1. In late 2012, the Crime and Misconduct Commission reported significant findings to Government in relation to the operation of Right of Private Practice (RoPP) arrangements in Queensland Health. The report highlighted that the scheme was not managed effectively.
2. In November 2012, the Queensland Audit Office (QAO) commenced an audit into the RoPP arrangements in Queensland Health to determine whether these arrangements were achieving intended public health outcomes in a financially sustainable manner.
3. The Auditor-General subsequently tabled two reports in Parliament. The first report: “Right of private practice in Queensland public hospitals” on 11 July 2013 and the second report: “Right of private practice: Senior medical officer conduct” on 11 February 2014.
4. The Auditor-General’s recommendations were accepted and the Department of Health, in partnership with Hospital and Health Services, agreed to reform private practice arrangements with a greater focus on transparency, patient outcomes, financial management, governance and accountability.
5. On 5 March 2014, the Auditor-General and officials from QAO briefed the former Health and Community Services Committee (the Committee) on the Auditor-General reports. The Committee resolved to conduct an inquiry into the Department of Health’s implementation of the Auditor-General’s recommendations in the reports. The Committee’s subsequent Report No. 62 (the Report), Auditor-General Reports: Private practice arrangements in Queensland public hospitals noted that the Department of Health and Hospital and Health Services had undertaken considerable work to redesign the right of private practice schemes since the Auditor-General’s performance audit began.
6. In line with the introduction of medical contracts, on 4 August 2014, the Department of Health replaced the former RoPP arrangements for Senior Medical Officers with new private practice arrangements. In addition to addressing the issues identified by the Auditor-General, the new private practice arrangements were designed to better align the private practice business model with the funding arrangements under the National Health Reform Agreement and the business needs of Hospital and Health Services.
7. As the new private practice arrangements had only commenced in August 2014, the Committee’s Report only considered the various documents that underpin the new arrangements, rather than how the arrangements were working in practice.
8. The Committee’s Report made three recommendations, of which only one (Recommendation 1) requires a response from the Government. It is proposed that the Government accept the Committee’s recommendation (Recommendation 1).
9. Cabinet endorsed for tabling in the Legislative Assembly the proposed Government response to recommendations made by the Health and Community Services Committee in its report: *Auditor-General Reports: Private practice arrangements in Queensland public hospitals (Report No. 62).*
10. *Attachments*

* [Health and Community Services Committee report: *Auditor-General Reports: Private practice arrangements in Queensland public hospitals (Report No. 62)*](Attachments/Report.PDF)
* [Government response to recommendations in *Report No. 62*](Attachments/Response.PDF)