

SESLHD PROCEDURE COVER SHEET



Health
South Eastern Sydney
Local Health District

NAME OF DOCUMENT	Outside Practice and Other Business Activities - Process
TYPE OF DOCUMENT	Procedure
DOCUMENT NUMBER	SESLHDPR/563
DATE OF PUBLICATION	August 2020
RISK RATING	Medium
LEVEL OF EVIDENCE	National Standard 1
REVIEW DATE	August 2023
FORMER REFERENCE(S)	N/A
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KEY TERMS	Staff specialist, outside practice
SUMMARY	To ensure accurate details of outside practice are provided to SESLHD to enable an educated and informed assessment when making decisions on applications made.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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**Outside Practice and Other Business Activities -
Process****SESLHDPR/563****1. POLICY STATEMENT**

Purpose: To ensure accurate details of outside practice are provided to SESLHD to enable an educated and informed assessment when making decisions on applications made.

Intended Audience: The procedure applies to staff specialists employed within SESLHD facilities and services.

Expected Outcomes: Compliance in process, reducing the risk of conflicts of interest and Work Health and Safety issues which include fatigue, affecting working duties at SESLHD.

2. BACKGROUND

The Staff Specialists (State) Award sets out arrangements relating to the notification and approval of outside employment: <http://www.health.nsw.gov.au/careers/conditions/Awards/Staff-Specialists%20Award.pdf>

To ensure compliance with the Staff Specialist (State) Award with regard to outside medical practice, a Staff Specialist must first seek approval to engage in outside medical practice.

3. APPLICATION AND SCOPE

- **Full Time Staff Specialist** - must seek the Employer's approval to engage in outside medical practice, paid employment or other business activities other than with the Employer.
- **Part Time Staff Specialist** - must notify the Employer of any outside practice (including services provided for another public health organisation or Division of the NSW Health Service).
- Any such approval must not conflict with the Staff Specialist's commitments to SESLHD or obligations under the Code of Conduct issued by the Ministry of Health as varied from time to time.
- Outside practice will be approved for a maximum period of three years per application. At the completion of the approved period, a new application will be required to be completed should the staff specialist wish to continue outside practice.

4. CONFLICT OF INTEREST

- Conflict of Interests can be actual, perceived or potential:
 - a) An *actual* conflict of interest involves a direct conflict between a staff member's current duties and responsibilities and existing private interests
 - b) A *perceived* or apparent conflict of interest can exist where it could be perceived, or appears, that a staff member's private interests could improperly influence the performance of their duties – whether or not this is in fact the case
 - c) A *potential* conflict of interest arises when a staff member has private interests that could conflict with other duties in the future

- The staff specialist must declare any actual, perceived or potential conflicts of interest between their position with SESLHD and other employment or business activities in which they want to engage.
- Work with SESLHD takes priority and any conflicts are to be resolved on this basis.
- Where the Employer has identified a conflict of interest, or a significant risk of a conflict of interest or conflict with the employer's duty of care arising, and the staff member refuses to cease, or to make necessary adjustments to, his or her outside practice, the Employer may take action to resolve the conflict consistent with any applicable Ministry policies and the Code of Conduct as varied from time to time.

5. OUTSIDE PRACTICE CONDITIONS

Staff Specialists need to consider the following points when making an application for/notification of outside practice. Any work that is performed outside SESLHD employment must:

- Be performed outside of normal rostered working hours.
- Not adversely affect or conflict with the staff specialists work and/or performance.
- Not affect the staff specialists safety or the safety of colleagues, patients, clients or members of the public (this includes the requirement of reasonable rest periods and management of fatigue).
- Not involve the use of SESLHD resources, including undertaking any outside practice activities or business whilst at work.
- Subject to any commercial arrangement, a Staff Specialist is not to use any of the Employer's staff or property for activities associated with any outside practice they may undertake.
- Not involve the referral of Public Patients/Clients to the staff specialists business or outside practice.
- Compliance with legislation and policies relating to outside practice continues to apply even when a staff specialist is on leave (whether paid or unpaid) from the organisation.

6. ROLES AND RESPONSIBILITIES

Employee responsibilities include:

- Not accepting secondary employment or engaging in outside practice or business activity that may adversely affect (or be perceived to adversely affect) the performance of their duties and responsibilities with SESLHD or give rise to an actual or perceived conflict of interest.
- Obtaining approval for outside practice by completing the relevant form prior to commencing outside employment.
- Declaring any actual, potential or perceived conflicts of interest and work with their Manager to address / resolve the matter.
- Must report any changes to outside practice status as they occur by completing a new Application for outside practice.
- Making an application to continue outside practice by completing a new form no later than one month prior to the expiry of their current agreement.
- Not engaging in outside practice where approval has been denied.
- Where there is more than one outside practice, approval for all must be sought.

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Department Manager/Head of Department responsibilities include:

- Ensuring applications to undertake secondary employment are evaluated in full, making considerations in accordance with Policy.
- Providing comments and recommendations to assist the delegated authorising officer in educated decision making.
- Being aware of the approval of any outside practice requests and any specific conditions or requirements attached to this approval to ensure that such conditions are complied with.
- Monitoring work performance of employees who have approved outside practice to ensure that it does not adversely affect the proper and efficient performance of their primary SESLHD duties eg, excess sick leave, work attendance.

7. PROCEDURE:

Application/Notification Steps:

1. The process applies to Full Time staff specialists seeking approval of outside practice and Part Time staff specialists' notification of outside practice.
2. In both cases, the Staff Specialist completes the online **Application for Approval or Provision of Advice to Engage in Outside Practice or Other Business Activities**, which is located on the SESLHD Intranet – Clinical Services – Senior Medical Officers - Outside Practice Application System.
3. Details of the proposed outside practice commitments, including the location, employer (if any), working times, duration of work, and any on-call commitments must be included in the request for approval or notification.
4. Details of actual, perceived or potential conflicts of interest are to be included.
5. Select Director Medical Services – as first approver. The Director Medical Services will seek the advice of the Head of Department regarding the appropriateness of the request.
6. Select Chief Executive or Delegate – Director, Clinical Governance and Medical Services – as second approver.
7. Confirm that all details are correct at the time of submission.
8. Print a copy for your records.
9. For full time Staff Specialists, the facility DMS and Director Clinical Governance and Medical Services will approve the application.
10. For part time Staff Specialists, the Director Clinical Governance and Medical Services will note the notification.
11. An email confirming the approval will be sent to the Staff Specialist and copied to the Head of Department and DMS.

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Application for Approval or Provision of Advice to Engage in Outside Practice or Other Business Activities -Online Form.

9. AUDIT

Compliance will be audited via the Performance Review process for Senior Medical Staff.

10. REFERENCES

Staff Specialists (State) Award.

[PD2015_045 Conflicts of Interest and Gifts and Benefits](#)

[PD2015_049 NSW Health Code of Conduct](#)

11. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
December 2016	Draft	Approved by Executive Sponsor for Draft for Comment
January 2017	1	Endorsed by Executive Sponsor
February 2017	1	Approved by Clinical and Quality Council
August 2020	2	Minor updates, approved by Executive Sponsor