



Medicare

What is the Medicare Benefits Schedule?

The Medicare Benefits Schedule (MBS) is a listing of Medicare services subsidised by the Australian Government. The schedule is managed by the Department of Health and administered by the Department of Human Services.

In the general practice setting, Medicare rebates give patients access to free or subsidised treatment by general practitioners (GPs) and other healthcare professionals.

Why do GPs need provider numbers?

For patients to access Medicare benefits, GPs (including locums) are required to have a Medicare provider number for each location in which they provide medical services. Medicare provider numbers are issued by Medicare Australia.

To apply, see www.medicareaustralia.gov.au/provider/pubs/medicare-forms/provider-number.jsp

You may need to provide supporting documentation with the completed application. For more information call 132 150.

What are the Medicare claiming options for GPs?

There is a range of ways in which GPs can submit their Medicare claims to Medicare Australia.

Medicare Online (patient and bulk-bill claims)

Medicare Online is a feature of most practice-management software systems. It lets practice staff lodge Medicare claims through a secure internet connection. It can be used to bulk bill for patient and Department of Veterans' Affairs (DVA) claims and to transfer immunisation data.

Medicare Easyclaim (patient and bulk-bill claims)

This approach allows you to lodge Medicare claims using your EFTPOS terminal. Payments are usually made in 24 hours into the nominated bank account. Medicare Easyclaim is stand-alone (it does not require a PC or internet connection) and integrated (it 'talks' to practice-management software).

Paper claiming (patient and bulk-bill claims)

While Medicare Australia will continue to support paper-based claiming, practices are encouraged to switch to electronic claiming so that payments can be processed more quickly and paperwork is reduced.

The Medicare website provides information about claiming options and advice about which might be most suitable for you and your practice. See www.medicareaustralia.gov.au/provider/medicare/claiming/index.jsp

What is the Practice Incentive Program?

The Practice Incentive Program (PIP) provides financial support for practices to participate in various clinical services, information management, e-health, Aboriginal and Torres Strait Islander health, after-hours care, aged care and other government initiatives. General practices that are accredited or registered for accreditation against the RACGP *Standards for general practices* (4th edition) can access this program.

See www.medicareaustralia.gov.au/provider/incentives/pip/index.jsp

For more information, see *How does a general practice get accredited?*

Where can I go for help regarding the Medicare Benefits Schedule?

Health professionals may send their MBS item interpretation questions to the Department of Human Services, askMBS@humanservices.gov.au

Enquiries are handled by a centralised, specialist team trained to respond to complex MBS interpretation questions.

Medical indemnity insurance

Are GPs required to have medical indemnity insurance?

All GPs who undertake any form of practice are required to have medical indemnity insurance or some alternative form of insurance that complies with *Health Practitioner Regulation National Law (2009)* as determined by the Medical Board of Australia.

See www.medicalboard.gov.au/Registration-Standards.aspx

Personal relationships

Can GPs treat family members?

Providing medical care to anyone you have a close personal relationship with should be avoided where possible. For advice regarding this issue, refer to the Australian Medical Council's publication *Good medical practice: a code of conduct for doctors in Australia*, which was adopted by the Medical Board of Australia.

See www.medicalboard.gov.au/Codes-Guidelines-Policies.aspx

GPs with concerns or queries regarding this matter are advised to contact their medical indemnity insurer.

Medical certificates

Should a diagnosis be included on a medical certificate?

A patient's right to confidentiality must be respected; a diagnosis should not be included on a medical certificate without a patient's consent.

Can medical certificates be backdated?

Medical certificates must always be dated on the day they were written.

There may be some circumstances where GPs will be able to certify that a patient was ill/sick prior to the consultation and examination date. If this is the case, GPs must:

- state the date the certificate was issued
- cover the period during which the GP believes the patient would have been unfit for work.

GPs should give careful consideration to the circumstances before issuing a certificate subsequent to a patient taking sick leave, and it is recommended that GPs contact their medical indemnity organisation for further information and advice.

Should a GP inform an employer when a medical certificate has been forged?

While a GP should never provide an employer with additional information about the patient's medical history (without the patient's consent), it is permissible to verify whether or not the information detailed on the sickness certificate is accurate.

For further advice, GPs are advised to contact their medical indemnity organisation.

'Sickness certification' by Dr Sara Bird provides further information, www.racgp.org.au/afp/2011/januaryfebruary/sickness-certification

Death certificates

What is the purpose of a death certificate?

A death certificate is an important legal document that notifies the Registrar of Births, Deaths and Marriages in the relevant state or territory that a death has occurred. This notification enables the appropriate authorities to arrange for the disposal of the body via a funeral director. For legal and statistical purposes, medical practitioners completing a death certificate have a professional responsibility to ensure that the information contained in the document is accurate.

Who can complete a death certificate?

A death certificate can be completed by a registered medical practitioner who:

- was responsible for the deceased person's medical care during their last illness or immediately before death
- examined the body of the deceased person after death if they are comfortably satisfied as to the cause of death and no other circumstances are present that require a report/notification to the coroner.

Therefore, if a deceased patient's treating GP is not available, another GP in the practice can complete the death certificate if they have adequate information to do so and the death is not required to be reported to the coroner.

Can a GP complete a death certificate for a person who is not known to them?

A GP can examine the body of a deceased person after death if they are comfortably satisfied as to the cause of death and no other circumstances are present that require a report/notification to the coroner.

However, the RACGP advises doctors to contact their medical indemnity organisation for formal advice about this issue, as the answer will depend on the individual circumstances.

For additional information, contact the Registry of Births, Deaths and Marriages or the Coroner's Office in your state or territory.

When does a death need to be reported to the Coroner?

The coronial legislation for each state and territory clearly outlines when a death is required to be reported to the coroner.

Where do GPs obtain Medical Certificate of Cause of Death forms?

Blank forms can be obtained from the Registry of Births, Deaths and Marriages in your state or territory.

How does a GP complete a death certificate?

For general information about completing a death certificate, see 'How to complete a death certificate – a guide for GPs' by Dr Sara Bird, www.racgp.org.au/afp/201106/42669

What is the Medicare number for billing a death certificate?

The following advice was sourced from the Department of Human Services on 30 June 2014.

Medicare benefits are not payable for the issue of a death certificate. Although Medicare benefits are not payable, an attendance on a patient at which it is determined that life is extinct can be claimed under the appropriate attendance item. The outcome of the attendance may be that a death certificate is issued; however, Medicare benefits are only payable for the attendance component of the service.

Use the item you would normally claim for a patient at the location you attended.

See www9.health.gov.au/mbs/fullDisplay.cfm?type=note&q=A3&qt=notelD&criteria=death%20

Opening or closing a practice

What should be considered when opening a practice?

The RACGP has developed a range of resources to assist practice teams and business owners with managing and enhancing the business side of their general practice.

These resources include:

- *The General practice management toolkit*
 - *Starting a medical practice, Module 4*
 - *Closing a medical practice, Module 13*
- *Employee guide* (3rd edition)
- *Employer guide* (3rd edition).

Members are able to access these resources for free at, www.racgp.org.au/your-practice/business

Hard copies of these resources can be purchased by completing the publications order form, www.racgp.org.au/publications/orders

Send enquiries regarding these resources to advocacy@racgp.org.au

What does a practice need to tell patients when closing down?

GPs have a legal and ethical duty to provide continuity of care to their patients and this responsibility must be considered when closing a medical practice. In some states and territories, there may be legislative requirements the practice has to adhere to when closing down. To comply with these requirements, check with your state or territory health authority.

The RACGP advises that you allow a reasonable amount of time to inform patients of:

- your intention to close your medical practice
- the date of the intended closure
- their right and consent to have their health information sent to another medical practitioner for ongoing care.

Informing patients of a medical practice closure can be done in a number of ways, including:

- placing a poster and/or information sheet at patient entrances and waiting rooms
- providing telephone advice at reception when patients call to make an appointment
- providing a recorded message for patients on hold
- sending out letters to all patients advising of the closure
- placing an advertisement in a local newspaper.

What does a practice do with medical records when closing down?

Health service providers who cease or plan to cease operations are required to make arrangements for the appropriate storage or transfer of patient information. If records are to be stored, they must be stored in safe place for a period defined by relevant national, state and/or territory legislation. At the very least, it is recommended that individual patient records be retained for a minimum of 7 years from the date of last contact, or until the patient has reached the age of 25, whichever is longer.

Responsibility should also be assigned to someone who can provide others with access to stored medical records in accordance with national, state or territory privacy laws. If transferring a patient's care to another medical practitioner, decide whether to provide a health summary or forward the original notes. In deciding whether to transfer original notes, perhaps consider the size of the record and the complexity of the medical history. Any action taken to store, transfer or destroy each medical record should be kept in a logbook.

Where the practice principal is unable to act (ie. due to death or illness), the legal representative of the estate must make the necessary arrangements to notify patients of the closure and the manner in which patient information will be either transferred to another health service provider or stored.

For further information, contact the Health Services Commissioner in your state or territory.

What does a practice do with remaining drugs, medical equipment and prescription pads?

Legislation varies in Australia with regard to the disposal of Schedule 4 and Schedule 8 drugs. You may wish to consult the pharmacy that usually supplies these drugs to your practice. You must dispose of all drugs obtained for the treatment of patients. Further information can be obtained from the drugs and poisons section of your state or territory health department.

Practice equipment may be difficult to sell in the absence of a practice buyer. Advertising or using online resources may help you to locate a buyer. Stocks of syringes and needles may be returned to the supplier or provided to another health facility. Sharps containers should be disposed in the usual manner.

All unwanted letterheads, sickness certificates and any practice stationary that could be fraudulently used by unauthorised personnel should be disposed of responsibly.

Further information is outlined in the RACGP *Standards for general practices* (4th edition), *Standard 5.3 – Clinical support processes* and *Criterion 5.3.1 – Safe and quality use of medicines*.

What else needs to be considered when closing a practice?

When closing a general practice, a number of closing activities and legislative requirements need to be considered and actioned.

Medical indemnity insurance

Your medical indemnity insurer should be contacted to discuss the practice closure and issues relating to insurance.

Contact after closure of your practice

Following closure of a practice, patients need to be able to make contact for a reasonable period (at least 3 months) in order to arrange for the transfer of their records to a new practice. A telephone message could provide patients with directions on how to access copies of their health information. Alternatively, more detailed information could be set up on a temporary website or in the original notification of closure.

Notification to the medical board

Advise the Medical Board of Australia of the closure of your practice and update all listed mailing addresses. If planning to retire, advise the medical board.

Provider number resignation

Advise Medicare Australia of the closure of your practice.

Other actions

- Notify your employees of their obligations and entitlements.
- Notify your accountant and any other financial consultants of your decision and receive relevant advice.
- Notify your legal advisor and receive relevant advice.
- Review your subscriptions and professional associations.
- Change your mailing address.

Buying or selling a practice

What should be considered when buying or selling a practice?

Buying or selling any business requires specific knowledge and skills in managing the transaction process. To ensure you achieve the best commercial outcome with the purchase or sale of a medical practice, it is recommended that you obtain professional advice.

Before the transaction takes place, consider:

- price of the business
- approximate stock value
- turnover of the business
- operating days and hours
- number of staff employed
- how long the business has been operating
- how long you have owned it
- the reason for selling
- if the premises is leased or owned
- if leased, the length of the lease
- if leased, copy of the lease
- financial statements
- list of equipment
- turnover for the last few months of trading.

You may have to engage an intermediary sales and marketing professional who can assist with:

- marketing the practice to prospective purchasers
- developing the prospective purchaser summary
- negotiating on price and associated sale terms
- negotiating post-sale service agreement arrangements
- managing the overall sales process.

How is a practice valued?

The value of a general practice sits somewhere between an objective assessment of the asset's value and what someone is prepared to pay for it.

Valuation is a professional skill in Australia. The appropriate qualification includes membership of the Australian Institute of Valuers and Land Economists. The institute has professional standards and societies that you should become familiar with. To practise as a valuer in most states and territories, registration with a valuers' registration board or similar may also be required.

It is recommended and usual practice for both parties to obtain individual valuations from a professional with experience in medical practice valuation.

How do you estimate future benefits?

Future benefits are the anticipated benefits the business owner expects to receive in the future. To estimate the value of future benefits, compare opportunities in different practices by making assumptions and forecasts. Setting up a computer spreadsheet will make this easier. Generally, use a timeframe of 2 years to increase the accuracy and then consider:

- patient services each month – you will need to determine consulting hours and days per month, allowing for leave, recreation, professional development and public holidays. Assess your consultation length and percentage of appointments filled
- average service fee – break down the billing profile to determine the mix of billing levels (full fee, concessions, Medicare Online/Easyclaim Veterans' Affairs, third party insured) and proportion of patients in each group
- service costs
- Practice Incentive Program and other funding streams
- additional payments such as the Practice Nurse Incentive Program (PNIP).

For further information, refer to *Module 4* of the RACGP *General practice management toolkit: Starting a practice*

See www.racgp.org.au/your-practice/business/managementtoolkit/module4

What is the meaning of equity, price and goodwill?

Equity

In a practice, this consists of the practice's assets less the liabilities.

Price

This is the market valuation of a practice.

Goodwill

The difference between the equity and the market price is the goodwill or the discount on acquisition. Goodwill is also the future benefits from unidentifiable assets.

When a practice is bought or sold, what do patients need to be told?

GPs have a legal and ethical duty to provide continuity of care for their patients. Therefore, the RACGP advises that if you are buying or selling a practice you may need to seek information about the steps taken by the previous owner to inform patients/provide information to patients regarding:

- the intention to buy/sell the practice
- the date of the intended handover
- who will be taking over the practice
- what changes patients can expect.

Patients have the right to have their medical record/case notes sent to another medical practitioner for ongoing care. The *Patient Authority Form* is used to record the patient's permission to have their record transferred to a new doctor. It must be signed by the patient and must outline any costs associated with transferring the records.

Informing patients of a handover can be done in a number of ways, including:

- placing notices at patient entrances and waiting rooms
- providing telephone advice at reception when patients call to make an appointment
- providing a recorded telephone message for patients on hold
- sending out letters to all patients advising of the closure
- placing an advertisement in local newspapers.

What else needs to be considered when buying or selling a practice?

Medical records

Ensure that you have complied with state, territory and national privacy laws applicable to your situation.

Employees

Notify existing employees of their obligations, entitlements and any changes in the terms and conditions of their employment.

Notification to the medical board

Advise the Medical Board of Australia of the purchase/sale, any changes made to your postal address and future intentions.

Provider number resignation

Advise Medicare Australia of the purchase/sale and future career intentions.

Drug representatives/suppliers

Advise suppliers of the purchase/sale and of future arrangements.

Medical equipment suppliers

Advise suppliers of the purchase/sale and of future arrangements.

Biological waste disposal services

Advise service suppliers of the purchase/sale and of future arrangements.

Further considerations

- Notify your accounting, financial and legal consultants of your decision to purchase/sell a medical practice and receive relevant advice.
- Review your subscriptions and professional associations.
- Change your mailing address.

Privacy and medical records

What information should be provided when transferring a patient's care to another health professional?

Where a patient wishes to attend another general practice or GP, the new treating doctor is entitled to adequate information from the patient's health record to provide ongoing, high-quality care. Consent from the patient must be obtained before medical documents are transferred to another medical practitioner.

If transferring a patient's care to another medical practitioner, it is recommended that a copy of the patient health record be transferred and that the practice retain the original health information.

What are the Australian Privacy Principles?

As of 12 March 2014, the Australian Privacy Principles (APPs) have replaced the National Privacy Principles (NPPs). The APPs regulate the handling of personal information, including its collection, use and disclosure, as well as information security, access and correction. The 13 APPs are contained in schedule 1 of the *Privacy Act 1988* (the Privacy Act).

An overview of the APPs and Privacy fact sheet are available at www.oaic.gov.au/privacy/privacy-resources/privacy-fact-sheets/other/privacy-fact-sheet-17-australian-privacy-principles

Can patient information be released to third parties?

Practices are warned to exercise caution when processing requests for private health information. Essentially, information about a patient must never be released to a third party without the patient's consent. Under the Privacy Act (Cwlth), a health provider can only use or disclose patients' health information for the main reason for which it was initially collected (the 'primary purpose'). An exception to this rule is if the use and disclosure of the health information is for a purpose directly related to the primary purpose and the patient would reasonably expect this to happen. For example, if a patient agrees to see a specialist, the sharing of necessary information with the specialist would usually be reasonably expected. Good communication about likely uses and disclosures can help align patient expectations with those of the health provider.

For information about confidentiality and privacy of health information, see Criterion 4.2.1 of the RACGP *Standards for general practices* (4th edition), www.racgp.org.au/standards/421

Also see the RACGP privacy resources, www.racgp.org.au/your-practice/e-health/protecting-information/privacy

For further information, see the Office of the Australian Information Commissioner's *Sharing health information to provide a health service*: www.oaic.gov.au/privacy/privacy-resources/privacy-fact-sheets/health-and-ehealth/information-sheet-private-sector-25-2008-sharing-health-information-to-provide-a-health-service

How long does a practice need to retain medical records?

It is recommended that patient health records be retained indefinitely or as stipulated by the relevant national and/or state/territory legislation. The Department of Health provides an overview of state/territory general medical record retention requirements at: www.yourhealth.gov.au/internet/yourhealth/publishing.nsf/Content/pcehrlegals-document-toc~pcehrlegals-document-app04

See the RACGP *Handbook for the management of health Information in general practice*: www.racgp.org.au/your-practice/business/tools/safetyprivacy/privacy

Safety

Can a GP discontinue care of a difficult patient?

A practice may consider discontinuing care to a patient where there are genuine safety concerns that may prevent GPs and practice nurses providing ongoing, high-quality care.

The RACGP provides advice and information (including what arrangements need to be made for the ongoing care of the patient) when discontinuing care in *General practice – a safe place: tips and tools*, www.racgp.org.au/gpsafeplace

Further information is available in the RACGP *General practice management toolkit: Managing wellbeing of staff and self (Module 11)*, www.racgp.org.au/your-practice/business/managementtoolkit/module11

Where can I get more information/advice on how to manage difficult patients?

Patient-initiated violence includes incidents where the wellbeing, health and safety of practice staff are explicitly or implicitly threatened in circumstances related to their work, including when commuting to and from work.

Patient violence is a complex issue and requires different approaches in different circumstances. Broadly, the RACGP recommends that pre-emptive or remedial action be taken in relation to the patient (perpetrator), practice team and practice environment.

The RACGP *General practice – a safe place: tips and tools* focuses on preventing and managing patient-initiated threats to the personal safety of general practice staff, www.racgp.org.au/gpsafeplace

The RACGP *check* series on patient-initiated violence explores the multidimensional and dynamic nature of the problem through a series of carefully designed case studies, www.racgp.org.au/check

Your practice can also download RACGP practice safety posters for display, www.racgp.org.au/your-practice/business/tools/safetyprivacy/gpsafeplace

GPs with concerns regarding potential safety issues are advised to contact their medical indemnity insurer.

How can a practice mitigate/manage adverse events?

Adverse events are injuries related to medical treatment and procedures rather than further complications of a disease.

The RACGP *Safety every time – our general practice checklist* helps GPs and practice teams minimise these sorts of risks and prevent adverse outcomes. The checklist is based on the *Correct patient, correct site, correct procedure* protocols developed by the Australian Council for Safety and Quality in Health Care and Royal Australasian College of Surgeons.

See www.racgp.org.au/download/documents/Publications/safetyeverytimechecklist.pdf

Practice management

What are the Standards for general practices?

The RACGP *Standards for general practices* (4th edition) provide a template for quality care and risk management in contemporary general practices, www.racgp.org.au/your-practice/standards/standards4thedition

For information relating to the standards, email standards@racgp.org.au

How does a general practice get accredited?

The RACGP is responsible for writing the standards for general practices that are used in practice accreditation.

Australian General Practice Accreditation Limited and General Practice Accreditation are responsible for assessing how well a practice meets the requirements for accreditation. While many practices elect to be assessed against the standards by an independent accreditation agency to gain formal accreditation, this process is not compulsory. However, practices that are accredited can access additional funding via the Practice Incentive Program.

For more information about PIP, see *What is the Practice Incentive Program?*

For information relating to the RACGP's *Standards for general practices*, email standards@racgp.org.au

For information about how your general practice can meet the requirements for accreditation, contact the relevant accreditation agency.

Australian General Practice Accreditation Limited (AGPAL)

Level 1, 20 Railway Terrace, Milton QLD 4064

Telephone: 1300 362 111

Fax: 1300 362 110

Email: info@agpal.com.au

Website: www.agpal.com.au

Quality Practice Accreditation Limited (GPA Accreditation Plus)

95–97 Sheridan Street, Gundagai NSW 2722

Telephone: 02 6944 4042

Fax: 02 6944 4336

Email: gpa@gpa.net.au

Website: www.gpa.net.au

What funding and grants are currently available for practices?

From time to time, the Department of Health offers the opportunity to apply for grant funding via a competitive process. For a list of the current available grants, see www.health.gov.au/internet/main/publishing.nsf/Content/Listing+of+Tenders+and+Grants-1

Currently, there is some support available via the Rural Procedural Grants Program and Rural Locum Education Assistance Program. For further information, see www.racgp.org.au/rural/traininggrants

Practice staff and management

What is a position description?

A position description establishes the role of an employee within a practice; documents the responsibilities, tasks and activities associated with the position; defines the lines of accountability; and outlines any other information that is relevant to the job.

The position description is often used as a basis for performance management, training and development, remuneration management, succession planning, evaluation and areas of accountability.

Criterion 4.1.1 – Human Resource System of the RACGP's *Standards for general practices* (4th edition) underlines the importance of team members being clear about their roles and responsibilities in the practice.

See www.racgp.org.au/your-practice/standards/standards4thedition/practice-management/4-1/human-resource-system

How does a practice advertise for staff?

There are many websites, agencies or newspapers that can be used to advertise positions within a business. Websites specific to general practice include:

- RACGP GP classifieds, www.racgp.org.au/classifieds
- Australian Doctor classifieds, www.australiandoctor.com.au/Classifieds.asp
- *Medical Observer* classifieds, www.medicalobserver.com.au/classifieds

Practices advertising vacant positions must comply with all Australian anti-discrimination legislation. See the Australian Human Rights Commission, www.humanrights.gov.au/about/legislation/index.html

Seek (a website for job seekers) has developed advertising guidelines to aid compliance with anti-discrimination legislation, http://advertiser.seek.com.au/advertisers/resources/e0805_ad_guidelines.ascx

What should staff contracts address?

The contract of employment is the legal relationship between an employer and employee. When developing a contract of employment or entering into a contract of employment, the RACGP recommends that the relevant parties seek professional legal advice. When seeking professional legal advice, it is recommended that the lawyer/law firm has experience in employment contract law.

As a rough guide only, contracts should address:

- a description of the job, duties and responsibilities
- commencement date and terms of employment
- hours of work or number of sessions
- after-hours work and on-call requirements
- leave entitlements, including sick leave
- remuneration
- expenses reimbursed
- superannuation
- post-employment restrictions
- confidentiality
- termination of employment and the possible application of restrictive covenants expressed to survive termination of the contract
- location of employment, including requirements to attend patients' homes, hospitals, residential aged care facilities and workplaces.

Further information on employment conditions and contracts can be found in RACGP's *Employee guide* (3rd edition), www.racgp.org.au/your-practice/business/employment/employee-guide

What are the National Employment Standards?

Employers and employees in the national workplace system are covered by the National Employment Standards (NES). The NES provide employees with certain minimum conditions of employment, www.fairwork.gov.au

The NES are set out in the *Fair Work Act 2009* (Cwlth) and comprise 10 minimum standards of employment. In summary, the NES involve the following minimum entitlements:

- Maximum weekly hours of work – 38 hours per week, plus reasonable additional hours.
- Requests for flexible working arrangements – allows parents or carers of a child under school age or of a child under 18 with a disability to request a change in working arrangements to assist with the child's care.
- Parental leave and related entitlements – up to 12 months unpaid leave for every employee, plus a right to request an additional 12 months unpaid leave, and other forms of maternity, paternity and adoption related leave
- Annual leave – 4 weeks paid leave per year, plus an additional week for certain shift workers
- Personal/carer's leave and compassionate leave – 10 days paid personal/carer's leave, 2 days unpaid carer's leave as required and 2 days compassionate leave (unpaid for casuals) as required.
- Community service leave – unpaid leave for voluntary emergency activities and leave for jury service, with an entitlement to be paid for up to 10 days for jury service
- Long service leave (LSL) – a transitional entitlement for employees who had certain LSL entitlements before 1 January 2010, pending the development of a uniform national long service leave standard.
- Public holidays – a paid day off on a public holiday, except where reasonably requested to work
- Notice of termination and redundancy pay – up to 4 weeks notice of termination (5 weeks if the employee is over 45 years and has at least 2 years of continuous service) and up to 16 weeks redundancy pay, both based on length of service.
- Provision of a Fair Work Information Statement – employers must provide this statement to all new employees. It contains information about the NES, modern awards, agreement making, the right to freedom of association, termination of employment, individual flexibility arrangements, right of entry, transfer of business and the respective roles of Fair Work Australia and the Fair Work Ombudsman.

What are staff awards?

The introduction of new Federal Awards came into effect on 1 January 2010. These awards are enforceable minimum employment standards that apply in addition to the National Employment Standards.

There are currently three awards applicable to general practice:

- Medical Practitioners Award 2010, www.airc.gov.au/awardmod/awards/MA000031.pdf
- Health Professionals and Support Services Award 2010, www.airc.gov.au/awardmod/awards/MA000027.pdf
- Nurses Award 2010, www.airc.gov.au/awardmod/awards/MA000034.pdf

Practice staff whose primary responsibilities do not fall within the categories listed above may be classified under a different award.

Copies of awards can be found on the Fair Work Ombudsman website at <http://awardfinder.fwo.gov.au>

Where can practices go for workplace advice?

The following organisations can be contacted for advice on workplace relations.

Australian Medical Association	Provides employment and industrial relations advice for members	www.ama.com.au
Australian Association of Practice Managers	Provides information relating to practice management	www.aapm.org.au
Fair Work Commission	Provides information and advice on all aspects of the workplace relations systems, including national, state and territory employment legislation and regulations	www.fwc.gov.au
Department of Education, Employment and Workplace Relations	Provides information and fact sheets regarding workplace relations	www.deewr.gov.au
Fair Work Ombudsman	Provides information regarding the relevant awards of employees within medical and allied health practices	www.fairwork.gov.au
Australian Tax Office	Has an employee/contractor decision tool for the employer or business, which may assist in deciding the status of a worker and the employer obligations with superannuation and taxation	www.ato.gov.au
Business Australia	Has a selection of resources dedicated to independent contractors and contracts containing information such as the difference between an employee and a contractor, the definition of a contract, negotiation, what to include in a contract and the relevant legislation	www.business.gov.au

What are the working hours of a full-time GP?

The RACGP does not define what full-time general practice is, as this is considered to be an industrial matter. However, for training and assessment purposes, the RACGP understands that full-time general practice is 37 hours worked per week in typical general practice activities. Full-time general practice should include work spread over at least 5 working days and must include a minimum of 9 sessions per week, none of which may be less than 3.5 hours.

For more, see the RACGP *Practice eligible handbook 2013*, www.racgp.org.au/becomingagp/imgaus/pep

How much do GPs get paid?

Remuneration in general practice varies depending on the practice's cost structure and the value that the GP brings to the practice, financially and non-financially. The cost structures also vary depending on the commitments of the practice.

The RACGP understands that the current industry standard for GP remuneration is approximately 63% to 75% of billings, depending on experience and qualifications, such as FRACGP. However, given the ongoing workforce shortage, particularly in rural areas, many employers offer additional incentives such as assistance with relocation, housing, a car or cash sign-on bonuses in order to secure the services of suitable staff for their practice.

General Practice Australia aims to support prevocational doctors and medical students who are interested in being a GP. Its website includes an earnings calculator, which might assist in working out the earning capacity of a GP, www.gpaustralia.org.au/earnings-calculator