



Private and Independent Practice Special Interest Group

February 17th 2016 10.am at RCPsych

Minutes

Present: Drs. Danny Allen (Chair), Lesley Haynes, Paul Divall, Tom Carnwath, Katy Briffa (by Skype)

Apologies: Drs. Anney Varghese, Ankur Agarwal

1. Keeping the PIPSIG pages up to date

It is not the case as now stated in the Revalidation for Medicolegal Doctors document on the PIPSIG webpage that revalidation can be obtained through MEDSU, because this is not in fact a designated body. There may be other inaccuracies.

Action: DA will change MEDSU entry. All members to check articles for other inaccuracies.

2. Engaging with the membership: relevance to retired members

PD argued that retired psychiatrists were an undervalued resource and needed more support from College. It was appropriate for many to join PIPSIG, and he had promoted this locally through the South West College Division. Discussion turned to revalidation in this group. Doctors doing for example DoLS and section 12 work were sorely needed but the revalidation process was difficult for them. MEDSU would enable appraisal, but revalidation via attachment to a locum agency was becoming less straightforward, because some agencies now interpreted “an established connection” as requiring periods of locum employment, which many doctors did not

want to undertake. DA also raised the problem of psychiatrists in Northern Ireland who could not seek revalidation through locum agencies, because the law was different there. There was not a clear answer to their problem. IDF (Independent Doctors' Federation) is a designated body, but becoming a member is not easy. It is not appropriate for everyone, and moreover not readily accessible in Northern Ireland. It was reported that The Faculty of Occupational Medicine may have overcome this problem by managing to appoint a "suitable person".

Action: KB will enquire whether MEDSU worked with particular agencies, which were more accommodating about revalidation recommendations. She has discovered since the meeting that the GMC provides a Responsible Officer for revalidation of directly employed GMC medical staff, not for those employed on an ad hoc basis, such as Associate Specialists involved in assessment and supervision. DA will enquire about the position in occupational medicine (after the meeting it was confirmed that FOM does, indeed, have a Suitable Person for revalidation purposes).

3. Problems with section 12 renewal

LH reported that the process of S12 and approved clinician renewal had become more demanding but that practitioners like herself had not been informed. There were new requirements relating to training and references. The section 12 approval process had been tendered out once more, and this may cause inefficiencies. Members needed to be brought up to date. In this context LH also drew attention to the DBS update service, whereby for a subscription of £13 per year your DBS certificate would be updated and be available permanently online for inspection by yourself and employers (see <https://www.gov.uk/dbs-update-service>).

Action: LH and PD will prepare an article for PIPSIG website on Section 12 approval.

4. GMC Revalidation examination

Apparently this was coming on stream soon for orphan doctors who required revalidation, but little information had been forthcoming about its format, except that

there would be different exams for different specialties. Nobody had heard that the College had been involved in developing the exam.

Action: DA will contact GMC for information.

5. Getting paid by solicitors

The idea of a blacklist of late/non-paying solicitors was floated but it was agreed that this was not feasible. However training about ways of ensuring payment would be useful.

Action: see below

6. Retirement Conference Fri 20th May

DA drew attention to this conference which SE Division is organizing and at which he is speaking about setting up in business.

7. Are we doing another 'conference'?

It was agreed that another conference would be organized at the end of the year on the theme of "*Being an independent psychiatrist*". This would include training about business skills, portfolio psychiatry and income opportunities, statutory requirements and CPD/revalidation.

Action: DA will take the initiative in finding a venue, organisers and speakers, in collaboration with other members as required.

8. AOB

- a. LH was attending College revalidation meeting the next day. At the previous such meeting it was proposed that locum psychiatrists should be represented by PIPSIG. It was agreed that this was appropriate. The committee had no demographic information about locum psychiatrists, but it was agreed that this was unnecessary.
- b. LH asked about the progress of the telepsychiatry document which she had written following last year's conference. DA reported that we were

awaiting feedback from the College Telemetry Committee via Helen Phillips to which we can respond and then hopefully it could be ratified by the Policy and Public Affairs Committee of the College. In the meantime it was on the PIPSIG website (after the meeting Helen Phillips has seen the responses and DA has addressed these and LH will look too)

- c. The medicolegal and lawyer feedback templates on the PIPSIG website were recommended to members. They had been written by DA. LH had achieved a very high response rate from solicitors using the forms with Survey monkey. It was explained that the validity of the forms would come from the imprimatur of the revalidation committee but that Ellen Wilkinson had approved them in principle several years ago.
- d. There was discussion about the College document CR193 "*Providing expert opinion to the Courts*". This was thought to be a good document and it was noted how it differed from Baggaley's (more simplistic and didactic) eight 'tests' of expertise for a psychiatrist which emerged from Court consideration of the Richard Pool case:
 - i. Being on the specialist register in the appropriate category
 - ii. Having Membership or Fellowship of the Royal College of Psychiatrists
 - iii. Having undergone higher professional training
 - iv. Having held a substantive NHS consultant post or working as a consultant in general adult psychiatry ('the consultant test')
 - v. Having publications in the form of articles in peer-reviewed journals and chapters
 - vi. Having experience of working in the relevant setting ('the setting test')
 - vii. Standing above one's peers in some respects/being above the line in terms of the hierarchy of expertise/there being

something about the psychiatrist's training and experience that sets them apart as an expert ('the peer/hierarchy test')

- viii. Not being a trainee psychiatrist unless very expert in a particular area

These recommendations were thought to be unsatisfactory, including for example the requirement that experts should have held a substantive NHS consultant post. They are not part of a judgment, but may be considered relevant by the courts.

- e. There was no Treasurer's report in the absence of the Treasurer, but it is understood that faculty finances are in good shape.

9. Next Meeting

To be held probably in July, the date to be agreed via Doodle Poll.