

PROCEDURE FOR PRIVATE AND INDEPENDENT PRACTICE FOR MEDICAL STAFF

PROCEDURE REFERENCE NUMBER	CPG48
VERSION NUMBER	1
REPLACES SEPT DOCUMENT	Procedure of private and independent practice for medical staff
REPLACES NEP DOCUMENT	N/A
KEY CHANGES FROM PREVIOUS VERSION	
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CONSULTATION GROUPS	JLNC,MMT
IMPLEMENTATION DATE	May 2018
AMENDMENT DATE(S)	
LAST REVIEW DATE	N/A
NEXT REVIEW DATE	May 2021
APPROVAL BY JLNC	March 2018
RATIFICATION BY FINANCE AND PERFORMANCE COMMITTEE	24 th May 2018
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PROCEDURE SUMMARY	
<p>The Trust has an obligation to ensure that recommended standards of private practice for NHS Consultants in England are followed in line with agreements between the BMA's Central Consultants and Specialists Committee and the Department of Health.</p> <p>NHS contractual provisions in the 2003 negotiated Consultant Contract include guidance principles regarding a Code of Conduct and contain contractual provisions dealing with the relationship between NHS and private activity.</p> <p>Guidance exists on the management of private practice in the NHS, although having been published in 1986 it is now out of date. (The Green Book). Procedures for identifying private patients are described in the Green Book and it is essential that Consultants as employees are aware of the procedures adopted by the Trust. It is the responsibility of Consultants themselves to ensure that their private patients are identified as such.</p> <p>The 2003 Terms and Conditions of Service for Consultants supersedes previous guidance regarding private practice for Consultants on pre-2003 contracts and fees for Category 2 work applicable to the pre-2003 Contract are now subsumed under an overall description of fee paid work. Arrangements under which NHS consultants may carry out fee paid work under the 2003 Contract can be agreed by employers drawing up additional local guidelines on the management of private practice in consultation with the profession, a move that the BMA's Central Committee for Specialist Services welcomes and encourages. This policy will represent a local agreement.</p>	

Failure to implement this policy and associated procedures will place the Trust in breach of its corporate obligations for professional and organisational governance and place individual practitioners at risk of disciplinary processes.

The Trust monitors the implementation of and compliance with this procedure in the following ways;

Services	Applicable	Comments
Trustwide	✓	
Essex MH&LD		
CHS		

**The Director responsible for monitoring and reviewing this procedure is
The Executive Medical Director**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

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1.0 INTRODUCTION

- 1.1 Nearly all private work is undertaken by consultants and the following procedures applies specifically to this group but, when any other medical staff treat private patients, these procedures also apply to the relevant grade.

2.0 DISCLOSURE OF INFORMATION ABOUT PRIVATE COMMITMENTS

- 2.1 The consultant will inform their clinical manager of any regular commitments in respect of Private Professional Services or Fee Paying Services. This information will include the planned location, timing and broad type of work involved.
- 2.2 The consultant will disclose this information at least annually as part of the Job Plan review. The consultant will provide information in advance about any significant changes to this information.

3.0 SCHEDULING OF WORK AND JOB PLANNING

- 3.1 Where there would otherwise be a conflict or potential conflict of interest, NHS commitments must take precedence over private work. The consultant is responsible for ensuring that private commitments do not conflict with programmed activities.
- 3.2 Regular private commitments must be noted in the Job Plan.
- 3.3 Circumstances may also arise in which a consultant needs to provide emergency treatment for private patients during time when they are scheduled to be undertaking NHS programmed activities. The consultant will make alternative arrangements to provide cover if emergency work of this kind regularly impacts on the delivery of NHS programmed activities.
- 3.4 The consultant should ensure that there are arrangements in place, such that there can be no significant risk of private commitments disrupting NHS commitments, e.g. by causing NHS activities to begin late or to be cancelled. In particular where a consultant is providing private services that are likely to result in the occurrence of emergency work, they should ensure that there is sufficient time before the scheduled start of programmed activities for such emergency work to be carried out.
- 3.5 Where the employing organisation has proposed a change to the scheduling of a Consultant's NHS work, it will allow the consultant a reasonable period in line with Schedule 6, paragraph 2 to rearrange any private commitments. The employing organisation will take into account any binding commitment that the consultant may have entered into (e.g. leases). Should a consultant wish to reschedule private commitments to a time that would conflict with Programmed activities they should raise the matter with the clinical manager at the earliest opportunity.

4.0 SCHEDULING PRIVATE COMMITMENTS WHILST ON-CALL

- 4.1 The consultant will comply with the provisions in Schedule 8, paragraph 5 of these Terms and Conditions.
- 4.2 In addition, where a consultant is asked to provide emergency cover for a colleague at short notice and the consultant has previously arranged private commitments at the same time, the consultant should only agree to do so if those commitments would not prevent him or her returning to the relevant NHS site at short notice to attend an emergency. If the consultant is unable to provide cover at short notice it will be the employing organisation's responsibility to make alternative arrangements.

5.0 USE OF NHS FACILITIES AND STAFF

- 5.1 Except with the employing organisation's prior agreement, a consultant may not use NHS facilities or NHS staff for the provision of Private Professional Services or Fee Paying Services for other organisations.
- 5.2 The use of facilities will be separate from NHS responsibilities and charges will apply for any agreed use of them.
- 5.3 Should a consultant, with the employing organisation's permission, undertake Private Professional Services or Fee Paying Services in any of the employing organisation's facilities, the consultant should observe the relevant provisions in the 'Code of Conduct for Private Practice'.
- 5.4 Where a patient pays privately for a procedure that takes place in the employing organisation's facilities, that procedure should take place at a time that does not impact on normal services for NHS patients. Except in emergencies, such procedures should occur only where the patient has given a signed undertaking to pay any charges (or an undertaking has been given on the patient's behalf) in accordance with the employing organisation's procedures.
- 5.5 Where the employing organisation agrees that NHS staff may assist a consultant in providing Private Professional Services, or provide private services on the consultant's behalf, it is the consultant's responsibility to ensure that these staffs are aware that the patient has private status. Separate arrangements must be made for private patients to contact Consultants regarding their private treatment that do not conflict with the responsibilities of staff employed to undertake NHS duties.
- 5.6 The consultant has an obligation to ensure, in accordance with the employing organisation's procedures, that any patient whom the consultant admits to the employing organisation's facilities is identified as private and that the responsible manager is aware of that patient's status.
- 5.7 The consultant will comply with the employing organisation's policies and procedures for private practice.

6.0 PATIENT ENQUIRIES ABOUT PRIVATE TREATMENT

6.1 Where, in the course of his or her duties, a consultant is approached by a patient and asked about the provision of Private Professional Services, the consultant may provide only such standard advice as has been agreed with the Trust for such circumstances, which presently is that no advice is possible.

- the consultant will not during the course of his or her programmed activities make arrangements to provide Private Professional Services, nor ask any other member of staff to make such arrangements on his or her behalf, unless the patient is to be treated as a private patient of the employing organisation.
- In the course of his/her programmed activities, a consultant should not initiate discussions about providing Private Professional Services for NHS patients, nor should the consultant ask other staff to initiate such discussion on his or her behalf.
- Where a NHS patient seeks information about the availability, or waiting times, for NHS services and/or private Professional Services, the Consultant is responsible for ensuring that any information they provide, or arrange for other staff to provide on his or her behalf is accurate and up to date.

7.0 PROMOTING IMPROVED PATIENT ACCESS TO NHS CARE

7.1 Subject to clinical considerations, the consultant is expected to contribute as fully as possible to reducing waiting times and improving access and choice for NHS patients. This should include ensuring that patients are given the opportunity to be treated by other NHS colleagues or by other providers where this will reduce their waiting time and facilitating the transfer of such patients.

8.0 INCREASING NHS CAPACITY

8.1 The consultant will make all reasonable efforts to support initiatives to increase NHS capacity, including appointment of additional medical staff and changes to ways of working.

9.0 SICK LEAVE

9.1 Consultants should be extremely cautious during absence on sick leave in the NHS with regard to other activities they normally carry out. The undertaking of private practice worked during sick leave will be regarded as a disciplinary offence and consultants are advised to check with their line manager before undertaking any work whilst on sick leave.

End