Retired members committee: report to ARM 2020

Before I talk about the 15 months since the last ARM and our future plans, we should pause for a moment to remember the healthcare workers and others who lost their lives while serving the public during the pandemic.

I would like to start now by thanking Richard Rawlins the first chair of the retired members committee. Thank you, Richard, for the smooth handover and the work you did paving the way for the effective working of the committee.

The creation of the retired members committee in 2018 gave retired members the recognition they deserve as a branch of practice. We have 11,000 retired members, approximately 7% of the BMA membership.

The title branch of practice may seem somewhat incongruous when the members are retired, but it is this recognition that gives us the ability to play a full and meaningful role in the activities of the BMA. We are now well placed to raise the profile of retired members in our association. For example, as chair, I’m a member of the BMA council, the strategic reference group, and can also attend meetings of the ARM agenda committee. I see a future in which retired members are increasingly active in making appropriate contributions to the work of our association.

For obvious reasons the COVID-19 pandemic has resulted in 2 phases of activity for the retired members committee and its officers.

In the first phase up until March, it was business as usual. I’m pleased to say that our traditional retired member lunches, with visiting speakers, were held in all the UK nations with the exception of Northern Ireland where a planned meeting unfortunately had to be cancelled. While social distancing is still the norm, the committee is looking at the possibility of ‘virtual’ lunchtime events – either local, national or UK wide.

As a ‘young’ committee we have looked at our constitution and standing orders and will be seeking some changes to enable the committee to better serve members interests. We expect to take proposals to the organisation committee this autumn.
Retirement for doctors is not always a clean break from work and we are considering how we might improve the membership definition to reflect this.

Our annual conference in March was one of the first BMA events to be cancelled as a result of the coronavirus. It may seem obvious now, in retrospect, that the event should have been cancelled. However, in early March when final preparations were underway it was less obvious. As chair of the conference I was supported by the other conference officers and BMA chief officers in reaching the decision to cancel. This support was much appreciated.

The cancellation of our conference was very disappointing. Firstly, we had an excellent line up of eminent speakers for our theme of Productive, Healthy Ageing. Secondly, the conference was going to explore how retired members might contribute to encouraging and supporting young people in applying for places at medical school, particularly those young people from less advantaged backgrounds. We will continue to look at how we can help to do this in the current climate.

When we cancelled the face-to-face conference, an excellent set of motions had already been submitted. I’m pleased to say that the conference members were able to vote on these motions electronically, and later in the year, following the cancellation of the five day ARM in June, moving to this one day virtual ARM - retired members reviewed and submitted new motions in line with the special criteria set by the agenda committee.

The second part of our year, the pandemic phase, soon had retired members the subject of considerable BMA work. The GMC had announced that some doctors would be invited to rejoin the medical register to allow them to return to work in the NHS and support the response to COVID-19. Detailed guidance material for retired doctors considering returning to work, was published on the BMA website and newsletters were sent. I’m very grateful to the many BMA staff that worked long hours and weekends to ensure that the BMA response was of the highest standard. The commitment and quality of work by staff and branches of practice was truly impressive and shows what a strong and cohesive association we are.

Our chief executive, Tom Grinyer, and the chief officers are to be commended for their leadership in responding to the unprecedented circumstances we faced. Tom held an early morning teleconference 3 times a week for the first 3 months. This brought together chief officers, service heads from across the UK, branch of practice chairs and others to consider COVID-related matters as they arose. These meetings continued through August, although less frequently. Much of the BMA's approach to supporting its members and the excellent press and media work arose from the wide-ranging discussions at these early morning meetings.

Over the months we have learned that the experience of returning to work did not always run smoothly for some of our members. There were GMC and employment issues. We are now looking at what lessons can be learnt and hope that the GMC and NHS Employers can take these on board in any further plans.

As a retired public health doctor and chair of the retired members committee, I have been well positioned to support some of the wider COVID-19 work of the BMA. Examples include the positions the BMA has taken on coming out of 'lockdown', pandemic control measures and risk management for UK tourism.

There are some key areas we have identified for our work next year.
- Retired member retention
- Changes arising from Romney report
- Widening access to medicine
- Virtual retired member lunches
- Learning lessons from retired doctors returning to work
- Pressing for mentoring to become established in the NHS
- Developing interest in social care
Finally, and importantly, I must thank our secretariat, Laura Clark and Sally-Ann Cole for the careful support and wise guidance they have given over the last 15 months. The committee could not function effectively without Laura and Sally-Ann working in the background to keep us on the right track and to integrate our work with that of the wider BMA. Thank you also to my deputy Stephen Millar and to the members of the committee.

So, to summarise, a year when we have increasingly found the opportunities we now have as a fully-fledged branch of practice.

Retiring from work gives new opportunities to contribute to BMA activity. I would encourage any retired member interested in becoming more involved. There are opportunities at division, regional and national level.

Thank you.

Brian Guttridge  
Retired members committee and conference chair