



The Private and Independent Practice Specialist Interest Group

September 2019 Newsletter

Who are we?

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.

PIPSIG has a growing membership as more psychiatrists opt for portfolio careers or move away from substantive contracts; our current membership is 3901.

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 for our members
- Advice on starting out in independent practice

PIPSIG Executive Members

Dr Lesley Haines - Chair

Dr Danny Allen - Secretary

Dr Tom Carnwath - Financial Officer

Dr Iain Grant - Communications Officer

Dr Elin Davies – Committee Member

Dr John Sharkey - Committee Member

Dr Rick Driscoll - Committee Member

Dr Rachel Gibbon - Committee Member

Dr Monica Shaha - Committee Member

Interested in joining the committee? See page 6

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Why go it alone?

By Iain Grant

To some, the prospect of working independently can appear a little daunting at first, a quick glance to the right of this page can make independent work appear risky and stressful; so why are more and more people doing it?

Very few Psychiatrists stop working independently once they have started. If you were to ask an independent Psychiatrist what life is like outside of the NHS; they may tell you about their concerns of revalidation or staying in-the-loop with the latest clinical developments, but you may also notice that they talk about the freedom to pursue their own interests and re-establishing an enthusiasm for their daily work.

The NHS is a wonderful organisation, high-quality healthcare free at the point of access which is unrivalled anywhere else in the world. The reality is that the demands of the service comes at a price to those working within it, many of us will give our best years to the NHS; working long hours, missing family, birthdays, holidays and weddings to ensure the service is covered.

For many there comes a point where the exhaustion and repetition can start to erode the enthusiasm and enjoyment that we once had for this noble profession. No doubt in part due to the actions of recent Health Secretaries; morale within the medical profession is at an all-time low, the role and public opinion of a doctor has changed and increasingly doctors can feel that they have less influence and direction over their daily work.

Working independently can offer the flexibility, control, variation and personal reward that people find lacking in their current roles. Many doctors will start by adjusting their work schedule to include sessions for independent work and therefore inject some variation into their current roles.

'The shoe that fits one person pinches another' and the decision to work independently is an individual one depending on your personal circumstances. Its not always the right choice for everybody but it is worth considering that it may be what you are missing.

"My biggest regret is not doing it earlier" Lesley Haines
– PIPSIG Chair

AREAS TO CONSIDER WHEN STARTING OUT IN INDEPENDENT PRACTICE

Its not personal, its business.

Advice from some that learnt the hard way.

Have a simple business plan, be clear on what you can and cannot provide. Is there a demand for your service? Discuss the different business models with a professional; all models have their pros and cons - a limited company is not always the most appropriate avenue.

Getting Paid - Receiving payment is a necessary element to working independently. You must generate adequate revenue to cover your costs and you don't want to accumulate "bad debt". Do some market research to decide what, when and how you will charge and if you will accept fixed-rate insurance clients.

Getting tax advice - When the proportion of NHS/PAYE work drops; in the second and third year of independent work you may be required to pay a proportion of personal tax in advance "on account", ensure that you have solicited or sought professional accountancy advice to avoid any unwanted surprises.

Insurance – You must ensure that you have personal medical indemnity insurance for all work done. This will not necessarily be covered by existing NHS arrangements. There are great variations in what is offered and for what price; it's worth shopping around.

GDPR – The General Data Protection Regulation. If you assess a patient (be this through S12 work, consultation clinics or otherwise) you must record accurate and contemporaneous medical notes summarising the findings and decisions made. Any personal data must be handled securely, ensure that you have a system or software that is GDPR compliant or risk litigation and heavy fines (more information on euGDPR.org).

Venue – Where will you practice? A significant proportion of revenue will be used to pay for the premises. Its with taking time to properly consider the fees for shorter and longer term lets and how important location will be to attracting patients.

For more advice see events on page 6.

PIPSIG Entrepreneurship Bursary

PIPSIG's Executive Committee has decided to set up an annual bursary for early stage Psychiatrists to help develop their entrepreneurial passions and activities. 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 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 psychiatric 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. We are at present exploring with potential educational/research partners how such skills and ideas can be fostered and brought forward.

Applications are now open for the bursary. If you have a great idea and would like to develop this further, please contact Dr Tom Carnwath at tomcarnwath@gmail.com,

All entries for this year must be submitted by **30 November 2019**



What type of independent work is available?

Part of the battle in starting out in independent practice is deciding what type of work you would like to do.

Psychiatrists are in high demand and there are hundreds of roles that we can pursue, below is a collection of ideas shared by our membership:

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

Clinical Updates

A short RCT demonstrated that intranasal Esketamine rapidly alleviated treatment-resistant unipolar major depression, (including suicidal ideation). A response occurred in approximately 25 to 65 percent of patients. There are significant concerns about misuse and diversion, as well as limited data regarding maintenance treatment, the USA have limited its use for a short period of time (one to four weeks). JAMA Psychiatry. 2018;75(2):139.

Gene expression data from women exposed to GnRHa suggests that a woman's sensitivity to oestrogen signalling is a risk factor for post-natal depression. This suggests a different underlying pathophysiology for this depression subtype and the potential for biomarker prediction. BJPsych 2019 Sep;215(3):519-527

Buprenorphine is a partial opioid agonist which has been shown to reduce opioid use in patients with physiologic dependence, unfortunately the effectiveness of the oral formulation for daily use is diminished by patient nonadherence, misuse, and diversion. A new long-acting formulation (injected monthly) has shown promising results with good abstinence rates and tolerability. Lancet 2019; 393:778.

A large study into cannabis use in adolescents found a significant association between cannabis use and increased risks of depression, suicidal ideation, and suicide attempts, but not anxiety disorders. JAMA Psychiatry 2019; 76:426.

New-onset psychosis is associated with initiation of stimulant use for ADHD. The overall risk was greater with amphetamines than methylphenidate (0.2 versus 0.1 percent) but the absolute risk remains low. N Engl J Med 2019; 380:1128.

A study looking at maintenance treatment for depression with psychosis looked at treatment with Sertraline and placebo vs Sertraline and Olanzapine combination therapy. Relapse occurred in fewer patients in the Olanzapine group but adverse effects with Olanzapine were more common. Am J Psychiatry 2019; 176:457.

For acute Anorexia Nervosa that does not respond to first-line treatment with nutritional rehabilitation plus psychotherapy; some evidence suggests that add-on pharmacotherapy may be beneficial. Olanzapine provided a modest advantage for weight gain and was generally well tolerated. Am J Psychiatry 2019; 176:449.

The opioid antagonist, Samidorphan, was compared with placebo as combination therapy for 309 patients initiating Olanzapine for the treatment of Schizophrenia - after 12 weeks, the antipsychotic efficacy was equivalent, and there was less weight gain with samidorphan (mean difference of 1 kg). Am J Psychiatry 2019; 176:457.

The Royal College of Psychiatrists are imminently due to release the official guidance on ceasing antidepressant medication therapy - watch this space

Refresher

NICE Guidelines

- Do not normally offer SSRIs to patients taking non-steroidal anti-inflammatory drugs (NSAIDs) because of the increased risk of gastrointestinal bleeding. Consider offering an antidepressant with a lower propensity for, or a different range of, interactions, such as mianserin, mirtazapine, moclobemide, reboxetine or trazodone.
- If no suitable alternative antidepressant can be identified, SSRIs may be prescribed at the same time as NSAIDs if gastroprotective medicines (for example, proton-pump inhibitors) are also offered.
- Do not normally offer SSRIs to patients taking warfarin or heparin because of their anti-platelet effect.
- Use SSRIs with caution in patients taking aspirin. When aspirin is used as a single agent, consider alternatives that may be safer, such as trazodone, mianserin or reboxetine.
- If no suitable alternative antidepressant can be identified, SSRIs may be prescribed at the same time as aspirin if gastroprotective medicines (for example, proton-pump inhibitors) are also offered.
- Consider offering mirtazapine to patients taking heparin, aspirin or warfarin (but note that when taken with warfarin, the international normalised ratio [INR] may increase slightly).
- Do not offer SSRIs to patients receiving 'triptan' drugs for migraine. Offer a safer alternative such as mirtazapine, trazodone, mianserin or reboxetine.
- Do not normally offer SSRIs at the same time as monoamine oxidase B (MAO-B) inhibitors such as selegiline and rasagiline. Offer a safer alternative such as mirtazapine, trazodone, mianserin or reboxetine.
- Do not normally offer fluvoxamine to patients taking theophylline, clozapine, methadone or tizamide. Offer a safer alternative such as sertraline or citalopram.
- Offer sertraline as the preferred antidepressant for patients taking flecainide or propafenone, although mirtazapine and moclobemide may also be used.
- Do not offer fluoxetine or paroxetine to patients taking atomoxetine. Offer a different SSRI.

Listening to your feedback

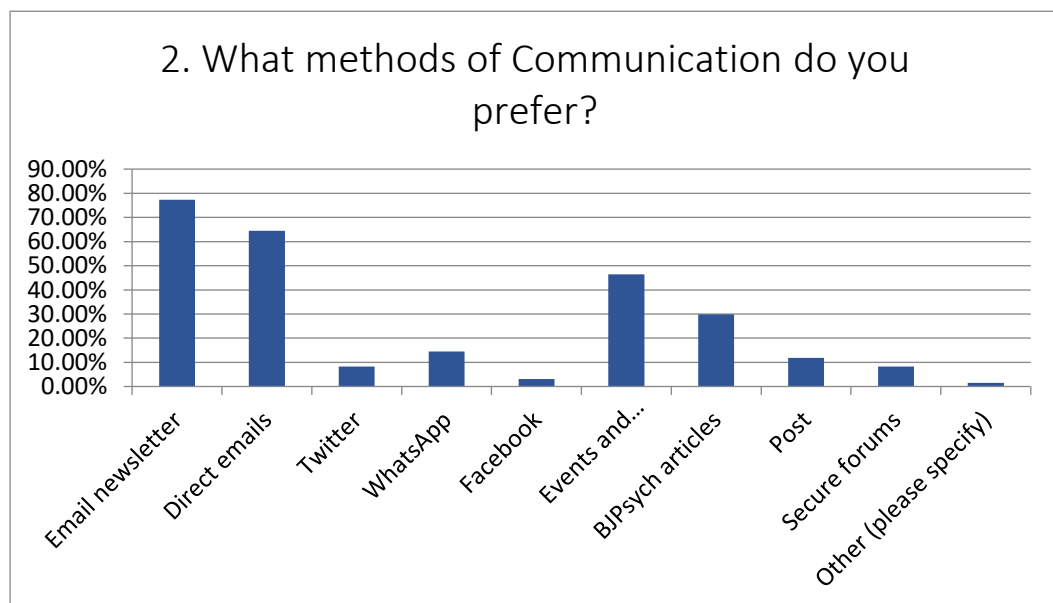
Thank you to everybody that replied to our SurveyMonkey questionnaire asking the PIPSIG members what they would like us to provide and how they would like to be contacted. We have already started to include some of these requests in this newsletter and will endeavour to meet the further expectations of our members.

We asked three questions:

1. As a member of PIPSIG what would you be interested in being informed of?

| | |
|---|--------|
| Advice on starting out in independent practice | 44.85% |
| Tips and advice on developing a portfolio career | 44.33% |
| Clinical updates and guidelines | 63.40% |
| Local case discussion groups | 39.69% |
| Local peer support groups | 37.11% |
| Independent hospitals | 25.26% |
| Revalidation and CPD groups | 51.03% |
| College and PIPSIG events | 62.89% |
| NHS pensions in independent work | 28.87% |
| GDPR | 27.32% |
| Independent adverts | 14.43% |
| Other (heavily featured Medicolegal advice and Developments | 8.25% |

2. What methods of Communication do you prefer?



3. Is there anything that you would like PIPSIG to do in the future? (Reoccurring answers)

- Help with direction for the “business side” of independent practice
- Help with starting local peer groups
- More pressure and influence on Royal College Policy-making.
- Help in establishing myself as an independent doctor.
- Negotiation assistance with indemnity providers.

Upcoming Events

PIPSIG - 'All by myself.....starting out in independent practice'

Venue - The Royal College of Psychiatrists

Date - 19 December 2019

Programme

- **My experience as an independent Psychiatrist** – Monica Shaha and Lesley Haines
- **What you need to know** - The Association of Independent Medical Accountants.
- **Library searches** – Fiona Watson
- **GDPR** – Jasmin Parmar
- **Good things about working independently and why you might want to worry about it** – Rachel Gibbon and Rick Driscoll

Book soon on the PIPSIG section of the RCPsych Website.

£100 for Consultants

£60 for Trainees and Staff-Grade

Committee Role Opportunities

Executive Position – Financial Officer

The current term of office for our Financial Officer, Dr Carnwath, is coming to an end.

Nominations are invited for the post of Financial Officer for PIPSIG, which is a four year term commencing at Congress in 2020.

PIPSIG is an active SIG with twice-yearly meetings and an imminent bursary, giving us a healthy financial position. The commitment is not onerous: the exec meet twice a year, although often via Skype or remote conferencing. Training is offered by the College regarding the roles of a finance officer and presentation of annual accounts.

We welcome nominations from any PIPSIG member and are keen to recruit new faces onto the committee.

Please see the elections page of the website for further information on how to put yourself forward for this post. The deadline for nominations is **18 October**.

Non-Executive Positions

We are also looking for regional PIPSIG representatives for:

- Scotland
- Wales
- South-West

