

Passed resolutions at Consultants Conference 2019

CC 67

BMA Policy directorate

2018-19



- 5 H1053 **Motion** BY SCOTTISH CONSULTANTS COMMITTEE This conference calls on the Scottish Government to ensure that the implementation of its new healthcare waiting times improvement plan does not distort clinical priorities or disadvantage patients awaiting review appointments.
- 6 H1062 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls on the Secretary of State for Northern Ireland, Karen Bradley, in the absence of a Health Minister, to prioritise health and particularly transformation and take the key decisions needed to progress the actions set out in Health and Wellbeing 2026.
- 7 H1035 **Motion** BY NORTH WEST RCC That this conference supports many of the ambitions contained within the NHS Long Term Plan and asks the BMA to continue to press for an adequate funding settlement without which those ambitions will remain largely unachievable.
- 11 H1013 **Motion** BY LONDON SOUTH RCC This meeting calls upon BMA Council to lobby that, for the purposes of immigration, all doctors should be placed on the equivalent of the “Shortage Occupations List” in the event of the UK’s leaving the European Union.
- 12 H1040 **Motion** BY NORTH WEST RCC That this conference believes that the health surcharge imposed on doctors arriving from non-EU countries is having a deleterious effect on recruitment. It asks the BMA to find a solution by working with NHS Employers and other stakeholders, that will remove this burden from staff who are urgently needed to address the crisis in medical recruitment and retention.
- 13 H1041 **Motion** BY NORTH WEST RCC That this conference urges the BMA to demand that the Departments of Health and the GMC make a more concerted effort to retain senior doctors in the NHS.
- 17 H1038 **Motion** BY NORTH WEST RCC That this conference notes that there is a surfeit of evidence that the mental health and well-being of doctors is being undermined by the pressures of professional practice. It welcomes the evidence that the Association and others have already gathered, but now insists that this is translated into a systematic, tangible plan of action, by taking a lead on the coordinated engagement of all relevant stakeholders.
- 18 H1043 **Motion** from specialty lead for emergency medicine:

NHS consultants are working harder than ever before to deliver safe and high-quality emergency care in a system that is being pushed to breaking point by a combination of rising demand and inadequate funding from the government. This conference:

i) recognizes that this is unsustainable and that ‘burnout’ and ill-health are inevitable consequences of working under this pressure

ii) calls on the BMA to demand that the government take seriously the need for future consultant working patterns to be sustainable and contain safeguards to ensure the wellbeing of consultants

iii) insists that any new consultant contract must contain safeguards that adequately protect all consultants from working excessive antisocial hours

iv) insists that any new consultant contract ensures that those consultants who work the most antisocial hours receive enhanced time in which to rest and recuperate.

- 20 H1001 **Motion** BY WELSH CONSULTANTS COMMITTEE This conference expresses concern that insufficient progress appears to have been made in enhancing the provision of occupational health services for NHS Wales staff since the publication in 2012 of the recommendations of a review undertaken by Professor Sir Mansel Aylward on behalf of the Welsh Government, and in particular expresses concern at the on-going lack of occupational health consultants in Wales.

This conference therefore calls on the Welsh Government, Welsh NHS employers and Health Education and Improvement Wales (HEIW) to look at undertaking specific initiatives to tackle such recruitment difficulties and to increase the number of training places in Wales for occupational health consultants.

- 21 1065 **Motion** BY AGENDA COMMITTEE (OXFORD RCC PROPOSING)

That this conference calls upon the Department of Health and Social Care to commit to:

i) increasing mental health funding incrementally over the period of the 10 Year Plan to reach a minimum of 25% of overall budget in line with mental health treatment need and activity levels

ii) parity of resource, access, and outcome for mental and physical health services rather than esteem

iii) requiring those commissioning local services to allocate adequate, ring fenced funds for mental health promotion and prevention in line with the 10 year plan.

25 H1060 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the unacceptably high suicide rate in Northern Ireland, with more people having died by suicide since the Good Friday Agreement 1998 than the total number of lives lost due to the Troubles and calls on the government to fund mental health services and other stakeholders adequately, in order to address this.

27 H1002 **Motion** BY WELSH CONSULTANTS COMMITTEE This conference notes:

i) the introduction in 2016 of Freedom to Speak Up Guardians within the NHS in England following a review undertaken in 2015 by Sir Robert Francis which advised on the need to create an appropriate culture so that raising concerns becomes part of normal routine business and that staff feel able to do so in a culture that is free from bullying and other oppressive behaviours

ii) that the role of Freedom to Speak Guardian has not so far been introduced within the NHS in Wales

Recognising the importance of facilitating NHS staff to feel safe in raising concerns, and to have greater confidence that their concerns will be listened to and acted upon, this conference calls on the Welsh Government and Welsh NHS employers to introduce a similar role of Freedom to Speak Guardian within the NHS in Wales.

31 H1046 **Motion** BY LONDON NORTH EAST RCC That this conference

Motion from Northeast London RCC:

The vast majority of post mortems (PMs) are performed in England and Wales under the jurisdiction of Her Majesty's Coroner. The Coroner PM examination and the storage of tissue removed during PM examination do not require consent from the family of the deceased. However once the coroners authority has ended, consent is required from the deceased relatives to retain the slides and tissue. In practice this results in most histology slides and paraffin blocks of tissue taken at Coroners PMs are disposed of and are lost for teaching, educational and audit purposes. This conference

i) Believes this a loss to medical education and maintaining good medical practice

ii) Asks the BMA to discuss with the Royal Colleges, Coroners Society and other stakeholders the need to change the rules

iii) Asks the BMA to lobby for a change in the Human Tissue Act and Coroner Rules in England and Wales to facilitate retention of the histology slides and paraffin blocks taken at Coroner’s autopsy for teaching, education and audit without the need of deceased relatives’ consent.

36 H1062 **Motion** BY CONFERENCE AGENDA COMMITTEE (NORTHERN RCC TO PROPOSE).

That this conference notes the significant numbers of consultants who are subject to both the lifetime and complex annual allowance tax charges and calculations with the resultant damaging effect on the retention of NHS consultants noting that many consultants are no longer taking on additional work due to punitive effective rates of taxation and therefore demands that:

- i) the NHS Business Authority should routinely issue pension statements relating to pension growth and potential annual allowance charges on an annual basis to all doctors
- ii) the BMA should lobby HMRC, DHSC and the Treasury (and the respective departments within the devolved Nations) to alter the annual allowance calculation so that high earning public sector workers are not subjected to excessive rates of taxation
- iii) all NHS employers should pay the employers pension contributions to employees who have opted out of the NHS pension scheme due to annual allowance or lifetime allowance tax charges, as part of the “Total Reward Package”
- iv) the BMA note the successful legal action by judges and fire fighters against some of the deleterious changes to their pensions
- v) the BMA fully support, including with any external legal or analytical support required, the Consultants Committee in mounting such legal action as is determined by the Consultants Committee to be necessary against deleterious changes to consultants' pensions.

44 H1048 **Motion** BY SCOTTISH CONSULTANTS COMMITTEE This conference deplores the deliberate degradation of UK doctors remuneration by 30% in real terms take home pay over past decade and calls for the governments across the UK to address this urgently.

47 H1010 **Motion** BY LONDON SOUTH RCC This meeting calls for hospital consultants to formally pull out of the Doctors’ & Dentists’ Review Body mechanism.

- 48 H1054 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference deplores the fact that consultants in Northern Ireland are still waiting for the implementation of the DDRB recommendations for 2018-19 and we believe that this is contributing to the recruitment and retention issues in Northern Ireland. We call on the Department of Health, Northern Ireland, to ensure consultants in Northern Ireland are treated equitably compared to consultants in the rest of the United Kingdom.
- 49 H1049 **Motion** BY SCOTTISH CONSULTANTS COMMITTEE Scotland has a worsening exodus of frontline consultant medical staff due to declining remuneration, increasing workload and a sense of being devalued. This conference
a) deplores Scottish Government’s 2018 real terms pay cut for consultants
b) regrets the breach of trust by Scottish Government in its failure to implement even the modest recommendations of the DDRB in 2018 for the second year running
c) calls upon the Scottish Government to restore pay and conditions for its frontline consultant staff or be honest with the public about the consequences.
- 42 H1022 **Motion** BY SOUTH WEST RCC That this conference requires the BMA to develop a fit for purpose pensions calculator to allow members to assess their potential liabilities with respect to the annual allowance charge. Should this fail to have been done by the 2019 ARM then the reasons why must be given to CC.
- 54 1064 **Motion** BY AGENDA COMMITTEE (NORTHERN IRELAND CONSULTANTS COMMITTEE PROPOSING)
- That this conference notes the positive impact that flexibility and annualization can have on work-life balance but demands that:
- i) Consultants using annualised job plans must be protected to prevent short notice alterations to regular commitments not specifically agreed by the consultant
- ii) the BMA ensures that LNCs have robust policies in place to prevent short notice alterations to regular commitments occurring.
- 57 H1027 **Motion** BY NORTH WEST RCC That this conference demands that the BMA produces clearer guidance as to what work constitutes Supporting Professional Activities within job planning.

- 58 H1029 **Motion** BY NORTH WEST RCC That this conference believes wholeheartedly in nationally recognised terms, conditions and medical job titles. It condemns the use of confusing and arbitrary terms like ‘Associate Consultant’ and calls on the BMA to lobby against posts without national recognition.
- 59 H1052 **Motion** BY SCOTTISH CONSULTANTS COMMITTEE This conference calls on all 4 nation’s departments of health to recognise their obligation to provide safe parking or taxis for their staff to get to/from work
- a) when their hours frequently but unpredictably extend beyond the working day or
- b) involve transit during hours where there is no appropriate public transport option or
- c) where the employee is expected to have their car available for the employer’s benefit (ie inter-site transit).
- 62 H1042 **Motion** BY NORTH WEST RCC That this conference regrets that there are no national minimum standards for facilities time and remuneration for LNC Chairs and members. It therefore asks the BMA to work in conjunction with NHS Employers and other stakeholders to produce suitable guidance that can be disseminated to organisations and their LNCs.
- 63 H1028 **Motion** BY NORTH WEST RCC That this conference understands that hospital mergers can increase the workload of their LNCs to a large extent. It calls upon the BMA to review the terms of reference for the annual LNC conference, enabling proportional representation.

PASSED AS A REFERENCE

- 16 H1007 **Motion** BY NORTH WEST LONDON RCC That this conference believes that the government’s stated intention of training more doctors to be “generalists” and fewer to be “specialists” is contrary to the direction of travel in a world where knowledge is increasing exponentially. A combination of adequately resourced primary care and systems that support collaboration between specialists within secondary care will provide the best outcomes for patients.
- 34 H1063 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference recognises the benefits of study leave to enable consultants to remain up to date on best practice and support them in delivering the best high quality, evidence-based care. We call upon the Department of Health and the employing Trusts to look at funding for study leave, which has frozen - while the cost of accommodation, travel and conferences has

increased. It is important that consultants in Northern Ireland have access to the same high-quality educational opportunities as their colleagues in the rest of the UK.

- 65 H1000 **Motion** BY WELSH CONSULTANTS COMMITTEE Whilst regretting that, once again, the Review Body on Doctors' and Dentists' Remuneration (DDRDB) recommended a below-inflation pay rise for consultants for 2018-19, this conference nonetheless expresses its thanks to the Welsh Government for at least implementing the DDRDB's recommendations in full for doctors in Wales, including by back-dating the pay rise to the start of the 2018-19 financial year.
- A
- 66 H1037 **Motion** BY NORTH WEST RCC That this conference believes that the burden of bureaucracy imposed upon doctors is unacceptable and detrimental to clinical care in the United Kingdom. It asks the BMA to systematically address the problem by gathering evidence, highlighting its impact on doctors' professional lives, and working with key stakeholders to develop a systematic action plan to reverse this alarming trend.
- A
- 67 H1039 **Motion** BY NORTH WEST RCC That this conference commends the work of the BMA's Policy secretariat on mental health and urges the Association to continue to give it all necessary support and resource.
- A
- 68 H1051 **Motion** BY SCOTTISH CONSULTANTS COMMITTEE This conference believes that no fault compensation has not been given a full evaluation in the UK and calls for a pilot scheme to be set up.
- A