**Consultant 220**

12 February 2013

I am a consultant [✂] surgeon practicing entirely in private practice for [✂] years in [✂]. I am recognised and work from two licensed hospitals in [✂]. I do not have an appointment within the local NHS hospitals but do an extensive amount of work for the NHS within the private hospitals. I have also worked in the recent past as a locum consultant within the NHS hospital system.

I was recently contacted directly by the manager of the [✂]. He asked me if I would like to go to [✂] in order to expand and establish my practice there. We spoke on the telephone when I asked for more information and he responded by email on [✂]. We met at [✂]. [✂] was very welcoming and expressed his wish that I CV an application and present it to the meeting on [✂].

On the [✂] I received a further email; [✂]. In this letter, [✂] explains that whilst he wanted me to be awarded admission rights and work at the hospital the MAC refused this application. It appears that the MAC already had a rule to exclude consultants at the local ISTC. This stated that they had to have been a consultant in an NHS hospital. Thus the MAC which is staffed exclusively by local consultants in the NHS [✂], decided that the [✂] must only have consultants who are an active and continuing NHS appointment in order to work in the only local private hospital. It is unlikely that any other consultants at an NHD hospital in another city would travel to [✂] so this directly affects independent practitioners, all new entrants into the market and actively practicing consultants recognised and licensed by the GMC.

[✂] This appears to be a “de fact” restrictive trading practice run by the local NHS consultants to their own benefit, excluding all other outside consultants or new entrants from practicing, operating or competing in the [✂] area with the established local NHS consultants. As the only licensed operative facility in [✂] is apparently exclusively for the local NHS consultants, how is there any competition in the market and how can any independent Consultant GMC recognised practitioner enter the [✂] local market?

This is a common understanding of consultants and the common unwritten practice situation throughout the private hospitals system in the UK. The award of practicing privileges and therefore entering the local market as a consultant is restricted on the whim of the hospital MAC committee that is staffed entirely by local NHS consultants. On this occasion I believe the new hospital manager was unaware of the implications by putting the real reasons and explanations honestly on paper.

I would also add to the inquiry that it is my experience that this is common place throughout the private hospital networks. Many years ago I was turned down from the [✂] with a verbal explanation from the manager that this was due to local residence from the NHS consultants. In writing it was merely confirmed that my application had been declined. In a similar way my application the [✂] Hospital in [✂] went unanswered. It is also my experience that my formal applications to the [✂] and the [✂] have also gone unanswered.

I do currently have practicing privileges at the [✂]. However this is restricted to outpatient medico-legal work only. The explanation for this from the hospital manager was that the surgeons practicing at the hospital did not want additional competition in the local private medical market but were quite happy for me to undertake medico-legal reports as long as this did not involve seeing patients for surgery.

I am sure that you are well aware that obtaining evidential documentation of these secret processes and restrictive practices are extremely difficult. However I put before the Commission my experiences and the plain documentation which by chance has arisen from [✂]. If I could humbly suggest that perhaps the remedy, the most applicable, practical and pragmatic remedy to prevent this practice, and the similar practice of the insurance companies, would be to leave the registration recognition and licensing of specialist to the statutory body of the GMC. The local hospital would then need to consider each application on its own merits and if it was deemed there was insufficient operating space or local need; a waiting list could be established. This would then prevent any new local NHS consultants jumping the queue and so perpetuating the restrictive practice.

In respect of insurers if the consultants GMC status was taken as recognition and a license to practice, then the insurance policies patient should be free to choose any that appear on the GMC register. They would be able to choose on expertise, experience, reputation and cost in an open market. Alternately if the insurer has sold a managed care policy with a restricted list of surgeons then this restricted list must be made available at the outset or renewal of the policy in clear terms identified as a managed care policy without choice and not an insurance policy.