

Question on Notice

No. 1101

Asked on 13 September 2023

MR J LISTER ASKED MINISTER FOR HEALTH, MENTAL HEALTH AND AMBULANCE SERVICES AND MINISTER FOR WOMEN (HON S FENTIMAN)—

QUESTION

With reference to current Queensland Health birthing facilities identified in the Rural Maternity Taskforce Report—

Will the Minister advise the date when 'admitting rights' for Private Obstetricians was ceased (reported separately for each birthing facility)?

ANSWER

Admitting rights for private obstetricians was not and has not ceased under the Rural Maternity Taskforce.

Senior medical officers are granted rights to conduct private practice at their place of work alongside their public patient duties, consistent with the terms and conditions of their agreement with their employer. Visiting medical officers can be granted rights to conduct private practice at their place of work alongside their public patient duties, consistent with schedule 3 of their employment contract. These forms of private practice are referred to as “granted private practice.”

Clinicians operating under a Licensed Private Practice Arrangement within their Hospital and Health Service may only treat private patients at facilities where they have admitting rights. The admitting rights are required to be linked to a current approved Scope of Clinical Practice issued by their local Credentialling Committee. Given this, it is not possible to list private admitting rights by facilities or individual.

This is managed at the local level with clinicians as part of their employment contract with the Hospital and Health Service.

Maternity care in Queensland includes antenatal (before birth), intrapartum (onset of labour through to birth) and postnatal (up to six weeks after birth) care for women and babies. This care is provided in a variety of public and private settings, and is supported by service capability frameworks, governance frameworks, service networks, workforce, funding, information and data, and technological infrastructure.

Private Practice is considered the provision of professional services to a person who could receive treatment free of charge under the *National Health Reform Agreement 2011* (as amended or replaced) but who has elected to be treated privately in the public system; or a person who agrees to be a fee-paying patient (including third party compensable private patients i.e. through motor vehicle insurance, workers' compensation, Department of Veterans' Affairs etc.) of the clinician and makes this election on the basis of informed financial consent.

Queensland Health has a Private practice in the Queensland public health sector framework to ensure private practice activities in Queensland are sustainable and support patient choice, workforce attraction and retention.

Arrangements for Queensland Health clinicians to participate in private practice have been in operation since 1986. Private practice in the Queensland public health sector facilitates patient choice, helps to attract and retain a highly skilled clinical workforce and enhances the overall sustainability of the public health system.

Private practice arrangements have historically aimed to address five key objectives:

- Remunerate medical staff at a level commensurate with other States and Territories
- Provide a means to address public sector workforce shortages, particularly in diagnostic specialties by allowing individuals to retain a portion of their billings
- Facilitate private patient choice in the public health sector, consistent with the Australian Healthcare Agreement and successive National Healthcare Agreement obligations
- Optimise third party funding sources (Medicare Benefits, Private Health Insurance etc.) for reinvestment into improving healthcare services
- Optimise the utilisation of public health sector infrastructure