

Consultant 229

17 April 2013

Dear Sir,

I wish to draw the attention of the commission to the particular features of fee level restrictions for consultant anaesthetists by the majority of the insurance companies. Despite the fact that the consultant anaesthetists will have the same medical school qualifications, equivalent post graduate training and examinations, the same rigorous appointments process to their NHS posts, the same level of responsibility for continuing professional development, appraisal and revalidation, and the same level of responsibility for patient care, the set fees of the insurance providers for consultant anaesthetists are usually about 30% of those of the surgeon for the same case. This is notwithstanding the fact that the consultant anaesthetist will usually be in theatre before the surgeon arrives, and with the patient in recovery ward after the surgeon leaves. In addition for many cases the full entirety of the preoperative preparation and the vast bulk of the inpatient postoperative medical care is performed by the consultant anaesthetist. Consider the scenario where a patient suffers a complication from anaesthesia or surgery – will the anaesthetist be sued for a third of the amount that a surgeon would be? Consider if the patient dies – will the anaesthetist be investigated only a third as thoroughly as the surgeon? Consider if charges are brought – will the anaesthetist be imprisoned for a third the gaol term of the surgeon if found guilty of negligence? Clearly the answer is no to all three.

How then, but via unfair behaviour can the situation of such widely divergent payment have come about. Only through unfair restriction on trade and individual price setting has this situation been perpetuated.