



the columns

correspondence

The College and the independent sector

Sugarman & Nimmagadda (*Psychiatric Bulletin*, November 2007, **31**, 404–406) argue persuasively for equivalent access to Continuing Professional Development, revalidation and appraisal requirements for both private sector and National Health Service (NHS) consultants. But it is disappointing that they attempt to drive a wedge between private and NHS ('government service') psychiatrists, arguing without evidence that the latter are more mired in administration and are less focused on clinical work. They also take a swipe at nationally agreed terms and conditions with their outdated criticism of the NHS pension scheme and Clinical Excellence Awards, implying their support for a more casualised medical workforce governed by market forces.

The article highlights the need for the College to take a more critical stance than the one afforded by Hollins (2007) on the involvement of the private sector within publicly funded services. Of all detained patients in March 2006 17.1% were located at private hospitals (Department of Health, 2007) and it is surprising that increasing private sector development at the expense of local NHS development has not led to the same level of debate as the Independent Sector Treatment Centres within surgical specialties. The authors are correct to challenge myths about the competencies of clinicians working in the private sector but legitimate concerns regarding the relative costs of care, increased geographical isolation of private units, and poaching of NHS-trained staff on often inferior terms and conditions should not be dismissed lightly or ignored as the elephant in the room.

DEPARTMENT OF HEALTH (2007) In-patients Formally Detained in Hospitals Under the Mental Health Act 1983 and Other Legislation, NHS Trusts, Primary Care Trusts and Independent Hospitals; 2005–06. <http://www.ic.nhs.uk/pubs/mha0506>.

HOLLINS, S. (2007) Are they in or out? Commentary on... The College and the independent sector. *Psychiatric Bulletin*, **31**, 407.

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Sugarman & Nimmagadda (*Psychiatric Bulletin*, November 2007, **31**, 404–406) have highlighted a very topical issue. It is interesting that psychiatrists in general feel stigmatised and discriminated against by their colleagues from other medical specialties. Yet, NHS psychiatrists themselves seem keen to encourage stereotypes about psychiatrists working in the independent sector. The prejudice increases logarithmically when the independent-sector psychiatrist happens to belong to an ethnic minority or works in an 'unfashionable' specialty (for some that would be, for instance, learning disabilities).

Although psychiatrists working in the independent sector are perceived to be earning huge salaries and working in cushy jobs, they do not have the job security that NHS psychiatrists enjoy. The authors have rightly pointed out that independent psychiatrists do not benefit from the generous NHS final-salary pension scheme.

The performance of independent-sector psychiatrists is constantly monitored. They do not tend to have armies of trainees to assist them and they provide a consultant-delivered service, not unlike in the US system. As they are under increased scrutiny working in the independent sector, the feeling of isolation and lack of peer support is a huge problem. Hence the benefits are balanced by the personal costs and a decision to work in the independent sector is often a difficult choice.

As Professor Hollins rightly alludes to in her commentary (Hollins, 2007), with the expansion of the private sector and possible difficulties in obtaining NHS employment, this is a choice that senior trainees will increasingly have to make.

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We read with interest the debate on the turbulent relationship between the independent sector and the College

(*Psychiatric Bulletin*, November 2007, **31**, 404–406). We recently attended a seminar organised by one of the leading independent service providers and strongly recommend the experience to other senior psychiatric trainees. We learned facts and numbers which confirm that this sector has grown tremendously since the 1980s and currently plays a significant role in providing specialist care in areas such as forensic services and psychiatry of learning disabilities. The trend appears set to continue and includes more mainstream services with the support of Her Majesty's government. Professor Hollins is correct to point out that in the near future many Certificate of Completion of Training holders might turn to the independent sector for job satisfaction, while for others this move might be compulsory. In practice, their professional environment might be similar to their current one since many foundations trusts are adopting management styles and policies associated with private institutions. The NHS will need to shift from the mentality of a monopoly state employer and provide better incentives in order to compete for highly motivated and skilled individuals. Choosing other paths for self-fulfilment by future consultants should not be viewed as a betrayal or a dereliction of duty. Since the trend appears irreversible, the College should be more proactive in embracing, monitoring and guiding independent practitioners. It should also help trainees gain exposure to the reality of working in this sector through expanding already available training opportunities in private hospitals.

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Sugarman & Nimmagadda (*Psychiatric Bulletin*, November 2007, **31**, 404–406) make declarations of potential conflicts of interest in their piece on the independent sector. What they fail to do is to consider the potential for profit-driven mental