Primary Health Care Nurses Association (APNA) offers training and support for new and existing practice nurses, including workbooks that can be completed online. A recent APNA workforce survey found that nearly 40% of nurses believed they could do more with their current skills and knowledge, with more than half having received suggestions from their employer that they could undertake more complex tasks[18].

Practices may also elect to employ Aboriginal and Torres Strait Islander Health Practitioners or health workers to undertake some or all of the duties of a practice nurse, particularly when the practice population includes a large number of First Nations people. Many of the Medicare benefit items for nursing can also be claimed when employing an Aboriginal and Torres Strait Islander Health Practitioner.

Workforce incentive payments[19] are available to accredited practices employing enrolled or registered nurses and/or Aboriginal and Torres Strait Islander Health practitioners or workers.

[18] Apna, workforce survey 2021, available from: https://www.apna.asn.au/profession/apna-workforce-survey

[19] Department of Health, Disability and Aged Care, Workforce Incentive Program (WIP) – Practice Stream, available from: www.health.gov.au/initiatives-and-programs/workforce-incentive-program/practice-stream

Practice Reception

The receptionist is the first impression patients have with a clinic. No matter if it is through a phone call or in person, the receptionist will be the face and voice of the practice. A good receptionist brings tremendous value to any type of organisation and a medical receptionist allows doctors and nurses to concentrate on what they do best, treating people.

Typically, receptionist duties will include:

- Welcoming patients and visitors, answering the telephone and answering any inquiries
- Scheduling appointments, assisting patients with forms and processing payments and Medicare billing using the practice software
- Liaising with Medicare, private health funds, specialist's practices and other health providers
- General office duties – faxing, scanning, filing, mail and monitoring and ordering stationery and clinical supplies
- Maintaining information confidentiality at all times.

Orientation and Induction

As HHS employees, each practice staff member will need to complete their mandatory training in accordance with their HHS policy.

Additionally, each practice will maintain a Policy and Procedures Manual which includes an orientation plan. Orientation should be kept simple and pragmatic to ensure staff are welcomed, meet other members of the practice, are shown the practice layout and emergency procedures, and are provided on-the-job instruction in their role and duties.

Importantly, practice staff should also be oriented through the local hospital and new hospital staff should be oriented through the practice. The hospital and practice form a team and should have a good understanding of the roles and functions of the other.

Terms and Conditions of employment

Practice staff employed within a HHS operated medical practice are HHS employees – all relevant Queensland Health Human Resource policies and HHS recruitment and workforce management procedures will apply.

Workplace Health and Safety

RACGP Criteria C3.5 'work health and safety' sets out the standard for practices to ensure safe and healthy workplaces, including the management of workplace health and safety, the physical environment of the practice, dealing with occupational violence, and the immunisation of the workforce.

HHS workplace health and safety procedures also apply to general practices operated by the HHS, including WHS training requirements and reporting potential hazards and incidents. These policies and procedures should be integrated into the practice's policy and procedures manual to avoid duplication.

Attracting allied and visiting specialist services (Agreements)

People living in rural and remote areas have far less access to allied health and specialist care when compared to people living in metropolitan areas[20]. Multidisciplinary and team-based care delivers better care and improved outcomes for patients.

In many cases, rural patients have to travel to a larger or tertiary hospital to access care that is not available locally, adding to patient travel subsidy costs (though telehealth is increasingly becoming available across specialties).

Allied health services in rural and remote communities are often limited to those provided by local hospitals or periodic visiting services[21]. Integrated practices may be able to expand the local workforce or boost recruitment by employing an allied health professional or supporting private (out of work hours) practice in areas identified as in need (for example, physiotherapists or psychologists). The practice could:

- Employ an allied health professional on a full or part-time basis
- Host a public service outside of the hospital to enhance accessibility[22]
- Enter into an agreement with a private allied health provider or a HHS employed allied health professional working outside of their hours of employment.

Workforce incentive payments are available to accredited practices employing or engaging allied health professionals[23].

HHS employed allied health professionals undertaking private practice outside of their normal working hours must inform their manager and jointly review any potential conflicts of interest or fatigue matters.

The practice could also improve access to specialist services by making facilities available for consultations and minor procedures. Practices should coordinate specialist services with local hospitals and promote their availability through the practice. The terms of the arrangement should be documented in a memorandum of understanding or an exchange of letters creating a licence agreement covering the responsibilities of the parties and the fees (if any) that would be levied.

4. Medical software and ICT

Practices should document their information management system, have clear support and maintenance arrangements, have procedures for managing access (security and audit logs) backing

[20] Australian Government, Australian Institute of Health and Welfare, Rural and Remote Health, available from: www.aihw.gov.au/reports/rural-remote-australians/rural-and-remote-health

[21] CheckUP administers Allied Health, GP and specialist outreach programs on behalf of the Australian Government and is the jurisdictional fundholder for Queensland. CheckUp, Outreach Programs, available from: https://checkup.org.au/what-we-do/health-services/outreach-programs/

[22] The arrangement must not result in the diminution of public health services, Queensland Industrial Relations Commission, Health Practitioners and Dental Officers (Queensland Health) Certified Agreement (No.4) 2022, available from: https://www.qirc.qld.gov.au/sites/default/files/2023-06/2023_cb43.pdf

[23] Department of Health, Disability and Aged Care, Workforce Incentive Program (WIP) – Practice Stream, available from: www.health.gov.au/initiatives-and-programs/workforce-incentive-program/practice-stream

up records, and provide user training for all staff. The practice should also have adequate broadband internet access and may choose to offer guest access for practice patients and visitors.

Effective general practice is enabled by its specialised practice management software to efficiently maintain patient records, prescribe, order pathology, arrange referrals, generate follow-ups, recall patients and enable practice billing. The software also enables the practice to monitor and track its performance against a range of clinical indicators and target health care initiatives to its patient population. Clinical audit tools such as PAT, CAT, Topbar, CAT Plus[24], Primary Sense[25] or some other Data Quality Dashboard can be used to monitor and report on key quality and performance indicators.

Leading commercial medical software applications include Best Practice and Medical Director. MediRecords is available to support Medicare billing for specialist private practice in hospitals and the billing of public patients for eligible services in nominated rural locations under COAG Section 19(2) Exemptions. MediRecords has also been used to support Queensland Health primary care clinics but is not a medical practice application and requires additional software to support care planning, recalls and other practice activities.

Maintaining IT systems can be time consuming and require advanced skills, especially when upgrading hardware or software. There are also significant privacy and cyber risks to consider. A practice may also have to consider migrating patient records from different (and older) applications.

There are a number of ways in which practices can organise their IT applications:

- An **own and operate** strategy may be considered where the practice is transitioning from a former independent practice. The HHS would acquire the physical assets and transfer the software licences and associated vendor support. The HHS could either continue contracted 3rd party support for the equipment or service it from the HHS information technology department. This arrangement is likely to have lower ownership costs, but would require local IT skills, have greater cyber and back-up risks and would impede the ability to share records. Government ITC contracts[26] would be required for contracts with vendors
- The HHS could explore **cloud hosted** applications and databases (software as a service) using either independent or HHS standardised computers and laptops. This option ensures medical software is always current without the need for advanced local IT skills and preserves medical records. The option would require cyber security approval through eHealth. The cloud may provide opportunities to share records, subject to access and licencing. Cloud hosting would involve additional vendor support costs and database storage costs and a GITC contract will need to be in place
- The HHS (or eHealth) could **host the application and database** within the HHS, providing the practice with remote access (via Citrix/MyApps) to operate the medical software. The HHS

[24] PenCS, available from: www.pencs.com.au
[25] Primary Sense, available from: www.primarysense.org.au
[26] Queensland Government, Business Queensland, ICT contracting framework, available from: www.business.qld.gov.au/industries/science-it-creative/ict/tendering-government/contracting-framework

would maintain control over version updates and capacity of the database and replace equipment as part of the eHealth fleet replacement strategy.

A HHS should carefully consider database configurations for practices that involve branch operations, where practice management is connected to one or more smaller practices in nearby towns or intermittent clinics in very small communities.

- A single database may enable practitioners working in multiple locations to access patient records and may suit patients who access more than one clinic. However, a single database may make it difficult to separate practice information for each location
- Separate databases would be ideal in managing patient privacy. However, if multiple databases are set up to support the branches, clinicians working in several sites may need to log into another database to locate and/or update the patient's record.

5. Doing business with Services Australia (Medicare)

Services Australia is an executive agency of the Australian Government, responsible for delivering a range of welfare, health, child support payments and other services to eligible Australian citizens and permanent residents. The agency delivers social services through the government programs such as Centrelink, Medicare, the PBS and the Child Support Agency.

Services Australia maintains extensive online capabilities to support a range of government payments and healthcare programs, including My Health Record and the Australian Immunisation Register. Services Australia is also responsible for the administration of Medicare in accordance with the *Health Insurance Act 1973* (Cwlth).

Steps need to be taken to register and maintain the practice's online accounts with Services Australia to enable Medicare billing, claim practice incentives, access health information and records and use secure messaging for e-scripts.

- The **Health Identifiers Service (HI Service)** is a national system that uses identifiers for individuals and healthcare providers. Using unique patient identifiers and linking them to their patient records/files, practitioners can match the correct patient and access their medical information in the My Health Record System, improving patient safety and practice efficiency.

  Registered clinicians will automatically have a health provider identifier - individual (HPI-I) and need only update their account. Other clinicians and practice staff requiring access to maintain the practice's organisation account (HPI-O) must register with the HI Service.

  The organisation hierarchy for Queensland Health (HPI-O accounts) and the My Health Record interface is maintained by eHealth's Digital Strategic Partnership (DSP) team.

- The practice will require a **National Authentication Service for Health (NASH)** Public Key Infrastructure (PKI) certificate to securely access and share health information. The certificate enables encrypted access for the My Health Record, the HI Service and enables secure messaging and electronic prescribing software.

A NASH certificate can only be sought after the site has obtained its HPI-O account.

eHealth's Digital Strategic Partnership (DSP) team is responsible for obtaining and maintaining NASH certificates for all Queensland Health entities.

- The practice will need to engage with the medical software vendor to novate the application licence and support contract, and importantly, arrange for the vendor to update the practice's Minor Customer ID with Services Australia to ensure the practice continues to securely process transactions through the Services Australia web service.

- The practice, each clinician and each member of the support team involved in maintaining the practice's registration with Services Australia will require a unique **Provider Digital Access (PRODA)** account. PRODA is a verification system that enables users to access a range of government services and systems. PRODA will also enable business to business transactions and facilitate online billing of Medicare claims through secure interfaces.

  Whilst individuals may undertake their own verification process in PRODA, the practice's PRODA registration can only be completed by each HHS's PRODA Coordinator (often located in the HHS's Finance department).

  Learn more by accessing the Health Professionals Education Portal[27].

- The **Health Professional Online Service (HPOS)** is a simple and secure way to access services, payments and programs, including the Australian Immunisation Register, DVA, My Health Record and the Health Identifiers Service (HI Service), and to submit Medicare and DVA Webclaims, upload forms, view reports and use find a patient using HPOS.

  Practice staff and clinicians will require a PRODA account to register for HPOS access and to link practitioners to the practice. A health practitioner's identifier (see below) will provide default access to relevant services and delegations can be used to permit others to do some tasks on their behalf.

  Learn more by accessing the Health Professionals Education Portal.

- The practice should register or transfer the practice's **Practice Incentives Program (PIP)**[28] registration with Services Australia (through HPOS) as soon as possible. PIP is an Australian government initiative that encourages general practices to continue providing high quality care, improve access and health outcomes for patients and assists to defray the higher cost of rural health care. PIP participation is essential to the continued viability of a general practice.

  The practice must be accredited (or become accredited within 12 months of registering for accreditation). Where possible, the HHS should seek to transfer the accreditation and PIP

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[27] Australian Government, Services Australia, Health Professionals, Education, available from: https://www.servicesaustralia.gov.au/proda-education-for-health-professionals?context=20

[28] Australian Government, Services Australia, Health Professionals, Practice Incentives Program, available from: www.servicesaustralia.gov.au/practice-incentives-program

practice registration when replacing an existing general practice. By transferring the PIP registration, the practice will benefit from the previous practice's qualifying period and activity levels. It is very important that a practice continuously maintains its accreditation to optimise the financial benefits of PIP.

- Once registered under the PIP, a practice may also seek incentives through the practice stream of the **Workforce Incentive Program (WIP)** [29]. The WIP provides financial incentives to help general practices with the cost of engaging nurses, allied health professionals and/or Aboriginal and Torres Strait Islander health workers and health practitioners.

6. Accreditation

Accreditation is a tool to measure and improve performance and outcomes and provides confidence to practice patients that the service has been independently assessed as meeting the requirements of the applicable criteria or standards.

All public health services and programs undertaken by a HHS must be accredited to the standards required by the Department[30]. The Department has specified that a general practice must be accredited in accordance with the current edition of the RACGP accreditation standards and in line with the National General Practice Accreditation Scheme[31].

The RACGP Standards for General Practice 5th edition is integral to improving patient safety, providing patient assurance of high-level care, building a culture of quality and Continuous Quality Improvement (CQI) and effectively managing practice risks. Accreditation is also prerequisite for accessing Medicare practice and workforce incentive programs (PIP and WIP incentives) and for MyMedicare registration.

To register for accreditation, the HHS must contact one of four approved accrediting agencies[32] to undertake their assessment and enter into a services agreement with the accrediting agency. The HHS should ensure it follows required procurement processes. A HHS can choose to transfer between accrediting agencies.

Accreditation preparation requires a project planning approach, usually starting with a self-assessment of the requirements of the standards, undertaking patient and staff surveys and developing practice plans, policies and procedures in line with best practice. Accreditation must be completed within 12 months following application.

The accreditation process involves making an application, completing a survey, arranging an onsite visit to inspect the premises, reviews of practice documents and interviews with staff and

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[29] Australian Government, Department of Health, Disability and Ageing, Workforce Incentive Program (WIP)–Practice Stream, available from: www.health.gov.au/initiatives-and-programs/workforce-incentive-program/practice-stream

[30] Queensland Government, Queensland Health, Patient safety, Directive number: QH-HSD-032, available from: www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety

[31] Queensland Government, Queensland Health, Accreditation, available from: www.health.qld.gov.au/system-governance/policies-standards/health-service-directives/patient-safety/accreditation

[32] Australian Commission on Safety and Quality in Health Care, approved accrediting agencies under the NGPA Scheme, available from: www.safetyandquality.gov.au/our-work/accreditation/national-general-practice-accreditation-scheme/approved-accrediting-agencies-under-ngpa-scheme

management, reporting of inspection findings and closing out any adverse findings. Accreditation will typically require re-assessment every three years. A significant change, such as moving premises, must be notified to the accrediting agency and could require an additional site inspection.

Any significant risks identified during an accreditation visit (such as a failure to follow-up on test results) will be reported to the Australian Commission on Safety and Quality in Healthcare.

A HHS can appeal the outcome of an assessment only where the accrediting agency failed to comply with the NGPA Scheme.

Multiple branches can be registered under a single accreditation where they are under the same management and operate with the same practice procedures. However, amalgamating practices in this way can result in losing access to practice and workforce incentives for each site.

Training accreditation registration and requirements

There is an opportunity to contribute to building the rural medical workforce pipeline by becoming a GP training practice.

A GP training practice (or post) is an accredited general practice committed to teaching registrars and medical students. The training post must gain accreditation based on standards and requirements set by RACGP (RACGP Standards for general practice training 4th Edition[33]) or ACRRM (ACRRM Supervisors and Training Post Standards v1.0/2022[34]). The standards set out requirements for the supervisor and the practice facility, the structure and delivery of the training program, and the assessment of trainees. This ensures these training posts deliver high-quality medical education and training for their registrars.

The accreditation process involves completing a self-assessment (and collating documents), an application for accreditation, an onsite assessment and report. If approved, the practice will need to enter into an agreement with one of the two colleges.

The practice will also require GPs who are interested and qualified to become GP supervisors. As an experienced GP, the GP supervisor will teach and supervise GP registrars on-the-job and through day-to-day contact and sharing their learnings, best practices and insights on how to become a great doctor. GP supervisors act as a mentor and role model and can be someone the registrar can come to when dealing with personal and professional challenges.

Once accredited, the practice can accept registrar training placements under the Australian General Practice Training (AGPT) Program[35] and other training pathways as well as participate in programs

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[33] RACGP, Standards for general practice training, 4th edition, available from: https://www.racgp.org.au/education/education-providers/curriculum/standards-for-general-practice/racgp-standards-for-general-practice-training-4th/introduction

[34] acrrm, Fellowship, Supervisor and Training Post Accreditation, Guide, available from: https://www.acrrm.org.au/docs/default-source/all-files/supervisor-and-training-post-accreditation-guide.pdf

[35] Australian Government, Department of Health, Disability and Ageing, Australian General Practice Training (AGPT) Program, available from: www.health.gov.au/our-work/australian-general-practice-training-agpt-program

supporting medical students. Fees are paid for the supervision of registrars and compensates for the loss of productivity and earnings forgone by the GP supervisor.

7. Culturally safe and effective services for Aboriginal and Torres Strait Islander patients

The RACGP Standards for General Practice highlight the importance of designing and delivering services that consider the cultural and linguistic needs of practice patients. This involves understanding the community's population profile, being respectful of, and learning about, cultural diversity and history, training staff, providing information in ways patients can understand and employing a diverse practice workforce.

Primary health care services provided through a practice should aim to be accessible, effective, and trusted by Aboriginal and Torres Strait Islander people, requiring attention to how the practice presents to the community, how its staff engages with their Indigenous patients and how clinicians deliver their care.

The National Aboriginal Community Controlled Health Organisation (NACCHO)[36] RACGP Good practice tables[37] provides a checklist for practices to understand where they sit on the continuum of culturally responsive primary health care and to build improvements in line with the RACGP Standards for General Practice, 5th edition[38]. Some of the key elements to maintaining a culturally safe and responsive practice include:

- Understanding the local culture and customs by engaging with community leaders and elders – know the name of country and acknowledge country in the practice's reception
- Creating a welcoming place using posters, flags and artworks that have meaning for local Aboriginal and Torres Strait Islander people; and celebrate culturally significant events
- Ensuring all staff undertake face to face cultural practice training (mandatory training for all Queensland Health staff) and make commitments about how they will contribute to a safe and culturally effective service
- Involving Aboriginal and Torres Strait Islander patients in the design and delivery of services, listen and understand the feedback provided
- Ensuring practice staff are aware and trained in the importance of identifying and recording Aboriginal and Torres Strait Islander status in the patient record and patients have information displayed to explain how and why their Indigenous status is recorded
- Engaging Aboriginal and/or Torres Strait Islander practitioners and health workers in the practice

[36] National Aboriginal Community Controlled Health Organisation, available from: www.naccho.org.au/

[37] RACGP, Supporting effective, culturally safe primary healthcare, NACCHO-RACGP Resource Hub, available from: www.racgp.org.au/cultural-safety

[38] RACGP, Standards for General Practice, 5th edition, available from: www.racgp.org.au/running-a-practice/practice-standards/standards-5th-edition/standards-for-general-practices-5th-ed/table-of-contents

- Using the NACCHO/RACGP National guide to a preventive health assessment for Aboriginal and Torres Strait Islander people[39] and other clinical pathways designed to support Indigenous patient healthcare
- Ensuring patients are provided with appropriate information and support to consent to undertake an MBS Aboriginal and Torres Strait Islander annual health check[40]
- Registering the practice for the Practice Incentive Program (PIP) and is able to inform and support Aboriginal and Torres Strait Islander patients to register with the practice for the Indigenous Health Incentive[41] and the Closing the Gap (CTG) Pharmaceutical Benefits Scheme (PBS) Co-payment Program[42].

8. Planning and Measuring Performance

Patient flow

All practice team members play a part in ensuring the practice runs efficiently and delivers a health program that emphasises planned and preventive care whilst ensuring appointments are available for illness and other care needs. In keeping with other general practices:

- appointments should be organised in 10–15-minute intervals
- one appointment per hour or session should be retained as a buffer for extended consultations or urgent walk-in patients
- longer (20 minute) appointments can be made for more complex cases but should not be the default
- reception staff should be trained to make enquiries regarding the patient's needs to enable the appropriate length of consultation to be made
- reception staff, supported by practice software alerts, should actively manage appointment attendance to avoid and reduce the incidence of 'did not attend' incidents, particularly for vulnerable patients with poor attendance patterns
- patients attending for a health assessment, or a GP management plan or review should see a practice nurse or Aboriginal and Torres Strait Islander health practitioner together with a consultation with their medical practitioner.

Suitably qualified practice nurses or Aboriginal and Torres Strait Islander health practitioners can undertake information collection parts of a health assessment, or undertake assessment, needs identification and service coordination for a GP management plan, under the supervision of the medical practitioner. The medical practitioner must undertake the medical components of the

[39] RACGP, NACCHO, National guide to preventive healthcare for Aboriginal and Tores Strait Islander people, Fourth edition, available from: https://www.racgp.org.au/FSDEDEV/media/documents/Clinical%20Resources/Guidelines/National-Guide.pdf

[40] Australian Government, Department of Health, Disability and Ageing, Annual health checks for Aboriginal and Torres Strait Islander people, available from: www.health.gov.au/health-topics/aboriginal-and-torres-strait-islander-health/primary-care/annual-health-checks

[41] Australian Government, Department of Health, Disability and Ageing, Practice Incentives Program – Indigenous Health Incentive, available from: www.health.gov.au/initiatives-and-programs/practice-incentives-program-indigenous-health-incentive

[42] Australian Government, Department of Health, Disability and Ageing, The Pharmaceutical Benefits Scheme, Closing the Gap (CTG) PBS Co-payment Program, available from: www.pbs.gov.au/info/publication/factsheets/closing-the-gap-pbs-co-payment-measure

consultation, in-person with the patient, and is responsible for making clinical judgements and communicating the outcomes to the patient.

It should be possible for a doctor to see up to 20 patients in a four-hour session with the support of the practice team.

The doctor/clinician must ensure the correct billing item is selected when a consultation extends beyond the scheduled appointment time and keep accurate records of the time spent with patients to support their Medicare claims. For Medicare compliance it is important that doctors and other clinicians with billing provider numbers nominate the MBS items for each patient that are to be claimed and maintain adequate and contemporaneous patient notes that reflect the MBS item numbers claimed.

Rostering and leave planning

Operating a practice with an integrated medical workforce can present challenges in managing the scheduling of medical practitioners between the hospital and practice.

Hospitals need to have sufficient medical coverage for inpatient care as well as having access to doctors for unplanned and emergency care. Clinical services capability framework (CSCF) Level 3 hospitals will require anaesthetic and obstetric coverage and may also require medical practitioners to support visiting surgical services. Equally, Resident Medical Officers (Junior Doctors) will normally be unable to work outside of the hospital.

There is little disagreement that life-saving emergency care has priority over all other services. However, recalls (particularly those that may result in fatigue absences) have significant impacts on the operations of the practice and the ability to properly care for patients, particularly those with chronic conditions. Cancelling patient appointments is undesirable (and may simply lead to more presentations and urgent cases in the emergency department). When cancellations become all too frequent, the community may lose confidence in the practice altogether.

Both primary practice and hospital arrangements are important. However, all too frequently, cancellations are made to private practice appointments without considering other options, such as rescheduling non-urgent hospital outpatient sessions that may result in fewer patients needing to be rescheduled. It may indeed be the case that it is not necessary to have a doctor present in the hospital at all times, providing the medical practitioner is able to return to the hospital quickly in an emergency.

When rostering medical officers:

- Wherever possible, quarantine doctors providing private general practice primary care from hospital operations
- Avoid rostering a doctor to the practice immediately following an on-call shift
- Consider retaining a resident medical officer, principal house officer or a nurse practitioner (emergency) at the hospital during the day shift when the general practice is open to minimise recalls
- Plan professional development, annual and long service leave at least three months in advance

- Adopt a peer planning model to avoid doctors taking planned leave at the same time.

Business planning and budgeting (1–3-year plans)

Each HHS will have established guidelines and processes for strategic and operational planning. Operational plans describe in a level of detail the services that will be provided, the standards that will be achieved and how services contribute towards the HHSs strategic plan.

The level of operational (or business) planning needed for the general practice will reflect the scale of its operations (small, large or hub and spoke models) and stage of development (new, transitioning or well established). As a minimum, the practice should undertake a process with its workforce to identify its goals for the next 1-3 years, the actions or steps that need to be taken to achieve them and who will be responsible for them.

Where a practice is newly formed, the first year's focus may be on recruiting practice staff, becoming accredited and engaging with practice patients. Over subsequent years, the practice could look to expand the practice to better meet demand, re-orient the focus of the practice towards chronic disease, recruit additional skill sets (for example, mental health or maternal health) or grow linkages with allied health practitioners and specialist providers.

Plans should be ambitious but achievable, measurable, be the result of a team effort, and be a live plan that is regularly revisited and be celebrated when achievements are reached.

Planning will also need to be iteratively developed with HHS annual budget processes (typically completed between February and June). Practices will largely operate from own sourced revenues to finance practice staffing and operational costs and contribute to medical salaries. Establishing credibility in financial management (by monitoring financial reports and taking corrective actions) will strengthen budget submissions, particularly when further growth or expansion is planned.

9. Business Continuity and Succession Planning

Business continuity planning is a component of risk management designed to establish contingency arrangements to sustain services during an unplanned event and assist in preparing and responding to the threat where possible. An event may disrupt part or all of the services of the practice, may be short or long term in nature, and may or may not be recoverable. The business continuity plan demonstrates that the practice has considered the nature and impact of unplanned events and knows the action it will take maintain services or mitigate the disruption.

The development of the business continuity plan involves several steps that should be completed with input from all practice staff:

1. Identify the events that may disrupt the practice. This may include natural disasters, pandemics, loss of access to computer-based medical records, loss of electricity or water, gas leaks or civil unrest.

2. Assess the impact of each event on the practice's operations – consider the scale of disruption and duration of the event. Consider the impact on patients being monitored from their home and their access to medications.
3. Consider action that could reduce the severity of the impact or provide an alternate way of providing services – contingency plans might consider setting up a temporary practice in another location, transferring the care of patients to other providers (like the hospital), or providing virtual care like telehealth.
4. Assign responsibility for action to members of the practice and an alternate.
5. Communicate the plan to all staff – it should be included in the Policy and Procedures manual.
6. Test and Train – conduct an annual training activity, review the plan and procedures, check that contact lists are up to date and check with the hospital and other health providers that contingency plans remain valid (for example, the use of alternative premises).

The business continuity plan should be considered alongside the practice's emergency response and evacuation plans and prioritise the safety of practice patients and staff.

10. Practice Management Training and Support

Online learning

Services Australia maintains extensive resources, simulations, and e-learning modules through its Health Professionals Education Resources portal[43] that enable self-paced learning opportunities for practice principals, practice managers, administrative staff and clinicians on a range of topics. These include modules about:

- The Australian health care system
- Medicare and the Pharmaceutical Benefits Scheme (PBS)
- MyMedicare, including the Aged Care Provider Portal
- Medicare compliance
- Conducting business with Services Australia through the Health Professionals Online Services (HPOS) portal
- How to register practitioners and practices and link services through the Provider Digital Access system (PRODA)
- Submitting information to the Australian Immunisation Register (AIR)
- Understanding Medicare: Provider Handbook and digital claiming
- Billing and claiming for professional services from the Department of Veterans' Affairs (DVA)
- Accessing incentives under the Practice Incentives Program (PIP) and Workforce Incentive Program (WIP) initiatives
- Programs that support better health outcomes for First Nations peoples.

[43] Australian Government, Services Australia, Health Professional Education Resources, available from: https://hpe.servicesaustralia.gov.au/

Australian Medical Association (AMA) Training is a division of the Australian Medical Association (Western Australia) delivering nationally recognised training to the Australian Quality Training Framework standards and is endorsed by the Australian Skills Training Authority. Training is flexible, tailored to the needs of students and employers, and include comprehensive support and mentoring throughout the training period. AMA Training provides short courses such as medical reception, providing first aid and CPR, and as a Registered Training Organisation (RTO) also provides a range of certificate and diploma courses (similar to those provided through TAFE below).

Like other professional associations, the AMA also provide a range of resources, podcasts, e-learning and workshops, and courses through the cpd home catalogue, including the business practice series, covering topics such as chronic disease billing practices, clinical leadership, and change management. QPA and AGPAL (two of the four accrediting bodies) includes a number of member-only and complimentary webinars[44] covering a range of topics including accreditation, risk and business continuity, vaccine storage, telehealth and managing difficult patients.

The RACGP includes a webinar series and resources to support practices to build their cultural safety and effectiveness and deliver improvements through annual health checks for Aboriginal and Torres Strait Islander patients[45].

Practice Management, Business, and Leadership training

TAFE offers a wide range of healthcare training courses[46], many of which can be studied online. Practice principals/managers and administrators could obtain:

- Double Diploma of Business (Operations) + Diploma of Leadership & Management
- Diploma of Business (Operations)
- Diploma of Leadership & Management
- Diploma of Practice Management
- Certificate IV Health Administration / (Business Administration)
- Certificate III in Business (Medical Administration) / (Business Administration)
- Certificate III in Business / Medical Administration
- Short courses: Certificate in Business Administration, Administration Pathway Program – Business Admin, Reception / Medical, Reception & Office Support Certificate etc.

A navigation tool is available that recommends the most suitable course.

The Australian Association of Practice Management offers professional support through education, networking, webinars, events and conferences. Professional membership requires ongoing professional development.

[44] AGPAL Webinars, available from: https://www.agpal.com.au/practice-resources/agpal-webinars/

[45] RACGP, Supporting effective, culturally safe primary healthcare, NACCHO-RACGP Resource Hub, available from: www.racgp.org.au/cultural-safety

[46] Tafe Courses, Health Courses, available from: https://www.tafecourses.com.au/courses/health/?ab=expsemantic.1

Primary Health Networks are available to assist practices with accreditation and quality improvement and offer online learning modules and resources to assist with practice management.

Business skills

A range of professional development and award programs are available to grow business skills, with most universities and TAFE colleges providing courses in business and commerce.

Similarly, there are a range of commercial education providers offering small business and entrepreneur courses, workshops and webinars, with mixed relevance to general practice.

Business Queensland[47], a Queensland government initiative, provides resources and links to assist with starting and running a small business, employing people and accessing support and small business grants.

The RACGP has recognised the unique and challenging demands on medical practitioners in becoming practice principals and has developed a General Practice Business Toolkit[48].

The general practice business toolkit comprises six modules to assist practice owners and practice managers to establish, market and operate a general practice business and to manage the practice's finances and staff. Each module outlines topical information across a number of subjects with references to applicable Standards for General Practice and include tips, case studies, webinars and calculators as well as including links to further resources. Some content will be less relevant to HHS operated general practices which operate in a public sector environment.

Review of the modules is highly recommended for clinicians and hospital management new to operating a general practice business.

For further information and resources for training, refer to Information Sheet 15 – General Practice Education and Training.

[47] Queensland Government, Business Queensland, available from: www.business.qld.gov.au/running-business

[48] RACGP, General Practice Business Toolkit, available from: www.racgp.org.au/running-a-practice/practice-resources/practice-tools/general-practice-business-toolkit

Appendix A

Acronyms

Acronym	Explanation
ACRRM	Australian College of Rural and Remote Medicine
AGPAL	Australian General Practice Accreditation Limited
APNA	Australian Primary Health Care Practice Nurses Association
ASIC	Australian Securities and Investments Commission
CCTV	Closed circuit television
COAG	Council of Australian Governments
CTG	Closing the Gap
FTE	Full time equivalent
GP	General Practitioner/ general practice
HHS	Hospital and Health Service(s)
HI Service	Health Identifiers Service
HPOS	Health Professionals Online Service
ICT	Information and communications technology
IT	Information technology
MBS	Medicare Benefits Schedule
NACCHO	National Aboriginal Community Controlled Health Organisation
NGPA	National General Practice Accreditation scheme
PBS	Pharmaceutical Benefits Scheme
PIP	Practice Incentives Program
PPE	Personal protective equipment
PRODA	Provider Digital Access
QPA	Quality Practice Accreditation
RACGP	Royal Australian College of General Practitioners
SMS	Short message service
WIP	Workforce Incentive Program