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Doctors in private practice

When it comes down to choosing what type of setting you'll work in as a counselor or therapist, you have multiple options. Two of the more popular choices are private practice and agency counseling. Deciding between them, and trusting you're making the right decision, can be pretty daunting. You must fully explore and consider the pros and cons of each option. You'll need to think about things like autonomy and control, client load, marketing strategies, the ideal therapist salary, and more as you assess the two settings and decide if working for a private practice counseling or partnering with an agency is right for you. Work flexible hours as part of a supportive virtual community of care providers. Receive ongoing training and from clients. Understanding the advantages and disadvantages of each option will help you be in a better position to make a decision. Keep reading to learn more about how to gauge the pros and cons of solo private practice vs agency counseling so you can determine the career path you want to take. Find it's essential to understand what each style of setting means. In short private practice refers to a therapist who operates their own business. On the other hand, agency counseling involves working for an organization that offers mental health services and care. Private practice – means working independently or as a small group that offers mental health services to clients in a direct, one-on-one setting. This style of therapy allows you more control over your schedule, the clients you see, and the fees you charge. Agency counseling –offers therapy inside an organization, like a community mental health center or a nonprofit organization. Here, multiple professionals collaborate in one setting or office. "Clinicians are met with the decision on how to proceed with their career like many in other professions. Choosing between starting their private practice or working for an agency is one big choice that greatly impacts a clinician's career path. Ultimately, it's about choosing what is best for the clinician." – Talkspace therapist Minkyung Chung, MS, LMHC Autonomy and control To ensure job satisfaction and an ideal client caseload, autonomy and control are key factors. If you're a private practice therapist, you typically have more control over your schedule and the clients you see. You also might have more leeway in the therapeutic approaches you use. You'll be free to set your own rates and choose the types of services you want to offer. Agency counselors, in some instances, can have less control over these factors. Still, the benefits might include more support and resources from the agency they're employed by. As an online therapy platform, Talkspace offers unparalleled flexibility and work-life balance.

Talkspace therapists can set their schedule and work from anywhere. "There is a great deal of freedom in working for oneself and a great deal of dedication and work needed to keep it up. Choosing to work for an agency can be great, as a lot of the groundwork is done, and you are simply concentrating on the responsibilities of being a clinician. Some work for you and allow for a healthy lifestyle. Finding like this will be the right position for you." – Talkspace therapist Minkyung Chung, MS, LMHC Financial considerations There are financial considerations to explore within each option. Private practitioners will be responsible for managing their finances and bookkeeping. This can include setting rates, billing clients, and paying for business expenses (including potentially costly start-up costs). To start your own practice, you might have to come up with the funds to rent office space, purchase furniture and equipment, obtain liability and insurance, and pay for marketing expenses. Also mean you'll be responsible for your own benefits, such as retirement and healthcare costs. Therapists who work for an agency will likely receive a salary and benefits, but they might have less control over how much income they can ultimately earn. That said, working for an agency will typically cover most, if not all, start-up investment costs since agencies will provide marketing and overhead expenses. Therapists who work for Talkspace earn competitive compensation and the opportunity to make more as their client base grows. Client load Again, there are some stark differences between the private practice route and agency counseling in terms of how many clients therapists have in each setting. In a private practice setting, you will likely have more control over the types of clients you see. Still, it can require significantly more effort to attract a diverse clientele and create a successful private practice. In an agency counseling setting, you will probably have access to a more diverse range of clients with various backgrounds, ages, and concerns. Diversity allows you to expand your expertise and work with different mental health conditions and challenges. Marketing Marketing is an important tactic if you're wondering how to get more therapy clients. However, the role of marketing in a private practice vs agency counseling setting will be vastly different. Therapists with a private practice must put extensive effort and resources into promoting their services and marketing themselves. They'll need to cover the expenses of designing and printing business cards and brochures, creating a website, establishing social media profiles, and interacting regularly. Agency counselors usually benefit from the luxury of having access to their organization's existing reputation and marketing resources. Agencies also have referral networks that can help bring clients without the cost or time needed self-promote like private practice therapists will need to do. "One of the biggest considerations for starting a private practice or working for an agency is attracting clients. Marketing is a big endeavor and takes sacrifices for a clinician in private practice. Putting oneself out there and networking can be hard. Agency counseling can be enticing because the marketing is done for the clinician. Clients are assigned to the clinician based on need. Considering one's temperament and confidence in attracting clients may be a factor in choosing what is best for their career path." – Talkspace therapist Minkyung Chung, MS, LMHC Support and resources Whether you decide to go into private practice or become an agency counselor, a vital part of your decision should revolve around the resources and support each setting can offer. You'll want to consider supervision, professional development, networking opportunities, and what type of technology you want to implement in your practice. Private practice therapists are generally responsible for coordinating supervision if licensure requires it. They're also responsible for their personal growth and development. Though their therapy practice allows flexibility, managing these types of things on your own also requires time to make arrangements. Agency counselors are usually provided with clinical supervision as part of their package. This can ensure consistent guidance and experienced professional support, which can be a huge benefit, especially for new providers. However, some therapists might find oversight like this to feel forced and less personalized than the relationships they might be able to coordinate and establish on their own. Talkspace offers incredible ongoing support and professional development benefits, including paid Continued Education credits and a dedicated clinical support team. Work-life balance Finding a healthy work-life balance in mental healthcare is critical for personal well-being and professional success. Therapists have a high rate of burnout in their industry, so choosing the right setting to foster work-life balance should be a priority. Private practice therapists have flexibility at their fingertips. You can tailor your schedule and take time off as needed. You can manage a caseload without a lot of administrative tasks that can be a busy time suck. Focused clientele -high quality care or population that aligns with your values, interest, and expertise. Marketing - your ability to attract potential clients will rely heavily on self-promotion, and you will need to cover the cost of a lot of marketing resources. Flexibility - you can create a schedule that works for you and see clients when you want.Lack of support - private practice therapists might not have access to required supervision or collaboration. Agency counseling pros and cons Agency Counseling ProsAgency Counseling ConsConsistent income and benefits - agencies generally offer a consistent salary, health insurance, paid time off, retirement, plans, and other benefits.Limited autonomy - if you work in an agency, you must adhere to their policies, procedures, therapeutic approaches, and scheduling, which can stifle creativity and flexibility.Built-in client base - with an agency, you don't have to worry about finding your clients since the agency will provide them. This means you can focus on offering your services rather than marketing them.Lower earning potential - since agencies set counselors' salaries, they can be lower than what a private practitioner might earn. Support - in the agency setting, you'll be with other therapists and professionals who can offer support, guidance, mentorship, and camaraderie.Added* Less focused clientele- the clientele is assigned rather than strategically chosen to match a specialty. Reduced or no overhead costs - agency employees do not need to invest in renting office space, buying or leasing equipment, or covering other costs to run their business.Added* Scheduling limitations- counselors are encouraged to match the agency's schedule rather than designing a schedule that accommodates their needs. If you're trying to decide between private practice vs. agency counseling, consider joining Talkspace as a therapist. Talkspace offers therapists numerous benefits, including a dedicated clinical support team, continuing education opportunities, cutting-edge industry-leading technology and tools, competitive pay, and a flexible network. Plus, Talkspace provides helpful tips for new therapists to maximize their success and provide quality care to their clients. "Working within Talkspace has allowed me to find the balance between working for an agency within my private practice and the flexibility needed for my personal life. As long as you find the best compromise, the path to your desired career follows." – Talkspace therapist Minkyung Chung, MS, LMHC Get started with the Talkspace network today to learn why thousands of providers love working with our platform. Sources: Talkspace articles are written by experienced mental health-wellness contributors; they are grounded in scientific research and evidence-based practices. Articles are extensively reviewed by our team of clinical experts (therapists and psychiatrists of various specialties) to ensure content is accurate and on par with current industry standards. Our goal at Talkspace is to provide the most up-to-date, valuable, and objective information on mental health-related topics in order to help readers make informed decisions. Articles contain trusted third-party sources that are either directly linked to in the text or listed at the bottom to take readers directly to the source. Talkspace mental health services Convenient and secure online therapy from the comfort of your home Psychiatric treatment from a licensed prescriber Relationship-centered therapy that connects you and your partner Specialized online therapy for ages 13-17 Update your details Are you a private practice consultant or GP looking after patients with private medical insurance and/or self-pay patients? If so, please update your details. There are many reasons why patients may opt for private healthcare. Key considerations include patient choice and a high level of personal care. For example: patients can choose their consultant and are likely to be seen by the same consultant throughout their treatment treatment will generally be available without a long waiting list facilities will include a private room. In private healthcare, patients have a direct professional and contractual arrangement with their doctor or team of doctors, which requires the informed financial consent of the patient. Private patients may fund their treatment individually, or through claiming on their private medical insurance. The doctor's contract is always with the patient, meaning it's the patient's responsibility to make sure that the doctor's terms and fees are met. Any doctor fully registered with the General Medical Council (GMC) - in accordance with the provisions of the Medical Act 1963 - is entitled to set up in private medical practice. Doctors with provincial or limited registration cannot practise without supervision. Doctors registered with the GMC do not need to tell the council that they will be undertaking private work, but they must ensure that they fully follow the GMC guidance on duties of a doctor. Referrals The BMA believes that specialists should make it clear to members of the public that they usually do not accept patients without a referral from a GP or other practitioner. It is important for one doctor - usually the patient's GP - to have a complete record of the individual's healthcare and that patients should be encouraged to discuss their healthcare needs and wishes with their GP. If, as a specialist, you accept patients without referral, you should inform the patient's GP before providing treatment, unless the patient objects. If the GP is not informed, the specialist is responsible for providing or arranging all necessary aftercare until another doctor agrees to take over. Job titles There are no specific rules covering job titles used in private practice, except for the GMC guidelines which says that doctors do not mislead patients. The term 'medical director' is a common term used in the private sector and doctors can determine their own job titles, but they should ideally be credible and easily recognised for business purposes. It should be noted that in the NHS the term medical director relates to a defined role profile. There are a variety of factors to consider when setting up in private practice. Indemnity It is essential that all private practitioners have an adequate level of indemnity cover from one of the medical defence bodies, as the NHS indemnity schemes do not cover private work. You can get appropriate cover from one of the following organisations: Medical Defence Union Medical and Dental Defence Union of Scotland Medical Protection Society. Recognition with private medical insurers Many individuals who receive private treatment do so as a result of private health insurance schemes. Private medical insurers (PMIs) - such as BUPA, AXA PPP, WPA and Aviva - will only reimburse patients for their specialist's fees if the consultant has been granted specialist recognition with the insurer. Therefore, in order to be able to treat patients holding private medical insurance, many practitioners choose to apply for specialist recognition. The requirements to obtain specialist recognition vary between the insurers, but most grant recognition to individuals who are on the specialist register and hold, or have held, substantive NHS consultant appointments. The recognition arrangements of the insurer will differ, however, and some may not require a formal recognition procedure. Get in contact with the health insurer to find out what their recognition criteria is and decide whether you agree to their terms. Finances Financial and legal considerations There are many administrative, financial and legal implications that need to be addressed by doctors interested in setting up in private practice. You will need to seek the specialist advice of accountants and lawyers when setting up a new business, particularly in relation to the more detailed aspects of business arrangements, such as the application of tax and accounting. You may also wish to consider the help of other professionals including IT specialists, marketing agents and business consultants or advisers. It is important to select an accountant and solicitor who is right for the business and has the experience of dealing with organisations in the same sector and of a similar size. A few of the professional associations that can be contacted include: The Law Society The Institute of Chartered Accountants of England and Wales Association of Chartered Certified Accountants Chartered Institute of Management Accountants. Taxation It is important to register with HMRC that you are entering a fee charging practice within three months of starting practice, otherwise you could be subjected to a fine. Check HMRC for more information. Book keeping In order to keep track of cash flow and taxation, all doctors in private practice will need to set up a separate business bank account and develop a form of book keeping that is easy to use and well organised. It is advisable to employ an accountant at the end of the year to draw up a profit and loss account, balance sheet and calculate tax. The importance of setting out your terms of engagement Terms of engagement set out organisational and financial arrangements, and highlight that doctors have a professional and contractual arrangement with their patients, rather than another third party. To help, we have created a terms of engagement template that can be adapted to suit individual requirements. Download the template Legal checks Registration under the Data Protection Act Doctors who carry out private practice are required to be registered with the Information Commission under the Data Protection Act 1998. This covers private doctors in the processing of all personal data relating to any private treatment. Notification with the Information Commission is a statutory obligation for every organisation or individual who processes personal information electronically, unless they can rely on any of the exemptions in the Data Protection Act 1998. What you need to do Complete the application form and pay the statutory annual fee on the Information Commission website or by contacting their helpline on 0303 123 1113. A register of data controllers is available for public inspection on the ICO's website. Disclosure and Barring Service - formerly Criminal Records Bureau (CRB) checks The Disclosure and Barring Service (DBS) was established under the Protection of Freedoms Act (2012) and merges the functions previously carried out by the Criminal Records Bureau (CRB) and Independent Safeguarding Authority (ISA). The services provided by the DBS have not changed from those provided by the CRB and ISA, instead, they are now provided by one organisation. With the introduction of the DBS there has been a change to the definition of 'regulated activity' in relation to safeguarding adults as defined in the Safeguarding Vulnerable Groups Act 2006. In this context 'regulated activity' does not have the same meaning as it does in the Health and Social Care Act of 2008. Instead, for disclosure and barring purposes, a regulated activity is one involving close work with vulnerable groups including children. Find out more about the changes. What does the DBS mean for me? In June 2013, the DBS introduced the Update Service to reduce the number of applications individuals must make for a DBS check. The DBS Update Service means that applicants will only have to apply for a DBS check once. Applicants will then be able to re-use their certificate if they require a further check of the same type. Find out more about the DBS Update Service. Read The Safeguarding Vulnerable Groups Act 2006 (Miscellaneous Provisions) Regulations 2012. Be careful when entering a contract Doctors working in private practice are not employees and are not covered by employment law. Therefore, it's extremely important that you give due diligence to any contract for the provision of services/practising privileges policy, or any other commercial agreement, before signing. Contract terms can often be negotiated and amended, and it might be worth seeking independent advice from an expert to highlight any pitfalls and risks that might result from signing the contract. Registration with the Care Quality Commission (CQC) The CQC was established by the Health and Social Care Act 2008 and its role includes regulating the independent healthcare sector in England. Any service provider who carries out a regulated activity, must register with the CQC; however, there are certain exemptions that apply to independent medical practitioners. Find out more about registering. Find out about exemptions. CQC advice for the nations One of the major issues to be addressed by practitioners creating a new practice is location. There are three main options where consultants can practise privately: in rooms provided in a private or NHS hospital; in dedicated consulting rooms; or in a part of their own home. There is also a fourth option: purchasing an existing practice. Similarly, for private GPs, they may choose to practice at home, in a purpose-built surgery, in rented rooms, or, occasionally, in consulting rooms in private hospitals. Consulting rooms in a private hospital There may be several advantages to practising in a private hospital. For example, the rental or lease may include the use of skilled ancillary staff, such as receptionists, secretaries and nurses, and usually includes most of the furniture and equipment. Easy access to on-site facilities, such as pathology and radiology may also be a considerable advantage. It is worth researching the average cost per session for consulting in private hospitals in different regions, and, if the decision is made to consult in a private hospital, then an application for practising privileges at the hospital will need to be made. It should also be kept in mind that the GMC states that where a doctor has a financial interest, they must disclose this information to the patient before making the arrangements for admission or treatment, and this includes any financial interest in a private hospital. Consulting rooms in an NHS hospital In order to use rooms in NHS hospitals, formal approval is needed from the hospital authorities. The advantages include the use of furniture and equipment, but it is important to note that ancillary NHS staff cannot be used for free, and NHS secretaries or receptionists should not be asked to work privately without payment. Any work that involves assisting with a doctor's private patients should be undertaken outside NHS working hours and with management permission if NHS facilities are to be used. Dedicated consulting rooms The use of dedicated private consulting rooms is an attractive option for many private doctors, but it can be costly. Purchasing the freehold of a property will require a substantial capital outlay and is best achieved by practitioners coming together to form a company. In this way, practitioners may purchase the freehold or lease, together with the necessary equipment, and employ staff on a shared basis. In larger cities, however, fully equipped consulting rooms are often available by lease or license. Practising from home Practising from home is another popular option for doctors in private practice. Practising from home will cut down travelling costs and bring entitlement to tax relief in respect of heating, lighting, décor etc. but it could be disruptive to the home routine. Some specialties will clearly be more suited to practising at home, whereas for others it will not be practical. Any doctor thinking of practising at home will need to consult their accountant in order to determine what tax advantages are available. It is also worth checking with a solicitor that there are no restrictions on the use of the property for business purposes. Purchasing an existing practice Another way to establish a private practice is to buy an existing one, for example from a retiring specialist or GP. This would include purchasing not just the equipment, facilities and the lease or freehold of a property, but also the 'goodwill' attached to an existing client base. This may be an advantageous way of starting out in private practice, as the client base and reputation of the practice has already been established. An accountant should be consulted to calculate the value of the goodwill attached to a practice. The general factors to be considered in the valuation would include: the nature and history of the practice current economic outlook earning capacity of the practice comparative sales figures. It is important to note that NHS practice premises are sold to the provider offering the customer (the patient). However, two exceptions to this are the healthcare insurers AXA PPP and BUPA. What AXA PPP and BUPA require from doctors In July 2008, AXA PPP introduced new terms of recognition for approved specialists. These terms of recognition state that specialists must charge at the rates outlined in the AXA PPP fee schedule. Doctors seeking recognition with AXA PPP therefore need to be fully aware that they will only be able to charge at the AXA PPP fee rates when treating patients with AXA PPP insurance, and that charging above these rates will result in de-recognition. Similarly, all consultants practising with BUPA from June 2010, are required to sign up to the terms for recognition with AXA PPP. These terms include a clause that the consultant must agree consultation fees as part of the recognition process, and that all other fees must not exceed BUPA's Benefit Maxima. If charges in de-recognition. These values, then the consultant will be de-recognised. Independent practice, whether consultant or general practice, consists of a variety of different working arrangements and, as such, the nature of the appraisal process is also varied. For example, doctors may work wholly in private practice and hold practising privileges with one or more providers; work wholly in private practice but with no practising privileges; or they may hold an NHS contract and carry out part-time private practice. In all cases, however, it is your responsibility as a doctor to ensure that you are appraised annually. The appraisal system is central to revalidation and must be quality assured, follow defined frameworks set down by the GMC and include the principles outlined in the Good Medical Practice module. Good medical practice requires that information be provided in relation to: activity, complaints, incidents and issues of health, probity. Doctors with an NHS contract and practising privileges Doctors undertaking private practice, who also hold an NHS contract, will need to participate in whole practice appraisal within their NHS appraisal, to cover all elements of your practice. Appraisal of this nature takes place in the NHS, using NHS appraisal forms, together with relevant data provided from the independent sector provider, and a certificate to confirm the renewal of practising privileges. Where you have practising privileges with more than one independent provider information will need to be provided from each independent hospital. On completion of the annual appraisal, you need to send a copy of a letter from the employing NHS trust's medical director, confirming satisfactory appraisal, should be sent to the chief executive of the NHS employer and the registered manager of the independent hospital. Doctors who work in the independent sector, who do not hold an NHS contract Many doctors do not hold an NHS contract, and work purely in the independent sector, either with practising privileges at one or more independent hospitals, on a self-employed basis with no practising privileges; or are employed by an independent hospital. All these doctors, regardless of working arrangements, are required to participate in appraisal in order to revalidate with the GMC. Independent providers have responsibility through the National Minimum Standards from the Care Standards Act 2000, to ensure clinicians are appropriately appraised. Doctors can participate in an appraisal process via: the independent sector organisation in which you work, the relevant Royal College, the Independent Doctors Forum, or an independent appraiser. As a doctor, it is your responsible officer (RO) who is required to ensure that they are satisfied that the appraiser and appraisal process meet the standards required for revalidation. In every case, the appraiser needs to be a registered medical practitioner who has been trained and approved through a quality approved scheme. Revalidation Doctors identify their responsible officer for the purposes of revalidation through their prescribed connection to a designated body. For doctors working in the NHS and undertaking any amount of private practice - even if this constitutes most of your work - your designated body will be your main NHS employer. For doctors working wholly in private practice, your designated body will usually be the private hospital provider where you have practising privileges and where you undertake most of your work. For doctors working in the independent sector with no practising privileges, there are several options available to you, although this will depend on the nature of your work and your relationship with other recognised designated bodies. Further information about identifying an RO is available on the GMC website. The right to undertake private practice is an essential part of the flexibility and freedom built into the national consultant contract. The 2003 terms and conditions of service for consultants does not limit consultants from undertaking private practice, where those services are defined as 'private professional services'. Although there is no obligation for a consultant to undertake PA (programmed activities) in excess of 10 per week, one of the criteria for achieving pay progression is that consultants should accept an extra paid PA in the NHS, if offered, before doing private work. Any additional PAs must be offered fairly between all consultants in the specialty, and if a colleague takes up those sessions there would be no detriment to pay progression for other consultants. If the employing organisation offers the option of undertaking an extra PA per week and the consultant chooses to reject the offer, then pay progression can be withheld for that year only. If consultants are already working 11 PAs (or equivalent) then there is no requirement to undertake any additional work. Consultants should discuss any private practice commitments with their clinical manager and, where possible, the offer of additional PAs should be made at the annual job plan review. There should be a three-month minimum notice period for starting or terminating additional PAs on both sides. Read more about consultants contracts. Terms under the pre-2003 consultants contract Under the pre-2003 national terms of service, there are certain restrictions on full-time consultants, including a limitation on private practice income. In the terms of the contract, gross earnings from private practice for any financial year must not exceed 10 per cent of gross NHS salary. Full-time consultants must show their employer at the end of each financial year that they have not exceeded the 10 per cent limit. Exceeding the limit in two consecutive years - and failing to show that effective steps have been taken to reduce private earnings - will result in consultants losing their full-time status. In some exceptional circumstances, an appeal may be made to the NHS. Read more about consultants contracts. Code of conduct for private practice As part of the 2003 contract negotiations, a code of conduct for private practice was drawn up to minimise the risk of a conflict between a consultant's private practice and their NHS commitments. The 2003 terms and conditions of service also contain contractual provisions dealing with the relationship between NHS and private activity. The terms and conditions cover very similar points to those in the code of conduct, which sets out the standards of best practice. These include: disclosure of information about private practice - consultants should declare any private practice to their employer, including details of timing, location and broad type of activity scheduling of work and on-call duties - programmed NHS commitments should take precedence over private work and private commitments should not be scheduled during times that a consultant is scheduled to be working for the NHS. Consultants should not undertake private work while on call for the NHS apart from in cases of emergency or, with agreement from the employer, when on a high frequency and low-intensity rota information for NHS patients about private treatment - in the course of their NHS duties, consultants should not initiate discussions about providing private services for NHS patients referral of private patients to NHS lists - patients who choose to be treated privately are still entitled to NHS services on the same basis of clinical need as any other patient private care in the NHS - consultants may see patients privately within NHS facilities with the explicit agreement of the responsible NHS organisation. There must be no disruption to NHS services. Find out more Top-up payments for private care Rules surrounding patient consent to NHS care, have frequently been an area of confusion. The Department of Health published guidance stating that NHS provision should not be withdrawn for those wanting to top up single episodes of care with private treatment, but any private additions to NHS care will only be allowed when they can be delivered at a separate time and place. Patients may therefore pay for additional private health care, while continuing to receive care from the NHS, or may have a private consultation for investigations and diagnosis, but then transfer to the NHS for any subsequent treatment. This guidance applies to all secondary and specialist healthcare in England, and the key principles are: NHS organisations should not withdraw NHS care simply because a patient chooses to buy additional private care any additional private care must be delivered separately from NHS care the NHS must never charge for NHS care (except where there is specific legislation in place to allow charges) and the NHS should never subsidise private care the NHS should continue to provide free of charge care that the patient would have been entitled to, had he or she not chosen to have additional private care NHS trusts and foundation trusts should have clear policies in place, including protocols for working with other NHS or private providers where the NHS trust or foundation trust has chosen not to provide additional private care. Read Department of Health guidance on NHS patients who wish to pay for additional care. Working in private hospitals Many consultants in private practice choose to work in a private hospital. Admitting rights at a private hospital is a matter between the consultant and the hospital concerned, and are generally approved through the hospital's medical advisory committee (MAC). The criteria and conditions under which consultants may be granted authorisation to treat patients in a private hospital are outlined in the hospital's practising privileges policy. For this reason, a licence to use the facilities of a private hospital is known as 'practising privileges', and consultants are independent contractors of the hospital. Although the criteria for granting practising privileges vary between hospitals, to be eligible, a consultant must: be on the GMC's specialist register provide evidence to demonstrate relevant clinical experience of a nature appropriate to practice in an independent hospital or clinic have evidence of all procedures to be performed under practising privileges, demonstrating adequate numbers performed in each procedure over the previous two years hold, or have held in the last five years, a substantive consultant post within the NHS or a Defence Medical Services hospital. If a consultant has not held a substantive consultant post, then they must be able to demonstrate experience of independent practice over a sustained period applicable to working in the independent sector. Doctors on the GMC specialist register who hold a locum consultant post, may be granted practising privileges limited to the duration of their locum appointment. Hospitals are required to review the practising privileges of each practitioner every two years. In order to maintain practising privileges, a satisfactory appraisal process must be carried out, and the collection of clinical data. When agreeing to the conditions set out in the practising privileges policy, it is important that consultants are aware of the circumstances under which the hospital may restrict, suspend, withdraw or vary practising privileges. For example, this may occur for reasons of health, fitness to practise, commercial conflict of interest, or failure to comply with the hospital's policies. Consultants may hold practising privileges at more than one hospital. In this situation, one hospital is required to lead the process and should be named in the practitioner's personal file. The formal application process is required for each hospital applied to, and a record of the number of practising privileges should be held at each hospital. Conflicts of interest If you're a consultant working in the NHS, you are free to carry out private practice work in your non-NHS time, provided it is not viewed as competing with your main NHS employer. In today's NHS, non-NHS bodies are increasingly competing for NHS work, so a consultant could end up carrying out work for an organisation that competes with their NHS employer. This has resulted in confusion over the extent to which a consultant's implied 'duty of fidelity' to their NHS employer might restrict them. The consultant contract does not limit consultants from undertaking private practice on behalf of other parties. BMA legal opinion has interpreted the contract as restricting private practice work that could diminish overall services, rather than those of a single employer. The contract anticipates that there may be a conflict with the employer's business activities, but it does not attempt to limit the private practice work that consultants can undertake. Consulting in a private hospital and referrals Some private hospitals state that the consultants who practise in their rooms are not employed by the hospital, but are normally agreed to work with the hospital. If you are entitled to send patients to the facilities of their practice, the consultant has an overriding professional duty to treat patients in a hospital with the appropriate facilities and equipment. It would be good practice for the doctor to inform his/her patients about the arrangements he/she is making. A reasonable period of notification would ensure the patients have ample time to find a new doctor if they wish. Care Quality Commission The doctor will also need to liaise with his Care Quality Commission assessor for guidance. They should be able to advise on steps to take. Essentially, if the doctor is selling his/her business, the new owner will need to register the business again with CQC. Financial and legal advice The doctor should also seek financial and legal advice to cover the administrative, financial and legal implications of selling a private practice. Physicians in private practice enjoy more flexibility in the way they practice medicine and have opportunities for deeper relationships with patients and their communities. Yet a comprehensive study—"Supporting and Promoting High-Performing Physician-Owned Private Practices: Voices from the Front Lines" (PDF)—also identifies at least eight threats to that style of medical practice. "One of the things we were trying to learn was—what was really going in the decline of private practice?" said Carol Vargo, the AMA's director of physician practice sustainability and one of the authors of the study, which was co-published with the Oakland, California-based consulting firm Mathematica. "For many patients, private practice is a lifeline," Vargo said. "And the erosion of private practices undermines quality of health care for many." The number of physicians working in a private practice is falling, partially because of these challenges, with 49.1% of doctors either owning or working in a physician-owned practice. It takes astute clinical judgment, effective collaboration with colleagues, and innovative problem-solving to succeed in an independent setting that is often fluid, and the AMA offers the resources to support physicians seeking to both start and sustain success in private practice. For a study, AMA and Mathematica researchers drew a pool of 3,526 private practice physicians, and 15 practices that were not owned by their systems recruited 25 independent practices, serving 25 physicians from these practices. The study also interviewed 15 private practices. The difficulties of balancing clinical responsibilities with administrative work, such as coding and prior authorization, the physician respondents said. One doctor reported that the administrative burdens became so overwhelming that the physician partners decided to sell the practice to a hospital system. With the AMA STEPS Forward™ Saving Time Playback (PDF), you can access best practices to optimize your practice's most valuable resource—time. Get tips and resources to help your private practice thrive. Respondents noted declining pay rates from Medicare, Medicaid and commercial insurers over time, as well as drastic differences in how independent physicians are paid compared with physicians employed by health systems. In many cases, they said, doctors delivering the same service were paid a higher rate because of their health system affiliation. Learn from AMA Senior Vice President of Advocacy Todd Askew why this is the year to reform Medicare pay and boost telehealth pay. Physician respondents expressed frustration with navigating insurer contracts. They felt they were at a disadvantage compared with private practices owned by hospitals or health systems. For example, they said, doctor-owned practices sometimes didn't have the resources to renegotiate contracts, or felt their points were not being heard by insurers. A few attempted to negotiate contracts on their own but made little progress, so they partnered with an outside entity for support, or hired additional personnel dedicated to contracting. The AMA Private Practice Toolkit: Payor Contracting 101 (PDF) is loaded with great tips, and is accompanied by this in-depth AMA webinar on payor contracting. Recruiting physicians was a universal challenge among the practices interviewed, except for a few physician practices in highly desirable geographic areas with rapid population growth. Physician respondents expressed difficulty recruiting new physicians because of the financial costs associated with recruitment, and a few turned to hiring family members to fill some open positions. Some respondents said they tracked potential recruits for years until they joined the practice. Others said they lacked the funds to support recruitment outreach, onboarding for new physicians, or new doctor salaries. Others expressed concern about hiring physicians who did not have strong ties to the community because of the costs associated with onboarding and subsequent losses from turnover. This AMA STEPS Forward toolkit outlines what physicians should look for in their first practice. Several physician practice leaders commented on how difficult it is to collect and analyze population-level data or manage their high-risk patients via registries or other systems without additional resources. Check out this step-by-step AMA guide to using patient care registries. The substantial cost of purchasing and updating EHRs to help collect and analyze meaningful data was another challenge named by the physician respondents. They also commented on the lack of support they get from IT vendors after the purchase. This collection of AMA STEPS Forward toolkits offers proven approaches on how to maximize the benefits of EHR use, strategies and tactics to successfully implement an EHR, and best practices in software selection. The physician respondents also mentioned feeling isolated in independent practice, and expressed the desire to network with other doctors around the country who lead similar high-performing physician-owned private practices. Learn about the AMA Private Practice Physicians Section, which seeks to preserve the freedom, independence and integrity of private practice. Several physician respondents emphasized the need to mentor physicians who have recently finished their residency or fellowship training to help them build up their individual practice and contribute to the business. That is especially vital, respondents said, in surgery, where physicians just out of residency or fellowship might not be entirely ready to work independently. Despite the threats, Vargo noted that physicians in private practice "can be very nimble" with the way they respond to challenges and the AMA has made supporting private practices a priority, with training and online assistance to help practices navigate challenges while delivering high-quality care with a personal touch.