



Retirement in the South West Division

A guide for members and employer organisations

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Foreword

When I retired in June 2020 I had a multitude of feelings – somewhat complicated by the onset of a worldwide pandemic! Relief, excitement, a sense of loss, and anxiety for the future were all there in the background. I was fortunate to have received good advice from colleagues and I was also able to discuss options with various people and institutions.

At the South West Division of the Royal College of Psychiatrists, we thought it would be a good idea to bring the wisdom and experience of colleagues and institutions and distil them into a single document that all colleagues approaching a time that may be quite turbulent might find helpful. Some are quite happy to disappear over the retirement horizon and leave their psychiatric career behind them, but many of us want to continue to contribute in some way and hopefully this paper will help to both prepare you for the day of retirement and offer opportunities beyond.

I hope you find it helpful and if you have any additional suggestions, please share them with us.

Richard Laugharne
August 2021



Preparation for retirement and how to retain communication



Things to consider

Timing

What is the optimum retirement date? Should you get advice from a financial advisor?

Finance

Enlist the services of the British Medical Association (BMA) and/or a financial advisor- you will receive free sessions if you are a member.

Pension forecasts

Remember that it may well take 3 months or more to actually receive your pension and involve a lot of form filling and making of telephone calls, so make sure that you can survive financially until this is sorted. Are you going to be able to live comfortably on your pension? If received in a lump sum, think about the best way of using it – or investing it.

Tax affairs

You will need to consider how to manage your finances, and whether to organise yourself as a business or use Category 2 if re-employed on an NHS contract. The RCPsych Private and Independent Practice Special Interest Group ([PIPSIG](#)) are very helpful; they provide information about how to work independently and the things to think about.

You might also consider membership of the [Independent Doctors Federation](#), which offers, amongst other things, assistance on Regulation and Revalidation. You will need an existing member to propose you.

Succession planning

Whilst it is for your employer to decide whether they can possibly manage without you and, if not, how and when to replace you, you will not want to leave your immediate colleagues in the lurch. Keep your team informed and you may want to assist in setting up short-term solutions pending a replacement appointment after due process. For example, suggesting a short locum appointment for a senior trainee, or a reliable retired colleague to cover as a locum may smooth the transition – or, indeed, timing your retirement to allow a senior trainee to apply for the vacancy.

Opportunities

What are the options for work after retirement? Consider negotiating with your current employer:

- to retire and return;
- for regular, ongoing, part time Bank work; or
- for short-term, piece meal, temporary work.

You can find more ideas in the Opportunities section of this document.

Risks: avoiding pitfalls

HR systems and the implications of retirement for HR

Once you choose a retirement date and inform HR officially, your name will automatically go into an IT “retirement” process. This will result in you being removed from all trust systems on the date of your retirement. If you intend to return or have need for the information held in those systems, you need to act well before the event – be aware of this trigger which initiates a process of effectively pushing you over a cliff edge. **Remember, it is an automatic trigger!**

You may think HR understands that you are going to retire and return, but the implementation of the system for wiping people is automatic, unless HR are prompted by you to tell IT to stop it.

Be aware that you will need a professional address and/or maildrop for personal security.

Revalidation/appraisal/PREP in NHS trusts

Your records will automatically be deleted unless you have arranged in advance to remain on the system. Ensure that you have a definite plan for

appraisal after you leave and that you have downloaded all the information you will need, because you will lose it otherwise.

NHSmial

Be aware that your NHSmial account will automatically be closed on your retirement and there is no way of maintaining it unless you have a contract with an NHS trust (unlike locum GPs who can keep an account). You will therefore lose connectivity and will not have access to the email addresses of people working for the trust.

If you intend doing work which requires a secure platform, then you will need to make another arrangement for securely transferring information. You will also automatically be removed from RIO (or whatever medical records are used), Biochemistry results systems, mileage claims systems, car park passes, and your HR number will be void. Act in good time to stop this happening, otherwise if you intend to return to the trust in any way you will spend hours – or even days – re-registering on every system.

GDPR

If you intend to continue to work after retirement you need to consider how you are going to handle data after retirement. You will need to ensure that data is not kept for more than the minimum time necessary, and that it is disposed of securely. Consider buying a large capacity shredder and organising a regular, secure collection of confidential waste. Remember that your e-filing system is subject to the same rules whether on PC, laptop, or handheld device.

Registering with the [Office of the Information Commissioner](#) may be worthwhile, especially if you register as a business/sole trader.

It is important to realise that communication systems also need to be GDPR compliant. Dealing with patient-centred correspondence cannot be done by conventional, everyday mail service providers and even the password protection mechanisms on major platforms such as Google and Apple do not provide adequate security.

If you retain an NHSmial account this will be sufficient for most purposes, but statutory agencies and law firms will generally use an encrypted communication system. The Tribunal service system is but one example and will be sufficient for colleagues engaged solely in work for the Mental Health Review Tribunals [MH(R)Ts]. If working more widely, you should also use one of the many commercially available cloud-based encryption systems, they are cheap (often free), simple, and efficient and can be used in parallel with your conventional mail service provider.

The RCPsych refers you to the [British Medical Association](#) document offering guidance to Access to Health records and the [GMC](#) guidance on confidentiality.

Further advice on remaining GDPR compliant can be found on the [GOV.UK](#) website.

Revalidation outside the NHS

You will need to identify a Responsible Officer, an appraiser, and a PDP group. You may need to have separate appraisals for different aspects of your work, and a whole-practice appraisal. You will need to collect information in the appropriate way for the system you are using and find a way of getting 360-degree feedback, including patient feedback, for example [RES 360](#).

Options for appraisals

There are several options for appraisals after retirement. You can use the NHS if you are working part-time or Bank for an NHS trust. Otherwise, you will need to consider private appraisals from organisations such as the [Independent Doctors Federation](#), [MEDSU](#) and [Mind Professionals](#).

Opportunities for retired psychiatrists



Many psychiatrists who have retired from the NHS wish to continue working in some capacity.

Opportunities to consider

The [Retired members](#) section of the RCPsych website describes some of the opportunities open to you, which include:

Continuing work in your organisation

You may choose either to reduce your hours, or to retire and return to work part-time.

Independent practice

[PIPSIG](#) at the RCPsych supports psychiatrists in private practice. As well as direct clinical care, private practice psychiatrists deliver court reports, independent tribunal reports and employment tribunal reports.

There is no shortage of work for psychiatrists engaging in private practice or who are prepared to act as expert witnesses for Courts and Tribunals of all types. You do not need to have any special expertise in forensic work for this, you are an expert by virtue of being a psychiatrist. Even Section 12(2) approval is not always a requirement.

Working in Courts and Tribunals

[Tribunal work](#) can include being an independent psychiatrist on behalf of the patient at [Mental Health Tribunals](#), or for Employment Tribunals, Criminal Injuries Compensation, Immigration and Asylum, Special Educational Needs and Disabilities. Also, the General Medical Council's (GMC's) [Medical Practitioner Tribunal Service](#).

Solicitors will look for expertise in cases before the Courts, both Civil and Criminal. Forensic expertise may be important for the Criminal Courts but rarely for the Civil Courts in clinical negligence cases and similar. Making yourself known to solicitors engaged in this work locally or nationally is possible either through a listing agency such as the National Expert Witness Agency ([NEWA](#)), or more usually by direct contact. Advertising your services is legitimate via such companies as [Psychiatry Direct UK](#). Your indemnity providers can advise.

Working for the Court of Protection is another form of court work. Section 12(2) work and DoLs work can be done as an independent psychiatrist. You may wish to make your availability known to AMHPs locally.

Working for the GMC

The GMC works with medical and non-medical associates to assist with delivering some of their key duties where expertise is required. Further details are available on the RCPsych [New Opportunities](#) web page.

Working as a Second Opinion Appointed Doctor (SOAD)

The Care Quality Commission (CQC) is responsible for the appointment of SOADs and for managing the SOAD service. Recruitment is open and there is plenty of work available, particularly if you are willing to travel. You can find more information on the RCPsych [New Opportunities](#) web page.

Working for the Parole Board

The [Parole Board](#) regularly recruits psychiatrist members and often commissions reports from psychiatrists, either employed or working independently. You don't have to have forensic training for this.

Working for non-statutory agencies

Non-statutory organisations often provide care for people with mental illness, addictions or learning disabilities outside the NHS. They employ psychiatrists to help deliver care.

Volunteering

The possibilities are endless if you would like to gift your time, skills and expertise as a volunteer. Many charities and organisations in the south west and overseas need volunteers. The RCPsych [Volunteering](#) web page suggests ideas you might consider, including the College's own volunteering scheme.

Research

There may be opportunities to get involved in research through your local Clinical Research Network. You may need an honorary contract and can work as a Principal Investigator for commercial, academic, and other studies. You will receive support from your local research team. Contact Dr Richard Laughtarne via the [South West Division office](#) for more information.

Teaching

With the recent expansion in the number of medical students, there may be opportunities in teaching medical students and for mentoring psychiatrists early in their career. Your trust's undergraduate teaching offices should have more details.

Working for the RCPsych: [Divisions, Faculties and Special Interest Groups](#)

There are many opportunities to volunteer for the RCPsych and there is a wide range of tasks that we need help with. Check out the [Vacancies in the South West Division](#) and [Posts for members](#) web pages, or contact the [South West Division office](#) to discuss opportunities.

Mental Health Blogging

There are now a host of opportunities for contributing to mental health debates through social media, podcasts and [blogging](#).

We can all agree there is a need for voices of experience to act as opinion formers, if only to counter some of the wilder ideas already out there. You can become an influencer on your own behalf through your preferred social media platform or by engaging with some of the more respected platforms such as [The Mental Elf](#).

Peer Groups



The South West Division Executive Committee are keen to help colleagues find a suitable peer group.

Members are welcome to share details of vacancies on peer groups with the Retired Doctors Representatives on the South West Division Executive Committee via the [Division Manager](#).

Doctors who are not in a peer group and would like to be put in touch with one are invited to forward their details to the Retired Doctors Representatives on the South West Division Executive Committee via the [Division Manager](#) and they will attempt to put each doctor in touch with a relevant group.

Retirement: revalidation and appraisal



The [Retired members](#) section of the RCPsych website offers helpful guidance to psychiatrists approaching retirement. One crucial decision is whether to retain your licence to practice. The licence to practice is held with the GMC and is required for most medical roles in the UK. If in any doubt, it is probably sensible to retain your licence while you decide, if this is practical and possible for you. The [Licence to practise resources](#) section of the GMC website gives examples and guidance about which activities require a licence.

If you cease employment within the NHS on retirement, the arrangements for your appraisal, Designated Body and Responsible Officer will change immediately. The RCPsych [Revalidation and appraisal](#) web page gives good advice about how to prepare for and mitigate this.

If you wish to retain your licence, the most important thing to establish on retirement is who can now be your Designated Body (DB). This is seldom a choice for the doctor, with an algorithm to determine the correct organisation to provide this “connection” to the GMC. The GMC offers a helpful [My DB tool](#) to inform your connection with a DB. This will also allocate your Responsible Officer - the person who makes recommendations for revalidation to the GMC

and who has oversight of the appraisal process, as well as maintaining recruitment standards, dealing with practice concerns and remediation if required.

There are good reasons for organisations to retain psychiatrists after retirement, with their wealth of experience and skills. Retired psychiatrists may be employed into vacancies, providing backfill for colleagues who have special interests or responsibilities, specific part time roles (specialist teams, teaching roles, governance, appraisal etc.) or on a flexible Bank – with or without an honorary contract.

If a doctor is employed in any capacity by the NHS, this organisation is usually considered the Designated Body. However, the supporting material for appraisal and the appraisal discussion must cover the whole scope of practice, not just the work carried out for that employer. Maintaining an employment relationship with your former employer could therefore be of mutual benefit, as long as the requirements for revalidation - CPD, peer group, audit, reflection on complaints and incidents – are reliably met.

There are special arrangements for the revalidation of doctors working as SOADs or MH(R)T doctors who don't already have a Designated Body. This is through the Suitable Person route, which has a very similar structure to the Responsible Officer role, without the employment relationship. Tribunal doctors are not obliged to hold a licence to practice.

For psychiatrists working solely in private or independent practice, the [PIPSIG](#) has sound advice about how to manage the licensing process. The Independent Doctors Federation is a possible source of a Responsible Officer if you meet their criteria and have no NHS employment nor any connection to another Designated Body. A fee is chargeable for this service.

Employers: retaining psychiatrists at retirement



Benefits of employing retired psychiatrists

Given the workforce challenges facing most organisations, the retired and retiring workforce is of immense potential value. Doctors with varied clinical and wider experience can offer wisdom and stability to the workforce, often with the benefit of flexibility and local knowledge. The table below summarises the benefits of employment at retirement.

Table 1: Benefits of employment post-retirement for organisations and psychiatrists

Benefits for organisation	Benefits for psychiatrist
Rich variety of skills across a range of work experience	Improved health and vitality – mental stimulation

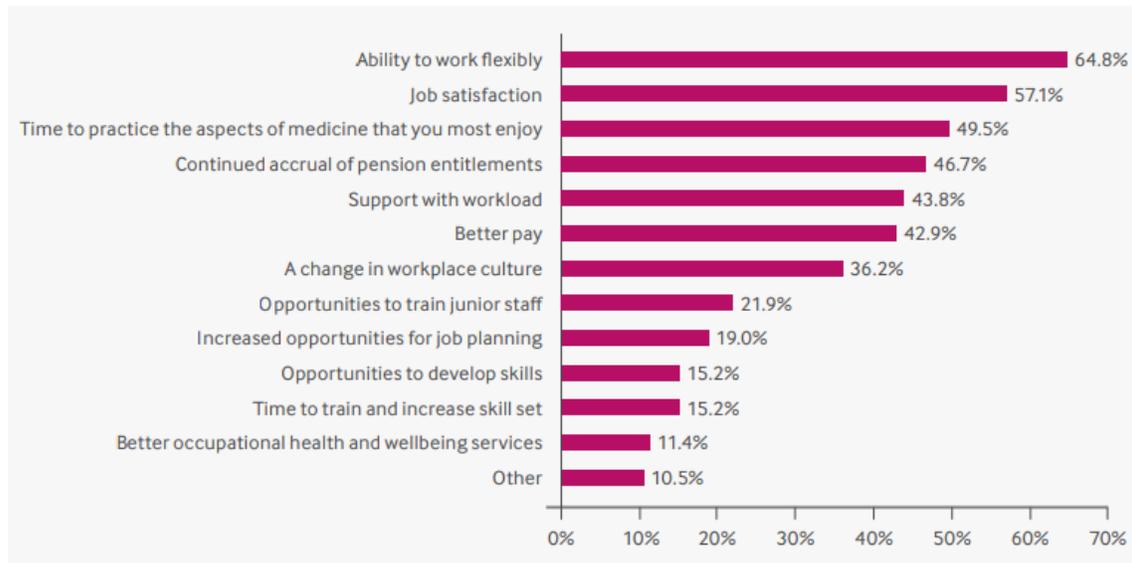
Benefits for organisation	Benefits for psychiatrist
Local knowledge and contacts if in local area	Pay and remuneration
Flexible and willing to fill gaps	Social affirmation and status
Stability, maturity and potential to role model and mentor	Quality of life
Active commitment – in the workforce by choice	Ongoing personal development

Implementation

Psychiatrists approach retirement with a range of expectations. The chart below includes BMA survey questions about what would influence doctors to work past retirement.

Chart 1: Data from BMA report on the ageing medical workforce 2019

Doctors in the workforce: which of the following factors would influence your decisions to work past retirement age?



An early conversation enables motivations to be explored and balanced, and the transition to retirement actively managed. An active and clear signal that the doctor’s work is appreciated and would be valued in future opens up a discussion, which can facilitate an exchange of personal and organisational priorities. Even if an employee is ambivalent, a letter of thanks, recognition of their contribution and continued connection to the organisation is likely to be welcome.

A title such as “Emeritus Consultant” gives a stronger status than “Locum”. In some circumstances, educational, supportive or specialist roles may be difficult to fill, and a retired consultant could be a good match. Creative job planning could lead to retired consultants offering backfill to those taking on management, teaching, or research roles. Some consultants prefer to return after retirement to SAS roles, preferring a different level or professional practice.

Communication is extremely important for maintaining contact with doctors who don't take up a role immediately but would like to consider work in the future. A complete severance of NHSmail, routine communications and loss of IT support can precipitate or perpetuate disengagement, which can be difficult to win back. Doctors who are on a locum bank or have an honorary contract should be maintained within the medical team, offering a simple reconnection if opportunities arise or the doctor decides to seek work. This may also support the retired doctor becoming aware of new opportunities.

An employer can maintain positive connections with a retired doctor between active employment with an honorary contract, which might include their appraisal, CPD and/or peer group support. Doctors also require clinical audit, patient feedback and involvement in learning from incidents, which can be undertaken or organised between active assignments.

It is important to consider:

- Team or departmental job planning, job shares or annualised hours to maximise flexibility without creating gaps, which can adversely impact on job satisfaction for all.
- Health issues, reasonable adjustments, negotiation regarding on call and occupational support.
- Managing expectations regarding appraisal, CPD and mandatory training.
- What the doctor can offer between intermittent jobs, eg. investigations, mentoring and appraisals.
- What the organisation might expect as standard, ie. full compliance with mandatory training and keeping up to date with current practice.
- Managing job moves in relation to consideration of an “employment passport” to ensure that there is minimal duplication of pre-employment checks and mandatory training (this will require collaborative work across trusts and arm's length bodies).
- A fair pay scale which recognises seniority.
- Access to IT equipment, secretarial support and pool cars etc.

The poster overleaf highlights ten enablers to flexible working, according to NHS Employers.

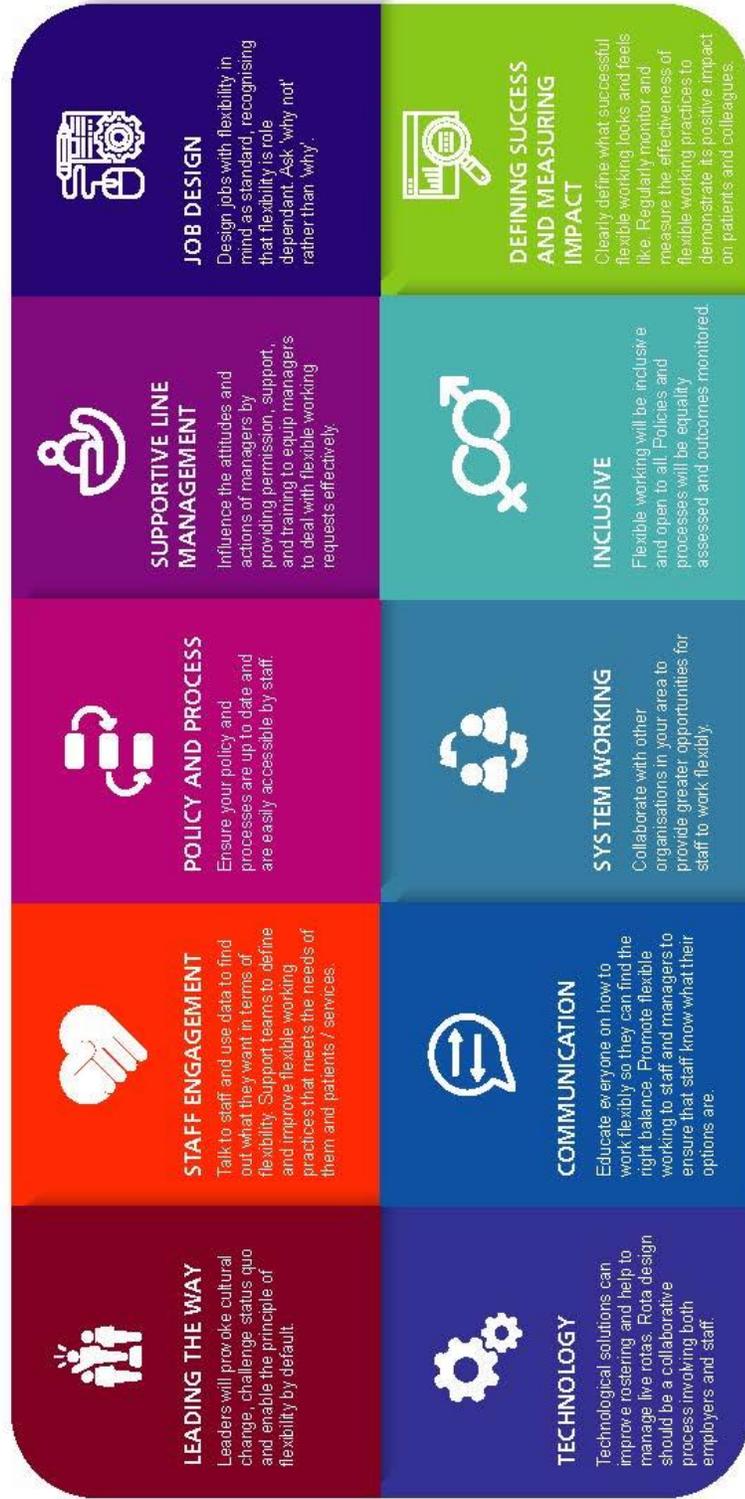


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Enablers to flexible working

Flexible working forms a crucial part of creating modern and inclusive employment practices. More action is needed to increase the uptake of flexible working across the NHS, to allow us to recruit and retain diverse talent and ensure that the NHS is an employer of choice.

Following employer engagement, this poster identifies the ten enablers to flexible working.



Training



South West Division Training (SWDT) provides a [comprehensive programme of training](#) for doctors at all stages of their careers. Courses are developed in accordance with demand and topics reflect local mainstream needs.

The South West Division hosts two CPD events per year, which are developed to meet the needs of retired and resting psychiatrists and include a short update on revalidation. These events are also an excellent way to network with colleagues, to hear member experiences and share good and practical advice.

SWDT are willing to consider any events that are relevant to this group. If you have an idea for a suitable topic, or would like to lead one of these events, Dr Rouncefield and Dr Divall would like to hear from you and can be contacted via the [South West Division office](#).

You can find more information on other sources of CPD on the RCPsych [Training and CPD](#) webpage.

Further information

- Feedspot, [Top 30 UK Mental Health Blogs and Websites to Follow in 2021](#)
- GMC [Licence to practise resources](#)
- GMC [Medical Practitioner Tribunal Service](#)
- GMC [My DB tool](#)
- GOV.UK [Tribunal work](#)
- GOV.UK [using personal data in your business or other organisation](#)
- [Independent Doctors Federation](#)
- [MEDSU](#)
- [Mind Professionals](#)
- [NEWA](#)
- [Office of the Information Commissioner](#)
- [Parole Board](#)
- [Psychiatry Direct UK](#)
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- RCPsych [Special Interest Groups](#)
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Social

Follow us on [Twitter](#) and [Facebook](#)

References

- British Medical Association, [Working in the Peri-retirement Period: possible changes to working practices including retire and return](#), June 2021.
- Royal College of Physicians, [Later careers: Stemming the drain of expertise and skills from the profession](#), April 2018.
- Royal College of Obstetricians & Gynaecologists, [Later Career and Retirement Report](#), March 2020.
- NHS Employers, [Flexible working enablers poster](#), August 2021

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