

# BMA staff and associate specialist doctors committee report to 2020 Annual Representative Meeting

## Introduction

Staff and associate specialist (SAS) doctors across the UK have faced unprecedented difficulties over the past 12 months. The following report from the BMA's SAS doctors committee (SASC) provides an overview of the policy work undertaken to support and lobby on behalf of SAS doctors to address the issues affecting them.

## Responding to the COVID-19 pandemic

### Risk assessments and personal protective equipment (PPE)

Since the early stages of the pandemic, the [BMA has conducted all-member tracker surveys](#), aiming to gather vital data on the concerns of different workforce groups around various aspects of working in the NHS during the pandemic, including availability and effectiveness of risk assessment protocols and access to PPE.

Furthermore, available evidence around COVID-19 indicates disproportionate impacts for people from Black, Asian and minority ethnic (BAME) backgrounds. This is particularly significant for the SAS doctor population – 70% of SAS and locally employed doctors (LEDs) on the General Medical Council's (GMC) register achieved their primary medical qualification outside of the UK, and 58% of respondents to the [GMC's survey of SAS doctors and LEDs](#) were of BAME backgrounds.

In the July tracker survey, 28% of SAS doctor respondents stated that they were not aware of any risk assessment in their place of work, while 65% had been risk-assessed (either in person or via a desk-based assessment). For those that had been risk assessed, 25% of respondents stated that no adjustments had been made and 16% stated that the changes that had been made do not fully manage the risks to their safety.

SASC has emphatically supported the need for a robust risk assessment tool for all doctors to use, and has been involved in [pan-BMA work](#) to ensure that all doctors are provided with an individual risk assessment and all healthcare workplaces are risk assessed to account for COVID-19 hazards and methods of mitigating these. This has involved contributing to the development of the [BMA's COVID-19 risk assessment tool](#), which helps doctors to quantify biological risk in supporting their work-based risk assessment. We have also co-signed, with fellow secondary care BMA committees, a [letter to all Trust chief executives in England](#) on the increased risk of COVID-19 faced by hospital staff, with a particular focus on BAME staff.

We have also worked alongside our fellow BMA committees in ensuring that concerns around PPE availability for doctors and healthcare workers are addressed.

We continue to provide advice to SAS doctors who require guidance in using risk assessment tools and holding their employer accountable for ensuring that they are appropriately protected from COVID-19 in their workplace.



## Changes to working arrangements and remuneration

Many SAS doctors and other senior clinicians across the country have demonstrated extraordinary commitment and sacrifice to go beyond expectations in responding to the pandemic. The BMA's priority throughout has been to ensure that doctors do not work in a manner that compromises their own health or safety or the health and safety of patients. During these circumstances, SASC is also keen to ensure that SAS doctors are remunerated appropriately for the work undertaken, and has supported the [Association of Anaesthetists SAS committee's statement](#) on remuneration.

In May 2020, the BMA agreed in negotiation with NHS Employers to publish a [joint advisory notice](#) on ensuring that working arrangements for consultants, consultant clinical academics and SAS doctors, implemented to contend with the height of the pandemic, are only in place temporarily during the fight against COVID-19. We have also produced [thorough FAQs for SAS doctors](#) across the four UK nations (including further guidance on pay rates for SAS doctors in Wales) regarding terms and conditions during the pandemic.

[Our further guidance](#) for consultants and SAS doctors provides clarity on changes to working patterns (including what to do if a doctor cannot agree to work a temporarily requested work pattern or roster, or take on certain clinical responsibilities), moving from on-call to shift systems, and extra duties and PAs. The guidance also sets out recommended out-of-hours remuneration rates.

In July 2020, SASC and the BMA's MASC and the consultants committee (CC), agreed to suspend the joint advisory notice agreed in May 2020 with NHS Employers, and that wherever possible, the temporary working arrangements should cease and doctors should return to previous standard work patterns.

## Redeployment of the secondary care workforce

Discussions during the height of the pandemic also focused on the impact of redeployment of SAS doctors into unfamiliar clinical settings to support the workforce response to COVID-19. [FAQs produced by the GMC](#) highlighted that it would be reasonable for a doctor to be asked to work outside of their specialty, but not out of their competence.

SASC and the wider BMA have remained clear that, unless an individual's contract expressly states otherwise, redeployment to unfamiliar care settings cannot be imposed upon a doctor and the employer must consult and reach an agreement with the doctor first. SASC has contributed to the development of the [BMA's extensive guidance on redeployment](#) during the pandemic, which includes further information on how redeployment must be arranged, what to expect at induction and training at a redeployment placement, and the availability of PPE and testing. We have ensured that the voices of SAS doctors have been critical to ensuring that redeployment takes place safely and with the individual doctor's agreement.

## Negotiations for the new associate specialist and specialty doctor contracts

Since February 2020, the BMA has been in [negotiations with NHS Employers and the Department of Health and Social Care \(DHSC\)](#) on reforming the current specialty doctor contract and creating a new senior grade to replace the associate specialist grade, aimed to come into effect in April 2021.

These negotiations apply to England, Wales and Northern Ireland – BMA Scotland and Scottish SASC are in separate discussions with Scottish Government and employers in NHS Scotland on potential negotiations.

We plan to achieve increases to basic pay, a simplified pay scale, additional contractual safeguards, a clear contractual framework allowing for development and progression, improved training flexibility and opportunities for development, and appropriate or necessary variations to agreed contracts to ensure suitability for SAS doctors in Wales and Northern Ireland.

In July 2020, a set of [heads of terms for the negotiations](#) were jointly agreed with NHS Employers, setting out the scope of items that will be discussed.

In line with social distancing and lockdown rules, the negotiations have continued over virtually-facilitated meetings between the SASC negotiations team, and their counterparts from NHS Employers and DHSC. Discussions have included, but are not limited to, the pay envelope available for contract reform, job planning and Supporting Professional Activities (SPA) time, annual leave arrangements, the simplified pay scale, and potential contractualisation of provisions in the [SAS charter](#).

Negotiations are ongoing, and we will keep SAS doctors informed of the progress through our media and communications channels. A [BMA blog](#) providing an overview of the negotiations thus far is available online.

## Review Body on Doctors' and Dentists Remuneration (DDRB) 2020 report

In March 2020, the [BMA submitted its memorandum of evidence to the DDRB](#), calling for a pay uplift for all doctors across the UK of at least retail price index (RPI) inflation, plus an additional mechanism to counter real-terms pay cuts since 2008. We also requested that the DDRB supports the BMA's calls for the UK Government to overhaul pension taxation policies, and for NHS pay policies to promote equal opportunities for all genders.

Our submission also specifically called for SAS doctors to be paid the extra 1% recommended previously by the DDRB in addition to the 2.5% general increase, and for the DDRB's support in full implementation of the SAS Charter across all four UK nations.

The DDRB published their [2020 report](#) in July, which was met by a strong [response from the BMA](#) due to the significantly smaller increase paid to junior doctors and GPs compared to consultants and SAS doctors, and the additional restriction to multi-year pay awards imposed on junior doctors and GPs. SASC welcomed the 2.8% pay uplift offered to SAS doctors, backdated to April 2020.

## Engagement with the GMC

### 2020 GMC survey of SAS doctors and LEDs

At the beginning of the year, the GMC published its [long-awaited survey](#) on the experiences of and issues affecting SAS doctors and LEDs. SASC welcomed the findings of the survey, which aligned with much of our policy work and research on SAS doctors. The survey highlights key concerns around different groups of SAS doctors and their workplace experiences, ranging from views on teamwork and training, bullying and undermining, opportunities for progression and development, and implementation of the SAS Charter.

SASC successfully called on the GMC to completely split SAS and LE doctors, and conduct a cluster analysis of both groups, independently.

In June 2020, SASC officers and the chairs of Welsh, Scottish and Northern Irish SASCs met with the GMC's team leading on the survey, discussing the GMC's next steps in the following 6 months, which SASC has agreed to contribute to.

### Changes to Certificate of Eligibility for Specialist Registration (CESR) processes

In response to concerns raised with SASC, the committee's co-chairs wrote to the GMC's director of registration and revalidation Una Lane in May 2020, to express SAS doctors' difficulties with meeting CESR application deadlines while under the pressures of the pandemic. Following this, the SASC's CESR certification guidance group met with the GMC's CESR applications team to discuss the issues raised.

During the pandemic, applications for CESR and Certificate for Eligibility for General Practice Registration (CEGPR) from SAS doctors and others have slightly increased compared to the 2019 level for the same time period. In discussion with the GMC, SASC have been informed of a 5% increase in year-to-date CESR applications between January and July in 2020, compared to 2019, with a pass rate of 50-52%, which is considered significantly higher to previous years.

The GMC has identified some of the challenges to SAS doctors completing the application process and has reached out to provide support, avoiding a one-size-fits-all approach and recognizing that each application and set of circumstances a SAS doctor may find themselves in will be different. SASC will continue to work with the GMC in addressing concerns and pressures SAS doctors may face in applying for CESR or CEGPR.