

Oral Health Practitioners Private Practice Scheme

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Functional Sub group Personnel/Workforce - Conditions of employment
Personnel/Workforce - Industrial and Employee Relations

Summary This policy directive provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Dental Schools and Clinics

Audience Administration, Oral Health Professionals

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

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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This Policy Directive may be varied, withdrawn or replaced at any time.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.

ORAL HEALTH PRACTITIONERS PRIVATE PRACTICE SCHEME

PURPOSE

This policy directive sets out the requirements and responsibilities for Oral Health Practitioners' Private Practice Schemes in Area Health Services and the Children's Hospital at Westmead and provides an arrangement within which oral health practitioners can be approved to operate private dental practices in public health facilities.

MANDATORY REQUIREMENTS

This policy directive applies to oral health practitioners (except dental assistants) employed with the NSW public health system.

These private practice arrangements allow oral health practitioners employed in the NSW public sector to use public sector clinics for private practice. Where oral health practitioners employed in the NSW public sector wish to use private sector facilities for their private practice, they will need to renegotiate their conditions of employment with the AHS to allow them to undertake secondary employment.

This private practice scheme extends private practice arrangements to all oral health practitioners employed in the NSW public sector oral health services who are not currently covered by an existing scheme.

This Policy Directive does not disturb existing rights of private practice as established by NSW Health Determination No 23 of 2008, Westmead Dental Specialists Right of Private Practice Scheme

Oral health practitioners who are covered by the Dental Officer Rural Incentive Scheme (DORIS) can elect to continue to participate in private practice arrangements under DORIS, or make an arrangement in accordance with the provisions of this policy directive.

IMPLEMENTATION

Area Health Services must develop an appropriate governance mechanism for the private practice scheme as outlined in the Governance Mechanism Section 3 of the associated document *Oral Health Practitioners' Private Practice Scheme Procedures*.

Section 2 of the Associated Procedures outlines the criteria for this private practice scheme.

Responsibilities

Area Health Services and the Children's hospital at Westmead **must**:

- (i) Develop an appropriate governance mechanism for the scheme in accordance with Section 3 of the procedures attached.
- (ii) Develop an appropriate infrastructure fee arrangement.
- (iii) Ensure only oral health practitioners who are fully registered in NSW or under the National Registration and Accreditation Scheme (as applicable) are able to participate in the scheme.
- (iv) Ensure written undertakings are made by participants.
- (v) Monitor the scheme for compliance.

Oral health practitioners **must**:

- (i) Make all required undertakings in accordance with the scheme.
- (ii) Comply with the requirements of the governance mechanism.

Enquiries

Any enquiries regarding this policy should be directed to the human resource personnel in the relevant health service. Only human resource personnel in the health service are to contact the Department.

REVISION HISTORY

Version	Approved by	Amendment notes
September 2009 (PD2009_059)	Deputy Director-General – Health System Support	New policy establishing the Oral Health Practitioners Private Practice Scheme.

ASSOCIATED DOCUMENTS

1. Oral Health Practitioners Private Practice Scheme Procedures

Issue date: September-2009

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1 BACKGROUND

1.1 Introduction

This private practice scheme has been developed to assist in the recruitment and retention of oral health practitioners. The scheme provides a framework within which oral health practitioners can be approved to operate private dental practices in public health facilities.

1.2 Key definitions

Chief Executive means a chief executive or other head of an entity within the public health system exercising the Director-General's employer functions under delegation.

Employer means any person authorised to exercise the functions of the employer of staff to which this policy applies.

Oral Health Practitioner means:

- Dental Specialists and Dental Officers employed under the Public Hospital Dental Officers (State) Award
- Oral Health Therapists employed under the Health Employees Oral Health Therapists (State) Award. Note that this includes dental hygienists and dental therapists.
- Dental Prosthetists and Dental Technicians employed under the Dental Prosthetists and Dental Technician (State) Award

NSW Health Service consists of those persons who are employed under Chapter 9, Part 1 of the *Health Services Act 1997* by the Government of New South Wales in the service of the Crown. For the purposes of this policy directive, members of the Health Executive Service are excluded.

Public Health System includes area health services, declared affiliated health organisations in respect of their recognised establishments or services, statutory health corporations, the Ambulance Service of NSW, Institute for Medical Education and Training, Health Technology, Health Support and any administrative unit or division under the control of the Director-General or Health Administration Corporation in which staff of the NSW Health Service may be employed.

Area Health Service is used throughout these procedures to refer to Area Health Services and The Children's Hospital at Westmead.

2 FRAMEWORK OF PRIVATE PRACTICE SCHEME

- (i) The private practice scheme in a NSW Health facility is a privilege, granted on an individual employee basis to specified locations. It cannot be transferred or delegated and ceases when the individual is no longer employed by NSW Health.
- (ii) Participation in the private practice scheme in a NSW Health facility is subject to review at any time. Breaches of the undertakings given will result in the approval being withdrawn.
- (iii) 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 an unfair advantage over other private practices within the community.
- (iv) There will be no conflict with the oral health practitioner's proper and efficient performance of his/her public clinical duties; private practice work should not be undertaken at the expense of availability to provide services to public sector patients.
- (v) Private practice services in a NSW Health facility must be provided outside the oral health practitioner's usual working hours. (That is, the oral health practitioner's regular scheduled, rostered or contracted hours.)
- (vi) Dental officers and dental prosthetists who have negotiated with their Area Health Service to use public sector facilities for private practice under the private practice scheme, should seek the permission of the AHS to participate in the Oral Health Fee for Service Scheme (OHFFSS), as per Policy Directive 2008_065.
- (vii) Oral health practitioners are not to use their official position to solicit, receive or refer clients to private dental practice, nor use it to imply any special competence for private client recruitment purposes. Area Health Services may distribute lists of private providers which include public sector oral health practitioners who participate in the private practice scheme.
- (viii) Patients who present as private patients in public health facilities must be assessed for eligibility to receive treatment as a public patient.
- (ix) Patients who present as private patients and are assessed as eligible for public sector oral health services must be advised if the opportunity exists to obtain the treatment they require free of charge through the Public Health System.
- (x) Informed patients who choose to be treated in the public sector must then apply for treatment through the Priority Oral Health Program.

- (xi) Informed patients who are otherwise eligible for public sector oral health services and choose to be treated as a private patient must sign a document that acknowledges their decision.
- (xii) The oral health practitioner must have full registration to be able to participate in this scheme. Private practice must be exercised in accordance with the oral health practitioner's registration. In the case of oral health therapists, dental therapists and dental hygienists, arrangements for practice oversight by a registered dentist as required under Policy Directive 2008_048 must be in place.
- (xiii) Dental Specialists who participate in this scheme forgo payment of the 15% Supplementary Payment in Lieu of Private Practice as provided in the Department's Determination made in 1989.
- (xiv) The oral health practitioner must provide to their facility copies of current professional indemnity insurance for their private work (arranged at their own expense) as well as details of annual renewal.
- (xv) The use of hospital equipment and consumables is to be determined at a local level between the Health Service and the oral health practitioner and this is to be reflected in an infrastructure charge agreement with the Area Health Service. Such charges are to cover reasonable costs to the Area Health Service in allowing the oral health practitioner to undertake private practice.
- (xvi) If, by agreement, the Area Health Service provides any administrative support to the private practice of the oral health practitioner, this must also be reflected in the infrastructure charge.
- (xvii) Additional equipment that the oral health practitioner believes is required in order to carry out a full range of dental services for private patients should be provided by the oral health practitioner at their own expense. Services, such as laboratory services should also be arranged by the oral health practitioner at their own expense.

3 GOVERNANCE MECHANISM

Area Health Services must develop an appropriate governance mechanism for the private practice scheme. This governance mechanism must cover:

- (i) Rights to use equipment and facilities.
- (ii) Infrastructure fee charge agreement.
- (iii) Systems for the recording and payment for use of materials.
- (iv) Systems to manage and monitor the operation of the scheme to ensure that there is no conflict of interest in local management and administrative arrangements
- (v) The private practice oral health practitioner must arrange and pay for any support staff required. Any staff member engaged therein will be the employee of the Oral Health Practitioner for all purposes.
- (vi) Private patient records to be maintained by and remain the property of the private practice oral health practitioner.
- (vii) Proforma documentation developed for patient signature to acknowledge that the patient has made an informed decision to choose private patient status.
- (viii) Documentation showing that the oral health practitioner has provided copies of current professional indemnity insurance for their private work - arranged at their own expense - as well as details of annual renewal.
- (ix) Applicants are required to give an undertaking in writing that they are aware of, and will abide by the conditions applicable to private practice and with the governance model established by the Area Health Service.
- (x) Breaches of the undertakings given will result in the approval to conduct a private practice being withdrawn.
- (xi) The right to private practice is granted on an individual employee basis in response to a formal application to the Chief Executive and is subject to review at any time. No delegations of this approval exist.