



## The Private and Independent Practice Specialist Interest Group

October 2020 Newsletter

### PIPSIG

More and more Psychiatrists are opting for portfolio and independent careers outside of the National Health Service.

The Private and Independent Practice Specialist Interest Group (PIPSIG) was established to **support** college members whom are working independently and to **develop the interface** between the Royal College, independent sector, insurers and the NHS.

We aim to assist our members in helping to provide advice and resources to help:

- Appraisal and 360-degree-feedback
- Relicensing and Revalidation
- Remaining clinically up-to-date with the latest guidelines
- Exploring the range of independent opportunities available

### What type of independent work could I do?

Psychiatrists are in high demand and there many roles that we can pursue, below is a sample collection of work undertaken by current PIPSIG members:

- Mental Health Act Assessments
- Mental Capacity Act – DOLS Mental Health Assessor
- Independent Consultations or Visiting Consultant (VC)
- Locum roles (with or without recruitment agents)
- Psychotherapy
- Second Opinion Appointed Doctors (SOAD)
- Independent Hospital Doctor
- Appraisal Officer
- Medical Indemnity Provider Advisor
- Parole Assessor
- NICE Advisor
- CQC Investigator
- Occupational Health and Fitness to Work Assessor
- Medico-legal reports

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# Going Solo?

## Starting out in Independent Practice

### A PIPSIG Checklist

- Develop a simple business plan of the service you can provide
- Seek specialist tax and accountancy input/advice (see events on page 10) and determine the most efficient manner of practicing for you. Sole trader is often the easiest, but there are many considerations and there is no substitute for seeking professional financial advice.
- Check your current pension position and entitlement with NHSBSA
- Register for National Insurance and self-assessment
- Register with Disclosure and Barring Services (DBS) and the update service.
- Make a note and stay on top of your Section 12/Approved Clinician expiry dates. Refresher courses often need to be booked far in advance.
- Consider your revalidation and if you will retain a prescribed connection with a designated body, will be working for an organisation with a 'suitable person' or will be submitting annual returns directly to the GMC as an 'orphan doctor'?
- Become a member of a CPD peer group for revalidation purposes (PIPSIG can help with this!)
- Consider your method for collecting feedback from patients and colleagues (for revalidation), PIPSIG has an array of free-to-access feedback forms on their section of the Royal College website.
- Register for an RCPsych Athens account (Infoservices@RCPSYCH.ac.uk) to maintain access to the latest advancements and evidence-based treatments.
- Consider avenues for quality improvement activities as part of your appraisal requirements
- Develop an individual complaints policy
- Register with the CQC if applicable (see page 7)
- Decide if you wish to register with private medical insurance companies (e.g. AXA or BUPA) to accept limited fees for the potential or more clients.
- Develop a process for the timely collection of fees immediately after the service has been provided.
- Register with the ICO (Information Commissioner's Office)
- Register with a secure independent email service
- Insure your car for business use
- Design a personalised private prescription template to include your name, contact address and details and GMC number for traceability and accountability
- Consider if you wish to apply to PCSE for a controlled drug prescription pad.
- Negotiate any proposed changes to any existing (NHS or otherwise) contract and job plan before making changes in reality.
- Open separate bank accounts with cards specifically for business use
- Develop a personal website (or more likely, pay a professional to do this)
- Consider your referral stream (independent doctor groups, legal directories and insurance or agency registration)
- Familiarise yourself with the principles of GDPR (see page 10) and the requirements for safe storage of documents or prescription pads.
- Personalise your own engagement letter conditions
- Consider your stance on sharing information from private assessments with the client's NHS General Practitioners.
- Consider the pathway for managing high-risk patients to include an understanding of local NHS services and the potential for private admission (admission rights will often require prior approval).
- Consider the route and companies you may use for arranging monitoring investigations such as blood tests or imaging. This may involve an association with a private hospital or private laboratories such as 'The Doctor's Laboratory'.
- Find appropriate medical indemnity cover (see page 10). Be aware of the limits of 'discretionary' cover from the big three (MPS, MDU, MDDUS).
- Obtain premises and personal liability insurance
- Apply for D1 planning permission from the local authority for any premises that will be used for clinical work.

Starting out alone can be an intimidating prospect

To help; PIPSIG have developed a comprehensive to-do checklist for all Psychiatrists considering starting a portfolio career.

## The PIPSIG Bursary

The PIPSIG executive committee has decided to set up an annual bursary for interested early stage Psychiatrists to help develop their entrepreneurial passions and activities and we are inviting applications for the second award.

This bursary is worth **£1000** and is open to all members of the College.

PIPSIG are aware that there have been several successful apps and other digital developments that PIPSIG are aware that there have been several successful apps and other digital developments that have proved beneficial to people with mental health problems. These include online courses to deal with depression, anxiety and eating disorders; anonymous social networks; adventure games tackling psychotic phenomena; various biofeedback devices; and much more besides.

PIPSIG have observed that many psychiatrists and trainees have good ideas in this respect but may well lack the know-how to develop these ideas, which requires multi-disciplinary skills including research and development, software design and development, user and market testing and knowledge of intellectual property.

**Applications** We are looking now for applications for the second £1000 bursary. If you have a great idea and would like help in bringing it to fruition, please contact Dr Danny Allen (PIPSIG secretary) at [danny@dsallen.org.uk](mailto:danny@dsallen.org.uk) for an application form.

All entries for this year must be submitted by **31<sup>st</sup> December 2020**.



# Winner

## Some words of wisdom from the previous bursary award-winner

The first PIPSIG bursary award was to Dr Kirsty Alderton to help develop an app to support mothers suffering from perinatal depression.

A friend recommended that I take a look at the PIPSIG section on the Royal College website as I kept talking about my ideas. I was looking for likeminded psychiatrists who had a passion for doing things outside of the usual system. I've always had an entrepreneurial spirit and had a desire to create something of my own. When I saw the advert for the bursary I thought this would be a great opportunity to make contacts within the specialist group and give me the encouragement I needed to get my ideas onto paper.

I submitted my ideas for the project and waited to hear back. I was extremely pleased to hear that I had been granted the money and knew that it was the start of something new and exciting. I have worked in perinatal services and experienced first-hand how many women are not able to access support due to overstretched, underfunded services. I am super passionate about creating an online resource that can reach many mums and make a great impact.

I was fortunate enough to travel down to London just the week before lockdown happened, to visit Dr Danny Allen (consultant psychiatrist) and his wife Maureen who gave me some amazing advice and insights around working in the private sector. They offered great support around the technical side of creating an online course. Maureen had some incredible knowledge to share projects and gave me some top tips on how to get started.

Unfortunately, due to lockdown there have been delays in getting the project getting started but I am super excited about collecting all the data and rekindling this exciting project.

# A big change to stopping antidepressants

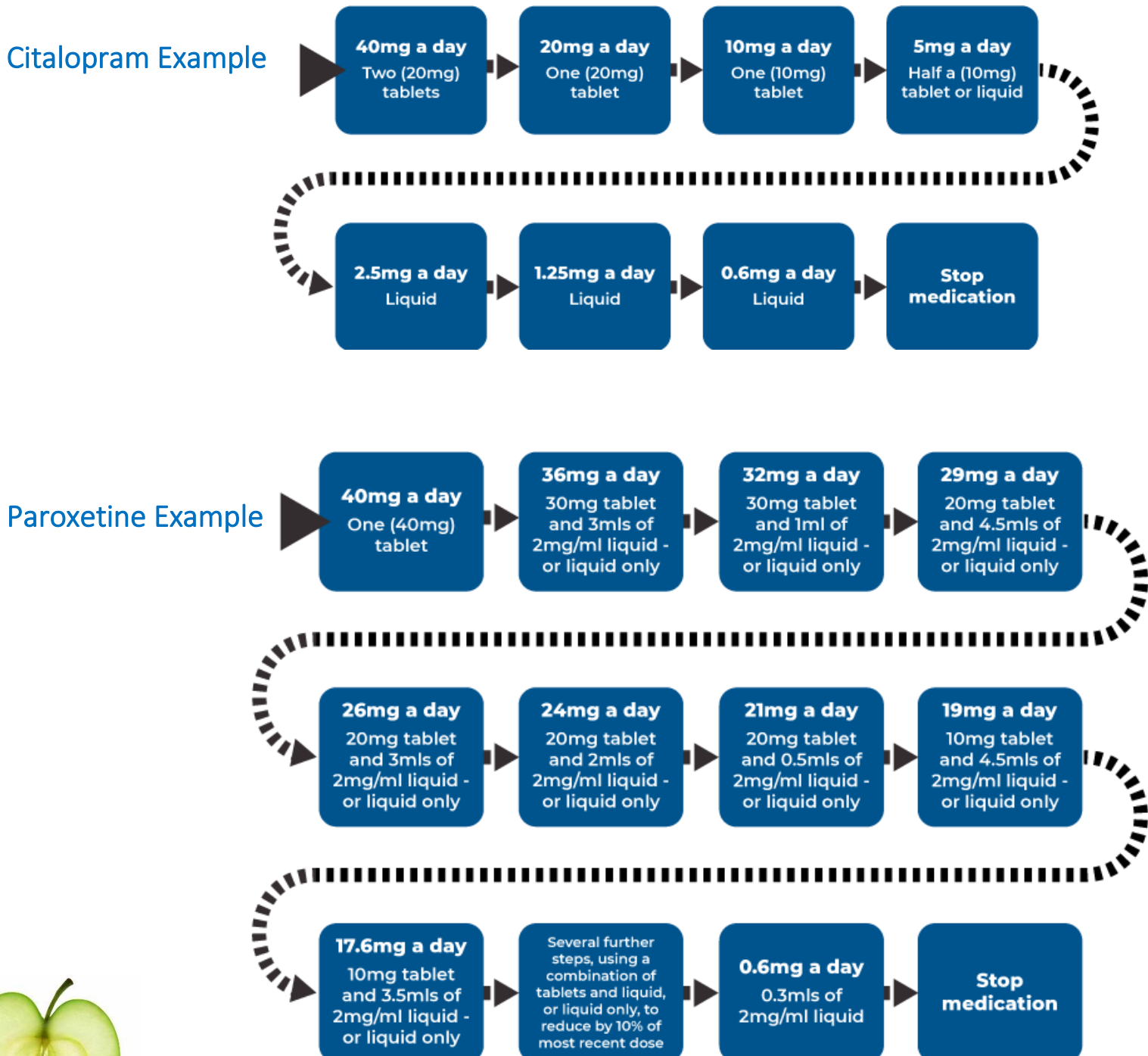
The Royal College of Psychiatrists has issued updated guidance on the practicalities of stopping antidepressant medication to avoid discontinuation symptoms.

<https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/stopping-antidepressants>

Detailed guidance can be found on the above link; but in summary:

Over time, the brain up-regulates and adjusts to increased levels of serotonin and noradrenaline; if an antidepressant is stopped quickly, the brain will need time to adjust back again and may cause a range of symptoms. Withdrawal symptoms can be mild and go away relatively quickly but others can have more severe symptoms which last much longer and can be very debilitating.

Those that have been taking an antidepressant for only a few weeks may be able to reduce, and stop, over a month or so. Those on long-term antidepressant therapy for months or years may start with larger reductions but towards the tail-end will often require more gradual reductions of a twentieth (5%) or a tenth (10%) of the original dose (using liquid formulation if necessary).





# Stay ahead of the curve

clinical updates from around the world

## **Esketamine is formally approved for suicidal ideation in the USA**

The US Food and Drug Administration recently approved esketamine, in conjunction with an oral antidepressant, for treatment of acute suicidal ideation or behaviour in adults with unipolar major depression.

US Food and Drug Administration label for esketamine nasal spray. [https://www.accessdata.fda.gov/drugsatfda\\_docs/label/2020/211243s004lbl.pdf](https://www.accessdata.fda.gov/drugsatfda_docs/label/2020/211243s004lbl.pdf) (Accessed on August 10, 2020).

## **Monitoring the psychiatric sequelae of Covid 19.**

Few data are available regarding the occurrence of psychiatric illness in COVID-19 patients, but studies of other coronavirus epidemics suggest many hospitalized patients will have persistent psychiatric disorders. In a meta-analysis of patients who were hospitalized for severe acute respiratory syndrome or Middle East respiratory syndrome and assessed 3 to 46 months after recovery, the point prevalence of anxiety disorders, depressive disorders, and posttraumatic stress disorder was 15, 15, and 32 percent, respectively. For patients with COVID-19, unpublished data from one small study showed delirium and agitation in two-thirds of intensive care unit patients, and one-third had a dysexecutive syndrome at discharge. For patients who are discharged from the hospital following recovery from COVID-19, surveillance for psychopathology will likely be important.

Rogers JP, Chesney E, Oliver D, et al. Psychiatric and neuropsychiatric presentations associated with severe coronavirus infections: a systematic review and meta-analysis with comparison to the COVID-19 pandemic. *Lancet Psychiatry* 2020; **7:611.**

## **The FDA requires discussion of naloxone on opioid labels – having the antidote on standby**

Co-prescription of naloxone with opioids has been widely recommended for patients on chronic opioid therapy who have risk factors for overdose. A new labelling requirement from the US Food and Drug Administration (FDA) has expanded that recommendation. Now, labels for all opioids prescribed for acute or chronic pain or for treatment of opioid use disorder must include recommendations that prescribers discuss naloxone availability and consider coprescribing naloxone for patients who take benzodiazepines or other central nervous system depressants, have a history of prior opioid overdose, or have household members at risk for accidental ingestion. We discuss availability of naloxone with all patients and their caregivers when prescribing opioids.

FDA safety communication on discussing naloxone with all patients prescribed opioid pain relievers available online at <https://www.fda.gov/media/140360/download> (Accessed on July 30, 2020).

## **Pharmacotherapy for cannabis use disorder – psychotherapy is still your best bet**

Increased use of medical and recreational cannabis has led to concerns about addiction and pharmacologic approaches to treatment of cannabis use disorder. Results from two systematic reviews of randomized trials showed that multiple antidepressants, atomoxetine, buspirone, dronabinol, and nabilone were no more effective than placebo for promoting abstinence or reducing cannabis use. Gabapentin, N-acetylcysteine, and nabiximols had favourable effects, but the evidence was weak and warranted further investigation. First-line treatment of cannabis use disorder should remain structured psychotherapy, such as cognitive-behavioural therapy or motivational enhancement therapy.

Kondo KK, Morasco BJ, Nugent SM, et al. Pharmacotherapy for the Treatment of Cannabis Use Disorder: A Systematic Review. *Ann Intern Med* 2020; **172:398.**

Nielsen S, Gowing L, Sabioni P, Le Foll B. Pharmacotherapies for cannabis dependence. *Cochrane Database Syst Rev* 2019; **1:CD008940.**

## **Psychiatric symptoms and disorders in health care workers during viral epidemics – look after yourself**

During novel viral outbreaks, health care workers at relatively high risk of exposure to infected patients appear to be at increased risk of developing psychiatric symptoms and disorders. In a meta-analysis of 25 studies comparing health care workers at high versus low exposure to patients mostly affected by acute respiratory syndrome or coronavirus disease 2019, the high exposure group was more likely to experience clinically significant psychological stress and clinically significant acute and/or posttraumatic distress. Psychiatric interventions for health care workers in novel viral outbreaks should address potential sources of anxiety and distress, including access to personal protective equipment, risk of self-exposure and infection, and access to accurate information

Kisely S, Warren N, McMahon L, et al. Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. *BMJ* 2020; **369:m1642.**

# Telepsychiatry

## Improvise, adapt, Overcome

During the COVID-19 pandemic remote consultations have become far more widespread. As a Psychiatrist one is required to deliver safe, ethical care to patients, wherever they may be. The standards expected of doctors by the GMC apply equally to digital and conventional consultation settings.

Consideration should be given to any potential limitations of the medium used and meeting the obligations in Good Medical Practice within such constraints. A doctor MUST satisfy her/himself that they can undertake an adequate assessment, establish dialogue with the patient and obtain the patient's consent, including consent to the remote consultation process.

NHSX has published pragmatic guidance that "It is fine to use video conferencing tools such as Skype, WhatsApp, Facetime as well as commercial products designed specifically for this purpose" and that consent is "implied by them accepting the invite and entering the consultation". But as a clinician you should safeguard personal/confidential patient information in the same way you would with any other consultation.

See pages 8&9 for more information and tips



### **Thalamos** (<https://www.Thalamos.co.uk/>)

#### What we know about it

An innovative new start-up that digitalises the entire mental health act assessment process. As a section 12 doctor you can complete, store and share the most used Mental Health Act Assessment Forms. You can save a record of assessments where a form wasn't completed, keep a note of your independent work and keep a digital version of your paper notes. The software is incredibly intuitive and easy to use. Thalamos is also now the provider for the CQC T3 forms for SOAD work. Thalamos is currently free of charge and further software packages and claim forms are currently under development.

### **Babylon Connect** (<https://www.babylonhealth.com/>)

#### What we know about it

Video teleconference software with automatic transcripts of the consultations. Currently being used by larger independent sector companies for psychological therapies. It is currently unclear if there is scope for individual Psychiatric clinic use yet.

### **E-Clinic 2** (<https://e-clinic.co.uk/>)

#### What we know about it

A UK-based software company for clinical notes, marketing, appointment management and billing. Used extensively by large independent hospitals with extensive functions. The package can be tailored and streamlined for sole-traders.

### **Kareo** (<https://www.kareo.com/>)

#### What we know about it

A large cloud-based EHR (electronic health record) provider based in the USA and used extensively by private psychiatry clinics including clinical note storage and billing. Does not currently have a large UK following.

### **WriteUpp** <https://www.writeupp.com>

#### What we know about it

A very popular choice with UK therapists. Writeupp is a (very) affordable and intuitive clinic software with built-in teleconferencing, scheduling and SMS reminders. Also has a GDPR-compliant virtual shared folder option.

### **Nuance Dragon** Medical or Dragon Professional Speech Recognition Software (<https://shop.nuance.co.uk/Dragon>)

#### What we know about it

A dictation software that is renowned in many medical sub-specialties for its security, speed and accuracy; particularly compared to cheaper or standard dictation software. Integrates very well with other software and electronic health record systems.

### **Yellow Schedule** (<https://www.yellowschedule.com/>)

#### What we know about it

A US-based software company specialising in scheduling for independent clinics. This software helps with effortless bookings, cancellations and reminder texts to patients. There is also a billing function.

### **Clinicko** (<https://www.cliniko.com/>)

#### What we know about it

An electronic clinic health record system with basic scheduling and billing systems. There is also an integrated "telehealth" software to arrange video consultations with end-to-end encryption included as part of the monthly subscription (although this is currently in the beta stage of development).

# Do I have to register with the CQC?



One of the most frequent question asked of PIPSIG is whether a doctor in private practice has to register with the CQC. In the dark ages before appraisal, this question was answerable with regard to whether you still had any tenuous connection with the NHS. If you did, you were excused and if you did not you had to register. These days any practising doctor will have a designated body, which appears to be the CQC's main reason not to require us to register.

The guidance appears here:

[https://www.cqc.org.uk/sites/default/files/20150428\\_scope\\_of\\_registration\\_independent\\_medical\\_practitioners\\_working\\_in\\_private\\_practice.pdf](https://www.cqc.org.uk/sites/default/files/20150428_scope_of_registration_independent_medical_practitioners_working_in_private_practice.pdf)

and includes a rather busy flow chart.

Essentially, you are definitely okay if you work in a clinic or surgery (because it will be registered in its own right) and if you are simply doing consultations in some sort of office space, because this is not a 'regulated activity' you remain exempt. However, please be aware that said office space (unless in your house – not usually a good idea for psychiatrists) needs to have D1 council planning permission.

If you do something other than consult, you had better look here:

[https://www.cqc.org.uk/sites/default/files/20150326\\_100001\\_scope\\_registration\\_march\\_2015\\_updated.pdf](https://www.cqc.org.uk/sites/default/files/20150326_100001_scope_registration_march_2015_updated.pdf)

to be sure that it is not a 'regulated activity' (this is unlikely for psychiatrists).

If, on the other hand, you appear to run premises which look (in some shape or form) like a clinic, you will need to register as an establishment and probably also be its manager. If you have to do this there is an initial somewhat hefty fee to pay as well as a similar yearly one and you can then expect an inspector will appear unannounced and ask to examine your policies, look at your notes, interview your staff and patients and will want to see your personnel files and examine your premises. They will ask searching questions about anything they see fit.

Running a private practice has many traps for the unwary and it makes sense to read up about it beforehand. My module is available on CPD Online:

<https://elearning.rcpsych.ac.uk/learningmodules/goingintoprivateormedico-l.aspx>

or you can read more about this in my book:

<https://www.amazon.co.uk/Business-Medics-Danny-Allen-ebook/dp/B00NHQ126A/r>



Danny Allen

Consultant Psychiatrist and PIPSIG Secretary

# Medico-legal interviews: the new reality

An Insight by Lesley Haines, PIPSIG chair

The need for legal cases to progress in the face of the coronavirus restrictions has led to a rapid progression in the use of remote consultations. Previous objections have been suspended in favour of pragmatic solutions. The main thrust for continuing remote consultation is that we are no longer comparing a remote consultation to a face-to-face interview: if in the same room you will be socially distanced and one or both of you may be behind a mask. The observation of facial expression that we have relied upon for most of our professional lives is no longer readily available. This is a personal view of the current situation, and my practice regarding information to the solicitors, patients and advice for those undertaking remote consultations. I am specifically talking about video consultation; in my view a telephone consultation is a poor substitute.

## Objections

I have been surprised by the ease with which patients have adapted to remote consultations and have been pleased to note that it is still possible to sense tension or anxiety and feel empathy, despite the patient not being in the room. Even consultations with patients with advanced dementia have been possible via smartphone video screens. There are still situations where you may be at a disadvantage with a remote consultation: you may need to think of ways to address these objections if you intend to rely on evidence obtained from a remote assessment in Court.

- If you are acting for the Defendant in civil cases, will the Claimant object to your findings if they were obtained during a remote interview?
- You have no way of knowing if the person is alone in the room: they may be intimidated or being coached by an unobserved attendant
- You have no way of knowing if the interview is being recorded (in reality, this applies to all interviews)
- It may be hard to control the interview if the patient becomes upset, angry or distressed.
- Eye contact is difficult, so assessing eye contact and perceiving if a patient is responding to hallucinations or external stimuli is challenging
- You do not see the patient walk into the room, so can't assess mobility, limitations, gait and other elements of body language
- If a person describes that they are experiencing tension, anxiety etc but you do not perceive this in the interview, you cannot assess whether it is that the tension is absent or that the perception of it has been affected by the technology
- You will have to deal with the limitations of technology; stuttering images, echoes, freezing etc.

You will need to reflect carefully on what elements of your mental state examination are impaired by the use of the remote consultation, and be honest in your report about any limitations.

**See page 9 for a summary of advice and information given to the different parties relating to medico-legal work via video consultations.**

## Resources

Video consultations for patients: <https://www.bartshealth.nhs.uk/a-quick-guide-to-video-consultations-for-patients>

PDF re video consultations for clinicians <https://bjgplife.com/2020/03/18/video-consultations-guide-for-practice/>

There is information available regarding remote consultations on the Royal College of Psychiatrists website: <https://www.rcpsych.ac.uk/mental-health/treatments-and-wellbeing/remote-consultations-and-covid-19>

The American Psychiatric Association has a regularly updated toolkit: <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry>

## Further reading

Hilty DM, Ferrer DC, Parish MB, et al. The Effectiveness of telemental health: A 2013 review. *Telemed J E Health* 2013;(19):444-454  
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662387/>

Greenhalgh T, Shaw S, Wherton J et al. Real-World Implementation of Video Outpatient Consultations at Macro, Meso, and Micro Levels: Mixed-Method Study. *Journal of Medical Internet Research* (2018); 20(4): e150: <http://dx.doi.org/10.2196/jmir.9897>



## Advice for doctors

It is probably better to familiarise yourself with one or two platforms and offer consultations using those. As I write, I have seven video consultation platforms on my computer, and I have become somewhat confused regarding the ones that I am supposed to be using: at least once I have tried to log in to a meeting using the wrong platform.

Ensure the device you are using is well charged and you are somewhere that has good WIFI/internet connection. If possible, keep your device on charge throughout the session; long video interviews use a lot of power.

Make sure you are somewhere quiet and comfortable. It's a long session. Make sure you will not be disturbed for the duration of the session and that the door to the room you are sitting in is closed. Have your mobile out of reach and with the sound muted so that it is not a distraction during the session.

Try and be ready a few minutes early so you are present when the patient joins.

Have a test of the link ahead of the interview if possible.

Obtain a back-up method of contacting the patient if the technology fails and ascertain who will call whom should this occur.

Background or extraneous noise can be transmitted as readily as your voice and cause feedback and echoes. Particular irritations are the noise of someone flicking through papers and the fact that, if you are looking down at papers, your voice is not picked up by the computer's built in microphone.

- Both can be helped if you use a headset: the headphones and mic that come with most mobile devices to allow 'hands-free' is sufficient. Earbuds have the advantage of being wireless
- Earphones also improve the quality of what you can hear and improve the confidentiality of the video consultation as no-one else can hear the discussion

## Information for solicitors

This is the information I have in my Terms & Conditions when I respond to an approach from solicitors:

*I confirm that I am able to interview your client remotely, using Skype, Zoom or FaceTime, should the Covid-19 restrictions still be in force at the time of the appointment. Video consultations are not a complete substitute for a face-to-face contact, but are probably 95% as good. Body language cannot be easily assessed and eye contact is difficult. If there are concerns over reliability or honesty this may be a problem. On the other hand, anxious patients can feel better over a remote connection and sometimes discussion of sensitive issues is easier with the extra barrier the camera provides.*

*The patient needs to be able to access a quiet, private room and keep her phone or computer on charge throughout the interview. I will need a back-up number so that I can contact her should the technology fail. I will need to see some ID - passport or driving licence is usual.*

*If you are comfortable with these provisos and your client is happy, I can see her in xxxx. If the remote consultation does not go well, I can arrange for a face-to-face assessment, subject to social distancing and the need for face-masks, at a later date.*



## Information for patients

This is the information I have in my appointment letter:

*There are a few things that need to be in place for a remote consultation:*

- *I will need to see some sort of photo ID: passport or driving licence (or similar), which you can show me through the camera when we speak.*
- *Can you make sure you are somewhere quiet and private, and comfortable? It's a long session.*
- *Can you make sure that your phone or device is fully charged? It is a long interview and video calls use a lot of battery, so if possible can you have it charging while we speak?*
- *Can you let me have a back-up phone number, in case we lose our link during the call?*

*The purpose of this consultation is to obtain independent information in relation to the legal situation with which you are engaged, with a particular focus on mental health. The report prepared following this consultation will be sent to your solicitor and may be distributed further according to the requirements of the legal process. This interview is not part of treatment. You are entitled to not answer questions or to stop when you want, though that is likely to be noted in the final report.*

*The video assessment will not be recorded or stored by me unless explicitly stated in email correspondence and verbally at the start of any consultation. Please be aware that there will always be a limited risk of an internet related data breach during a voice-over-internet call, although with encryption and other privacy measures used in these technologies, this should be greatly reduced.*

Bear in mind that remote consultation is not a panacea. I am reliably informed by my PA that it takes a lot more time to arrange a remote consultation than a standard appointment, and the actual consultation, in my experience, takes at least 30 minutes longer. It is likely to be more reliable than face-to-face appointments, which may require cancellation at short notice should either you or the patient have had contact with a case, or if either of you are subject to local lock-downs. Office consultations are beset by rules, questionnaires, the need for carers to wait outside the building, the inability to provide drinks (and in some cases toilet facilities) and, of course, obscuring the face by the use of face-masks. As with any consultation, it may be necessary to supplement the evidence with further investigation: in this case a face-to-face interview would be an additional tool.

## 'All by myself.....starting out in independent practice'

Venue – Virtual Conference

Date – 16th December 2020

### Programme

- **My first year** – Dr Mona Freeman
- **My first 10 years** – Dr Lesley Haines, Chair, PIPSIG
- **GDPR for independent psychiatrists** – Ross and Arden Tomison COO and CEO of Thalamos
- **What the Royal College Library can do for you** - Fiona Watson, College Library & Information Services
- **Brainstorm Workshop – how to get yourself known**
- **Money Matters** Liz Densley and Tori Ferguson, Honey Barrett Association of Independent Specialist Medical Accountants
- **Lobbying insurance companies** - Dr Mona Freeman
- **Reasons to be cheerful: working independently, but not alone** - Dr Rachel Gibbons /Dr Rick Driscoll, PIPSIG exec

Book soon on the PIPSIG section of the RCPsych Website.

Slides will be available for purchase at £37.50 after the event.



# The PIPSIG Team

## PIPSIG Executive Members

Dr Lesley Haines - Chair

Dr Simmi Sachdeva-Mohan – Chair-elect

Dr Danny Allen – Secretary

Dr Jonathan Hellewell – Finance Officer

Dr Iain Grant - Communications Officer

Dr Elin Davies – Committee Member and Telepsychiatry expert

Dr John Sharkey - Committee Member and Northern Ireland representative

Dr Rick Driscoll - Committee Member and independent hospital representative

Dr Rachel Gibbon - Committee Member, Library liaison and Psychotherapy representative

Dr Monica Shaha - Committee Member and CAMHS representative



## Comings and goings

### Dr Tom Carnwath, Finance Officer

A huge thank you to Tom, who has been the PIPSIG Finance Officer for the past four years. Dr Carnwath managed to beat the PIPSIG finances into some semblance of order and stop us putting all the money on a horse. He was also instrumental in setting up the PIPSIG Entrepreneurship Bursary, the first of which was awarded to Dr Kirsty Alderton, ST6 in liaison psychiatry, in January 2020. His input to the PIPSIG exec will be much missed.

### Dr Jonathan Hellewell, new incumbent

Dr Hellewell undertook post-graduate training in Manchester where he was a Lecturer in Psychiatry, before working in the pharmaceutical industry, returning to become a Consultant in Trafford from 1998. He retired from the NHS in 2017 though has maintained consultancy work in pharmaceutical development alongside expert witness work. He brings to the exec his experience as Treasurer of Altrincham BMA, until his recent election to vice-chair of that organisation. We look forward to benefitting from his enthusiasm, financial acumen and his well-honed humbug detector.

## Welcome to the new boss

Congratulations to the new PIPSIG chair elect Dr Simmi Sachdeva-Mohan.

The new four-year term will commence from Congress in 2021 and we are all looking forward to continuing the support that PIPSIG provides to its members.

If you are interested in joining PIPSIG or becoming a regional representative, please get in contact via [Iain.Grant2@NHS.net](mailto:Iain.Grant2@NHS.net).

Don't forget to follow us on Twitter at [@RCPsychPIPSIG](https://twitter.com/RCPsychPIPSIG) for the latest updates and information.