Scottish consultants committee
annual review 2016-17
Message from the chair 2017

Earlier this year I found myself in the unexpected position of being a patient in my own hospital, Aberdeen Royal Infirmary, after an emergency admission. Being a patient certainly offered me a different view of the health service. I am delighted to say that my care was first rate, I was seen quickly by a highly competent and cheerful team of people. I was not alone in receiving such excellent care that weekend. This only further highlights to me that excellent consultant led care is a norm 7 days a week, 24 hours a day across specialities. In Scotland we provide care that we can be proud of.

This is not an easy time for the consultant workforce. We are faced with an ever growing demand on services which are being called on to provide more with less and less resource. It beggars belief that we are still able to cope in a system that is under such profound stress and it is a testament to the hard working staff of the NHS who go above and beyond on a daily basis. The pretence however cannot continue. It is not sustainable to believe that we can forever expand and improve what we do within a fixed resource. Decisions need to be made and we all have a role in answering the questions, what do we want from our health service?

The BMA Scottish consultants’ committee continues to work on behalf of consultants highlighting the need to value and invest the consultant workforce. In my first year as your chair, I’ve been travelling the country from Shetland to Kilmarnock seeking the views of colleagues in urban, rural, teaching and ‘district general’ settings. I’ve heard from those of you who work in ‘front door’ specialties to those in diagnostics and public health. I’ve listened to those at the start of their careers and those nearing the end.

Somewhat unsurprisingly the issues that are causing most concern to the consultant workforce are the impact of pension changes, 9:1 contracts, the 15% real-terms consultant pay cut over 5 years and failure to fully implement the independent pay review body award. There is a growing sense of injustice amongst consultants having ‘stepped up’ to the changing demands placed upon them, delivering more for less and adapting to the stringencies of a financially straitened system. This is going unrecongnised and this lack of recognition is creating a demoralised workforce who have had enough.

I have heard with a depressing frequency of the failure of boards to properly engage us in service planning, to support us in succession planning, to provide adequate office space, to maintain dedicated secretarial help, to introduce IT that works for patients and their clinicians, and yes, a place to park when you are delivering urgent care under pressure. Consultants are being made to feel like a burden as opposed to the indispensable asset that we are.

The net result of this treatment is seen in the continually increasing consultant vacancy figures for Scotland, with one in 12 consultant post vacant and almost half of all vacancies are long term. Not only are we losing experienced staff who have simply had enough we are also failing to attract the next generation to take up the baton. Added into this mix is Brexit. We wait with a measure of anxiety to see how it will play out, particularly for our valued colleagues and friends from Europe who we simply can’t afford to lose. The Scottish consultants committee along with the rest of the BMA will continue to press for a speedy answer to the ongoing rights of EU colleagues working throughout the UK.

Whilst there aren’t any speedy solutions to the issues I have highlighted, there are some signs that it is starting to register that change is needed. The Scottish consultant committee has been engaging with NHS Employers and Scottish Government at every opportunity to raise our concerns. As a new consultant contract approaches its fourth year of negotiation in England we will watch with interest the outcome and endeavour to ensure that Scotland does not become disadvantaged or a less attractive employer.
For those struggling to keep their service afloat this may be cold comfort. I promise to continue to press the case for a properly valued and supported consultant workforce in Scotland.

I remain proud to stand alongside you as consultant in the NHS in Scotland. I believe there is still much to celebrate. Like you I get up every morning enthused about the potential to help patients, it’s why we became doctors. I’m in no doubt however of the jeopardy facing many services and the almost unbearable stresses and strains of many of my colleagues.

If you have any thoughts or contributions to the work of the Scottish consultants committee or better still want to get involved in our work please don’t hesitate to get in touch. The BMA is about supporting its members and enabling us to be the best we can be. Your views will always be welcome.
Negotiating subcommittee

The negotiating subcommittee’s main role over the past year has been to keep a close eye on the consultant contract negotiations continuing in England and possibly, to some extent, including Northern Ireland. We are not, at present, in negotiations with the Scottish Government but obviously any eventual outcome of a new consultant contract south of the border will be closely looked at by all parties in Scotland.

We have met with members of the Scottish Government on one occasion to discuss the establishment of regional NHS locum banks for medical staff.

The joint working group between SCC and NHS Scotland employers and Scottish Government has recommenced. Previously this group agreed enhanced guidance surrounding the mediation and appeals process for job planning. We have been able to clearly set out the important role for team service planning, whilst maintaining the contractual distinctiveness of individual job planning. The group is exploring whether it can produce joint guidance around the retention of consultants throughout their career cycle, particularly those in the later stages of their career.

Finally, an on-going review of existing disciplinary procedures for all employed doctors in NHS Scotland with a view to making them fit for purpose has been continuing slowly but hopefully might speed up in the coming year, producing some proposals which we can discuss.

Policy subcommittee

In the past year, the largest piece of work the committee undertook was the updating of the Standing Orders of the SCC. This was a major undertaking, but was needed to bring the committee and its structures up to date, and, if possible, provide some future-proofing. The work was informed, in part, by a survey of Area Consultant Committees, or their equivalent. Thanks to all who participated in the survey, and to everyone who worked on the various drafts of the Standing Orders.

The research project about the working lives of consultants was finished 2 years ago, and a limited follow-up survey is underway. Despite the hopes of the researchers, I suspect not a lot has changed.

Outwith Scotland, I have worked with members of the UK Consultants Committee in preliminary work towards implementing devolution within the CC. This does not progress as quickly as one might hope, but it is more important to get it done properly, than fast.

I am also working with others on the Policy Subcommittee of UK CC to review Statutory and Mandatory Training requirements. These vary hugely all through all four nations, and we are attempting to find best practice, document it, and, ultimately, to produce a paper which can be used locally.

I would like to take this opportunity to thank the BMA secretariat, Janette, Anne and Sean, for all of their expertise, support and gentle nagging. I would also like to thank the Chair of SCC, Simon, the other Deputy Chair and Chair of the Negotiating Subcommittee, Quentin, and the Treasurer and Chair of the Finance Committee, John, for their friendship, help and support.

This is the last of my three years as Deputy Chair of the Scottish Consultants Committee, and as Chair of the Policy Subcommittee. It has been an honour and a pleasure to serve in both roles, and I wish my successor all the best for future years.
Finance subcommittee
Treasurer’s report

During 2016, the SCC Fund performed well: over 12 months the portfolio rose 14.2% to £1,418,650. The portfolio objective remains capital and income growth with a medium to high level of risk (in January 2017 shares/equities made up 69% of the portfolio) and to provide sufficient income to cover expenditure. The portfolio is forecast to generate about £28,000 income per year. The Barclays portfolio management fee is 1% (about £14,186). A separate current account is maintained with a small balance of working capital. This is used to pay the day to day expenses of operating the Fund such as tax charges, auditors’ or solicitors’ fees, in addition to any grants made by the SCC fund according to its objectives. Any surplus income is reinvested back into the portfolio.

The review of the legal structure is now behind us and the SCC finance subcommittee can refocus on fulfilling the purposes of the fund. The function of the fund is generally to meet any unforeseen contingencies that are not covered by the BMA.

Any consultant who wishes to contribute to the fund should contact the committee secretariat at BMAScotland@bma.org.uk. The value of individual contributions must be seen in relation to the income generated by the fund. SCC finance subcommittee cannot overlook the importance of this.

2016-17 has been my first year as Treasurer. Thanks to my predecessor Richard Buckley’s excellent preparation it has not been arduous to take things forward. However due to personal circumstances I cannot remain more than one further year in this post, and I look forward to support of SCC to help find a successor.