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A CODE OF CONDUCT FOR PRIVATE PRACTICE

RECOMMENDED STANDARDS OF PRACTICE FOR HPSS CONSULTANTS

An agreement between the BMA(NI) Northern Ireland Consultants and Specialists Committee and the Department of Health, Social Services and Public Safety for consultants in Northern Ireland

A CODE OF CONDUCT FOR PRIVATE PRACTICE: RECOMMENDED STANDARDS FOR HPSS CONSULTANTS, 2003

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PART I: INTRODUCTION

Scope of Code

1.1 This document sets out recommended standards of best practice for HPSS consultants in Northern Ireland about their conduct in relation to private practice[1]. The standards are designed to apply equally to joint appointment contract holders in respect of their work for the HPSS. The Code covers all private work, whether undertaken in non-HPSS or HPSS facilities.

1.2 Adherence to the standards in the Code will form part of the eligibility criteria for clinical excellence awards.

1.3 This Code should be used at the annual job plan review as the basis for reviewing the relationship between HPSS duties and any private practice.

Key Principles

1.4 The Code is based on the following key principles:

- HPSS consultants and HPSS employing organisations should work on a partnership basis to prevent any conflict of interest between private practice and HPSS work. It is also important that HPSS consultants and HPSS organisations minimise the risk of any perceived conflicts of interest; although no consultant should suffer any penalty (under the code) simply because of a perception;
- the provision of services for private patients should not prejudice the interest of HPSS patients or disrupt HPSS services;
- with the exception of the need to provide emergency care, agreed HPSS commitments should take precedence over private work; and
- HPSS facilities, staff and services may only be used for private practice with the prior agreement of the HPSS employer.

[1] The expression "private practice" in this Code of Conduct includes:

a. the diagnosis or treatment of patients by private arrangement (including such diagnosis or treatment under article 31 of the HPSS (NI) Order 1972), excluding fee paying services as described in the Terms and Conditions.

b. work in the general medical, dental or ophthalmic services Part VI of the HPSS (NI) Order 1972 (except in respect of patients for whom a hospital medical officer is allowed a limited "list", eg. members of the hospital staff).

PART II: STANDARDS OF BEST PRACTICE

Disclosure of Information about Private Practice

2.1 Consultants should declare any private practice, which may give rise to any actual or perceived conflict of interest, or which is otherwise relevant to the practitioner's proper performance of his/her contractual duties. As part of the annual job planning process, consultants should disclose details of regular private practice commitments, including the timing, location and broad type of activity, to facilitate effective planning of HPSS work and out of hours cover.

2.2 Under the appraisal guidelines agreed in 2001, HPSS consultants should be appraised on all aspects of their medical practice, including private practice. In line with the requirements of revalidation, consultants should submit evidence of private practice to their appraiser.

Scheduling of Work and On-Call Duties

2.3 In circumstances where there is or could be a conflict of interest, programmed HPSS commitments should take precedence over private work. Consultants should ensure that, except in emergencies, private commitments do not conflict with HPSS activities included in their HPSS job plan.

2.4 Consultants should ensure in particular that:

- private commitments, including on-call duties, are not scheduled during times at which they are scheduled to be working for the HPSS (subject to paragraph 2.8 below);
- there are clear arrangements to prevent any significant risk of private commitments disrupting HPSS commitments, e.g. by causing HPSS activities to begin late or to be cancelled;
- private commitments are rearranged where there is regular disruption of this kind to HPSS work; and
- private commitments do not prevent them from being able to attend a HPSS emergency while they are on call for the HPSS, including any emergency cover that they agree to provide for HPSS colleagues. In particular, private commitments that prevent an immediate response should not be undertaken at these times.

2.5 Effective job planning should minimise the potential for conflicts of interests between different commitments. Regular private commitments should be noted in a consultant's job plan, to ensure that planning is as effective as possible.

2.6 There will be circumstances in which consultants may reasonably provide emergency treatment for private patients during time when they are scheduled to be working or are on call for the HPSS. Consultants should make alternative arrangements to provide cover where emergency work of this kind regularly impacts on HPSS commitments.

2.7 Where there is a proposed change to the scheduling of HPSS work, the employer should allow a reasonable period for consultants to rearrange any private sessions, taking into account any binding commitments entered into (e.g. leases).

Provision of Private Services Alongside HPSS Duties

2.8 In some circumstances HPSS employers may at their discretion allow some private practice to be undertaken alongside a consultant's scheduled HPSS duties, provided that they are satisfied that there will be no disruption to HPSS services. In these circumstances, the consultants should ensure that any private services are provided with the explicit knowledge and agreement of the employer and that there is no detriment to the quality or timeliness of services for HPSS patients.

Information for HPSS Patients about Private Treatment

2.9 In the course of their HPSS duties and responsibilities consultants should not initiate discussions about providing private services for HPSS patients, nor should they ask other HPSS staff to initiate such discussions on their behalf.

2.10 Where a HPSS patient seeks information about the availability of, or waiting times for, HPSS and/or private services, consultants should ensure that any information provided by them, is accurate and up-to-date and conforms with any local guidelines.

2.11 Except where immediate care is justified on clinical grounds, consultants should not, in the course of their HPSS duties and responsibilities, make arrangements to provide private services, nor should they ask any other HPSS staff to make such arrangements on their behalf unless the patient is to be treated as a private patient of the HPSS facility concerned.

Referral of Private Patients to HPSS Lists

2.12 Patients who choose to be treated privately are entitled to HPSS services on exactly the same basis of clinical need as any other patient.

2.13 Where a patient wishes to change from private to HPSS status, consultants should help ensure that the following principles apply:

- a patient cannot be both a private and a HPSS patient for the treatment of one condition during a single visit to a HPSS organisation;
- any patient seen privately is entitled to subsequently change his or her status and seek treatment as a HPSS patient;
- any patient changing their status after having been provided with private services should not be treated on a different basis to other HPSS patients as a result of having previously held private status;
- patients referred for an HPSS service following a private consultation or private treatment should join any HPSS waiting list at the same point as if the consultation or treatment were an HPSS service. Their priority on the waiting list should be determined by the same criteria applied to other HPSS patients; and
- should a patient be admitted to an HPSS hospital as a private inpatient, but subsequently decide to change to HPSS status before having received treatment, there should be an assessment to determine the patient's priority for HPSS care.

Promoting Improved Patient Access to HPSS Care and increasing HPSS Capacity

2.14 Subject to clinical considerations, consultants should be expected to contribute as fully as possible to maintaining a high quality service to patients, including reducing waiting times and improving access and choice for HPSS patients. This should include co-operating to make sure that patients are given the opportunity to be treated by other HPSS colleagues or by other providers where this will maintain or improve their quality of care, such as by reducing their waiting time.

2.15 Consultants should make all reasonable efforts to support initiatives to increase HPSS capacity, including appointment of additional medical staff.

PART III – MANAGING PRIVATE PATIENTS IN HPSS FACILITIES

3.1 Consultants may only see patients privately within HPSS facilities with the explicit agreement of the responsible HPSS organisation. It is for HPSS organisations to decide to what extent, if any, their facilities, staff and equipment may be used for private patient services and to ensure that any such services do not interfere with the organisation's obligations to HPSS patients.

3.2 Consultants who practise privately within HPSS facilities must comply with the responsible HPSS organisation's policies and procedures for private practice. The HPSS organisation should consult with all consultants or their representatives, when adopting or reviewing such policies.

Use of HPSS Facilities

3.3 HPSS consultants may not use HPSS facilities for the provision of private services without the agreement of their HPSS employer. This applies whether private services are carried out in their own time, in annual or unpaid leave, or – subject to the criteria in paragraph 2.8 - alongside HPSS duties.

3.4 Where the employer has agreed that a consultant may use HPSS facilities for the provision of private services:

- the employer will determine and make such charges for the use of its services, accommodation or facilities as it considers reasonable;
- any charge will be collected by the employer, either from the patient or a relevant third party; and
- a charge will take full account of any diagnostic procedures used, the cost of any laboratory staff that have been involved and the cost of any HPSS equipment that might have been used.

3.5 Except in emergencies, consultants should not initiate private patient services that involve the use of HPSS staff or facilities unless an undertaking to pay for those facilities has been obtained from (or on behalf of) the patient, in accordance with the HPSS body's procedures.

3.6 In line with the standards in Part II, private patient services should take place at times that do not impact on normal services for HPSS patients. Private patients should normally be seen separately from scheduled HPSS patients. Only in unforeseen and clinically justified circumstances should an HPSS patient's treatment be cancelled as a consequence of, or to enable, the treatment of a private patient.

Use of HPSS Staff

3.7 HPSS consultants may not use HPSS staff for the provision of private services without the agreement of their HPSS employer.

3.8 The consultant responsible for admitting a private patient to HPSS facilities must ensure, in accordance with local procedures, that the responsible manager and any other staff assisting in providing services are aware of the patient's private status.