



14 Medical Practitioners with Private Practice

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This information sheet outlines the basis of employment and the duties required of doctors considering an appointment as a Medical Practitioner with Private Practice in Hospital and Health Services whilst also undertaking their own independent private general practice.

1. Overview

Queensland established the Medical Practitioner with Private Practice (MPPP) employment model to support small rural hospitals that at the time, had low occupancy and only required limited services from a medical practitioner. In these communities, doctors provide a defined set of duties each day at the hospital and are otherwise free to conduct their own independent private general practice. Some changes in hospital workload are being reported since the establishment of the original model.

The pairing of primary and secondary practice through this model delivers a number of key advantages to both the individual practitioner and the hospital which engages them.

- Doctors spend the majority of their time in their own medical practice, leading their primary care teams, operating a business and getting to know the patients they care for. Working from the hospital provides further variety of practice and enables these doctors to better manage the continuity of care for their patients.
- Rural hospitals secure permanent medical coverage to tend to smaller numbers of inpatient and acute presentations as well as retaining access to an on-call doctor at a lower total cost of employment.

MPPPs providing comprehensive general practice and emergency care and who have advanced procedural or advanced clinical skills are able to be recognised as [Rural Generalists](#) under the Queensland industrial framework.

2. What is a Medical Practitioner with Private Practice (MPPP)

Medical Superintendents and Medical Officers with Right of Private Practice, collectively referred to as Medical Practitioners with Private Practice (MPPPs), are experienced medical officers, often having spent many years in general practice and many of whom have additional procedural or advanced skills that significantly benefit local communities. Some positions are also filled by overseas trained doctors undertaking a rural role whilst they complete their General Practice Fellowships.

In addition to being an independent general practitioner, MPPPs are also employed by Hospital and Health Services and enjoy the benefits associated with ongoing employment with Queensland Health including the accumulation of leave and access to professional development support.

When not required for duty at local hospitals, MPPPs spend the majority of their time conducting independent private general practice. Commonly, the Medical Superintendent will operate a private practice in the community, employing staff and maintaining practice systems and accreditation. Other MPPPs in the location will make arrangements with the Medical Superintendent to practice from these rooms and pay a facility fee towards the running costs of the practice (a proportion of the practitioner's billings).

The practitioner's income will therefore be a combination of their salary and allowances from Queensland Health and the net earnings they generate through their independent private general practice.

3. What are the Terms of Employment for an MPPP

MPPPs are retained at local hospitals under the provisions of the *Medical Officers (Queensland Health) Award - State 2015 (the Award)* to support the provision of hospital based care. Whilst the hospital duties are prescribed, the time allocated for each is not and doctors are then otherwise free to pursue their own independent private general practice.

The hospital duties medical practitioners must provide¹ include:

- A daily outpatient session from Monday to Friday (excluding public holidays).
- Inpatient rounds Monday to Friday and on weekends where a patient's condition warrants.
- Participation on a shared 24 hour on-call roster to attend to patients whose condition requires a medical practitioner's attendance.
- Medical Superintendents will also provide general direction to other medical officers at the location and undertake some clinical administration functions.

The frequency of attendances for these duties may be varied by agreement between the doctor and the Hospital and Health Service.

An MPPP may be engaged on a part-time basis² and be paid as such for agreed duties, offering further work-life balance options for medical practitioners.

Doctors will typically work with one or two other medical practitioners (and sometimes a Nurse Practitioner) to support the hospital and manage the 24 hour on-call roster.

Each MPPP is entitled to one day free from duty at the hospital each week which can be accumulated for up to five days (or up to nine days with HHS agreement).

Each MPPP is guaranteed 8 days free from duty in each 28-day period³.

¹ Clause 14.2 and 14.3, *Medical Officers (Queensland Health) Award – State 2015*

² Clause 12.5 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

³ Clause 5.10 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

Benefits and Allowances

Competitive [salaries and allowances](#)⁴ are provided by Queensland Health to attract and retain medical professionals to rural and remote locations. Salaries are based on experience, qualifications and length of service with annual progression through salary classifications. Queensland Health employment also includes:

- Higher remuneration bands for MPPPs with recognised Rural Generalist Medicine qualifications and relevant scope of practice.
- Access to salary sacrifice arrangements⁵ and access to the concessional FBT exemption cap.
- Superannuation at 12.75% of base salary to a superannuation fund of the doctor's choice⁶.
- Clinical management allowance *to Rural Generalist and Senior Rural Generalist Medical Superintendents with Right of Private Practice*⁷.
- Professional Development Allowance⁸ of \$21,500 per annum.
- An inaccessibility allowance for doctors engaged in more remote and regional locations for each completed six or twelve month period of service⁹.
- Motor Vehicle Allowance of \$21,000 per annum (\$25,500 per annum for Senior Rural Generalist MPPPs)¹⁰.
- Medical Superintendents with Right of Private Practice may be reimbursed up to \$1,200 for the purchase of [telecommunications equipment](#)¹¹.

Some allowances are reduced where a MPPP is engaged on a part-time basis.

Recalls to duty

Attending to patients requiring a medical practitioner's care at the hospital is an ordinary duty of an MPPP.

However, a MPPP may be able to claim an exception payment of 270 per cent of the equivalent Senior Medical Officer hourly rate¹² for the duration of an attendance where such attendance causes appointments in a private practice to be cancelled.

⁴ Queensland Health website <https://www.health.qld.gov.au/hrpolicies/salary/medical>

⁵ Clause 2.4 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

⁶ Clause 2.5 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

⁷ Clause 2.9.3 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

⁸ Clause 7.6 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

⁹ Clause 8.1.1 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

¹⁰ Clause 12.34 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

¹¹ HR Policy C23 – Medical officers – Terms and conditions

¹² Clause 12.5.2 of the *Medical Officers' (Queensland Health) Certified Agreement (No. 6) 2022*

Housing assistance

At the discretion of a Health Service Chief Executive, MPPPs employed at rural and remote hospitals may be provided with suitable [housing](#) as an attraction and retention incentive¹³.

Doctors and their families may be provided with a rent-free residence of a reasonable standard with basic furnishings and whitegoods. Fuel light and power will be provided free of charge where a residence is owned by the Hospital and Health Service.

Accessing non-salary employment entitlements are Reportable Fringe Benefits under the Fringe Benefits Tax legislation. Accommodation in some rural areas may not be treated concessionally by the Australian Taxation Office. This may affect salary sacrificing arrangements and advice from a financial advisor or salary packaging provider is recommended.

Leave and relieving arrangements

Taking regular time away from work is important to the health and wellbeing of all employees and should be planned in advance between doctors and their Hospital and Health Services. MPPP leave entitlements include:

- Five weeks annual leave (one week in lieu of working on Public holidays) with provision to bank leave for up to two years.
- Leave loading of 17.5% for four weeks each year.
- Sick and carer's leave, bereavement and cultural leave and parental leave in line with the Queensland Employment Standards¹⁴.
- Long service leave for each 10 years of continuous service.

Hospital and Health Services are responsible for providing relief to enable MPPPs to take leave from their hospital duties. The HHS will negotiate concurrent relieving arrangements for the private practice to enable a doctor to completely remove themselves from their work during their leave.

Insurance and Indemnity

MPPPs are [indemnified](#) by Queensland Health for their public health sector duties¹⁵. The Department and each Hospital and Health Service hold professional indemnity and general liability insurances to cover public health system activities.

The medical practitioner's private general practice services are not indemnified by Queensland Health, nor are any of the employees of an independent private practice. MPPPs will need to source their own personal professional indemnity/medical defence insurance and ensure all the registered healthcare professionals it engages hold insurance commensurate with their registration requirements.

¹³ HR Policy D9 – Accommodation – Senior medical officers in country areas

¹⁴ <https://www.oir.qld.gov.au/modern-employment-conditions>

¹⁵ HP Policy I.2 Indemnity for Queensland Health medical practitioners

Workplace Health and Safety

MPPPs are entitled to a safe workplace and are able to access the range of services and programs undertaken by Queensland Health including the free and confidential Employee Assistance Scheme.

Queensland Health recognises fatigue is a serious issue and the associated risk to employees and patients and will manage its workforce with regard to the Queensland Health [Fatigue Risk Management System](#)¹⁶.

When required, medical officers will be provided with access to Protective Personal Equipment whenever performing duties at local hospitals.

Assistance with operating a private practice

Although arrangements vary across the State, a number of Hospital and Health Services will own a general practice building and may make the facility available to the MPPP to deliver their private practice service. Some of these are integrated with the local hospital (with a separate entrance and patient wait area), some are located on the hospital campus, and some are in premises located within the township.

Although usually provided free of charge, each Hospital and Health Service will establish their own tenancy arrangement for the practice with the MPPP that may cover energy costs, cleaning and maintenance services.

The HHS may also provide the MPPP with additional computers/laptops to access Queensland Health systems from the practice. MPPPs are otherwise responsible for sourcing and maintaining all practice and medical equipment, supplies and consumables.

It is open for the MPPP to explore the potential for the delivery of HHS public allied health and community nursing programs from the general practice, as few private health providers operate in smaller regional communities.

4. Australian Government assistance available to MPPPs

As independent general practitioners, the MPPP is eligible for a number of Australian Government incentives and programs that support the retention of rural doctors. The Rural Doctors Association of Australia has recently published a [calculator](#) that computes the value of assistance available to a general practitioner¹⁷. Assistance includes:

- Workforce Incentive Program (WIP) – Doctors stream - up to \$60,000 per annum as a retention incentive for doctors working in rural areas (the amount varies with the length of continuous service and remoteness).
- WIP – Emergency skills - up to \$10,500 per annum as a retention incentive for eligible rural GPs and rural generalists rostered to provide advanced clinical skills at local hospitals.

¹⁶ HR Policy I.1 Fatigue Risk Management

¹⁷ Rural Doctors Association of Australia website <https://www.rdaa.com.au/Aus/News/2024-articles/New-calculator-helps-doctors-find-rural-incentive-payments-without-hiring-Sherlock-Holmes.aspx>

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- WIP – Advanced skills - up to \$10,500 per annum as a retention incentive for eligible rural GPs and generalist doctors rostered to provide emergency services at local hospitals.
 - Rural Grants - up to \$26,000 to assist with the maintenance of procedural, emergency and mental health skills.
 - HELP Reduction - reduce or eliminate a HELP debt for PGY3+ GPs working in MM3-MM7 locations.

5. Practice Operations and Succession

As an independent private general practice, the MPPP is responsible for maintaining practice accreditation, observing privacy laws and ensuring compliance with employment awards and workplace health and safety regulations. The individual medical practitioner also remains responsible for the professional services they provide and the claims they make to Services Australia (Medicare).

General practices are an important part of the health infrastructure for a community - MPPPs are encouraged to engage with their HHS (and the relevant Primary Health Network) during health needs assessments and are encouraged to contribute to local health planning and delivery.

Medical practitioners will be aware they have responsibilities to their patients when considering the sale or succession of their general practice service when they choose to retire or leave the community. The MPPP should take steps to actively plan their departure and ensure practice records are transferred to another practitioner to support the continued care of their patients. Succession is assisted by providing as much notice as possible to enable the HHS time to recruit a replacement MPPP. The MPPP will be responsible for negotiating the general practice succession with the successor.