

Response from the Royal College of Psychiatrists

10 July 2009

DATE: 10.07.09

RESPONSE OF: THE ROYAL COLLEGE OF PSYCHIATRISTS

RESPONSE TO: Cooperation and Competition Panel's consultation on Restrictions on consultants working non-contracted hours for competing providers

The Royal College of Psychiatrists is the leading medical authority on mental health in the United Kingdom and is the professional and educational organisation for doctors specialising in psychiatry.

We are pleased to respond to this consultation. This consultation was prepared by the Policy Unit.

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Cooperation and Competition Panel's consultation on Restrictions on consultants working non-contracted hours for competing providers

The Royal College of Psychiatrists welcomes the opportunity to respond to this important consultation which from current reading has potentially far-reaching ramifications for the medical profession as a whole. The College presumes that what is raised in the consultation will apply to all types of NHS Trusts including mental health and children's trusts. Across the diverse types of work psychiatrists undertake, we more than other doctors work in collaboration with cross-sector partners, especially the third sector, in order to deliver best seamless pathways of care for our users. This can include members giving of their time and expertise to NGOs on a voluntary basis. This consultation, we appreciate, is in its early stages and therefore it is difficult to gauge how, on a spectrum of possibilities, future consultants might be expected to function and under what 'rules' in relation to their NHS employers.

It is likely that other providers will increasingly establish themselves in offering NHS-funded services. Generally, Trusts will seek to work in partnership with them (voluntary sector providers, for example), in which case it would matter less if NHS-employed consultants contributed to that work. If that were not possible and a Trust found itself in competition with the other provider(s), this may present a threat to the Trust in question, and it may therefore be necessary to consider introducing measures to discourage consultants working for both parties.

While the College can understand Trusts introducing restrictive measures in order to avoid such a scenario, it will be important to ensure that these are not excessive and do not therefore become counterproductive and, critically, not in the interests of best care and treatment for those we serve - patients.

If consultants are dividing their time between organisations and working more as attending specialists than as salaried employees, then informed and careful discussion would need to take place with other service providers and consultants themselves as to how training, cover for annual leave and pensions would be dealt with in the future. At this stage therefore it is difficult to comment further other than that we would expect this consultation will be a matter for continued informed dialogue and debate across the medical profession as a whole and within the Academy of Royal Medical Colleges which covers more than the jurisdiction of England. We therefore would wish to be fully involved in any and all future discussion on this important issue.