



The Royal
Australian &
New Zealand
College of
Psychiatrists



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A Guide to Private Psychiatric Practice

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Introduction

The Royal Australian and New Zealand College of Psychiatrists (RANZCP) *A Guide to Private Psychiatric Practice* has been prepared for several reasons including to:

- provide a useful practice framework for private practice psychiatrists working in Australia and New Zealand
- present a set of principles, guidelines and elements for these psychiatrists to consider in the management of their practice
- assist private practice psychiatrists to support their practice management and therapeutic relationship with patients and their families/carer(s)
- communicate to RANZCP members and the general public what they can reasonably expect of private psychiatry practice.

A Guide to Private Psychiatric Practice is not exhaustive – it does not encompass every situation a psychiatrist in private practice encounters. Nor is the document static – the RANZCP reviews and updates the guideline at regular intervals to ensure it reflects contemporaneous standards of medical care in both Australia and New Zealand.

In developing *A Guide to Private Psychiatric Practice*, the RANZCP has taken guidance from, in particular, the [Medical Board of Australia Good Medical Practice: A Code of Conduct for Doctors in Australia](#), the [Medical Council of New Zealand Good Medical Practice](#), and the UK [Royal College of Psychiatrists Good Psychiatric Practice 3rd edition](#).

Wherever possible, links to other documents have been provided throughout the guideline for ready access to more in-depth information.

A Guide to Private Psychiatric Practice complements the [RANZCP Code of Ethics, 5th edition](#) and the [RANZCP Professional Practice Guideline for Best practice referral communication between psychiatrists and GPs](#).

The guideline supercedes the RANZCP *Quality Assurance Guideline #1 Outpatient Psychiatric Practice*.

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Opening a practice

Professional regulation

The purpose of professional medical regulation is to foster the highest standards of health care to protect the public and to maintain public trust in the profession.

A psychiatrist working in either Australia or New Zealand must be registered with their relevant regulatory body and ensure they meet and maintain the mandatory regulatory requirements prescribed by their relevant regulatory body. Refer to:

- [Medical Board of Australia \(MBA\)](#)
- [Medical Council of New Zealand \(MCNZ\)](#).

Legal requirements to open a private practice

Establishing a successful private medical practice requires not only clinical but also business acumen. Before opening a private practice for business, a medical practitioner needs to consider a number of clinical and financial elements of good practice to ensure it operates lawfully and ethically.

Before commencing a private psychiatry practice in Australia, a psychiatrist should address the following issues:

- medical registration
- provider number(s)
- prescriber number
- Australian Business Number
- business name registration
- professional indemnity and other relevant insurance (e.g. public liability).

In New Zealand, a psychiatrist undertaking private practice work should:

- have medical registration and an annual practicing certificate
- have professional indemnity
- have a MCNZ Health Provider Index Number
- be familiar with Special Authority application procedures for restricted prescription items
- be familiar with the role of the [Accident Compensation Corporation](#).

Refer to:

- [RANZCP Legal requirements for opening a practice \(Australia\)](#)
- [RANZCP Legal requirements for opening a practice \(New Zealand\)](#).

Establishing a private practice

When entering private practice a range of issues need to be considered, which may vary according to whether a psychiatrist is starting a new practice or joining an existing one. Issues for consideration include but are not limited to:

location of rooms	disabled access
rental or purchasing of premises	waiting room capacity patient privacy
leasing contract	liability and other relevant insurance
proximity to public transport	building security
parking availability	security of patients' health records (both hard and electronic copies)
proximity to a pharmacist	personal and staff safety
signage	safety systems (e.g. duress alarm, external security company links, CCTV).
access to a toilet	

Practice management

Safety of self and staff

On rare occasions aggressive and potentially dangerous patients have to be managed. Administrative staff should be trained to recognise signs of agitation and impending patient initiated violence and when and how to initiate verbal de-escalation techniques. Private practice psychiatrists should have safety measures in place for themselves, their staff and other patients.

Supervision of administrative/other staff

Good mental health literacy is an important attribute of high calibre administrative staff and may be an important contributor to a well-functioning private practice. All staff should be carefully selected and trained in issues of confidentiality and safety.

Psychiatrists should give consideration to other training and education that may be appropriate for their administrative staff. The provision of training in mental health literacy and limited clinical patient information for administrative staff, in accordance with their confidentiality bond, may help them to better relate to and support patients.

Policies and procedures for administrative staff, tailored to the practice, should be readily accessible. These documents should include decision-making pathways for how administrative staff should respond to patient telephone and email enquiries, and to patient cancellations and failure to attend appointments.

Referrals from a medical practitioner

In Australia a referral by a general practitioner is the preferable pathway but referral by any medical practitioner will enable a patient to be able to make a claim to Medicare for full or partial funding of consultations. In some circumstances patients will be funded by sources other than Medicare, such Worker's Compensation Insurance, or privately by temporary residents who do not have access to Medicare.

Wherever possible a psychiatrist should communicate with a patient's referring medical practitioner. A psychiatrist is under no obligation to accept a new referral. In circumstances where a new referral cannot be accepted or fails to attend their first appointment, wherever possible it is good medical practice for psychiatrists to inform the patient and/or the referring doctor. If enquiry reveals the patient has urgent treatment needs, advice about other avenues for treatment should be provided.

In New Zealand, there is no direct government funding of private psychiatry. Some private health insurance companies provide psychiatric coverage; a psychiatrist should prompt these patients to check the terms of their individual policy.

Working with patients

Advice to new patients

Prior to the initial consultation with a new patient, psychiatrists in private practice should inform the patients about the:

- likely length of the first and subsequent consultations
- options for special needs, such as the support of family/carer(s)/advocate(s) and/or access to an interpreter
- need to arrive early to complete forms
- fee structure and charges, including upfront fees and terms and conditions around any cancellation and failure to attend fees
- preferred methods of communication with the practice.

General information may be provided verbally and/or in writing. Psychiatrists may wish to consider developing an information brochure that explains the nature of their practice and what patients can expect at their first appointment.

Refer to:

- [RANZCP *What-is-a-psychiatrist?*](#)
- [RANZCP *New patient information sheet template*](#)

Financial arrangements with patients

Psychiatrists must be open and honest, and respectful of others in all their financial arrangements. In all financial arrangements with patients psychiatrists should:

- seek informed financial consent from their patients for any procedure or treatment that will be performed, including likely out-of-pocket expenses, prior to treatment
- consider their patient's ability to pay and act in their patient's best interests when making referrals and/or providing or arranging treatment
- manage situations when a patient is unable to continue to afford paying fees, such as exploring with the patient whether negotiation of an alternative mutually agreeable fee is an option. When this is not an option, a psychiatrist should refer the patient back to their general practitioner or referrer, where relevant.

Refer to:

- [RANZCP *Members with a financial interest in a treatment or management facility.*](#)
- RANZCP Informed Financial Consent Guideline (pending).

Informed consent

Informed consent is an individual's voluntary decision about their medical care that they make with adequate knowledge and a clear understanding of the benefits and risks involved about the care. A psychiatrist should seek the informed consent of their patient before they provide medical treatment.

In Australia, a psychiatrist should be familiar with the [National Health and Medical Research Council *General Guidelines for Medical Practitioners on Providing Information to Patients.*](#)

In New Zealand, a psychiatrist should be familiar with the:

- [Health and Disability Commissioner/Te Toihau Hauora, Hauātanga Code of Health and Disability Services Consumers' Rights](#)
- [Privacy Commissioner/Te Mana Matapono Matatapu Health Information Privacy Code](#)
- [MCNZ Information, choice of treatment and informed consent](#).

Initial consultations

During the initial consultations, a private practice psychiatrist should inform the patient about:

- the practice's privacy policy
- hours of availability and after-hours options
- when relevant, discuss if and how the patient wants their family/carer(s) to be involved in their care.
- their management plan including length and type of treatment, and when and how the psychiatrist will communicate with the patient, their GP, other health professionals and, if relevant, family/carer(s).

Refer to: [RANZCP Referred patient assessment and management guidelines](#).

Clinical consultations

When undertaking a clinical consultation with a patient, a psychiatrist should:

- recognise and work within the limits of their competence
- respect a patient's right to seek a second opinion
- involve family/carer(s) appropriately
- respect previous clinical contacts with other health care professionals and take care not to denigrate.

Refer to: [MCNZ When another person is present during the consultation](#).

General medical health

Poor physical health is very often associated with mental illness and vice-versa. Psychiatrists should liaise regularly with the patient's GP and with other health professionals, as necessary. As part of their biopsychosocial training, a psychiatrist has a shared responsibility to support a patient in accessing adequate treatment for medical conditions, and to encourage a patient to receive such treatment.

Prescribing medications

A psychiatrist should prescribe medications within the scope of their clinical expertise. Attention should be given to informing the patient's general practitioner about ongoing prescribing, to support overall medication management especially when a patient has co-morbidities. When informing patients about new treatment decisions, consideration should be given to also informing their family/carer(s), if relevant.

Refer to: [MCNZ Good prescribing practice](#).

Shared care

Shared care arrangements may be beneficial and appropriate for patients. Such arrangements may be between psychiatrists, or between psychiatrists and other health professionals and/or relevant agencies. The management of shared care in the community can be challenging in terms of defining roles and communication. Psychiatrists should clearly communicate their scope of clinical responsibilities for a patient to other health professionals involved in the care of the patient.

Refer to: [RANZCP Best practice referral communication between psychiatrists and GPs.](#)

Communicating with children and young people

Providing care or treatment to children and young people carries additional responsibilities for medical practitioners. When providing care to this age group psychiatrists should endeavour to have clear agreements in place with all parties, if possible, about:

- family/carer(s) involvement and communication, including consent and privacy
- management of risk
- responsibility for payment of fees.

Engagement with families and carers

A carer is any person, including a family member, who provides support, assistance or personal care to a person with a mental illness, or a disability resulting from a mental illness. Carers play a critical role in the delivery of mental health services, and should be appropriately involved in care, whenever possible. Refer to:

- [RANZCP Position Statement 62: Consumer family/whānau and carer engagement](#)
- [RANZCP Position Statement 76: Supporting carers in the mental health system.](#)

Mandatory reporting obligations in relation to children

Health professionals in Australia and New Zealand are required by law to report suspected cases of child abuse and neglect to government authorities. Psychiatrists should be familiar with the legislated mandatory notification requirements and reporting processes within their relevant jurisdiction and be aware that these vary between jurisdictions. Refer to:

- [Australian Institute of Family Studies Resource sheet: Mandatory reporting of child abuse and neglect.](#)
- [New Zealand Children's Action Plan programme](#)

Cultural competency

Recognition and accommodation of a patient's cultural practices and beliefs is integral to a practitioner fostering a therapeutic relationship with the patient to optimise their mental and physical wellbeing. In the delivery of care, a private practice psychiatrist should be sensitive and responsive to their patients' cultural needs and contexts. Cultural competency relates to people of culturally and linguistically diverse backgrounds including Aboriginal and/or Torres Strait Islander and Māori peoples.

Use of interpreters

Interpreter services may be useful or even necessary to effectively communicate with patients and their family/carer(s) to overcome barriers relating to language, culture or disability.

A psychiatrist should assess the need for interpreter services when:

- they have difficulty in communicating in spoken English with their patients from non-English speaking backgrounds
- their patients or family/carer(s) speak little or no English
- their patients or family/carer(s) requests an interpreter.

In New Zealand, a psychiatrist should recognise that the Treaty of Waitangi is the nation's founding document. In doing so, they should acknowledge the centrality of the Treaty and apply the principles of partnership, participation and protection in the delivery of medical care. Refer to:

- RANZCP [guideline under development]
- [MCNZ Cultural competence](#)
- [MBA Good Medical Practice: a code of conduct for medical practitioners in Australia.](#)

Provision of services outside of consulting rooms

When undertaking a consultation outside of their own rooms, a psychiatrist should:

- ensure that the patient's privacy and confidentiality is maintained
- ensure that the environment in which the consultation takes place is safe
- explain to the patient about any limitations to the provision of care in this environment
- ensure that the service, especially if conducted in the patient's home, can be seen to be appropriate, from a boundary or safety point of view (e.g. maybe involve family/carer(s) too).

Tele-psychiatry

A private practice psychiatrist who offers telehealth services should assess the clinical appropriateness of the patient for a telepsychiatry consultation. A psychiatrist should contact their Medical Defence Organisation (MDO) when a patient seeking telepsychiatry services is not located in a country in which the psychiatrist has medical registration. A psychiatrist should also provide their patients with sufficient information to enable them to make informed decisions about their care. Refer to:

- [RANZCP Telehealth in psychiatry](#)
- [MBA Guidelines for technology based patient consultations](#)
- [MCNZ Telehealth.](#)

Working with community support organisations

When working with community based groups, psychiatrists should recognise the conflict of interest that can occasionally arise, between the needs of their patient and/or family/carer(s), and the needs of the community group.

Refusal of treatment

In accordance with the legal principle of self-determination a competent patient is under no obligation to undergo treatment. When a patient refuses all treatment after possible treatment options have been discussed with them, a psychiatrist should respect the patient's right to decline treatment, but should accurately ascertain the patient's competency, and record this in the clinical notes.

Management of patient health records

Maintenance and retention of patient health records

A private practice psychiatrist must maintain and retain their patients' health records in accordance with the privacy and health records legislation in their relevant jurisdiction. They should be aware that legal requirements may vary between jurisdictions. Refer to:

- RANZCP Professional Practice Guideline 13 (under review)
- [MCNZ Maintenance and retention of a patient records.](#)
- [RANZCP Documentation, legislation, and storage of patient health records.](#)
- [RANZCP Retention, destruction and disposal of patient health records.](#)

Recording health information

In recording health information about their patients, a psychiatrist should be aware that all health information recorded is subject to privacy law.

Privacy and confidentiality of patient health records

A private practice psychiatrist has responsibility for ensuring the confidentiality, privacy and security of their patients' health records. For all modes used to communicate their patients' health information, a psychiatrist should take *all* reasonable steps to protect patients' records from misuse, unauthorised access, modification, disclosure, damage, loss and theft. Refer to:

- [MCNZ Use of the internet and electronic communication](#)
- [RANZCP Documentation, legislation, and storage of patient health records.](#)
- [RANZCP Retention, destruction and disposal of patient health records.](#)

Privacy and right of access to patient health records

A psychiatrist should be aware that patients are usually legally entitled to access their own health records, obtain a copy, have the contents explained to them and, if appropriate, request correction or amendment. In some circumstances, where there is a risk of serious harm to the patient or others, it may be necessary for a medical practitioner to refuse right of access or to restrict access.

When a patient requests their treating psychiatrist in private practice to provide them with access to their own health record, the psychiatrist should:

- manage the request in accordance with the relevant jurisdictional privacy and health records legislation
- be aware that privacy and health records legislation may vary between jurisdictions
- consider whether it is appropriate or necessary to refuse the request, or restrict access to part of the record only
- explain any cost in the provision of access to records. These costs should fairly reflect the required time to accommodate the request and should not be prohibitive to the patient.

Refer to: [RANZCP Access to patient health records.](#)

Request by a legal representative to access patient health records

Psychiatrists should be aware that access to records by a legal representative requires authorisation. The authorising party will be the patient if they have competency. When the patient does not have competency a psychiatrist should refer to the legislated authority in their relevant jurisdiction. Psychiatrists should seek advice from their MDO, as necessary.

Refer to: [RANZCP Access to patient health records](#).

Management of subpoenas

A wide range of legislated circumstances exist in which psychiatrists may receive a subpoena for a patient's health records. When this occurs, a psychiatrist should manage the request by:

- seeking advice from their MDO
- informing the patient of the request, where possible.

Refer to: [RANZCP Position Statement 89: Patient–psychiatrist confidentiality: the issue of subpoenas](#).

Transfer of patient health records

When a patient or another health care provider requests transfer of the patient's health information to the other health care provider, a psychiatrist should:

- transfer the relevant information when the patient has provided authorisation for the transfer
- note in the patient's health record the date and the name and address of the individual or organisation to whom the information was transferred.

Ending/transfer of patient care

Delegation, referral and handover

A psychiatrist working in private practice should have a contingency plan in place for delegating patient care in times of expected and unexpected leave. Delegation involves:

- taking reasonable steps to ensure the medical practitioner to whom care has been delegated has the qualifications, experience, knowledge and skills to provide the required care
- ensuring patients are aware of whom they should contact during times of leave
- taking reasonable steps to ensure the continuity of supply of medications prescribed by the psychiatrist, especially when there is a risk of withdrawal syndrome upon discontinuation of the medications.

Transfer of a patient

Transfer of care involves transferring some or all of the responsibility for a patient's ongoing care to another health care professional. When making arrangements to transfer the care of a patient, a psychiatrist should facilitate the smooth and safe transfer of care of the patient between services in a timely manner and through the provision of clear and comprehensive clinical information to the receiving health care professional(s).

Patients can initiate a transfer of care and may do so without informing their treating health care professional. In these circumstances, the psychiatrist who has been requested to take on the care of the patient should, in the patient's best interests, explore the possibility of the patient seeking from their previous health care professional a:

- termination session
- letter to request a transfer of care and to provide relevant clinical information.

Disengagement of a patient

When a patient disengages or 'drops out' of care, a psychiatrist should:

- inform the patient's general practitioner
- take reasonable steps to contact the patient and/or family/carer(s) and, possibly, emergency services.

The patient's level of risk and their individual circumstances will determine the method, timeliness and scope of contact. In cases where they cannot make contact with the patient and/or family/carer(s), and determine the risk level to be severe, the psychiatrist should contact emergency services to help ensure the safety of the patient and/or others.

The need to contact a patient's family/carer(s) and/or emergency services may override considerations of the standard doctor-patient confidentiality.

Termination of a professional relationship

A psychiatrist should terminate a professional relationship with a patient when it becomes ineffective or compromised and the continuing care of the patient with an alternative health professional would be in the patient's best interest. Such termination of the therapeutic relationship should be done with sensitivity, safety, and possible new sources of therapeutic input should be explored, if relevant.

Refer to: [MCNZ *Ending a doctor-patient relationship*](#).

Discharge of a patient

When discharging a patient from their care, a psychiatrist should provide guidance to the patient about possible indications for future treatment and options for accessing help. Provision of this information to the referring general practitioner is also advisable.

Medical professionalism

Personal relationships

Except for exceptional circumstances, a psychiatrist should avoid providing psychiatric care to themselves and to anyone with whom they have a close personal relationship, including family members, friends and work colleagues. Refer to:

- [MCNZ *Providing care to yourself and those close to you*](#)
- [MBA *Good Medical Practice*](#).

Professional boundaries

Maintaining professional boundaries between a psychiatrist and their patients is essential to ethical and quality medical practice. A psychiatrist should never use their professional position to enter into a sexual, exploitative or otherwise inappropriate relationship with anybody under their care. This includes those close to a patient such as a carer, guardian, spouse, or parent of a child. Refer to:

- [RANZCP *Zero tolerance policy on proven sexual boundary violations*](#)
- [MBA *Sexual boundaries: guidelines for doctors*](#)
- [MCNZ *Sexual boundaries in the doctor-patient relationship – a resource for doctors*](#).

Managing complaints and adverse events

Managing complaints is part of good practice. A private practice psychiatrist should have a complaints management process in place, which includes lodgement, assessment and follow up. The process, which may be written or verbal, should be communicated to patients.

Complaints and adverse events should be responded to directly and promptly. This may require an acknowledgement and an explanation about what happened and, if appropriate, an apology (a psychiatrist should also contact their MDO for advice). Refer to:

- [Australian Commission on Safety and Quality in Health Care *Open Disclosure*](#)
- [MCNZ *Disclosure of harm following an adverse event.*](#)

Reporting of alleged misconduct or abuse by a health professional

Psychiatrists concerned about alleged or suspected psychological, physical or sexual misconduct or abuse, or neglect, of one of their patients by another health professional may have a duty to inform the relevant authorities and the patient of their intentions/actions. Psychiatrists should be familiar with the mandatory notification requirements and reporting processes in their relevant jurisdiction.

Difficulties may arise where the patient does not want their psychiatrist to report the matter. In these circumstances a psychiatrist should seek advice from their MDO, and from expert colleagues. Refer to:

- *RANZCP Code of Ethics, 5th Edition (forthcoming)*
- [MBA *Guidelines for mandatory notifications*](#)
- [MCNZ *What to do when you have concerns about a colleague.*](#)

Disclosure of conflicts of interest

A conflict of interest presents when a medical practitioner, who is entrusted with delivering care that is in their patients' best interests, has personal, professional or financial circumstances, which may influence their patient care. When such circumstances compromise, or might reasonably be perceived by an independent observer to compromise, patient care, a medical practitioner must resolve the conflict in the best interests of their patient.

In dealing with conflict(s) of interest, or perceived conflict(s) of interest, a psychiatrist should:

- Act in their patients' best interests and never ask for, or accept, any inducement, gift or hospitality which may affect or be seen to affect the way in which they prescribe, make referrals and provide or arrange patient care.
- Openly and formally declare conflict(s) of interest to patients when a situation has presented in which the psychiatrist's interest could, or could be perceived to influence, patient care, and be prepared to exclude themselves from related decision-making.
- When residing and working in a small community, consider how they will balance their duty to protect their patients' right to confidentiality with social communication/relationships with patients, and patients' relatives/friends, outside of professional practice.

Research

Research is vital to improve psychiatric care and treatment and the mental well-being of the population as a whole. When designing, organising or carrying out research a psychiatrist should always:

- put the best interests and welfare of participating patients first
- ensure an accredited Human Research Ethics Committee has approved the research protocol and that the research meets all jurisdictional regulatory and ethical requirements
- adhere to the approved research protocol
- ensure participation by patients is voluntary and that they have a good understanding of the purpose, methods, requirements, risks and potential benefits to them and to the wider community, and that they have signed informed consent to the research
- respect the patient's right to decline involvement in/withdraw from a study without prejudice.

Refer to: [RANZCP Research in psychiatry](#).

National codes and standards

Codes and standards are designed to improve the quality of health services and to protect the public from harm. They function as mechanisms to determine whether appropriate measures are in place to ensure that minimum standards of quality and safety are met.

A range of organisations have prepared various national codes and standards for the delivery of mental health services in Australia and/or New Zealand. These documents are relevant to psychiatric practice and have been compiled for ready identification and access.

Refer to: [RANZCP National codes and standards relevant to psychiatry practice and mental health services in Australia and New Zealand](#).

Medical reports, giving evidence and signing documents

Medical practitioners are entrusted by the community to sign various documents, such as death certificates and medico-legal reports, on the assumption that they only sign statements they know, or reasonably believe, to be true. In their delegated responsibility and authority to prepare and/or sign medico-legal documents a psychiatrist should:

- act with honesty, integrity and objectivity
- take reasonable steps to verify the content of the documents and only sign those they believe to be accurate
- not write misleading statements, or deliberately omit relevant information
- prepare or sign the documents/reports within a justifiable timeframe
- state the limits of their expertise, where relevant, and not provide an opinion beyond those limits
- explain any costs, which should be fair and reflect any required preparation time.

Refer to: [RANZCP Developing reports and conducting independent medical examinations in medico-legal settings](#).

Advertising

Advertising of medical services may be useful for patients when seeking health care services. Refer to:

- [MBA Guidelines for advertising regulated health services.](#)
- [MCNZ Statement on advertising.](#)

Social media

Carefully planned participation in social media is an appropriate and effective mode of communication for a psychiatrist to connect with colleagues, educate the public about mental health, and advance the reputation and public profile of the psychiatry profession.

When a psychiatrist uses social media they should be mindful of maintaining confidentiality and professional boundaries with patients. Refer to:

- [RANZCP Position Statement 75 Psychiatry, online presence and social media.](#)
- [MBA Social Media policy.](#)
- [MCNZ Use of the internet and electronic communication.](#)

Dealing with the media

Psychiatrists have an ethical responsibility to maintain patient confidentiality and to provide information in an unbiased, evidence-based context in their dealings with the media. They should exercise caution and seek expert advice, as necessary, and respond according to the level of media handling knowledge they have obtained. Wise responses can be enormously valuable to patients, to the specialty, and to the community. Psychiatrists should consider contacting their local College Branch or the New Zealand National Office to assist in and/or contribute when a potential media opportunity presents.

Health and wellbeing of psychiatrists

Good health and wellbeing relate to fitness to practice and are essential for private practice psychiatrists. Psychiatrists should be mindful of their own physical and mental health and exercise self-care accordingly.

Refer to: [RANZCP Self-care for psychiatrists.](#)

Teaching and supervising

The delivery of teaching, supervising, assessing and mentoring to medical students, trainees, medical practitioners and other health care professionals in private practice settings is integral to their professional development and to the quality of care of patients. Teaching and supervision requires the psychiatrist to explain psychiatric assessment and treatment clearly and to properly understand the rationale for decision-making, which may aid self-reflection and self-awareness and enhance a private practice. A private practice psychiatrist should provide sufficient oversight and feedback to colleagues, medical students, trainees and other health care practitioners while simultaneously meeting the clinical needs of their patients.

Psychiatrists considering establishing a training post in their private practice for trainee registrars must first have the post accredited by the RANZCP. A psychiatrist should contact their local RANZCP training committee or RANZCP Head Office for information on trainee post requirements.

Refer to: [RANZCP How to establish a psychiatry training post in the private sector.](#)

Continuous Professional Development

Maintenance of CPD contributes to high quality care and involves and undertaking exercises and activities that enhance the entire practice. Currency in Continuing Professional Development (CPD) is a requirement of medical registration in Australia. Psychiatrists in solo private practice should recognise the importance of participating in a peer review group and in practice supervision.

In New Zealand all practising doctor must be enrolled and actively engaged in a recognised recertification (i.e. CPD) program. Refer to:

- [RANZCP CPD @ RANZCP Program Guide](#)
- [MCNZ Recertification and Continuing-Professional-Development booklet.](#)

Practice visits

Practice visits are a confidential, peer support exercise that provide an opportunity for both the host psychiatrist and the visiting psychiatrist to review, reflect on, and potentially improve, the way in which they work.

In appraising or assessing the performance of a colleague, a psychiatrist should:

- be honest and objective, including with those whom they have trained or supervised
- provide accurate, constructive, relevant and justifiable information when writing reports or giving references
- be aware that patients may be put at risk if they describe a colleague as competent when, in fact, they have not reached or maintained a satisfactory standard of practice.

Refer to: [RANZCP CPD documents.](#)

Practice closure

Closing a practice

When a psychiatrist is transferring their practice to a colleague, or retiring from practice, they need to be aware there are certain essential steps that need to be considered and taken as part of the process. Some key steps include but are not limited to:

- notifying and seeking specific advice from their MDO
- publishing a notice of practice changes in a local newspaper or other media
- determining a schedule for transferring, storing and/or disposing of health records that is compliant with legislative requirements in the relevant jurisdiction
- allowing sufficient time for the closure of the practice and the transfer or discharge of patient care
- notifying external organisations of practice changes
- notifying employees of the intention to sell/retire/transfer
- disposing of prescription pads/paper and medications, including samples, responsibly.

In addition to their MDO, psychiatrists may wish to consider contacting other organisations – for example, the RANZCP or the AMA – to seek advice on closing a practice. In respect of seeking advice about patient health records, they may wish to also contact their relevant jurisdictional health complaints entity. Refer to:

- [RANZCP Initial decisions to make about closing a practice.](#)
- [RANZCP Transferring or discharging patient care when closing a private psychiatric practice.](#)

- [RANZCP People and organisations to notify when closing a private psychiatric practice.](#)
- [RANZCP Retention, destruction and disposal of patient health records.](#)
- [RANZCP Selling a private psychiatry practice.](#)
- [RANZCP Closing a practice due to professional misconduct.](#)
- [RANZCP Contingency Planning for the emergency closure of a practice.](#)

Death of a psychiatrist

In the event of the death of a private practice psychiatrist who is holding health records, the responsibility and obligations of the health records will rest with the 'legal representative' of the psychiatrist. Colleagues of the deceased psychiatrist will often, where possible, offer assistance to the legal representative to try to ensure safe care of the patients concerned.

Private practice psychiatrists should consider preparing a practice closure contingency plan in the event of their sudden and unexpected illness, incapacitation or death. Refer to:

- [RANZCP Contingency planning for emergency closure of a practice.](#)
- [RANZCP Closing a practice: advice to individuals closing a private practice on behalf of a psychiatrist.](#)

Disclaimer

This information is intended to provide general guide to practitioners, and should not be relied on as a substitute for proper assessment with respect to the merits of each case and the needs of the patient. The RANZCP endeavours to ensure that information is accurate and current at the time of preparation, but takes no responsibility for matters arising from changed circumstances or information or material that may have become subsequently available.

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