

Policy Directive



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Allied Health Professionals' Right of Private Practice in NSW Health Facilities

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Functional Sub group Personnel/Workforce - Industrial and Employee Relations

Summary This policy directive addresses allied health professionals' rights and responsibilities regarding private practice arrangements in NSW Health facilities and the governance required.

Replaces Doc. No. Right of Private Practice - Allied Health Professionals in NSW Health Facilities [PD2008_026]

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Applies to Local Health Districts, Board Governed Statutory Health Corporations, Chief Executive Governed Statutory Health Corporations, Specialty Network Governed Statutory Health Corporations, Affiliated Health Organisations, Public Health Units

Audience Administration, Allied Health

Distributed to Public Health System, Health Associations Unions, NSW Ambulance Service, Ministry of Health

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Policy Manual Not applicable

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Status Active

Director-General

This Policy Directive may be varied, withdrawn or replaced at any time. Compliance with this directive is **mandatory** for NSW Health and is a condition of subsidy for public health organisations.

RIGHT OF PRIVATE PRACTICE – ALLIED HEALTH PROFESSIONALS IN NSW HEALTH FACILITIES

PURPOSE

This policy directive outlines the framework for the rights of private practice arrangements within which Allied Health Professionals can be approved to operate a private allied health practice in NSW Health facilities.

This policy directive applies to the health professional classifications covered by the *NSW Health Service Health Professionals (State) Award*, the *Health Employees' Medical Radiation Scientists (State) Award* and to Psychologists and Pharmacists employed in the NSW public health system.

MANDATORY REQUIREMENTS

All public health organisations are required to comply with the attached arrangements.

IMPLEMENTATION

Chief Executives are responsible for ensuring that the policy directive is brought to the attention of allied health professionals and staff who are involved in the rights of private practice arrangements in NSW Health facilities, including assigning responsibility for implementing and monitoring the rights of private practice scheme.

Directors of Allied Health are responsible for ensuring provision of information to allied health professionals, and as necessary support effective implementation of the rights of private practice scheme in a NSW Health facility.

Allied Health Professionals are responsible for ensuring that they conform with this policy directive and comply with the terms and conditions applicable to the rights of private practice scheme in a NSW Health facility.

REVISION HISTORY

Version	Approved by	Amendment notes
May 2015 (PD2015_017)	Deputy Secretary Governance, Workforce & Corporate	Rescinds PD2008_026. Issued a revised policy about the right of private practice arrangements for allied health professionals.
May 2013 (PD2008_026)	Deputy Director- General, Health System Support	Rescinds PD2005_317. Issued a revised policy about the right of private practice arrangements for allied health professionals.

ATTACHMENTS

- Allied Health Professionals Rights of Private Practice Scheme: Procedures

**Allied Health Professionals – Right of Private Practice
in NSW Health Facilities**



Issue date: May-2015

PD2015_017

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1 BACKGROUND

1.1 About this document

These procedures set out the requirements and responsibilities for allied health professionals' rights of private practice arrangements in NSW Health facilities.

The procedures apply to the health professional classifications covered by the *NSW Health Service Health Professionals (State) Award*, the *Health Employees' Medical Radiation Scientists (State) Award* and to Psychologists and Pharmacists employed in the NSW public health system.

1.2 The right of private practice scheme

The right of private practice scheme provides a framework within which allied health professionals can be approved to operate a private allied health practice in public health facilities.

The right of private practice scheme is separate to secondary employment arrangements and to the employment of sessional/contracted allied health services, and does not entitle the allied health professional to employee benefits for the private practice component of their service.

NSW Health believes the right of private practice scheme will help to promote the recruitment and retention of allied health staff and increase access to the range of services provided by allied health professionals to the community, especially in rural NSW (but not necessarily excluding non-rural locales).

NSW Health wishes to encourage allied health professionals, where appropriate, to take up the right of private practice within a NSW health facility and increase the NSW community's access to allied health services, in particular where:

- NSW Health funded positions are 1.0 FTE or less within a particular discipline; or
- A community need exists for enhanced allied health services; or
- There is no other or limited allied health services in a particular discipline or specialty within a discipline (eg paediatrics) in a particular locality; or
- It is difficult to recruit and retain allied health professionals in a particular locality.

1.3 Key definitions

Allied Health Professional - means staff members employed in the health professional classifications covered by the *NSW Health Service Health Professionals (State) Award*, the *Health Employees' Medical Radiation Scientists (State) Award* and to Psychologists and Pharmacists employed in the NSW public health system.

NSW Health means public health organisations and all other bodies and organisations under the control and direction of the Minister for Health or the Secretary of NSW Health.

2 FRAMEWORK FOR THE RIGHT OF PRIVATE PRACTICE SCHEME IN NSW

NSW HEALTH FACILITIES

2.1 Principles

- (a) The right of private practice in a NSW Health facility is a privilege, granted by the NSW Health facility to an employee on an individual basis to specified locations. It cannot be transferred or delegated and ceases when the individual is no longer employed by NSW Health.
- b) The right of private practice in a NSW Health facility is subject to review at any time and breaches of the undertakings given will result in the approval being withdrawn.
- c) Private practice in a NSW Health facility must not be approved or undertaken at the expense of services to public patients and should not provide unfair advantage over other private practices within the community.
- d) Allied health professionals will meet the fair and reasonable costs of undertaking private practice in a NSW Health facility.
- e) Private practice services in a NSW Health facility must be provided outside the allied health professional's usual working hours. (That is, the allied health professional's regular scheduled, rostered or contracted hours.)
- f) Private practice services in a NSW Health facility must only be available to persons who are not admitted patients of that facility.
- g) Private clients remain eligible for public services according to service provision guidelines and prioritisation.
- h) Individuals who present as private clients of the allied health professional must be informed if the opportunity exists to be treated as a public health system patient, including providing information on available public facilities and how to access them, the associated costs and service waiting times.
- i) Private clients must be informed that they are not patients of the facility or the District and that they are being treated by a private practitioner only.
- j) Group occasions of service can only be offered as a private or public service (not as a combination).
- k) Allied health professionals must not treat a client concurrently as a public patient and private client for the same condition.
- l) Private client records remain the property and responsibility of the private practice allied health professional.
- m) The private practice allied health professional must not access hospital records for the same client without the client's consent.
- n) The allied health professional may accept referrals of both public and private patients during both public and private hours. However, there must be no conflict with the allied health professional's proper and efficient performance of their public

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clinical duties; and, they must not use their official position to solicit clients for private practice in a NSW Health facility, nor use it to imply any special competence for private client recruitment purposes.

- o) Additional equipment, services or support staff required to carry out private practice in a NSW Health facility must be provided by the allied health professional at their own expense.

2.2 The Allied Health Professional's responsibilities

The allied health professional must:

- a) Give undertakings in writing that they will abide by the terms and conditions applicable to the right of private practice in a NSW Health facility;
- b) Sign a facility charge agreement to cover the fair and reasonable costs of undertaking private practice in a NSW Health facility;
- c) Provide evidence, on request, of current professional indemnity insurance and public liability⁽¹⁾ for their private work in a NSW Health facility, and as determined from time to time by NSW Health. Evidence that the relevant Registration Board has been provided this information may also be required;
- d) Obtain provider numbers from relevant organisations (eg Medicare Australia, Department of Veteran's Affairs, private health funds);
- e) Obtain an Australian Business Number and comply with all Australian taxation law;
- f) Provide their own business stationery (letterheads, invoices etc);
- g) Ensure the security and storage of their private practice files and records;
- h) Continue to comply with applicable NSW Health policies, including [Code of Conduct](#), WHS, [Privacy Manual](#) in relation to client privacy and confidentiality);
- i) Comply with any reasonable direction by the Local Health District in relation to the resolution of complaints or disputes about private practice services; and
- j) Not use their official position to solicit, receive or defer clients to private practice, nor imply any special competence for private client recruitment purposes.

2.3 The Local Health District's responsibilities

The Local Health District is responsible for:

- Developing and implementing the governance mechanisms required for managing and monitoring the scheme (a sample Application Form is at Appendix 1); and
- Determining the provision of, and fair and reasonable fees payable for, access to facilities and services such as:
 - o Treatment facilities

¹ At the time of publishing this policy the figure was \$10 million

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- o Office facilities and business equipment (eg. phone, fax, printers, photocopying, internet connection, storage)
- o Diagnostic services per privacy legislation
- o Client equipment loan services
- o Off-the-shelf consumables
- o Testing tools and forms relevant to the discipline
- o Secretarial services
- o Cleaning and asset management.

3 GOVERNANCE

As the employer, Local Health Districts must develop appropriate governance mechanisms for the right of private practice scheme, including processes to:

- a) Assess and approve applications to participate in the scheme to ensure private practice in a NSW Health facility is not undertaken at the expense of services to public patients; does not provide unfair advantage over other private practices within the community; and in consideration of secondary employment policy;
- b) Ensure that in localities where a local practitioner is in private practice that the practitioner is consulted on the proposal to establish a private practice within the NSW Health facility. (If the local private practitioner expresses concerns about the proposal then mediation between the parties, including operational management and senior allied health staff, is to be arranged.);
- c) Ensure the allied health professional makes all required written undertakings and agreements;
- d) Ensure the allied health professional has met all professional registration and indemnity insurance requirements to conduct private practice;
- e) Manage and monitor the operation of the scheme to ensure compliance;
- f) Manage and monitor the operation of the scheme to ensure that there is no conflict of interest for allied health professionals providing public and private allied health services and that there is a continuing need;
- g) Determine access to local health service medical records in accord with privacy legislation and in consultation with Health Information Management;
- h) Inform patients about the scheme and its relationship to public services;
- i) Develop appropriate, fair and reasonable cost recovery fee structures and agreements for the use of facilities, equipment and materials;
- j) Ensure the accurate documentation of public and private hours;
- k) Manage and monitor the use of facilities, equipment and materials;
- l) Record the use of and payment for facilities, equipment and materials;

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- m) Ensure the allied health professional is aware of their need to engage appropriate accounting and taxation advice; and
- n) Manage grievances and complaints in accordance with:
- PD2010_007 [Grievance – Effective Workplace Resolutions](#)
 - PD2006_007 [Complaint or Concern about a Clinician – Principles for Action](#)
 - GL2006_002 [Complaint or Concern about a Clinician – Management Guidelines](#).

4 ATTACHMENTS

Attachment 1: Example Application and Approval Form - Rights of Private Practice for Allied Health Professionals

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Attachment 1

Example Only

Application Form

Rights of Private Practice for Allied Health Professionals

This can be completed in partnership with Operational Manager and appropriate Senior Allied Health Professional

Name:

Discipline:

Facility/s:

Senior Allied Health Staff and or discipline senior clinicians

Business Case:

1. Allied Health Discipline and/or speciality area
2. FTE Positions within team / department as relevant to application (filled and vacant)
3. Evidence of local need for private practice
4. Benefit to the District
5. Identified core priorities for publicly funded service (in line with District and local Service Plan)
6. Proposed Scope of Private Practice:
 - Service to be offered
 - Hours of operation
 - Referral System
7. Evidence of consultation with local referring practitioners/organisations/community
8. Consultation with other private practitioners of same discipline (if applicable)
9. Any potential areas of conflict of interest and how this will be managed.

Documentation in support of business case:

- Evidence of current full Australian Health Practitioner Regulation Agency (AHPRA) registration and / or eligibility for membership to relevant professional association.
- Evidence of personal professional indemnity and public liability insurance
- Australian Business Number details
- Evidence of relevant provider numbers

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Example Only

Declaration

Responsibilities of Allied Health Professional

I,, hereby agree to comply with the
(**NAME**) Local Health District terms and conditions applicable to my private practice within a
(**NAME**) Local Health District facility as outlined in NSW Health Policy Directive PD2015_017.

I also agree to comply with the following:

- a) Inform private clients that they are not patients of the Health facility / Local Health District and that they are being treated only by a private practitioner.
- b) Inform private clients that they are eligible to access a publicly funded service, and will detail the options available to them.
- c) Conduct all private practice activity outside of (**NAME**) LHD contract hours, including accepting referrals, service provision, report writing and any other associated activity.
- d) Access only those public sector resources for use in private practice as negotiated and authorised by the (**NAME**) LHD.
- e) Maintain separate records for all private clients.
- f) Comply with the NSW Ministry of Health policies including the Code of Conduct and Privacy Manual in relation to client privacy and confidentiality.
- g) Not to solicit, receive or defer clients from my public sector employment to my private practice, nor imply any special competence for private client recruitment purposes.
- h) Take out professional indemnity and public liability insurance for the purpose of undertaking the private practice arrangements, even when on (**NAME**) LHD premises.

I understand that I am also required to fully comply with the ethical and quality standards as required by my professional association and with NSW Ministry of Health policies and (**NAME**) LHD procedures when the practice is in a (**NAME**) LHD facility.

Applicant:

Signature:

Name:

Date:

Support for Rights of Private Practice

Senior Facility Management:

Signature:

Name:

Date:

Senior Allied Health Professional:

Signature:

Name:

Date:

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Example Only

Approval for Right of Private Practice

1. Allied Health Head of Department / Service Director

Is the information and evidence provided accurate Yes / No

Approved Yes / No

Comment:

.....
.....

Name:

Signature: Date:

2. Director of Operations / Executive Director / General Manager etc:

Approved Yes / No

Recommended Facility Fee (if applicable):

Comment:

.....
.....

Approved Yes / No

Recommended Facility Fee (if applicable):

Comment:

.....
.....

Name:

Signature: Date:

RIGHT OF PRIVATE PRACTICE IN FACILITY ENDORSED FROM:

..... TO

DATE OF REVIEW