PIPSIG

The Private and Independent Practice Special Interest Group

Spring 2021 Newsletter

PIPSIG

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

The Private and Independent Practice Special 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
- Promotion of entrepreneurship and specialist bursaries
- Exploring the range of independent opportunities available

Welcome to new members!

PIPSIG welcomes three new members to its executive team:

Asif Bachlani, inpatient consultant in Priory, member of RCPsych Equalities Project and Finance Officer of the GAP faculty.

Mona Freeman, independent child psychiatrist in Jersey. One of a select group to have been awarded the Laughlin Prize by the Royal College of Psychiatrists.

Simmi Sachdeva-Mohan, inpatient DBT consultant at Elysium, Oxford regional advisor, SE Division, member of the RCPsych Leadership & Management Committee and PIPSIG chair-elect.

Meet the rest of the PIPSIG executive team and say farewell to Elin Davies on page 11.

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Going Solo?

Starting out in Independent Practice

A PIPSIG Checklist

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.

- ☐ Develop a simple business plan of the service you can provide.
- ☐ Seek specialist tax and accountancy input/advice 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 either 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 is happy to ask members if local peer groups have any vacancies).
- ☐ 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, if you are unsure we recommend that you contact the CQC registration query line on 0333 405 33 33.
- ☐ Decide if you wish to register with private medical insurance companies (e.g. AXA or BUPA) to accept limited fees for the potential of 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 including 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 your 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 professional 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 and the requirements for safe storage of documents and prescription pads.
- ☐ Personalise your own engagement letter conditions.
- ☐ Consider your stance on sharing information from private assessments with the client's NHS General Practitioner.
- ☐ 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. 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.

Do you have the entrepreneurial X-Factor?

The PIPSIG Bursary

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.

If you would like assistance bringing your ideas to fruition please consider applying for our third bursary, applications will open later this year.

Lovely Jubbly.

DROP-IN Sessions

Need to talk it through?

PIPSIG Video Drop-in session

We are continuing our monthly drop-in sessions where members, who often work in isolation, can meet up to discuss their recent experiences, highlight problems and look at potential solutions with their peers.
These sessions are an hour and will be hosted by a member of the PIPSIG exec. The next dates are below:

Thursday 15 April at 15:00

Tuesday 11 May at 10:00

Wednesday 9 June at 18:00

The Royal College Library

The College Library gives members access to a wide range of databases, journals and eBooks, specifically chosen for psychiatrists. It is particularly useful for PIPSIG members without access to an NHS library. All you need to do is request an RCPsych OpenAthens account.

The collection is built on member recommendations, so if you cannot find something you need, just let them know.

Databases – the College provides access for members to Medline, PsychINFO and Embase.

49 key Journals – including Lancet Psychiatry, the American Journal of Psychiatry and European Psychiatry.

Books – Although delivery has been difficult since COVID19 arrived, they do have a physical library and members are welcome to borrow books, which they send out in the post for free. The Library also provide access to a growing collection of eBooks including the **Maudsley Prescribing Guidelines**.

For any articles not available through the library subscriptions, they offer inter-library loans, finding what you need in another library and sending it out to you by email.

The library also have a free and unlimited literature searching service for those who do not have the time or confidence to search through the medical databases. This can also be combined with one to one training on Teams for anyone who wants to refresh their skills.

You can find all these resources on the College website:
www.rcpsych.ac.uk/library
Or get in touch with them directly at **infoservices@rcpsych.ac.uk**
020 8618 4099

Stay ahead of the curve

clinical updates from around the world

Yoga in Generalised Anxiety Disorder – fact or fad?

Yoga is frequently offered as a complementary approach to anxiety, but high-quality evidence supporting its use is limited. In a recent trial, 226 subjects with generalised anxiety disorder (GAD) were randomly assigned to Kundalini yoga, cognitive behavioural therapy (CBT), or stress education for 12 weeks. Yoga resulted in higher response rates than stress education at 12 weeks (54 versus 33 percent) and at six month follow-up (63 versus 48 percent). Response rates were lower with yoga than CBT. While less effective than CBT, yoga may have a role in the management of GAD as an inexpensive and easily accessible complementary intervention.

Simon NM, Hofmann SG, Rosenfield D, et al. Efficacy of Yoga vs Cognitive Behavioural Therapy vs Stress Education for the Treatment of Generalized Anxiety Disorder: A Randomized Clinical Trial. JAMA Psychiatry 2021; 78:13.

Eating Disorders – Less is not more.

Nutritional rehabilitation for anorexia nervosa often begins with lower-calorie diets to mitigate the risk of the refeeding syndrome, but these diets may lead to poorer outcomes. A randomised trial compared higher-calorie with lower-calorie refeeding in 111 malnourished, medically unstable inpatients with anorexia nervosa (mean age 16 years). The higher-calorie group began at 2000 kcal/day and increased by 200 kcal/day, whereas the lower-calorie group began at 1400 kcal/day and increased by 200 kcal every two days. Higher-calorie refeeding reduced the mean time to medical stability (7 versus 10 days) and increased weight gain; the incidence of electrolyte abnormalities was similar for both groups. We typically begin inpatient nutritional rehabilitation with approximately 1500 to 2000 kcal/day.

Garber AK, Cheng J, Accurso EC, et al. Short-term Outcomes of the Study of Refeeding to Optimize Inpatient Gains for Patients With Anorexia Nervosa: A Multicentre Randomized Clinical Trial. JAMA Pediatr 2021; 175:19.

A Sad Heart? – Antidepressants reduce cardiovascular disease.

Depression appears to be a risk factor for cardiovascular disease and mortality in otherwise healthy subjects. A recent study analysed prospectively collected individual-participant data from participants in the Emerging Risk Factors Collaboration (n>160,00) and the UK Biobank (n>400,000) with no history of cardiovascular disease and self-reported depressive symptoms measured by validated instruments. The authors found that increasing baseline depression scores were associated with small increases in subsequent risk of fatal or nonfatal coronary heart disease and stroke, even after adjustment for additional risk factors. Although it is not known whether depression screening and treatment reduce the risk of future cardiac disease, other data support screening adults for depression when adequate systems are in place to ensure appropriate diagnosis and treatment.

Harshfield EL, Pennells L, Schwartz JE, et al. Association Between Depressive Symptoms and Incident Cardiovascular Diseases. JAMA 2020; 324:2396.

Driving under the influence – does the type of cannabis matter?

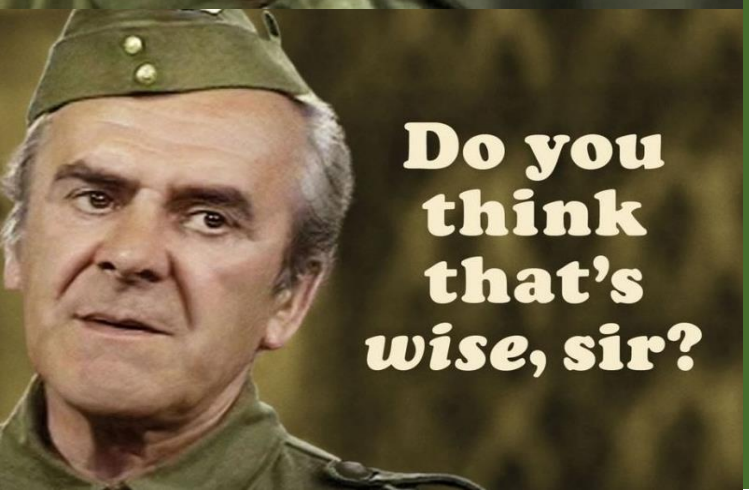
Cannabis contains multiple compounds, among which delta-9-tetrahydrocannabinol (THC) and cannabidiol (CBD) are the most abundant; the psychoactive properties of cannabis are primarily due to THC whereas CBD is thought to have minimal acute psychoactive effect. This difference was supported by a randomised trial in which 26 patients were assigned to vaporize THC dominant, CBD dominant, or THC/CBD equivalent cannabis, or placebo. Subjects in the THC dominant and THC/CBD equivalent groups had more frequent driving errors (lane weaving, swerving, and overcorrecting) than those in the CBD dominant or placebo groups. There was no significant difference between the CBD dominant and placebo group with respect to effects on driving. The THC:CBD ratio in available cannabis has increased over the past few years, and this may contribute to the increased rate of cannabis related adverse effects.

Arkell TR, Vinckenbosch F, Kevin RC, et al. Effect of Cannabidiol and 9-Tetrahydrocannabinol on Driving Performance: A Randomized Clinical Trial. JAMA 2020; 324:2177.

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



DON'T PANIC!

Missed something from a previous newsletter?

No need to panic, PIPSIG has you covered.

All our previous newsletter tips and advice are stored on the PIPSIG section of the Royal College Website and can be found here:

https://www.rcpsych.ac.uk/members/special-interest-groups/private-and-independent-practice/about-us

Past topics include:

- Registration with the CQC - October 2020 – Page 7
- Stopping antidepressants safely - October 2020 – Page 4
- Going paperless - October 2020 – Page 6
- Tips and advice from those that have gone before - September 2019 – Page 2
- Medico-legal interviews - October 2020 – Pages 8&9

WHAT IS A CPD PEER GROUP?

You can only have one College CPD Peer Group. You should be an active member of that group, which should meet at least four times a year. The College recommends between four and eight members, all of whom must be psychiatrists, although the grade and sub-specialty is not prescribed. The responsibilities of the CPD Peer Group are dual:

- To support the individual in developing and completing a personal development plan (PDP)
- To assure the College and wider public that an individual's PDP reflects their needs.

The CPD peer group has the following functions:

- Development of a PDP, including support in completing the PDP
- Approval of CPD activity and progress of the individual against their plan
- Agreeing completion of the PDP, including any reflection and further learning
- Approval of the PDP for submission to the College
- Arranging and recording peer group meetings

The College is notified of the members and College numbers of your CPD Peer Group and they verify that within your group. That group covers the whole of your practice. It doesn't matter if it is NHS or non-NHS psychiatry, they agree your CPD plan and approve it before you submit your CPD returns and obtain your CPD certificate from the College. The College document on this is OP98 from March 2015

https://www.rcpsych.ac.uk/docs/default-source/members/cpd/members-cpd-op98.pdf?sfvrsn=1de40c5f_4

Other peer groups

There are numerous other ways that psychiatrists can elicit and provide support, often (confusingly) also called peer groups. This may be for supervision, mentoring, support and advice on elements of your practice (such as expert witness work or Tribunal work), discussion of business matters such as CQC registration or interactions with insurers or numerous other topics. Such groups are useful and help reduce isolation, but they are NOT your CPD Peer Group, which has the specific purpose outlined above. How you arrange, format and record those groups is up to the members.

I have two 'extra' groups, one for medicolegal work, one for business-type issues. Cases are presented at both, and we complete College case-based discussion (CbD) forms for appraisal purposes. We have chosen to keep brief minutes of the meetings and agree the length of time spent on clinical/academic/professional development in each session. My CPD Peer Group is happy to approve those sessions as hours towards my CPD.

Ways of finding peer support/mentoring groups include;

- Contact like-minded friends and colleagues and form a group
- Write an article or blog to publish on the Faculty or Division website or newsletter, suggesting that like-minded colleagues join you
- Link in with colleagues at your next conference: this is one of the few tasks that is easier with remote conferencing, as you can see a list of participants and use the platforms' 'chat' function to liaise
- Attend one of the PIPSIG drop-in sessions and link up with other people at those sessions for meetings outside the group, using Zoom chat at the meeting.

Lesley Haines. PIPSIG Chair

The Devon Judgement - Telepsychiatry and the concept of "Personal Examination"

The use of remote consultations and assessments has now become established within the fabric of independent Psychiatric practice and is reflected in the success of telepsychiatry companies and the growing interest from members telepsychiatry PIPSIG events (see page 10) or the establishment of a new Digital Special interest group of the Royal College.

The Covid Pandemic has accelerated Psychiatry into the digital age, and we now have the benefit of new statutory detention forms (which can now be sent digitally with an email address) and the increasing acceptance of telecommunications as a medium without the need for costly transport or venue hire, or so we thought…

In the interests of reducing transmission and keeping the workforce safe; NHSE and the DHSC had published guidance in November 2020 which had indicated that they considered that the provisions of the MHA allowed for video assessments to occur for purposes of making medical recommendations.

"It is the opinion of NHS England and NHS Improvement and the DHSC that developments in digital technology are now such that staff may be satisfied, on the basis of video assessments, that they have personally seen or examined a person in a 'suitable manner'. Bearing in mind the need to prevent infection and to ensure the safety of the person and staff, in some circumstances the pandemic may necessitate the use of such digital technology for MHA assessments".

On 22nd January 2021, the supporters of telepsychiatry took a collective sharp intake of breath when the findings of the 'Devon Judgement' were announced. In the case of *Devon Partnership NHS Trust v SSHC* [2021] EWHC 101, the Divisional Court held that (for the purposes of assessment under the Mental Health Act, the phrases "personally seen" in s. 11(5) and "personally examined" in s. 12(1) require the physical attendance of the person in question on the patient" – **i.e. one cannot assess a patient virtually for the purposes of a mental health act assessment; it must be performed face-to-face.**

In addition to the **logistical nightmare** now inherited by medical directors up and down the country deciding on the validity and practicalities of managing those whom had already been detained by virtual means; there are perhaps now some further implications for telepsychiatry as a concept overall, particularly pertaining to the first **'principle point'** made by the defence that a psychiatric assessment may often depend on much more than simply listening to what the patient says; it may involve a multi-sensory assessment and eliciting of cues that could only be picked up from a face-to-face assessment:

"The meaning of the word "examine" in a medical context is "to perform an examination of (a person or part of the body) for diagnostic purposes esp. by means of visual inspection, palpation, auscultation or percussion": Oxford English Dictionary. This suggests an activity carried out in the physical presence of the patient… in psychiatry, there are reasons why a proper examination may require physical presence. Such an examination may require the psychiatrist to read body language, discern non-verbal cues and other diagnostic aids, for example shaking or self-harming scars. Some examinations cannot be carried out remotely, for example taking a patient's blood pressure and temperature, which may be important for ruling out differential diagnoses with a better understanding a patient's mental state. Smell may be an important diagnostic tool, for example because it may suggest use of alcohol or poor personal hygiene. It may also be important to consider and test a patient's proprioception (the brain's understanding of the sense of movement and the positioning of the body in space), which would be difficult or impossible using video-conferencing facilities."

The concept of detention and deprivation of liberty currently make this ruling specific to only mental health act assessments and as far as we understand the requirements of Parts 4 and 4a, applicable to Second Opinion Appointed Doctors (SOADs), are not subject to the same requirements of a "personal examination". That being said, **this ruling has perhaps drawn into question the validity of remote assessments as a whole which may have wider implications for medico-legal practice: Could the future validity of tele-assessments be called into question?** In legal proceedings might it be possible that an assessment conducted face-to-face be considered stronger evidence than a virtual assessment? Only time will tell.

The full judgement details can be found at:

https://www.mentalcapacitylawandpolicy.org.uk/wp-content/uploads/2021/01/Devon-Final-Judgment-002.pdf.

Case No: CO/2408/2020

It does not appear that either the Trust or the DHSC intend to appeal the decision.

Why do I need to know about COSHH?

Mandatory training: what is needed in independent practice?

One of the joys of leaving the NHS in 2009 was realising, at the end of the third 10-hour day of Trust mandatory and statutory training, that I would never have to do that again. I no longer had to let others decide what was important for me to know in order to practise as a doctor.

As with so many things, the belief was only partially true (although the relief was still great). Over the years, various employers had required components of mandatory training, and at my latest appraisal, my excellent appraiser suggested that there were some elements of mandatory training that could be considered essential for all doctors. So what do you need to consider if you are working independently?

The GMC

The GMC does not require you to undertake any mandatory training: the whole edifice of appraisal and revalidation is that it is undertaken on an individual basis; "*sufficiently flexible to take account of the wide range of medical practice carried out by licensed doctors in the UK… …The organisation where you work may set other appraisal or contractual requirements as part of your employment – for example, completion of health and safety training. That is a matter for employers and these are not GMC requirements. Failure to meet local appraisal or contractual requirements may be discussed at your appraisal but should not influence the revalidation recommendation made about you*."[1]

Your employer

There will be site-related requirements related to your place of employment or any premises that you use. These could include fire drill, security, GDPR requirements, information governance etc. CQC does not mandate any training but expects that "*staff have the skills, knowledge and experience to deliver effective care and treatment*."

Your appraiser

Your appraiser can offer advice on the requirements of your role and signpost appropriate resources to assist.

Your CPD peer group

Your peer group is the place where you discuss your training requirements and reflect on what has been learned. The group should have an understanding of your job, and should be able to discuss professionally indicated topics using the structure;

- Training for all doctors; e.g. basic life support, safeguarding
- Training for all psychiatrists; e.g. mental health act and capacity act
- Training for your specialty/sub-specialty
- Training for you

Following my own appraisal, after discussion with my CPD peer group, I decided that basic life support and safeguarding for children and vulnerable adults at the "All practitioners that have regular contact with patients, their families or carers, or the public" level (i.e. the same as would be undertaken by a pathologist or surgeon) were essential for my role as a doctor. Higher level safeguarding of children and vulnerable adults was essential for my role as a psychiatrist, and equality and diversity training for my role as a Tribunal medical member, given some of the recent issues raised by the review of the Mental Health Act. We considered information governance and Prevent, but decided against this for the current CPD cycle.

Where to obtain the training?

If you are still undertaking NHS work, or have done so recently, you may be able to access your e-learning for health account.
Locum agencies require you to undertake training with their providers, although there may be additional courses that you can undertake for a fee.
A google search of 'Mandatory Training Doctors' revealed numerous organisations, although all had a small charge. Many offer reductions for groups of delegates, so if you have a group of like-minded colleagues, you may be able to arrange a group session.
The College has CPD Online: £75 per year for College members.
Given the restrictions due to COVID, practically based courses such as basic life support are unlikely to be delivered in the near future. On-line refresher courses are available.

Reflect, reflect, reflect

Don't forget – however dull the mandatory training may threaten to be, it is conversation within our peer groups that leads us to the exploration of the significant uncertainties that is at the heart of everything we do as doctors.[2]

Lesley Haines: PIPSIG Chair

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[1] https://www.gmc-uk.org/registration-and-licensing/managing-your-registration/revalidation/guidance-on-supporting-information-for-appraisal-and-revalidation/essential-information-to-help-you-meet-our-revalidation-requirements#role-of-appraisers-and-responsible-officers

[2] Gerada C. Mandatory training needs a fundamental review. BMJ 2019;365:l1406

WHAT HAS COVID DONE FOR US?

PIPSIG Conference on Remote Consultation

Location: Remote Conference (Zoom)

Thursday 22 July 2021

TIME	
9.15	**Arrival**
9:30	Housekeeping and Introductions Audience Polls Dr Lesley Haines, Past Chair, PIPSIG
9:40	Remote consultations over the years Dr Andy Montgomery, Medical Lead, Psychiatry UK
10:20	Remote consultations: the view from the Regulator Claire Garcia / Samuel Stone, General Medical Council
11.00	**Break**
11:10	Remote consultations: the view from the Indemnifier Sally Old, Medical Defence Union
11:50	Starting a Remote Consultation business: dos and don'ts Dr Mahnaz Hashmi, Founder, Medstars Connect
12.30	**Lunch**
13:00	Do you need to be in the room to undertake an MSE? Group discussion
13:30	Telepsychiatry in the NHS Emergency Department Dr Kezia Lange, Oxford Health NHS FT
14:15	Beyond remote assessments; practical applications of digital psychiatry Joe McEvoy, Director of Innovation and Digital, Priory Group
15:00	**Break**
15:10	The TABOO project Dr Edward Clark, winner of the PIPSIG Bursary
15:30	Future directions and horizon scanning Dr Romayne Gad el Rab / Dr David Rigby, RCPsych Digital SIG
16:15	**Recap and Close**

Prices

Non-Member: £100

Consultant Members: £75 per day (6 hours)

Higher Trainees/SAS Doctors: £55 per day (6 hours)

Core Trainees/Medical Students/FY Doctors: £35 per day (6 hours)

Book now either on the PIPSIG section or the main 'Event's' tab of the RCPsych Website.

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 John Sharkey - Committee Member and Northern Ireland representative

Dr Rick Driscoll - Committee Member and Royal College library representative

Dr Rachel Gibbon - Committee Member and Psychotherapy representative

Dr Monica Shaha - Committee Member and Telepsychiatry representative

Dr Mona Freeman - Committee Member and CAMHS representative

Dr Asif Bachlani – Committee Member and Independent Hospital representative

The PIPSIG team would like to say a special warm 'thank you' and wish a fond farewell to **Dr Elin Davies**– whom is now stepping-back from her role as a PIPSIG executive committee member.

Dr Davies has shown remarkable entrepreneurial spirit and creativity as founder of Psychiatry UK. Her input will be greatly missed.

This edition of the PIPSIG Newsletter was edited by Iain Grant

@RCPsychPIPSIG

Do not forget to follow us on Twitter at @RCPsychPIPSIG for the latest updates and information.