

Consultants conference 2019 – conference speech

BMA

Conference, it is a privilege for me to address you this morning as the acting chair of the BMA's consultants committee, which represents you and your dedicated, hardworking consultant colleagues the length and breadth of the country.

Given the oppressive workload and stress of our jobs, we can be forgiven forgetting just how hard we work each day for our patients, and just how under pressure we – and the services which we are responsible for – are. But, you know that something is very wrong when even the GMC, our regulator, has said that the profession, in their own words, is at breaking point.

Their report is stark: large groups of doctors want to reduce their hours or are considering leaving clinical practice altogether – due to the severe pressures they face daily. This echoes the BMA's own survey findings: more than 90% of the doctors asked say that system pressures stop them delivering safe patient care.

Let me repeat that: 90% of doctors believe that the conditions we are working in prevent us from delivering safe patient care.

Because consultants are committed caring professionals, we want to give our patients the high-quality specialist care they need and deserve. To do so we end up shoring up the service: consultants in England are working, on average, an extra 5 unpaid hours a week and they describe their current workload as 'consistently unmanageable'.

I know that all of this resonates as personally with me as it will with many of you.

You will recently have seen the announcement of the gains made by our hard-working GP colleagues in England from their contract negotiations. I sincerely congratulate them for their hard-fought contract agreement. I know just how hard they have had to negotiate and work to achieve this, and it is without a shadow of doubt no less than they deserve.

But I ask this of our secretary of state, Matt Hancock: what do consultants deserve? What is it that you have offered us?



A 0.75% pay uplift. That's what we were offered.

That is the value our secretary of state puts on a consultant workforce which is over-worked, nearing burn out, and barely propping up the service. That is the value which our secretary of state puts on the country's most experienced doctors and medical leaders.

A paltry 0.75%, the lowest of all groups of doctors, and the lowest in the NHS – or, if you would prefer, an average weekly increase of an insulting £6.10 after tax.

Conference, is that what you're worth...? You don't need an app to understand the message being given by the government about what they think our worth is.

Maybe we have only ourselves to blame. Maybe this is what we get for our unstinting dedication to the NHS and to the safety of our patients. We keep giving, and they keep taking.

In the last ten years consultants in England have seen a massive 24% reduction in take home pay, and what are we offered to address that? An insulting 0.75% uplift.

I know that I haven't reduced my commitment to the NHS and to my patients in that ten years. I'm quite certain that your commitment to giving your patients excellent care and treatment remains as unwavering as it ever has. I'm certain that every single day of the last ten years consultants have continued to train their juniors, lead their services, and take ultimate responsibility for the treatment of their patients – despite an underfunded and understaffed NHS that is barely standing up with the pressure it is under.

And our reward? The government cuts our pay by 24% in real terms. And our response? Well, we keep doing our best, in fact, we increase what we're doing, we work harder, we give more, because that's just the way we're built. It's in our DNA to strive to give the very best.

But, what message is being given to our patients? The government may be giving up on the NHS and on patients, but we haven't, and we will never, ever give up on giving the best we can. But, to put it simply: there is only so much any group of professionals – even one as dedicated as ours – can put up with before they are forced to reduce their commitments – or even leave the service which they care so passionately about. As even the GMC has recognised: 'doctors are reaching the limit of what can be done.'

Last month, Simon Stevens, head of NHS England, effectively announced that the hospital target for admitting, treating or discharging all A&E patients within four hours is to be abandoned. He, of course, made that announcement without consulting with the Royal College of Emergency Medicine and our consultant colleagues there. I mean.... what possible reason would he have for doing that...?

The College has warned that scrapping that target will have a near catastrophic impact on patient safety in emergency departments which are already struggling to deliver safe patient care in a system which is already failing badly.

Some might suggest that rather than have a winter crisis which embarrassingly breaks the targets, it's simply easier for the Government to ditch the target and let patient care suffer. The message it sends to patients and the medical workforce is a damning one: that our politicians are giving up on patients.

Well, they might have given up, but consultants have not.

The Government might be giving up on hospitals and the medical staff who keep them running, but we're still there: doing the night-shift in emergency services, doing the weekend paediatric ward round, being called out in the middle of the night to perform specialist surgery. We're still there taking final responsibility for the life and death decisions which consultants make on a daily basis. We're still there mentoring and training the next generation of consultants; we're still there developing the medical innovations which makes ours the greatest health service in the world; and leading that service even under the most

incredible pressure.

To put it simply, without that leadership the system will fail.

And what about the Long-Term Plan for England's NHS? Some of its ideas are aspirational: very good on paper, but without giving secondary care the resources it needs. So, while we're all for improving cancer survival rates, establishing mental health services for young adults, and extending paediatric services, where are the doctors and where are the resources to do this? Where are the new paediatricians, the new cancer surgeons, the new consultant radiologists going to come from? I'm all for improving primary care and community services, and the billions of pounds being spent on it.

But, conference, we're not going to do complicated surgery safely in the community, and we're not going to install MRI scanners in every health clinic. Even if we did, there won't be the consultants to staff them; the Government is making too good a job at driving us away for that.

Or else, the solution is more bureaucracy: another form to fill in, more boxes to tick, more half day mandatory training to attend. 25 years ago, when I was a junior doctor working in accident and emergency we would often see, diagnose and treat a patient in 20 minutes; well, as we know, those days are long gone; trainees are expected to have to spend an hour with patients with the same conditions. We became doctors to see patients and get them better; not to spend hours on officialdom to keep lawyers and bureaucrats happy.

Well, no amount of form filling is ever going to replace the clinical need to have the right consultant in the right place at the right time in taking the key decisions for a patient: the consultant radiologist who notices an issue on a scan and gets a patient treated rapidly – and saves the NHS the costs of more investigations; or, the consultant orthopedic surgeon who recognises a child's limp as needing critical treatment to prevent disability; or, the consultant pathologist who knows – from their years of experience and training – that the skin biopsy shows early cancer and needs urgent removal. Unfortunately, that value continues to be willfully and potentially disastrously overlooked.

And what do we do? We go on....

When many of us started our medical careers, we made a pact that even if we would be underpaid and overworked for much of our careers, if we continued to do our best for our patients and continued to pay into our pension pots then we would receive a fair pension when we retired in recognition of the sacrifices we had made. And, of course, because that's the kind of people we are, we believed in the sanctity of that deal....and what happened to us? Annual and Lifetime tax allowances happened to us.

It just simply cannot be right that these unfair and pernicious regulations are landing hard-working doctors with exorbitant tax bills for simply doing their jobs to the best of their abilities. We accepted the deal, we held up our end, and how are we repaid? With unexpected and unavoidable tax bills in the tens of thousands of pounds – often simply for covering a colleague's absence – or helping out in a time of high service demand. Again, we are simply being penalised for caring too much.

Our recent survey of consultants in England showed that 60% of consultants, from over 4,000 survey responses, intend to retire at or before the age of 60. An additional one third plan to reduce their work commitment or have already done so. In both cases, chief amongst the causes were Annual and Lifetime allowance regulations.

The consultants' committee has repeatedly advised the Government that if measures are not taken to overcome these challenges and encourage consultant medical staff to maintain their work commitment, we can expect to see even more early retirements and a reduction in the amount of work undertaken by doctors. At a time of extra-ordinary workload pressures, and consultant vacancies, we cannot risk the NHS losing even more of its leaders of hospital care.

But, is anyone listening? Well....what do you think? We wrote to both the secretary of state for health and the Chancellor in January asking them to urgently look at repealing these tax regulations for public sector workers – and highlighting to them the desperate implications of our findings for patient care.

We have yet to receive a response. Once again, they are simply not listening. Their message to us is clear: this government does not care about consultants.

Your consultants committee will continue to fight across these issues and more, because the stakes are simply too high for us to do anything but that.

I would like to take this opportunity to thank the committee for their dedication, resolve and wise counsel in all that they do on your behalf. I cannot thank the whole Committee individually, but I would like to specifically thank Rob Harwood, the chairs of the national consultants committees, Simon Barker, Anne Carson and Sara Hunt; my hard-working fellow officers, Helen Fidler, Phil de Warren-Penny, Vish Sharma and Simon Walsh; and of course, our equally hard-working secretariat staff upon whom we depend so much; for all of their time, effort, energy and good humour. There's nobody I would like with me more in the trenches of this fight than they.

Conference, the secretary of state often says that he wants people to speak to him directly... as you might imagine, there's an app for that as well... well then, listen carefully, Mr Hancock: We are consultants. We put the interests of our patients first – not filling in forms; nor by pretending to listen and then doing our own thing; nor by favouring one set of patients above another. We want to give our patients excellent care – seeing the right specialist with the right training in the right time.

But to do this, there needs to be enough of us to do the job. So, don't demoralise us; don't devalue us; don't drive us into an early retirement and into leaving the NHS. You can address our pay falling by 24% in real terms. You can restore our pensions by stopping the taxation madness with NHS pensions.

We need an adequately funded NHS – with the right staff to provide the best care for our patients. We need motivated specialist consultants who have the right training to provide excellent treatment; not some notional, half-baked idea of specialist generalists. We need the commitment and dedication of consultants to be harnessed; not thrown away with utterly unfair tax, pension and salary decisions.

So, I say to the Secretary of State, what choice are you going to make with the UK's 60 000 consultants? Are you going to leave us demotivated and demoralised, struggling to prop up the NHS? Or, will you rise to the challenge and work with us to give the very best care to our patients, who we work hard for, 24 hours a day, 365 days a year?

As consultants, working in busy hospitals and clinics we rise to the challenge no matter what it takes; so here and now I ask the Secretary of State for Health to publicly commit to meet with us to put in place concrete measures to address these issues which are specifically affecting consultants.

I'm asking him to rise to the challenge with us. We rise to the challenge each day for our patients; it's the least he can do for us.

Thank you, conference.

Gary Wannan,
acting chair of the BMA consultants committee

British Medical Association
BMA House, Tavistock Square,
London WC1H 9JP
bma.org.uk

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