

## Working for others or as a private practitioner?

*Trevor Goddard and Marina Ciccarelli*

### Introduction

As students progress through allied health educational programs, many begin to consider their 'ideal' first job. Factors influencing choice often include the client group to be served, salary and benefits, opportunities for advancement, geographic location, and the options of being an employee or self-employed private practitioner.

There are pros and cons to being an employee or private practitioner, and each are to be considered in the context of an individual's personal, financial and professional assets and liabilities. The majority of allied health graduates work as employees early in their careers, possibly due to concerns about expectations for managerial and clinical competence in private practice (Adamson, Harris et al, 1996). Opportunities for clinical supervision and mentoring as an employee provide graduates with the support required to progress knowledge and skills from 'novice' to an experienced practitioner. Many allied health graduates also experience financial burden when completing tertiary studies, so the security offered through regular income as an employee often influences job choice.

In contrast, working as a private practitioner offers the opportunity to be one's 'own boss', allowing for flexibility in work schedules that accommodate family or other personal responsibilities. There are however, substantial costs in establishing a new practice with expenditure often exceeding income in the first year(s) of operation. Taking holidays or sick leave may compromise client needs, and additional staff may be required to maintain services. Consequently the private practitioner often also plays the role of employer.

Four major systems impact on Australian allied health practitioners' employment options. These are employment and related law, occupational safety and health, workers' compensation and codes of professional conduct. There is a plethora of specific Acts, Regulations

This is a preview. Not all pages are shown.

professional respect and recognition. This supports a mutuality of responsibility for learning and professional development.

- Retain the services of a financial planner to manage and advise on the separation and/or integration of personal and business financial positions.
- Seek and obtain legal advice to protect and distinguish between personal and business related assets and matters for security as both a private practitioner and an employee.
- Practitioners should maintain current knowledge in their area(s) of professional practice. This is an ethical commitment to the development of the profession, their business, themselves and the client group they serve.
- An employer's duty of care to provide a safe work environment extends to ensuring their employees are professionally competent. This involves employees keeping abreast of developments in the chosen area of practice and a joint responsibility for maintaining best practice.
- Practitioners should surround themselves with resources (including human resources) to facilitate their continuous development of professional practice skills and to remain life-long learners.

## References

- Adamson, B, Harris, L et al 1996, 'Health science graduates: preparation for the workplace', 26 *Journal of Allied Health* 187.
- Armstrong, P, 2006, *Establishing an Allied Health Service*, Melbourne, Thomson Social Science Press.
- Barbara, D, 2004, 'Caviar or Cat food: How much super is enough?', *The Age*, 14 April, p 10.
- Barbeau, E, Roelofs, C et al, 2004, 'Assessment of occupational safety and health programs in small businesses', 45 *American Journal of Industrial Medicine* 371.
- Brown, K, 2003, 'Occupational safety and health legislation: What allied health professionals in Western Australia need to know', 5 *Allied Health Professions* 31.
- Caragianis, S, 2002, 'The prevalence of occupational injuries among hand therapists in Australia and New Zealand', 15 *Journal of Hand Therapy* 234.
- Commonwealth of Australia, 2007, 'Comparison of workers' compensation arrangements in Australia and New Zealand' <[www.ascc.gov.au/NR/rdon/lyres/0C72A6E7-25F0-43D3-9677B4EFC0BC956A/0/Comparison\\_Workers\\_Compensation\\_Arrangements\\_Aust\\_NZ\\_Comparison\\_FULL.pdf](http://www.ascc.gov.au/NR/rdon/lyres/0C72A6E7-25F0-43D3-9677B4EFC0BC956A/0/Comparison_Workers_Compensation_Arrangements_Aust_NZ_Comparison_FULL.pdf)> (accessed 6 March 2008).
- Courtney, M, 2005, 'The meaning of professional excellence for private practitioners in occupational therapy', 52 *Australian Occupational Therapy Journal* 211.

#### WORKING FOR OTHERS OR PRIVATE PRACTITIONER?

- Goddard, T, 2007, 'The health professional and business' in H Freegard (ed) *Ethical Practice for Health Professionals*. Melbourne, Thomson Learning.
- Griffin, S, 2001, 'Occupational Therapists and the concept of power: A review of the literature', 48 *Australian Occupational Therapy Journal* 24.
- Hignett, S, 2003, 'Intervention strategies to reduce musculoskeletal injuries associated with handling patients: A systematic review', 60 *Occupational and Environmental Medicine* E6.
- Holder, N, 1999, 'Cause, prevalence, and response to occupational musculoskeletal injuries reported by physical therapists and physical therapist assistants', 79 *Physical Therapy* 642.
- Mathews, J, 1993, *Health and Safety Representatives Handbook*, Sydney, Pluto Press.
- National Health and Medical Research Council, 1995, *Recommendations for limiting exposure to ionising radiation. Guidance Note [NOHSC:3022]*, Canberra, Australian Government Publishing Service.
- Pyett, P, 2002, 'Working together to reduce health inequalities: Reflections on a collaborative participatory approach to health research', 26 *Australian and New Zealand Journal of Public Health* 332.
- Rippon, T, 2000, 'Aggression and violence in health care professions' 31 *Journal of Advanced Nursing* 452.
- Shaw, W, Robertson, M et al, 2003, 'Employee perspectives on the role of supervisors to prevent workplace disability after injuries', 13 *Journal of Occupational Rehabilitation* 129.
- Smith, M and Forster, H, 2000, 'Morally managing medical mistakes', 9 *Cambridge Quarterly of Healthcare Ethics* 38.
- Snodgrass, S, Rivett, D et al, 2003, 'Factors related to thumb pain in physiotherapists', 49 *The Australian Journal of Physiotherapy* 243.
- Stetler, C, Burns, M et al, 2003, 'Use of evidence for prevention of work-related musculoskeletal injuries', 22 *Orthopaedic Nursing* 32.
- Weisbord, M, 1987, *Productive Workplaces*. San Francisco, Jossey Bass.
- WorkSafe Victoria, 2006, 'Working safely in visiting health services' <[www.worksafe.vic.gov.au/wps/wcm/resources/file/eb662b0a3ccf8a8/vic\\_home\\_care\\_guide.pdf](http://www.worksafe.vic.gov.au/wps/wcm/resources/file/eb662b0a3ccf8a8/vic_home_care_guide.pdf)> (accessed 23 January 2008).