

PIPSIG

The Private and
Independent Psychiatrists
Special Interest Group



Working with and for all Psychiatrists in Independent and Private Practice

Retirement (or was it?)

From our aged correspondent - Paul Divall

I retired from the NHS in 2010. I had been a full time consultant psychiatrist working with older adults - I had escaped before agelessness and before "functionalisation" had hit our local services, which probably makes me a dinosaur in the eyes of some, and I have to ensure that I don't keep saying, "It was better in my day." (Although, of course it was.)

I was still working here and there - in the Mental Health Tribunal, section 12, DoLS, and then as a SOAD> To my surprise I was asked to prepare independent reports for MH Tribunals and the Court of Protection, something I had never done before, but found that I quite enjoyed. So this retired psychiatrist had, entirely without planningto, developed a portfolio career in the years afterleaving the NHS.

The potential downside in all this was that I had left the cocoon of the NHS at a time when the need for a Responsible Officer (or equivalent) was necessary to maintain a licence to practise. That made me worry about me, and then about others in the same situation. Find out what I did about it and why PIPSIG is the place to talk about what happened next see page 3 for the rest of the story.



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PIPSIG events in the last year:

We have run two very successful Conferences entitled "Running your own business". Two because the first was so over subscribed it was necessary to do it twice (bit like "New York, so good they named it twice"?) Both ran with a virtually identical programme covering setting yourself up in private practice, the ins and outs of tax, planning laws, employing staff and advertising among others. Maintaining a licence to practise and keeping section 12 and AC status was also discussed. There was a significant amount of time put aside for discussion and dealing with questions from the floor. It emerged that people were in a variety of different situations, but the value of the meetings lay in the support the presenters and delegates were able to offer each other.

The audiences were very mixed ranging from some psychiatrists who had recently retired or were about to retire from the NHS to one doctor who was an ST6, about to get onto the Specialist Register and already thinking he might prefer working in locum posts and keeping options open.

Feedback was good and constructive with comments such as: "Excellent day" and "Good Price"; suggestions such as: local PIPSIG events or groups, the value of a presentation about indemnity, and more wanted for those already established in private practice; and praise for the practicality of the information, and the inclusion of tax and finances in the programme.

Coming up is the conference on rTMS (see page 5)

Members of PIPSIG what ideas do you have for meetings that would be of benefit to those in private and independent practice - send us your suggestions please

GMC revalidation update

Revalidation has proved stressful and bothersome for doctors outside managed organisations. Although it might seem as though the GMC is deaf to our concerns, they have commissioned research and evaluation of the process, plus have asked Sir Keith Pearson to undertake a review of revalidation. He has consulted widely, including our college, and produced a lengthy but easily digestible report in January 2017 "Taking Revalidation Forward". Sir Keith acknowledges many problems with revalidation, including the temptation for employers to conflate local initiatives and employment obligations with the maintenance of standards to practise, and appraisals focussing on compliance with revalidation requirements rather than on reflection and development.

The GMC's response has been to highlight five priority areas for action:

- Making revalidation more accessible to patients and the public
- Reducing unnecessary burdens and bureaucracy for doctors
- Increasing oversight of, and support for, doctors in short-term locum positions
- Extending the RO model to all doctors who need a UK licence to practise
- Measuring and evaluating the impact of revalidation

The measures, particularly the fourth point, would be extremely welcome amongst retired and independent practitioners.

Further details from the GMC website: <http://www.gmc-uk.org/doctors/revalidation/9610.asp>

Lesley Haines March 2017

Before I retired I realised that I would miss the camaraderie of working with excellent colleagues and the pleasure of seeing patients. I knew that I didn't want to return to the regulated environment in which a manager would be telling me what to do and even how to do it (so no locums for me). I also knew that my fragile self esteem needed me to continue in a professional role for some time longer, and I had been fortunate enough to be appointed as a Medical Member of the Mental Health Tribunal.

Initially I had little energy or enthusiasm other than to continue doing Tribunal work and a bit of section 12 and DoLS. The Mental Health Tribunal does not require that a doctor maintains a licence to practise because it is fundamentally a judicial role. But section 12 work and DoLS does - so how to maintain that vital revalidation and licence?

I had been fortunate enough to be elected to the Executive Committee of the South West Division of the RCPsych in 2010 - possibly anticipating my need to "champion" the retired but still working group. I found on the South West Committee a fellow spirit in Dr Angela Rouncefield who had been reminding the committee of the needs of the "retired" before I ever got there. Together we were sufficiently vocal, especially about the needs of "orphan" doctors to revalidate, that the Division agreed to help fund days for this group of psychiatrists to meet, discuss revalidation and gain CPD.

The outcome has been exciting - we have been able to put together half day and now whole day conferences initially focussing a great deal on revalidation but more recently doing a great deal in terms of CPD and bringing old colleagues back together. We have helped doctors who really were not in the retired group but who had fallen aside for various reasons and needed help in finding peer groups and routes to revalidation. We have had input from the GMC, and many discussions about how individuals have found ways to revalidation including some who have gone to the IDF (Independent Doctors Federation) and one who went through the GMC route taking the examination.

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The content of our most recent day conference on "Psychotherapy" was educational (motivational interviewing and new psychological approaches in forensic psychiatry) and very inspiring if not therapeutic talking about retirement (from the NHS) and where we go from there. We also discovered that some psychiatrists were coming who did not intend to revalidate but were there for just for the social fellowship and a retained interest in their profession.

Having some success locally I wondered what could be done nationally. Somehow I managed to get a session included in the International Congress in Birmingham in 2015 to talk about what people were doing to support the "retired but still working" group, find out what members wanted and think about what the College could do for us (and what we do for the College). It was a stimulating session during which Lesley Haines (chair elect of PIPSIG) pointed out that I was now an "Independent Psychiatrist" and therefore PIPSIG might be a place where I could find support and representation in the College. We corresponded and I have been co-opted onto the PIPSIG committee which is why you find me writing this piece in the PIPSIG newsletter.

There is of course more to tell, but the editor (that's me too) has indicated that I have run out of space so to hear more come to the session "Beyond the Event Horizon" in Edinburgh at the International Congress (Wednesday, June 28th, at 14:55 session S38).



The trouble with locums

Being a locum can be a stimulating and rewarding experience. It provides the opportunity to experience ways of working outside the institutions in which you are embedded and a means of expanding experience outside your usual comfort zone. It is, however, beset by challenges on all sides. Trusts (or similar organisations) don't want to pay you to be inducted, go through mandatory training or observe existing practitioners: you are needed to hit the ground running!

This is my survival guide, as a general adult psychiatrist, to locums in the NHS:

In advance (wherever possible)

Make sure you know where you are going! Locum agencies often have the address of the Trust HQ or the directorate offices, which may bear no resemblance to the place you are expected to work.

Contact the department to find out your expected timetable for the first week.

Arrange access to any computer systems. This can take several days, and in the 21st century it is practically impossible to function without it. If the Trust has electronic medical records insist that you have a proper training session on how to access them and enter data, before you start.

Obtain or re-invigorate an NHS e-mail address

Find out how to access the workplace. Keys, fobs, passcodes or fingerprints may be needed. Make sure you have time to sort these out on the first morning, which may involve appointments with estates managers that need to be sorted in advance.

Will you need to prescribe clozapine? Make sure you are registered for the relevant prescribing and monitoring service.

Find out where and how to park your car. Hospital parking spaces are in short supply and it can be impossible to obtain the relevant permits in the time that you are working there. I have had to take bags of £1 coins to make sure I can feed the meters for a week!



On the first day:

As well as the charge nurses and ward/unit managers, find:

- The receptionist (in and out-patients)
- The secretary
- The Mental Health Law department and administrators
- The toilets
- The canteen
- The kettle and establish how tea and coffee are purchased

Make a list of the codes for the doors and keep it safe but accessible (I put them on a sticker on the underside of my ID badge)

Find a list of useful telephone numbers

As the job progresses

Attend any case conferences/educational meetings that you can: good networking and free CPD.

Keep a confidential log of patients so that you can justify the breadth of your work to your appraiser.

Can you use staff with whom you are working to help complete 360 degree feedback? If so you will need contact details or e-mail addresses.

Find out who collects the data on complaints/incidents for the Trust doctors and let them know who you are. When it comes to your appraisal, you will need to be able to confidently state that you have not been involved in any incidents or complaints: if you don't ask the Trust managers, how will you know? If you ask nicely and contact them ahead of your appraisal date, they will send a brief e-mail confirming the absence of complaints/incidents for you to put in your portfolio.

If you are lucky, you will be invited back: it's far less hassle the second time.

Lesley Haines March 2017



“Little Thieves Are Hanged, But Great Ones Escape”

As my Russian grandfather used to remind me. As many are no doubt aware, HMRC is again on the hunt for the minnows rather than the whales. From this April (2017), they will be further applying the IR35 rules (the legislation enshrined in the Finance Act 2000), to additionally stamp out any “disguised employment”. At present this will only apply to the public sector, but it will mean that such bodies will be expected to shoulder the burden of surveying for possible tax avoidance.

What will this mean to our membership? Well, those working through limited companies and contracting their services out – such as locums; are going to find they have had PAYE and NI taken off at source. The previous arrangements, viewed as tax avoidance through the so-called “Personal Service Companies”, effectively now bring all workers onto the payroll.

How might locums not fall under the IR35 rules? The chances are the Trust is not going to expend great efforts in trying to prove you are not subject to the rules. However, if you do not do “regular” sessions, have diverse sources of work and can dispatch a substitute if needed (!), you may be exempt. Additional wheezes are the setting up of Umbrella Companies (which have clusters of contractors) or negotiating fixed term contracts that factor the increase in running costs into the agreed price.

Have limited companies had their day with doctors? Well this is going to affect most contractors, be they IT engineers or supply teachers: with the changes in the Flat Rate VAT Scheme and dropping of the tax threshold for dividends from £5,000 to £2,000 next April, you may decide to spend more quality time with Netflix.

Solaris

(Solaris is an independent psychiatrist and recommends an accountant be consulted if any of the above applies to your own circumstances).

Membership of the Executive Committee:

Chair:	Lesley Haines
Secretary:	Danny Allen
Finance Officer:	Tom Carnwath
Members:	John Sharkey Katy Briffa Paul Divall

Areras of interest:

John Sharkey - Northern Ireland
Paul Divall - Retired and Newsletter

Forthcoming events:

International Congress: “Beyond the Event Horizon”, with Paul Divall and Lesley Haines with Hugh Series and Chris Freeman. Wednesday 28th June at 14:55 (preceeded by “Retired members’ lunch” - see social calendar).

PIPSIG Conference: “Repetitive Transcranial Magnetic Stimulation (rTMS)” at Prescott Street on Monday 10th July - see College website for information.