**Minutes of PIPSIG Executive Meeting**

**14.00 10.10.17 Nantwich**

**In the chair: Lesley Haines (Chair of PIPSIG)**

**Present: Tom Carnwath (Finance Officer), Danny Allen (Secretary), Katy Briffa (by Skype)**

**Apologies: John Sharkey (NI PIPSIG), Paul Divall (Committee Member)**

1. Finances

We are pretty well off with £10,218 in the bank. This has increased in the last year as a result of some successful events. TC to explore what flexibility we have with this money.

1. Feedback from College committees.

LH/TC have attended revalidation committee and they have discussed NCAS (does not seem to apply to private or independent practice), oversight of locums and the improving understanding of locum agencies about their role as Designated Bodies (excluding Northern Ireland where the law does not allow this).

LH will see if we can be represented on the General Adult Faculty and StartΨell. DA will see if Ankur Agarwal wants to represent us on the Leadership group. KB will look into the MEDSU appraisal standards and and committees involved with training. TC will look into the Addiction Faculty. It was noted that DA already sits on the Professional Practice and Ethics Committee (PPEC) and represents PIPSIG views there whenever appropriate.

1. Engaging the Membership
2. It was noted that retired members have been relabelled ‘New Horizons’ and a change in our name to reflect retired members was mooted but rejected.
3. The representation of locums and SAS doctors was discussed and it was agreed that we would generally represent the views of the former but the latter only if they worked for independent providers - due to their differential involvement in private or independent practice.
4. Una McDermott was looking for somewhere to be associated with for appraisal and CPD as she works with the Family Court. TC will put her in touch with Atkinson Lewis and LH will do likewise with Cosmo Hallström.
5. People had asked what happens when they ‘sign up’ to PIPSIG. Essentially they get mailed by the College about PIPSIG events and if they sign into the forum they can communicate with other members (once approved by the secretary).
6. We have struggled to get regional groups off the ground except in Northern Ireland and the West Midlands. KB mentioned the Asylum Seekers and Refugee Network (ASRN) virtual network at the College. LH will communicate via the forum to see if anyone wants to start another local group which we could support.
7. LH will communicate with the web team to see if our webpage can be redesigned to reflect the overlap between retired, private and independent practitioners.
8. Meetings
9. LH will explore with Katie Newton whether we can arrange a medico-legal meeting in partnership with ETN.
10. LH will explore the possibility of a PIPSIG ‘soirée’ at the International Congress. This would be funded from PIPSIG funds.
11. One of the proposals for a session at the Birmingham International Congress is setting up in independent practice a day on independent practice. PIPSIG will stand ready to support this as appropriate.
12. A joint event with Occupational Health SIG has been mooted and was approved in principle. LH will explore.
13. The possibility of running the ‘Starting up in Business Day’ was discussed. It was decided that we will have an ‘Annual Day’ instead which may incorporate a business section but would also have other elements. This would be held at different locations around the UK.
14. Ireland Meeting

A meeting in Northern Ireland was approved. The thought was that it would be a combination of work-related and social activities. A possible location might be the Titanic Museum. A possible date might be March 2018. Ideally in association with PIPSIG, College of Psychiatrists of Ireland. JS to take a lead on this and liaise with LH. This is likely to be combined with 4e for 2018.

1. CQC consultation – plan to require independent practitioners to be overseen

The meeting decided that we were in favour of high standards but were concerned about any bureaucratic overload and, in particular the price which independent practitioners would be charged, were the CQC to oversee them as proposed. Additionally we will ask for the CQC to abandon their policy of refusing to offer advice (at least with regard to independent practitioners) as their processes can be quite daunting.

KB will put something on the PIPSIG forum, LH will feedback to the College and JS is requested to consult with PIPSIG NI and feedback to LH.

1. Use of title of ‘Consultant’

DA will contact Adrian James at the College to see where the consultation is. PIPSIG is very concerned about a proposal emanating from a working group headed by Rob Poole, to limit the use of the term to people who are employed. Our position is that anyone who has the appropriate training and has been a consultant in the NHS or private sector or anyone with CCCST/CST (depending on their generation) should be allowed to describe themselves as a consultant psychiatrist when practising privately, whether alongside employment or not.

1. Telepsychiatry

The slow progress of this paper through the College was noted. LH has kindly agreed to rehash it in the standard College position paper format as requested by the College.

1. rTMS follow-up

The meeting agreed to support Vin Walsh if he wanted to offer further training to the conference attendees. This would have to be via Katie Newton and could be done as a ’light-touch’ PIPSIG event in a small room at the College. It should be cost-neutral for PIPSIG.

1. Twitter page

@PIPSIG exists but has never tweeted and no one knows who owns it. LH will liaise with the College to set up an official page according to our corporate style: RCPsychPIPSIG.

1. AOB

There was none.

1. Next Executive Meeting

Will take place at the Belfast meeting or, if this cannot occur in March or shortly thereafter, LH will call a meeting in about 6 months’ time.