



Minister for Health and  
Minister for Ambulance Services  
Member for Woodridge

4/6/15

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Mr Neil Laurie  
Clerk of the Parliament  
Queensland Parliamentary Service  
George Street  
BRISBANE QLD 4000

Dear Mr Laurie Neil,

In respect of Health and Community Services Committee Report No. 62 entitled *Auditor-General Reports: Private practice arrangements in Queensland public hospitals*, please find attached the Government response to the recommendations contained therein.

Your assistance in tabling the response on Thursday, 4 June 2015 would be appreciated.

Yours sincerely

**CAMERON DICK**  
**Minister for Health**  
**Minister for Ambulance Services**

**Government response to recommendations  
Health and Community Services Committee:  
Auditor-General Reports: Private practice  
arrangements in Queensland public hospitals  
(Report 62)**

*4/6/15*

## Introduction

On 5 March 2014, the Auditor-General and officials from the Queensland Audit Office (QAO) briefed the Health and Community Services Committee (the Committee) on the Auditor-General reports: *Right of private practice in Queensland public hospitals* and *Right of private practice: Senior medical officer conduct*. On that date, the Committee resolved to conduct an inquiry into the implementation of both reports.

Having sought and considered information provided by the Department of Health and from Hospital and Health Services (HHSs), in December 2014, the Committee submitted its report, *Auditor-General Reports: Private practice arrangements in Queensland public hospitals (Report No 62)* (the Report), to the Legislative Assembly.

In the Report, the Committee noted the substantial work that has gone into redesigning arrangements for private practice in public health services in response to the Auditor-General's performance audit.

The Committee also noted that documents provided by the Department of Health (the Department) had useful information about various aspects of the revised private practice arrangements, including governance arrangements. However, the Committee indicated it would be desirable if the primary objectives of the private practice arrangements were more clearly and succinctly specified. In particular, the Committee indicated that clear objectives for the private practice arrangements should be developed and incorporated into relevant documents about the private practice arrangements.

The Committee further indicated that the terms of reference for the Private Practice Governance Board (PPGB) and guidance material for terms of reference for HHS governance committees should be reviewed to ensure clarity in their respective roles in defining the objectives of the private practice arrangements.

The Committee's report includes one recommendation for consideration by the Queensland Government (the Government) and a further two recommendations for consideration by a future committee. The Government has accepted the Committee's recommendation.

Recommendation Number and Chapter Title	Recommendation	Government Response
1. Private practice arrangements	<p>The Committee recommends that the Minister for Health ensure that the department:</p> <ul style="list-style-type: none"> <li>• clearly specify the primary objectives and desired outcomes of the private practice arrangements to facilitate effective monitoring and governance of the arrangements</li> <li>• incorporate the objectives in relevant documents about private practice arrangements</li> <li>• clarify the respective roles of the Private Practice Governance Board and Hospital and Health Service private practice governance committees in relation to defining objectives for private practice, and in defining performance criteria to measure whether objectives are being achieved.</li> </ul>	<p><b>Accepted</b></p> <ul style="list-style-type: none"> <li>• The purpose of private practice arrangements is currently established in the Health Service Directive (QH-HSD-044:2014) (the HSD) as “to ensure private practice activities undertaken during employed time in the Queensland public health sector are financially sustainable and support patient choice and workforce retention”. The purpose is supported by a set of principles, which reflect the primary objectives, and a range of (desired) outcomes, all of which provide the platform for effective governance and performance monitoring. The Department will review the HSD to ensure that the primary objectives of the private practice arrangements are clearly defined in the purpose and that a clear alignment exists between this and the desired outcomes so as to enable effective monitoring and governance of the arrangements.</li> <li>• The Department will review all supporting documentation to ensure there is a clear and consistent alignment with the purpose of private practice arrangements as established in the HSD.</li> </ul>

		<ul style="list-style-type: none"> <li>Under the Queensland Health model of devolved authority, Hospital and Health Services are independent statutory bodies, with the Department of Health being responsible for the overall management of the system. Accordingly, the role of the local private practice governance committee is to oversee and monitor the local implementation, management and performance of private practice arrangements in accordance with the Department's HSD. The role of the Private Practice Governance Board is to monitor system wide performance and overall compliance against the HSD. The Department will review the terms of reference for the Private Practice Governance Board and guidance material for terms of reference for HHS private practice governance committees to ensure clarity in their respective roles in defining the objectives of private practice arrangements.</li> </ul>
<b>2. Systems to support private practice – administrative, billing and clinical systems</b>	<p>The committee recommends that a future committee of the Legislative Assembly inquire into Queensland Health's implementation of its ICT Strategic Roadmap and related strategies, plans and initiatives, including systems to support private practice in the public health sector and related information systems.</p>	<b>Noted</b>

<p><b>3. Work hours, rosters and medical officers leave</b></p>	<p>The committee recommends that a future committee of the Legislative Assembly consider inquiring into the implementation of the Auditor-General's recommendation about fatigue management, including policy and practice in the Department of Health and Hospital and Health Services to manage the risk of medical officer fatigue.</p>	<p><b>Noted</b></p>
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