

PSS information guide

Planning a portfolio career

A psychiatrist with a portfolio career doesn't work for a single employer, but instead performs a variety of roles. This used to be mainly people who had retired from the NHS, but these days, they can be psychiatrists at any stage of their career.

Portfolio career

Below are some of the types of commitments a portfolio psychiatrist might have.

Work

- Professional/Clinical
- **Paid**
- Independent private work
- Locum work
- Tribunals (not just mental health)
- Disability assessment
- Occupational health
- Mental Health ACT WORK
- Teaching/lectures
- Advice for committees e.g. NICE
- Medicolegal 'expert witness' work
- Care Quality Commission (CQC) assessments and MHA second opinions (SOAD)
- Inquiries and investigations
- Parole board work
- Consulting
- Professional writing
- Project work
- Research
- Medical journalism

Not paid

- Clinical voluntary work
- Overseas voluntary work
- Work for voluntary organisations

Becoming self-employed: areas to consider

- Insure your car for business use
- Register for **National Insurance** and complete a tax return with HMRC
- Register with the **Information**

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Commissioner's Office

- Familiarise yourself with **GDPR** requirements
- Inform your **Professional Indemnity Organisation**
- Make sure you are insured: premises and personal liability
- Ensure that your job-plan reflects your actual work if you are still working NHS sessions
- Find a secure email service: you will be sending and receiving confidential information

Your business model

Very simply: you will need to decide if you will practice as a sole trader, set up a limited company, have partnerships or operate under another model. Sole trader is the easiest, but there are numerous pros and cons to other models and there is no substitute for seeking professional financial advice.

Whichever you decide, make sure that you set up separate bank accounts and credit cards for business use. You will need to keep clear financial records, including incoming and outgoing invoices.

Workplace

If you are seeing private patients (i.e. treating disease, illness, or injury), you will have to register the service with the CQC, and any premises will also need D1 planning permission from the local authority. It is good practice to provide patient information about your services, which can include GDPR requirements such as privacy statements and complaints procedures.

If you are employing staff, one of the easiest ways to organise your finances is

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through an accountant with a payroll department. They can advise on all aspects of pay, including tax and national insurance liability, contracts, grievance procedures and employer's liability insurance. They can also assist with your own taxes and financial planning.

You can charge whatever you will, but you will need to organise a system for invoicing and obtaining payments. If you register with private medical insurance companies (e.g. AXA or BUPA) they will guarantee payment for patients covered by their policies but will limit your fees.

Prescribing

ny drugs you prescribe must not be on an FP10 because you are not prescribing within the NHS. For private prescriptions, the rules are that the prescription needs to have your name, contact address and details and GMC (General Medical Council) number for traceability and accountability. Some sort of headed paper is best.

Prescribing controlled drugs is quite a complicated process and takes a while to set up, but once registered it's easy. You need to contact the local CCG to see about getting a prescriber number and the CCG code, unless you work through a locum agency or private hospital.

Register your details [on this NHS PCSE page](#)

You'll need an address/telephone number for the pads to be sent - ideally not your home address! You'll then be issued with a PIN number which you use to apply for your pads

Refer to [this website](#) for use of and secure storage of CD pads

Some clients who see private

psychiatrists do not want that information being shared with their GP. You will need to decide on your approach to this request, we would suggest that you explore these concerns and explain the benefits of joined-up care to the patient. Ultimately, a private patient can refuse to allow sharing of information; as a clinician you will need to decide if you have adequately mitigated any potential risks for any treatment you have initiated without informing the GP that you are doing so. Remember, in the independent world; you will also have the choice and autonomy to say 'no' if the risks appear to be unacceptable. If you are monitoring medication yourself, you will need to arrange blood tests with a lab and should not use NHS services. Local private hospitals may be able to provide a service, including phlebotomy, or private laboratories such as The Doctor's Laboratory. You may be able to arrange for the patient's GP to undertake monitoring with your advice/supervision.

Medicolegal work

As with any aspect of your career, it is essential that you obtain training in medicolegal work before starting out as an expert witness. Medicine and the law have very different approaches to issues and there are numerous traps for the unwary, regardless of whether your report is for the family, civil or crown courts, tribunal service or Court of Protection. You must be familiar with **the Procedural Rules of the Court** for which you will be providing evidence.

Getting yourself known

It is no longer a GMC offence to

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advertise your services as a doctor, provided you do not claim to be better than anyone else or pressure patients into consulting with you. By far, the best way of acquiring customers is through personal contact and word of mouth. But in the starting phase, you may wish to consider:

- mailshots to local GPs or solicitors with an interest in your area of work.
- contacting the wider team: psychologists, OTs etc, for onward referral
- using an established clinic
- registering with an agency
- using legal directories (Expert Witness Institute, Association of Personal Injury Lawyers, Bond-Solon National Register of University Certificated Expert Witnesses, UK Register of Expert Witnesses)
- having a website.

Pension arrangements

Before you decide to reduce or cease full-time paid employment, it is advisable to check your pension position. The [NHS Pensions Agency](#) will be able to tell you your entitlement. Your NHS human resources department may also be able to help. If you still have questions, the [British Medical Association \(BMA\)](#) can offer advice, especially if you have had breaks in service. Beyond this, professional financial advice attuned to the needs of doctors will be helpful. If a proportion of your income comes from a non-NHS source, you may also want to consider contributing to a private pension scheme. A good independent financial adviser can provide further details on this.

Voluntary work

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Many psychiatrists support the work of voluntary organisations. Even if you are working in a voluntary capacity, you still need to maintain professional requirements, especially when seeing patients. This may need clarification with the organisation concerned and there may be funds available for training and the necessary CPD (Continuing Professional Development). Some organisations pay expenses only.

[Voluntary Service Overseas](#) offers well-organised opportunities for specialist work abroad.

Revalidation

All doctors on the GMC general registers with a licence to practice have to be revalidated every five years and will have to meet the requirements for revalidation for specialist practice based on the **Good Medical Practice guidance** (2013).

They need to continue to engage with GMC-prescribed appraisal and revalidation processes, covering their entire scope of practice. Details can be found on the [GMC website](#). There are three routes for those doctors not in training:

- Establishing a **prescribed connection** with a designated body and revalidating through their responsible officer
- Working for an organisation with a **Suitable Person** (e.g. the First Tier Tribunal in mental health, the CQC for SOADs or the Medical Practitioners Tribunal Service).
- Being an '**orphan doctor**.' If you have not been able to establish a connection with a designated body or suitable person, you will need to submit annual

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returns to the GMC confirming you are having appraisals and there are no concerns about your practice. If you are without a connection when your revalidation is due, they will also ask you to sit a multiple-choice assessment consisting of 120 questions within your speciality. There is a fee.

Finding a responsible officer

The GMC website above has a helpful and comprehensive tool to help you find your designated body. Options for establishing a valid prescribed connection include:

- Part-time NHS work
- Working for a locum agency (they may charge if your hours are few)
- Working for an organisation that is a designated body. If you have a zero hours or self-employed contract, you should check with them whether this gives you a connection.

Practising privileges (within a private clinic or hospital) are **not** considered to be contracts of employment.

The **Independent Doctors Federation** provides support to independent doctors about private practice, their education and revalidation, for a few. They are a designated body. Organisations such as MEDSU can help with appraisal and appraisal tasks but are not a designated body.

The College also runs a revalidation [helpdesk](#).

Do you need a licence?

If you are not undertaking a clinical role, it may be that you can remain on the register without a licence to practise. If you decide on this, ensure your indemnity organisation knows and is

prepared to cover you.

Demonstrating your continuing professional development

The easiest way to structure and record your CPD for revalidation purposes is to use the **College CPD scheme**. This requires you to be a member of a CPD peer group (of psychiatrists of any grade), meeting to discuss your CPD requirements with your peers at least three times a year.

Sometimes you might find ex-colleagues won't allow you to stay in the CPD group you share with them.

Persistence is needed: keep looking, perhaps for others in the same position as yourself. College conferences and Faculty meetings are good places for making contact. If all else fails, [PIPSIG \(Private and Independent Practice SIG\)](#) may be able to

help: cpdequiries@rcpsych.ac.uk

You should plan to do at least 50 hours of CPD activity within a 12-month period, with at least 30 of those hours on activities being within the clinical domain. This applies whether you work full or part-time. Detailed guidance is available [here](#) (PDF).

Collecting feedback from patients and colleagues

This is one of the more difficult areas for those working outside a managed organisation. There are various tools and systems to help you gather this feedback, including the **College's ACP-360**, but they do not all suit those who work in specialist settings. The GMC requires a doctor to collect feedback once in each five-year revalidation cycle; guidance can be found [here](#).

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You may use paper or electronic feedback forms: the GMC pages above have sample questionnaires for patients, colleagues, and self-assessments. They advise that your standard questionnaires should be **independently administered** (handed out and responses collected and collated) to reassure your patients that their feedback is anonymous. Asking your receptionist to hand out paper questionnaires with an SAE returning them to an independent assessor, so that the results are collated without you seeing them, is sufficient.

Be imaginative about who your colleagues are: those in medicolegal work should consider asking instructing solicitors, barristers, and judges to complete feedback questionnaires. There are questionnaires on the PIPSIG website. Consider using an electronic survey system for colleague questionnaires: feedback is collated and presented without you being able to identify the respondent.

Remember that reflecting on the result of patients and colleagues feedback is essential and will form a crucial part of your **appraisal**.

Quality improvement activities

At your whole practice appraisal, you must reflect on and discuss your quality improvement activity, to show how these activities have impacted on your practice and made a difference to your work. There are various forms of quality improvement; audit, review of clinical outcomes, case-based discussions, and impact and effectiveness evaluations. It is best to include a variety of types and the most important thing is to show you have reflected on each activity so that

you can discuss them with your appraiser.

Significant events, complaints, and compliments

If you work in isolation, this can be one of the most difficult areas in which to provide evidence. Some PIPSIG members have formed local support groups to discuss significant events and/or quality improvement activities. It is worth keeping a log of complaints and compliments to submit at your annual appraisal. If you work in a hospital, contact PALS or the Risk Manager when you compile your appraisal portfolio to obtain confirmation that there have been no complaints. It is advisable to have a complaints policy; if you are not working from a clinic, you can publish this on your website.

Final advice

Taking the first steps can be alarming, but portfolio careers can be rewarding and a good way of maintaining your work-life balance whilst doing something which you are interested in and enthusiastic about.

Making life easier

- An accommodation address (for reception services, receiving parcels and organising appointments)
- An RCPsych **Athens account**
- **Disclosure and Barring Services (DBS) checks**
- Use an accountancy package that will link to **Making Tax Digital** when you need to start paying VAT
- Get some ID without your home address on it (name badge and ID card)
- Use your peers

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Rookie errors

- Accidentally letting your **Section 12/Approved Clinician Status** lapse
- Forgetting to arrange confidential destruction of documents
- Remember to book holidays and study leave in advance, or you will find that you can't fit them in
- Beware 'boom and bust' - you will have quiet times but don't panic and over-commit yourself
- Just because you are self-employed doesn't mean you can't say no
- Know your own limits, and don't forget to respect the professional boundaries you had when you worked for the NHS

Thanks to PIPSIG for helping us write this help sheet.

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