



Guidelines

For New MSRPPs and MORPPs

2005



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The initial draft of this resource was handed over to the Office of Rural Health to complete and prepare for distribution. The Office of Rural Health invites responses from District Managers, Medical Superintendents and Medical Officers with Right of Private Practice to allow for further improvement of this resource. All responses can be forwarded to:

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PREFACE

The Guidelines for Medical Superintendents with Right of Private Practice and Medical Officers with Right of Private Practice is an initiative of Queensland Health, developed in consultation with the Rural Doctors Association of Queensland (RDAQ). Its purpose is to assist newly appointed Medical Superintendents with Right of Private Practice (MSRPP) and Medical Officers with Right of Private Practice (MORPP) to negotiate the maze of organisations a new MSRPP or MORPP should contact when they accept one of these challenging positions.

The manual is designed for the MSRPP/MORPP to work through at their own pace and details the essential organisations that the doctor should register with “before they commence as an MSRPP/MORPP” and ‘after they have commenced as an MSRPP/MORPP’. The doctor will require a computer with internet access in order to follow steps outlined in the manual.

Queensland Health and the RDAQ recognise the valuable contribution MSRPP/MORPPs make to the health and wellbeing of rural communities. However, it is critical that new rural doctors also take care of their own and their family’s health and wellbeing. To do this includes among other things establishing their private practice on a sound basis from the beginning. This manual provides guidance to this end.

The information contained herein is accurate at the time of printing, however the fluidity of systems means that sometimes the information may be out of date. Queensland Health will attempt to update these guidelines regularly, however apologise for any inconvenience changes to the system in the interim may cause.

Good luck with your new venture and enjoy rural practice.

SECTION 1

Before You Take Up The Position

Chapter 1 – Health Insurance Commission

Step 1: Apply for a Medicare Provider Number

MUST DO:

1. Fill in the Health Insurance Commission (HIC) form:
“Application for a Medicare Provider Number for a Medical Practitioner”

This application form and the instructions for completing the application form can be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Provider-Forms-Medicare Forms-Medical Practitioners)

A – Vocational Qualified

B – Non Vocational Qualified

2. Liaise with your relevant Rural Coordination Network (see Chapter 13) to attain a letter of support. This letter is forwarded to the HIC with your application form.
3. Send the application form and letter of support **at least 4 weeks prior** to your commencement to:

Provider Liaison Section
 Health Insurance Commission
 PO Box 9822
 BRISBANE QLD 4001

IMPORTANT INFORMATION:

- You must apply for a Medicare Provider Number at least 4 weeks prior to starting in the position. If you do not have a provider number, you will not get paid by Medicare.
- Your Rural Coordinator is a Queensland Health approved delegate with the HIC for attaining providing numbers that attract Medicare Benefits.
- A provider number is required in order for you to practice in a hospital and private setting.
- You will need a separate provider number for each of your practice locations. Therefore, you will need one provider number to practice in the hospital, one provider number to practice in your private surgery and one for every location to which you provide an outreach clinic.

- If you do not have a Prescriber Number, one will be issued when you apply for your Provider Number.
- The telephone number for all HIC Provider Number enquiries is **Ph: 132 150**
- Overseas Trained Doctors Chapter 17 Step 30.

Step 2: Apply for Remote Area X-Ray Exemption**MUST DO:**

1. Fill in the Health Insurance Commission (HIC) “*Remote Area Exemption for “R Type” Diagnostic Imaging Services for a Medical Practice Application Form*” which can be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Providers-Forms-Medicare Forms-Remote Area Exemption)

2. Send the application **at least 4 weeks prior** to your commencement to:

Provider Liaison Section
Health Insurance Commission
PO Box 9822
BRISBANE QLD 4001

IMPORTANT INFORMATION:

- If you are working in a remote area you may be expected to perform diagnostic radiology services usually provided by a specialist radiologist. If you do perform your own diagnostic radiology services you may be exempted from the referral requirements associated with such “R” type diagnostic imaging services.
- This means that if you read your own private practice X-Rays and do not send them away to be reported on by a specialist, you are eligible to claim a Medicare rebate.
- Please note this only applies if you send a private patient from your private practice to the hospital for an X-ray and then read that X-ray; OR, if you generate and read the X-ray yourself (if you have your own private X-ray machine). NB. You must pay the hospital for any private X-rays.
- If you do not have a Prescriber Number, one will be issued when you apply for your Provider Number.
- The telephone number for all HIC Provider Number enquiries is **Ph: 132 150**
- Overseas Trained Doctors Chapter 17 Step 30.

Step 3: Prescribing Pharmaceutical Benefits**MUST DO:**

1. Ensure that you are on the mailing list to receive a 'Schedule of Pharmaceutical Benefits' at **least 4 weeks prior** to your commencement:

Ph: 132 290 (Monday – Friday business hours)

Or write to:

Pharmaceutical Branch
Health Insurance Commission
PO Box 9826
BRISBANE QLD 4001

<http://www.hic.gov.au/>

2. The telephone number for queries relating to the Repatriation Pharmaceutical Benefits Scheme (for Veteran's Affairs patients) is **Ph: 1800 552 580**

IMPORTANT INFORMATION:

- The Pharmaceutical Benefits Schedule (PBS) is a system of subsidising the cost of most prescription medicines.
- The Schedule of Pharmaceutical Benefits is also available on the Department of Health and Ageing internet site at www.health.gov.au. The address of the Schedule is:

<http://www1.health.gov.au/pbs/index.htm>

- Subsidies are only available to people who have a Medicare Card.
- The Schedule of Pharmaceutical Benefits lists all the medicines available under the PBS, and explains how they can be used in order to subsidise.
- Be sure to read the yellow section of the Schedule of Pharmaceutical Benefits for a full explanation regarding the PBS.

Step 4: Order Prescription Pads / Computer Prescription Forms

MUST DO:

1. Order Prescription Pads and Authority Prescription Forms (or computer prescription forms if computerised) from the Health Insurance Commission (HIC). Phone the HIC Pharmaceutical Branch on Ph: 132290 (<http://www.hic.gov.au/>) to request that a copy of the “*Order form for Prescription Stationary*” be sent to you. This form is in triplicate therefore cannot be downloaded from the HIC Website.

2. Send the completed form at **least 4 weeks prior** to your commencement to:
 - HIC Stationary Officer
 - Pharmaceutical Branch
 - Health Insurance Commission
 - PO Box 9826
 - BRISBANE QLD 4001

3. Order forms for Computer Prescription form stationary should be sent to:
 - Prescription Pad Order Clerk
 - Pharmaceutical Branch
 - Health Insurance Commission
 - GPO Box 9826
 - SYDNEY NSW 2001
 - Ph: (02) 9895 3295**

IMPORTANT INFORMATION:

- Contact the HIC and request that the HIC publication entitled “*Mediguide – A Guide to Medicare and other HIC Health Programs*” be also forwarded to you as soon as possible. Alternatively Mediguide can be accessed via the Health Insurance Commission Website:

<http://www.hic.gov.au>

(Website links: Health Care Provider-Publications & Guides-Medicare Publications & Guides)

- Personalised Prescription Pads are made available to doctors with a Medicare Provider Number. The prescription forms are printed with the doctor’s name, qualifications, practice address/es, telephone number and prescriber number.
- Authority Prescription Forms can be personalised or non-personalised.
- If you intend to be computerised, it is still useful to have some prescription pads on hand in the event of computer failure.

Step 5: Private Billing vs Bulk Billing

MUST DO:

Before you take up the position you should decide whether you will:

1. Bulk Bill Medicare for all patients
2. Privately bill all patients or
3. Have a mix of Bulk Billing and Private billing.

This is a complex question and many issues must be considered before making a decision:

- The financial viability of bulk-billing all patients in private practice has decreased in recent years and there is a general move away from this arrangement.
- Privately billing some or all patients can reduce workload by raising the threshold at which medical review is sought (decrease trivial presentation/dependent personalities).
- A mix of both private billing and bulk billing of concession card holders may increase your cash flow.
- The close proximity of the hospital may encourage patients to “wait until after hours to see you at the hospital through the public system” in an effort to circumvent the up front fee. This may increase the number of hours you will work in a day.
- Not every patient that presents to the hospital must be seen immediately by the doctor. Each patient’s presentation should be triaged by the nursing staff on the basis of medical need. Urgent cases must be seen in a timely fashion. Non-urgent cases are at a routine appointment, (and the patient can elect to be seen before the next booked outpatient clinic but don’t warrant pushing in front of patients who have booked into the general practice already. They can be seen at the hospital or general practice at the end of the consulting session.
- Bulk Billing may not be as profitable, however it may decrease the number of out of hour’s calls.

IMPORTANT INFORMATION:

- Consider all the pros and cons of Bulk Billing vs Private Billing. Often in rural areas, particularly solo MSRPP/MORPP positions, long work days are the norm. Consideration must be given to lifestyle choices vs remuneration.
- Seek information on the Trade Practices Act and avoid collusion with colleagues on fees. The ACCC *Information Kit for the Medical Profession can be downloaded from the ACCC Website at:*

<http://www.accc.gov.au>

(Website links: Publications-Publications by Topic New-Health Sector & Competition Publications-Medical Practitioners)

- Speak with the previous MSRPP/MORPP and find out what he/she did.

Step 6: Electronic Bulk Billing (Medclaims)**MUST DO:**

1. If you choose to Bulk Bill Medicare for all patients it is advisable to make electronic claims direct to Medicare through “Medclaims”.
2. Contact IBA eHealth Solutions on **Ph: 1300 301 692** to arrange for the installation of a Healthpoint System.

IMPORTANT INFORMATION:

- IBA Health Point is a simple cost effective way to electronically lodge:
 - Bulk Billing claims
 - Private Patient claims
 - Electronic Immunisation Recording.
- The Healthpoint system will process Medclaims, which is a HIC initiative to promote the electronic submission of Medicare Claims.
- The Healthpoint system will also provide a mechanism for privately charged patients to receive their rebates directly by EFT or cheque without having to complete and mail a Medicare claim.
- The Healthpoint system through Electronic Immunisation Recording can forward immunisation records directly to the Australian Childhood Immunisation Register.
- IBA Messenger links health providers with the HIC MedClaims Bulk Billing System by working with Practice Management Software (PMS) to automate the sending and receiving of MedClaims files to and from the HIC.
- IBA Messenger is a PC software application that manages the encryption, transmission, receipt and decryption of electronic files via IBA’s X.400 network.
- Minimum hardware requirements for IBA Messenger:
 - 486/100MHz Intel Processor
 - 16Mb RAM
 - 33.6kps modem
 - 4xCD-ROM
 - 1.44”floppy drive
 - 14”VGA display
 - Access to a phone line suitable for modem use

- Recommended hardware requirements for IBA Messenger:
 - Pentium process or higher
 - 64Mb RAM
 - 56k modem
 - CD-ROM
 - 1.44" floppy drive
 - 15"SVGA display or higher
 - Access to a phone line suitable for modem use
- Software requirements for IBA Messenger:
 - Microsoft Windows 95/98/ME/NT 4.0 (Workstation or Server with Service Pack 4 or higher installed) / 2000 (Professional or Server) or XP
- For more information about IBA HealthPoint contact IBA eHealth Solutions on Ph: 1300 301 692 or go to the eHealth website:
www.iba.com.au
(Website Links: IBA eHealth)

Chapter 2 – Department of Veteran’s Affairs

Step 7: Applying for registration as a Local Medical Officer

MUST DO:

1. Fill in the Department of Veteran's Affairs (DVA) “*Application to be a Local Medical Officer*” form. This form is No: D1065 and can be downloaded from the DVA Website at:
<http://www.dva.gov.au>
(Website links: DVA Forms-Form Number)
2. Send the application **at least 4 weeks prior** to your commencement to:
LMO Registration Committee
Department Veteran’s Affairs
Bank of Queensland Centre
259 Queen Street
BRISBANE QLD 4000
Ph: (07) 133 254
Fax: (07) 3223 8479

IMPORTANT INFORMATION:

- You must apply for registration at least 4 weeks prior to starting in the position.
- Registration as a Local Medical Officer is required in order for you to bill the Department of Veteran’s Affairs for services provided to War Veteran’s, their widow/widowers and dependents.
- Phone the Department of Veteran's Affairs to request an electronic copy of “*Notes for LMOs*” to assist in providing treatment to eligible veterans under the Repatriation Commission arrangements. Alternatively it can be accessed from the DVA website:

<http://www.dva.gov.au>

(Website links: Health-Doctors-LMO)

- For more information on the Repatriation Commission arrangements and/or the [Veterans' Entitlements Act 1986](#) go to the Veterans Review Board website:

<http://www.vrb.gov.au/>

Chapter 3 – Immunisation Provider

Step 8: Contact VIVAS and Register as an Immunisation Provider

MUST DO:

1. When you get a Provider Number, contact the Qld Health Vaccination Information and Vaccine Administration System (VIVAS) on **Ph: (07) 3234 1500**
2. Advise VIVAS that you are a new MSRPP/MORPP and that you wish to register as an Immunisation Provider.

IMPORTANT INFORMATION:

- VIVAS is a Qld Health computerised data collection system that records information for all children and adults vaccinated. It monitors the use of vaccines.
- This system is linked to the Australian Childhood Immunisation Register (ACIR).

Step 9: Contact ACIR and register as an Immunisation Provider**MUST DO:**

1. When you get a Provider Number, apply to the Australian Childhood Immunisation Register (ACIR) for registration as an immunisation provider.

Fill in the “*Application to register as Immunisation Provider*” form and “*Payment Account Details*” forms which can be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Providers-Forms-ACIR)

2. Send the forms to:
Australian Childhood Immunisation Register
Health Insurance Commission
GPO Box 9822
BRISBANE QLD 4001

Fill in the “*ACIR Stationary re-order form*” which can also be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Providers-Forms-ACIR)

3. Send the form to:
Health Insurance Commission
Locked Bag 1026
TUGGERANONG ACT 2901
Fax: (02) 6230 0477

IMPORTANT INFORMATION:

- The ACIR is a national database that provides comprehensive information on the immunisation status of all children under seven years of age, living in Australia.
- Through the General Practice Immunisation Incentives (GPPI) Program Immunisation providers receive an Information Payment for sending immunisation information to the ACIR. (Refer to Step 10).

Step 10: Contact GPII and register as an Immunisation Provider

MUST DO:

1. When you have registered with the ACIR, contact the General Practice Immunisation Incentives Scheme (GPII) and register as an Immunisation Provider:

Ph: 1800 246 101

2. Obtain the “*Practice Incentives Program and General Practice Immunisation Incentives*” application form which can be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Providers-Incentives & Allowances-GPII)

3. Complete and send the form to:

Practice Incentive Program

GPO Box 2572

ADELAIDE SA 5001

Fax: (08) 8274 9352

IMPORTANT INFORMATION:

- The General Practice Immunisation Incentives Scheme provides extra financial incentives to general practitioners who monitor, promote and provide age appropriate immunisation services to children under the age of seven years.

Chapter 4 – Dispensing Doctor/Pharmacy

Step 11: Contact Health Workforce Queensland and request a copy of the Manual for Dispensing Doctors

MUST DO:

1. Contact Health Workforce Queensland and request a copy of the Manual for Dispensing Doctors.

2. Contact details:

Health Workforce Queensland

GPO Box 2523

BRISBANE QLD 4001

Ph: (07) 3105 7800

Fax: (07) 3105 7801

<http://www.grmsa.com.au/>

Step 12: Apply to the Pharmacy Board of Qld for approval to dispense

MUST DO:

1. Write to the Pharmacy Board of Qld seeking approval to dispense. Provide the following information in your letter to the Pharmacy Board:
 - The precise location of the practice
 - The reason for your application
 - The distance to the nearest pharmacy
 - The area to be covered by the application – including a map of the area
 - The anticipated practice hours
 - Existing pharmaceutical services.

2. Send the letter to:

The Registrar, Pharmacists Board of Queensland
Office of the Health Professionals Registration Boards
GPO Box 2438
BRISBANE QLD 4001
Ph: (07) 3225 2516
Fax: (07) 3225 2527

IMPORTANT INFORMATION:

- Your application to the HIC to supply pharmaceutical benefits cannot proceed until written confirmation of the Pharmacy Board's approval to dispense is received by the HIC.
- Phone the Pharmacy Board to request a copy of "*Information for Applicants regarding Approval of Medical Practitioners to Supply Pharmaceutical Benefits*".
- **You must re-apply annually.**

Step 13: Apply to the HIC for approval to supply Pharmaceutical Benefits by a Registered Medical Practitioner**MUST DO:**

1. Obtain the “*Application for Approval to Supply Pharmaceutical Benefits by a Registered Medical Practitioner*” application form which can be downloaded from the HIC Website at:

<http://www.hic.gov.au/>

(Website links: Health Care Professionals-Forms-PBS-Medical Practitioners)

2. Complete and send the form to:

Attn: Administration Officer
Health Insurance Commission
Pharmaceutical Benefits
GPO Box 9826
BRISBANE QLD 4001

3. To assist in the consideration of your application, the following information should accompany your application form:

- The reason for your application
- The distance to the nearest pharmacy
- The area to be covered by the application – including a map of the area
- The anticipated practice hours
- Existing pharmaceutical services.

IMPORTANT INFORMATION:

- A medical practitioner may be granted approval to supply pharmaceutical benefits in an area in which an approved pharmacist is unable to supply a convenient and efficient pharmaceutical service.
- This usually means that if there is not a pharmacy in town or within a 100km radius, the MSRPP/MORPP can provide a pharmacy service from within the private practice.

Chapter 5 – Hospital/Practice

Step 14: Make contact with the present/previous MSRPP/MORPP and Director of Nursing/Facility Manager at the Hospital

MUST DO:

1. Phone the hospital and arrange to speak with the Director of Nursing/Facility Manager and current MSRPP/MORPP.
2. If MSRPP/MORPP has already left the position, gain his/her contact details from the Director of Nursing/Facility Manager at the hospital. It is recommended that you speak with this person before taking up the position.

IMPORTANT INFORMATION:

- *Consider asking the following questions of the Director of Nursing/Facility Manager:*
 - Number of hospital beds
 - Emergency capacity of hospital
 - Outpatient clinic times
 - Number of staff on duty at any one time
 - Retrieval service
 - Closest referral specialists.
- *Consider asking the following questions of the previous MSRPP/MORPP:*
 - Patient mix and community composition
 - Private Practice turnover
 - Number of private patients
 - Private Practice times
 - Private Practice staff already employed / trained
 - Private Practice equipment levels
 - Private Practice pathology provider
 - Closest referral specialists.
- The above suggested questions are only a guide. The most important thing is to contact the previous incumbent before taking up the position.

Chapter 6 – Pathology Service Provider

Step 15: Identify an Appropriate Pathology Service

MUST DO:

1. Contact the Private Practice and ascertain:
2. The current Pathology Service Provider
3. The level of satisfaction with Pathology Service Provider
4. “Turn-around” times for Pathology results
5. The Courier Service used to “pick up” and “drop-off” Pathology
6. The level of satisfaction with the current Courier Service and
7. The capacity of the Private Practice to electronically download Pathology results.

IMPORTANT INFORMATION:

- The time lag between collection and testing of Pathology specimens will determine your capacity to take certain tests.
- The Private Practice must meet all costs associated with the freight of Pathology generated from the Private Practice.

Chapter 7 – Workcover

Step 16: Register with WorkCover as a Medical Practitioner

MUST DO:

1. Register as a Medical Practitioner Provider with WorkCover.
2. Obtain the application form to Register as a Medical Practitioner Provider with WorkCover which can be downloaded from the WorkCover Website at:

<http://www.workcover.qld.gov.au/>

(Website links: Health Providers-Health Provider Forms & Fact Sheets)

Complete the application form and send it to:

Group Services Support
Floor 16
WorkCover Queensland
GPO Box 2459
BRISBANE QLD 4001
Fax: (07) 3006 6369
Ph: 1300 362 128

3. Q-Comp is the body that oversees the rehabilitation of injured workers. The contact details for Q-Comp:
Q Comp
Rehabilitation, Compliance and Advisory Unit
PO Box 13407
George Street Post Shop
BRISBANE QLD 4003
Ph: 1300 361 235
Fax: (07) 3238 3533
4. Information for Medical Practitioners can be found at the following Website:
<http://www.qcomp.qld.gov.au/>
(Website links: Medical & Allied Health Providers)

IMPORTANT INFORMATION:

- Registration as a Medical Practitioner with WorkCover entitles you to bill Workcover privately for worker's compensation claims.

Chapter 8 – The Community

Step 17: Visit the town and check out the hospital and private practice

MUST DO:

1. Familiarise yourself with the town's business areas; facilities and amenities, including if applicable, banks, educational, amenities and facilities for children and other significant others. And/or visit local shire website.
2. Contact the Director of Nursing/Facility Manager and MSRPP/MORPP to make a time when you and your family can visit the town prior to commencement in the position.
3. Research the following when visiting the town:
 - Visit the hospital and make note of: the number of beds and the hospital's emergency capacity.
 - Visit the Private Practice and make note of: the building; medical equipment levels; office equipment levels and the practice Accreditation status.
 - Visit the Doctor's residence and make note of: the number of bedrooms; storage and fittings in the kitchen and bathroom; and the general quality of furnishings.
4. Meet with representatives of the community:
 - Ask the Director of Nursing/Facility Manager to arrange a meeting with the local Health Advisory Group and schedule appointments with other appropriate community leaders.

IMPORTANT INFORMATION:

- It is important to visit the town and get a feel for the community before commencing in the position. This will help reduce the "culture shock" upon commencement in the position. It will also help in making decisions about what furniture, office equipment, medical equipment and amenities to take with you when preparing for the move.
- The quality of engagement with the community within the first weeks of your arrival until significantly impact upon the quality at your practice and life within the community.

Chapter 9 – Personal Arrangements

Step 18: Arrange Your and Your Family's Medical Care

MUST DO:

1. Arrange your own general practitioner (this may not be local). Take into account:
 - Your need for objective and independent general practitioner assistance in managing your own health, and
 - Accessibility to your current GP if you already have one.
2. Make early contact with your GP and arrange at least annual check ups.
3. Determine the manner in which your family's medical care will be provided.
Take into account:
 - The need for quality objective care for your family, and
 - The boundary of your personal care of your family and the point at which independent professional care is appropriate.
4. Make explicit arrangements for medical services for your family.

IMPORTANT INFORMATION:

- Your health is critical to you, your family, your business and your community. It needs your priority attention.
- Your family's health also needs your priority attention.
- Your local Division of General Practice is likely to be able to advise GPs who are recommended as doctors for doctors and who are developing their skills in this unique role.

Step 19: Identify an accountant and arrange your personal finances before commencing in the position**MUST DO:**

1. Identify an accountant or financial adviser who can help you arrange your personal business arrangements, so as to best manage your taxation liability, before you get there.
2. Explain to your accountant that you will be both running a Private General Practice and receiving a salary package from Qld Health.
3. Gain an indication from the previous MSRPP/MORPP what the practice “turnover” is. Your accountant may wish to look at the previous years’ financial statements from the Private Practice.
4. Arrange all your personal banking requirements before you commence in the position. Be sure to enquire what banking services are available in the town. Please note that many of the major banks have ceased operation in many rural towns.
5. Apply for an Australian Business Number (ABN) and register for Goods and Services Tax Reporting (GST). Visit the Australian Tax Office Website at:

<http://www.ato.gov.au/>

To apply online go to: <http://www.business.gov.au/>

IMPORTANT INFORMATION:

- The use of an accountant in setting up your business arrangements will assist in best management of your taxation liability.

Chapter 10 – Support Services

Step 20: Contact various support services

MUST DO:

1. Get information on and make contact with the various support services available to rural medical practitioners.
2. Advise them of your appointment as a MSRPP/MORPP.
3. Make contact with:
 - Dr Denis Lennox
 - Rural Medical Advisor
 - Ph: (07) 4699 8671
 - Fax: (07) 4699 8705
 - Mobile: 0408 780 501
 - Email: Denis_Lennox@health.qld.gov.au

IMPORTANT INFORMATION:

- It is important to register as a new MSRPP/MORPP with the available support services. This will ensure that you are placed on relevant mailing lists and advised of the range of services offered by the many organisations available to support rural doctors.

SECTION 2

When You Commence In The Position

Chapter 11 – Living in a Rural Community

Step 21: Getting to know your new community

MUST DO:

It is important that as a rural doctor you take steps to make your practice and life sustainable in a rural community. The potential demands of even a small community can be enormous and beyond the ability of many. The advice here is *'don't be a martyr'*. Take responsibility to set reasonable limits and boundaries. A rural doctor that remains fresh and keen, rather than burnt-out is much more valuable to the community. Some tips include:

- Divert after hours call to the nursing staff at the hospital for triaging before being disturbed.
- Book at least one, possibly two, afternoon/s off each week
- Ensure that there is plenty of time for yourself and your family
- Develop a hobby and stay fit
- Learn to say 'NO'
- Explore flexible models of service delivery – are there other doctors to share call?

Life as a rural doctor can be made much easier by you (and, if applicable your partner or family members) actively becoming a member of your new community. Generally, rural communities are very welcoming and appreciative of their new doctor and their significant others. By virtue of your new position you already have one advantage – everyone already knows who you are, you just don't know them (yet).

Rural communities may have a very active sport and social calendar. Make an effort (and encourage your significant others) to participate in community activities. Join a local sporting club, accept dinner invitations and try to support the local businesses. In no time, you will have a social calendar that will rival many of your metropolitan counterparts.

IMPORTANT INFORMATION:

- The **Queensland Rural Medical Family Network** may be of assistance when trying to settle into a new town, they can be contacted at the following address:

Project Officer
C/- Health Workforce Queensland
GPO Box 2523
BRISBANE QLD 4001
Ph: (07) 3105 7800
Fax: (07) 3105 7801
Email : admin@healthworkforce.com.au

Chapter 12 – MSRPP/MORPP Award

Step 22: Familiarise yourself with the MSRPP/MORPP Award

MUST DO:

1. An Award exists for MSRPP/MORPPs. The Award outlines the terms and conditions of employment as a MSRPP/MORPP. A copy of this award is contained in section six and is current at the time of printing. If you would like to obtain any further copies follow the link below:
<http://qheps.health.qld.gov.au/chrirpsc/resource/morpp.pdf>
2. The Medical Industrial Relations Manuals can also be downloaded from the **Qld Health Electronic Publishing Service (QHEPS formerly known as QHiN)**. This Queensland Health Intranet service is available on all networked computers at the hospital and does not require Internet access.
 - a) Go into QHEPS
 - b) Click on "Clinical"
 - c) Click on "Health Advisory Unit - Medical"
 - d) Click on "Medical Awards/IRMs"
 - e) Click on relevant IRM or
 - f) Click on "Full Listing of IRMs"
3. A hard copy of the Award can be found in your hospital's Industrial Relations Manual.
4. For assistance with interpretation of the Award, ask the Health Service District's Human Resource Manager.

IMPORTANT INFORMATION:

- If you are not satisfied with the advice you receive from the Human Resource Manager or would value another opinion regarding interpretation of the Award, contact the Rural Doctors Association on:
Ph: (07) 3221 4444
- Alternatively, call Wageline on **Ph: 1300 369 945** for advice on:
 - Wages; Conditions of employment; Annual Leave;
 - Dismissal/Redundancy; Employer/Employee rights & responsibilities and other Industrial relations issues.

Step 23: Negotiate Guidelines for the Public/Private Interface between Qld Health owned services and MSRPP/MORPPs

MUST DO:

- Negotiate with the Director of Nursing/Facility Manager and the Health Service District on what will be a Private Practice responsibility and what will be a Public Health System responsibility.

IMPORTANT INFORMATION:

- It is advisable that this process be conducted as soon as possible after you commence in the position.
- A clear delineation between your private and public roles will help avoid confusion.

Step 24: Confirm your Medical Indemnification status with the Health Service District Manager**MUST DO:**

1. Qld Health indemnifies all MSRPP/MORPPs for all of their public work and their private procedural work. **It does not cover MSRPP/MORPPs for their private office based GP work.**
2. Contact the District Manager and gain confirmation in writing of your indemnification status.
3. Ensure you have appropriate Private Medical Indemnity for your Private Practice.

IMPORTANT INFORMATION:

- New MSRPP/MORPPs must become familiar with all relevant Qld Health policies. ***IRM 3.8-3 on Legal Liability of Employees and Other Persons - Health Service Districts can be accessed in the District Industrial Relations Manual*** or electronically on QHEPS via Clinical-Health Advisory Unit-Medical (Instructions on how to access QHEPS under Step 22).
- Alternatively contact:
 - Dr Denis Lennox
 - Rural Medical Advisor
 - Ph: (07) 4699 8671
 - Fax: (07) 4699 8705
 - Mobile: 0408 780 501
 - Email: Denis_Lennox@health.qld.gov.au
- The Rural Doctor's Association of Qld has been involved in negotiations with Qld Health regarding indemnification for MSRPP/MORPPs. If you have any further questions, the RDAQ can be contacted on **Ph: (07) 3221 4444.**

Chapter 13 – So Now You're an Employer

Step 25: Register with the appropriate agencies as an Employer

MUST DO:

1. As an employer you will be required to:
 - Pay Wages
 - Pay Superannuation
 - Lodge a Business Activity Statement (BAS)
 - Register with WorkCover as an employer.

2. Contact the Division of Workplace Health and Safety and register your Private Practice as a Workplace **Ph: 1800 177 717**

IMPORTANT INFORMATION:

- Go to the Australian Tax Office Website at:
<http://www.ato.gov.au/>

- For advice on getting started in a small business and a range of other business advice on areas including:
 - Business Structures
 - Australian Business Number (ABN)
 - Goods & Services Tax (GST)
 - Lodgement of Business Activity (BAS) Statements
 - Income Tax - Income & Deductions
 - Pay As You Go (PAYG) withholding & instalment
 - Record Keeping Requirements for Business
 - Capital Gains Tax (CGT)
 - Fringe Benefits Tax (FBT)
 - Alienation of Personal Services Income, and
 - Non Commercial Losses.

Step 26: Organising Locum Relief (you must organise your own locum relief for annual leave/study leave/maternity leave)

MUST DO:

1. Apply for and gain approval for leave from the District Manager and commence organising a reliever for the Queensland Country Relieving Doctors **as early as possible to enable the best chance of success.**

2. Contact your relevant Coordination Unit to arrange reliever:
 - Central and Southern Zone:
 - Rural Relief Coordinator
 - Southern Rural Coordination Unit
 - Ph: (07) 3636 3494**

 - Northern Zone:
 - Rural Relief Coordinator
 - Northern Rural Coordination Unit
 - Ph: (07) 4796 1056**

3. You will need to provide the Co-ordinator with the following information:
 - Name of medical practitioner requiring relief
 - Copy of signed leave approval from District Manager
 - Exact dates for which relief is required, including handover time
 - Method of transport available to the town including the days such transport is available
 - Whether days off will be provided to the reliever
 - Whether the rural reliever will have full-time access to a motor vehicle
 - Whether regular clinics are conducted at any out-centres, the locations of those clinics and the frequency of such visits
 - Necessity for provider number/s for right of private practice; and the actual addresses at which such private practice is conducted
 - Necessity of provider number/s for right of private practice outlying clinics and hospitals, along with addresses and telephone numbers of where these are conducted.

IMPORTANT INFORMATION: Give as much notice as possible.

- There is no guarantee that a locum will be found, you may need to search through private locum agencies yourself.

- Look after the interests of your locum and treat them well as they may assist you again in the future.
- Treat the co-ordinator's well, as they are a valuable friend for rural doctors.

Chapter 14 – Practice Accreditation

Step 27: Register with AGPAL

MUST DO:

1. Register for accreditation with the Australian General Practice Accreditation Ltd (AGPAL).
2. Registration forms are available upon request: **Ph: 1300 362 111**
3. You can register online at:

<http://www.gip.com.au/>

IMPORTANT INFORMATION:

- AGPAL is an independent body that accredits general practices.

Chapter 15 – Ongoing Continuing Medical Education

Step 28: Register with appropriate agencies for ongoing Continuing Medical Education

MUST DO:

1. Qld Health and other agencies provide many opportunities for ongoing Continuing Medical Education. Register with the following agencies to receive CME:
 - Your local Division of General Practice
 - Health Workforce Queensland
 - RDAQ
 - Zonal Rural Health Training Units
 - Qld Health Electronic Publishing Service (QHEPS) – Clinicians Knowledge Network
 - ACRRM
 - RACGP.

IMPORTANT INFORMATION:

- Many Qld Health Services have Video Conferencing facilities and the capacity to receive Satellite Broadcasts. Such services are often linked to College CME points.

Chapter 16 – Practice Incentive Program

Step 29: Register with the Practice Incentive Program

MUST DO:

1. Register with the Australian Government Practice Incentive Program (PIP).
 2. Fill in the PIP application form which can be downloaded from the HIC Website at:
<http://www.hic.gov.au/pip/>
(Website links: Health Care Providers-Incentives & Allowances-PIP)
 3. Send the completed application form to:
Practice Incentive Program
GPO Box 2572
ADELAIDE SA 5001
Ph: 1800 222 032
Fax: (08) 8274 9352
- Electronic copies of the PIP brochure, application forms and updates on the program can also be found on the PIP Website.

IMPORTANT INFORMATION:

- The Practice Incentive Program (PIP) aims to recognise general practices that provide comprehensive, quality care, and which are either accredited or working towards accreditation against the Royal Australian College of General Practitioners' (RACGP) *Standards for General Practice*.
- The PIP is part of a blended payment approach for general practice. Payments made through the program are in addition to other income earned by GPs and the practice, such as patient payments and Medicare rebates.
- To be eligible for PIP payments, you must register for Accreditation through Australian General Practice Accreditation Ltd (AGPAL).
- The Rural Retention Program is an Australian Government initiative that aims to recognise and retain long-service general practitioners (GPs) in rural and remote communities that may experience difficulties in retaining GPs. Doctors become eligible for an initial payment when they meet a qualifying period of continuous service.
- Information regarding the Rural Retention Program can be found at:
<http://www.health.gov.au/internet/wcms/publishing.nsf/Content/Rural+Retention+Program-1>

Chapter 17 – Overseas Trained Doctors

Step 30: Overseas trained doctors require an exemption to obtain a provider number which enables them to attract Medicare Benefits

MUST DO:

1. For overseas trained doctors and former overseas medical students, amendments to the *Health Insurance Act 1973*, set a minimum period of ten years commencing on the date they are first recognised as a medical practitioner under the *Act*, before they become eligible to provide services that attract Medicare benefits.
2. A doctor can apply for an exemption to the ten-year moratorium on provider numbers for overseas trained doctors under subsection 19AB(3) of the *Act*. The decision whether to grant exemption is based on an assessment as a district of medical workforce shortage. This term refers to a geographic area in which the general population need for health care is not met, generally rural areas and the public hospital sector.
3. An application for exemption should be made in writing and should relate to specific practice locations. (The “*Application form for a Medicare Provider Number*” referred to in Chapter 1, details these requirements, so a separate application is not necessary).
4. Liaise with your relevant Coordination Unit (see Chapter 13) to obtain a letter of support. This letter is forwarded to the HIC with your application form.
5. In addition to the letter of support from your Coordination Unit, be sure to provide the following details with your “*Application for a Medicare Provider Number*” form:
 - The front page of your passport with your personal details and photo; AND
 - The back page of your passport which shows your Australian visa details and entry stamps; AND
 - Copy of your medical board registration (NOTE: a receipt for payment of registration fees is not acceptable); AND
 - Copy of appointment letter

SECTION 3

District Specific Information

SECTION 4

Appendices

APPENDIX A

RURAL DOCTORS ASSOCIATION OF QUEENSLAND

GPO Box 2523
Level 1, 410 Queen Street
BRISBANE QLD 4001

Phone: (07) 3221 4444
Fax: (07) 3221 3748
Email: rdaq@rdaq.com.au
<http://www.rdaq.com.au>

HEALTH WORKFORCE QUEENSLAND

GPO Box 2523
Floor 1, 410 Queen St
BRISBANE QLD 4001

Phone: (07) 3105 7800
Fax: (07) 3105 7801
Email: admin@healthworkforce.com.au
Website: <http://www.healthworkforce.com.au>

BAYSIDE GP DIVISION

2/27 Mt Cotton Road
CAPALABA QLD 4157

Phone: 3390 2466
Fax: 3823 1408
Email: division@baysidegp.org.au
Website: <http://www.baysidegp.org.au>

Chief Executive Officer: Christine Kardash
Medical Officer: Dr Peter Adkins

CAPRICORNIA DGP

PO Box 8165
ALLENSTOWN QLD 4700

12 Separation St
ROCKHAMPTON QLD 4700

Phone: 4927 3182
Fax: 4927 3777
Email: admin@capdivgp.cqdoc.com
Website: <http://www.cqdoc.com>

BRISBANE INNER SOUTH DGP

PO Box 8004
WOOLLONGABBA Q 4102

Level 2
JP Kelly Building
Mater Community Services Complex
(Old Mater Children's Hospital Building)
39 Annerley Road
SOUTH BRISBANE QLD 4101

Phone: 3840 6150
Fax: 3844 7275

Email: admin@bisdiv.com.au
Website: <http://www.qdgp.org.au>

CENTRAL QUEENSLAND RURAL DGP

PO Box 368
Shop 1, 33 Callide Street
BILOELA QLD 4715

Phone: (07) 4992 5544
Fax: (07) 4992 5546
Email: cqrdgp@tpg.com.au
Website: <http://www.cqrdgp.com.au>

Executive Officer: Mr Warren Middleton
President/Medical Director: Dr Ross Woodward

BRISBANE NORTH DGP

PO Box 845
Suite 2, Level 1
520 Lutwyche Rd
LUTWYCHE QLD 4030

Phone: (07) 3630 7300
Fax: (07) 3630 7333
Email: bndgp@bndgp.com.au
Website: <http://www.bndgp.com.au>

Chief Executive Officer: Anne McGill
President: Dr Ann McBryde

FAR NORTH QUEENSLAND RURAL DGP

PO Box 191
Level 1, 31 English Street
MALANDA QLD 4885

Phone: (07) 4096 5046
Fax: (07) 4096 6423
Email: admin@fnqrdgp.com.au
Website: <http://www.fnqrdgp.org.au>

Chief Executive Officer: Phil Jervis
President: Dr Allan McMahan

BRISBANE SOUTH DGP

PO Box 211
Unit B3, 172 Evans Rd
Cnr Tarragindi Rd
SALISBURY QLD 4107

Phone: (07) 3274 1886
Fax: (07) 3274 1930
Email: info@bscdgp.com.au
Website: <http://www.bsdgp.com.au>

Chief Executive Officer: Mr David Gardner
President: Dr Peter Harvey

GOLD COAST DGP

Postal Address: 9-12,
No 5 Executive Drive,
Burleigh Waters
Qld 4220

Phone: 07 5507 7777
Fax: 07 5507 7700

Email: gpdvgold@gcdgp.com.au
Website: <http://www.gcdgp.com.au>

Executive Director: Mr Jim Marshall
President: Dr Peter Meulman

CAIRNS DGP

PO Box 7847
251 Lake Street
CAIRNS QLD 4870

Phone: (07) 4052 1699
Fax: (07) 4052 1301
Email: cdgp@cdgp.org.au
Website: <http://www.cdgp.org.au>

SOUTHERN QUEENSLAND RURAL DGP

PO Box 774
Ground Floor,
Channel 10 Building,
162 Hume St,
TOOWOOMBA QLD 4350

Phone: (07) 4638 1377
Fax: (07) 4638 2499
Email: sqrdgp@sqrdgp.com.au
Website: <http://www.sqrdgp.com.au>

IPSWICH AND WEST MORETON

PO Box 55
Grd Floor - Ipswich Corporate Centre
16 East Street
IPSWICH QLD 4305

Phone: (07) 3813 7000
Fax: (07) 3812 1403
Email: iwmdgp@iwmdgp.org.au
Website: <http://www.iwmdgp.org.au>

Chief Executive Officer: Kevin Pittman
Chairman: Dr Phil Burell

SUNSHINE COAST DGP

PO Box 389
26 Memorial Avenue
COTTON TREE Q 4558

Phone: (07) 5456 8888
Fax: (07) 5456 8899
Email: division@scdgp.org.au
Website: <http://www.scdgp.org.au>

Chief Executive Officer: Ian Landreth
Chairperson: Dr Fiona McGrath

LOGAN AREA DGP

PO Box 831
91 Wembley Road
WOODRIDGE Qld 4114

Phone: (07) 3290 3733
Fax: (07) 3290 3144
Email: admin@ladgp.com.au
Website: <http://www.ladgp.com.au>

Chief Executive Officer: Marguerite Mobbs

TOOWOOMBA & DISTRICT DGP

PO Box 356
108 Herries Street,
TOOWOOMBA QLD 4350

Phone: (07) 4638 5876
Fax: (07) 4638 2886
Email: gpc@gpconnections.com.au
Website: <http://www.gpconnections.com.au>

Chief Executive Officer: Tim Wilke
Chairperson: Dr John Lamb

MACKAY DGP

Crn Penn & Forth Streets
MACKAY Q 4740

Phone: 4953 4491
Fax: 4953 4681
Email: admin@mackaydgp.com.au
Website: <http://www.mackaydgp.com.au>

Executive Officer: Christian Grieves

TOWNSVILLE DGP

PO Box 7780
GARbutt BC Q 4810

Unit 4, 106 Dalrymple Service Road
CURRAJONG Q 4812

Phone: (07) 4725 8915
Fax: (07) 4725 8921
Email: tdgp@tdgp.com.au
Website: <http://www.tdgp.com.au>

Chief Executive Officer: Julie Scheuber
Chairperson: Dr Kevin Arlett

NORTH AND WEST QLD PRIMARY HEALTH CARE

PO Box 8056
GAR BUTT BC QLD 4810

Unit 5, 106 Dalrymple Service Road
CURRAJONG QLD 4812

Phone: (07) 4725 8868

Fax: (07) 4725 5122

Email: admin@nwgphc.com.au

WIDE BAY DGP

PO Box 2178
BUNDABERG Q 4670

Bundaberg Office:

Level 1, 6 Barolin Street
BUNDABERG Q 4670
Phone: 4151 0814
Fax: 4151 0794

Maryborough Office:

Level 1, Cnr Kent & Adelaide Streets
HERVEY BAY QLD 4655

Phone: 4123 2722

Fax: 4123 2277

Email: division@widebaydgp.org.au

Website: <http://www.widebaydgp.org.au>

Executive Officer: Rona Thomas

Chairperson: Dr Paul Cotton

REDCLIFFE BRIBIE CABOOLTURE DGP

PO Box 258
MARGATE BEACH Q 4019

8/107 Anzac Avenue
REDCLIFFE Q 4020

Phone: (07) 3284 5155

Fax: (07) 3284 5877

Email: rbcgdgp@rbcgdgp.com.au

Website: <http://www.qdgp.org.au>

AUSTRALIAN COLLEGE OF RURAL AND REMOTE MEDICINE

GPO Box 2507
BRISBANE QLD 4001
Level 4
410 Queen Street
BRISBANE CITY QLD 4000

Free call: 1800 223 226

Phone: (+617) 3105 8200

Fax: (+617) 3105 8299

Email: acrrm@acrrm.org.au

Web: <http://www.acrrm.org.au>

Chief Executive Officer: Marita Cowie

President/Chairperson: Dr Bruce Charter

QUEENSLAND RURAL FAMILY MEDICAL NETWORK

GPO Box 2523
Floor 1, 410 Queen St
BRISBANE QLD 4001

Phone: 1800 882 156

Fax: (07) 3105 7801

Email: dtansacha@qrmsa.com.au

Website: <http://www.healthworkforce.com.au>

Project Officer: Debbie Tansacha

ROYAL AUSTRALIAN COLLEGE OF GENERAL PRACTITIONERS

Queensland Office:

PO Box 1616
COORPAROO DC QLD 4151

201 Logan Road
BURANDA QLD 4102

Phone: (07) 3456 8944

Fax: (07) 3391 7009

Email: annette.hogan@racgp.org.au

Website: <http://www.racgp.org.au>

QUEENSLAND DIVISION OF GENERAL PRACTICE

GPO Box 2546
Queensland Divisions of General Practice Assoc.
Inc.
Level 5, 410 Queen St,
BRISBANE QLD 4001

Phone: (07) 3105 8300

Fax: (07) 3105 8301

Email: qdgp@qdgp.org.au

Website: <http://qdgp.org.au>

Chief Executive Officer: Anne Maree Liddy

APPENDIX B

DISCUSSION PAPER

“THE REALITIES OF DELIVERING COMPREHENSIVE HEALTH SERVICES IN RURAL COMMUNITIES”

The Public / Private Interface between Queensland Health owned Services and Medical Superintendents / Medical Officers with Right to Private Practice

Many doctors in rural areas are employed by Queensland Health to have both a public and private component to their position. They are referred to as Medical Superintendents with Right of Private Practice (MSRPPs) and Medical Officers with Right of Private Practice (MORPPs). This arrangement is different to other states where the local General Practitioner has visiting rights to the hospital and bills the hospital as a visiting medical officer for their services.

MSRPPs/MORPPs are employed by Queensland Health under the MSRPP/MORPP Industrial Award. Entitlements include accommodation, communications package, motor vehicle, study annual / leave and the provision of a rent free private practice. Within the private practice the doctor is encouraged to deliver a private General Practice service to the community and privately bill patients (Medicare) at the doctor's choice.

While the Award provides some guidance in relation to pay and other conditions it does not clearly define the boundaries between what is a Queensland Health, Australian Government (Medicare, Veteran's Affairs) or privately funded activity. The purpose of this discussion paper is to provide some background as to why a set of guidelines is required to help delineate between what is a State, Australian Government or Private Practice responsibility.

In the differentiation between private and public roles for MSRPPs/MORPPs may be the source of much angst and confusion if care is not given to good management. MSRPPs have both public and private components to their position; a public service in return for a salary package retainer and a private fee for service practice.

Whilst this arrangement appears simplistic, it is very different in practice where other extraneous variables come into play. It is virtually impossible to completely separate the 'dual roles' of the doctor. These roles inevitably cross over due to the very nature of delivering a health service in a small rural community. In small rural communities resources are scarce; often the private practice and hospital are co-located on the same grounds; and the boundaries between Australian Government and State funding are blurred. This requires good management of the private/public interface.

It is important to note that the community tends not to distinguish between the doctor's private and public roles. This is particularly the case where Hospitals and Private Practices are co-located on the same grounds or even in the same building.

Private / Public Split

There are three major issues that impact upon the practicalities of differentiating between the MSRPP's private and public roles:

1. **The Perpetuation of Old or Outdated Systems**

Many rural hospital / private practice relationships are characterised by a long history of working together to provide a health service to the community. This may mean that systems are in place (and have been in place for many years). These systems or agreements may or may not meet with the strict and ever changing Queensland Health / Australian Government guidelines. This is especially so where there is high turnover rate of rural doctors and Directors of Nursing / Facility Managers. Systems may be inadvertently perpetuated by new incumbents to positions. The new incumbents may not be aware that current systems and agreements between hospitals and MSRPP's/MORPP's are inadequate or incorrect.

2. **Resource Sharing**

Resources (human, financial and physical) are scarce in rural area. Queensland Health and Private Practice budgets usually do not afford the luxury of having every possible resource on hand. It is not cost effective as a solo doctor to purchase every necessary piece of equipment or employ the range of practice staff seen in larger urban practices. Similarly it is as equally efficient, when the private practice is operating only meters away, for the local hospital to stock a fully maintained pharmacy or roster a full compliment of staff for every shift.

To some extent practical resource sharing between the private practice and the hospital is a reality of delivering a health service to the community. This may mean for example that the doctor assists the hospital from his/her own pharmacy stock when the hospital runs short of a particular drug or that a registered nurse from the hospital helps out with an ill person in the practice when transfer to hospital is warranted.

3. **Private Practice Disincentives**

MSRPPs usually do not have the benefit of sharing costs experienced in a group practice setting. It is often not cost effective for a new doctor trying to set up a practice from scratch to purchaser new equipment and materials for every facet of running a General Practice. It is difficult to justify the purchase of equipment that may only be used on an occasional basis, when the same equipment exists only metres away in the hospital, eg. wheelchair, audiometer, ECG, spirometer.

It costs a lot of money for a doctor to upgrade and maintain a Private Practice in accordance with the Australian General Practice Accreditation Limited requirements. However, if the doctor chooses to leave the MSRPP position, and the practice building is owned by Queensland Health, it is up to the departing doctor to negotiate with the new incumbent (chosen by Queensland Health) a price for the General Practice excluding the building. This is dependent upon whether the new incumbent either wants to purchase the practice or has funds to do so.

These issues serve as disincentives to MSRPPs investing significant amounts of time and energy into a process that may be duplicating resources already available at the local hospital or cost prohibitive.

Flexible options tempered by common sense must be employed within small rural health services where the strict delineation between private and public resources just isn't practical. This does not mean complete disregard for Departmental resources, but practical resource sharing between the various services of a District Health Service to promote enhanced efficiency.

The major areas requiring clarification as to whether it is a public or private responsibility are:

- Telephones
- Private Practice Laundry Services
- Photocopying and Stationary Requirements
- Pathology Freight Services
- Private General Practice procedural work performed in the hospital including Venisection and Immunisation Services
- X-Rays
- Sterilisation Services
- Waste Disposal
- Private Inpatients ie. Dept Veterans Affairs / Nursing Home

Telephones

The MSRPP is responsible for meeting all costs associated with all calls made from the private practice. The Health Service District subsidises personal telephone calls made by the MSRPP as per the state award.

Laundry Services

It is unreasonable to expect the MSRPP to launder linen generated from the Private Practice in their own private washing machine. An agreement should be reached between the hospital laundry and the private practice. In some areas a fee per kilogram of washing is negotiated. However, this is an area where common sense should prevail in the negotiation process between the Director of Nursing and the MSRPP. Often the amount of washing generated by the practice is so insignificant that it costs the public system more to generate the invoice than it does to do the washing.

Photocopying and Stationary

The MSRPP should supply all stationary for use in the private practice. The expectation that the MSRPP should purchase an expensive item such as a photocopier should be seriously considered. A solo General Practitioner may not generate enough photocopying to warrant the purchase of a photocopier. In this circumstance an agreement should be reached between the MSRPP and the hospital. A reasonable price per sheet of Photocopying or an arrangement where the MSRPP provides the paper for any private photocopying.

Pathology and Freight Services

Often access to timely and efficient services in remote areas causes difficulties with the transportation of pathology specimens to the laboratory for testing. This has a significant impact upon the health of the community. Patients requiring urgent results often have to wait unreasonable amounts of time or specimens are too degraded for accurate testing by the time it reaches pathology service.

All efforts should be made to support the private practice in the packaging and transportation of pathology specimens. In more remote areas freight pick-up times are often outside of business hours and usually the hospital has a designated pick-up time for its pathology specimens. The hospital and private practice should work together to ensure pathology specimens reach

the pathology service as soon as possible. It may mean that the Nurse on night duty at the hospital package both the hospital and private practice pathology into eskies at a 5.30 am pick-up. The Pathology Provider / Private Practice should meet all costs associate with the freight of private pathology.

Private Practice procedural work performed in the hospital including Venisection and Immunisation Services

This is an area fraught with the complexities of cost shifting. Cost shifting is when private practice or Commonwealth funded work is performed in the state funded Queensland Health hospital setting or vice versa. It is highly inappropriate for all or the majority private practice procedural work to be performed in the hospital setting utilising hospital resources.

However, there may be times when it is appropriate to involve hospital staff in private practice procedural work in the interest of maintaining staff skill levels. For example, nursing staff may need to maintain skill levels in venisection and/or suturing. In remote communities it is possible for nursing staff to go for extended periods of time without utilising their full range of basic Registered Nurse skill levels. For example, fasting blood tests could be conducted early in the morning at the hospital by the registered nurse rather than the patient waiting until 9.00 am when the private practice opens. This is an issue that must be discussed openly between the MSRPP and hospital management.

X-Ray

Providing the MSRPP is working in a Remote Area and is expected to perform diagnostic radiology services usually provided by a specialist Radiologist, they are eligible to claim a Medicare rebate. This only applies if the doctor sends a private patient from the private practice to the hospital for an X-Ray and then reads that X-Ray. However, it is important that the MSRPP pays the hospital for any private X-Rays. An invoice should be raised by the hospital detailing the cost and type of X-Ray taken.

Sterilisation Services

In many circumstances it is not cost effective to expect the MSRPP to purchase an autoclave for the sterilisation of instruments. Usually the hospital either autoclaves its own instruments or has an arrangement with a nearby hospital who performs this function. It is recommended that the hospital negotiate an arrangement with the MSRPP that includes the private practice's instruments in its sterilisation procedures. This service is usually performed free of charge to General Practitioners in rural areas.

Waste Disposal

Many rural communities do not have a procedure in place for the disposal of contaminated waste. The hospital should assist the private practice in the disposal of any sharps generated by the private practice. A procedure should be negotiated between the hospital and the private practice for the disposal of other contaminated waste. Usually this involves the private practice delivering its contaminated waste to the hospital for disposal. This should occur at no expense to the private practice.

Private Inpatients – Dept Veterans Affairs / Nursing Home Patients

MSRPPS are entitled to privately bill the Department of Veterans Affairs and/or Medicare for War Veterans or Nursing Home patients.

Practical Resource Sharing

It is probably that due to the remoteness of many rural communities with a MSRPP, resource sharing in some form will be required in order to deliver a service to the community. For example, the hospital pharmacy may run short of a medication and it is possible for the private practice to supply the medication from its own stock whilst the hospital awaits the next pharmacy order. Such ingenuity and improvisation should be encouraged. It should operate both ways and should be supported by the hospital and MSRPP.

Formal agreement should be reached between the hospital and MSRPP on these issues and others unique to the town. These issues should be openly discussed and the agreement documented for both parties. Flexibility and accountability should be the aim of the agreement. However, the most important factor for such small team of health professionals is the need for people to work together, to find solutions and to implement those solutions.

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**Queensland
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SECTION 5

Required Forms

All forms in this section are examples only. Original copies must be obtained from the websites mentioned in the appropriate chapters.

SECTION 6

Award

