

In the original version of 2020, I would have been standing in front of you giving this speech in my home city of Edinburgh instead of just writing it here.

But missing the chance to welcome colleagues to an Edinburgh ARM ranks very low on the list of negative impacts of COVID. Events of the last few months put that in stark perspective.

Whilst a major pandemic has long been forecasted, nothing could have prepared us for its scale and the toll it has taken in terms of lives, health impact, restrictions on how we live and of course the way we as doctors work.

The early weeks of the pandemic, in particular, saw some dark and difficult days for us all. Those of us who are used to dealing with severe illness and death couldn't ever have been prepared for the scale of it. We are not made of stone and I know many will feel the mental effects of those worst weeks for a very long time, and well after any physical recovery from the long PPE clad shifts.

Those who have lost their lives to COVID in Scotland, and the families dealing with that loss, remain uppermost in our minds.

But equally the huge efforts of doctors in Scotland as you rose to the challenge, changed the way you worked, went many extra miles and did all that knowing the risk you and your families bore in dealing with a highly infectious and deadly disease as part of a truly collective effort is something I still find amazing and am awed by. I have never been prouder to be one of Scotland's doctors.

General practice remained open but the early days and weeks transformed how they worked. Andrew Buist, chair of SGPC, has aptly described general practice as the protective ring around our hospitals. It is absolutely right to say again that without their efforts in the community during the early weeks of the pandemic the crisis could have been so much worse

The changes in secondary care have been no less dramatic. Students graduated early and took up their place in the workforce, junior doctors were redeployed to COVID wards, putting formal training on hold but learning things none of us could have foreseen, and many at a very early stage in their careers. Across Scotland SAS doctors and consultants showed flexibility and massive commitment to ensure the NHS dealt with the pandemic, many fundamentally changing their jobs at short notice.

The leadership shown by senior doctors across the whole of healthcare is of course the same as they have always shown.



You led because you knew you had to, and neither the NHS nor the public should forget the value of that clinical leadership. Equally, we should not forget the value of being empowered, without the burden of bureaucracy. Freedom to be innovative and find new ways of working in the most difficult of circumstances was a strange juxtaposition but one to find some satisfaction from, if bittersweet.

BMA Scotland downed many of the usual tools to focus as never before on supporting doctors on the frontline. That meant ensuring the Government rapidly got its house in order on PPE and testing. Things were certainly not perfect, particularly during the early stages of the outbreak, but we kept at it. PPE supplies improved and staff testing was eventually properly implemented as the cabinet secretary gave a personal commitment to deal with any issues we raised.

We were able to secure pandemic death in service benefits irrespective of pension scheme membership. We hoped that it would never be needed but I know it provided some peace of mind for many doctors.

We have been more fortunate than some other parts of the UK where doctors have lost colleagues to COVID. But we can't be complacent and every day I wake up knowing that the risk is still out there for us.

We also achieved a comprehensive agreement on junior doctor working conditions during the pandemic, but it remains a real frustration that Scottish Government wouldn't, even after nearly four months of lobbying, agree a national deal to appropriately reward consultant and SAS doctors for the extra work carried out during the pandemic, often above and beyond what was asked of them. This was far from the Scottish Government's finest hour. Our focus is now on securing local deals, which we are clear must be fair and reflect the additional work being done. With a second wave being a real possibility, where health boards would again undoubtedly look to senior doctors to step up, they cannot rely on goodwill alone and must do the right thing, even if belatedly. Rest assured, they are under pressure to do exactly that from LNCs and BMA employment relations staff.

Sticking to the subject of pay, this year the Scottish Government accepted the recommendations of the pay review body in full, resulting in a 2.8% pay rise across the board for the profession. Years of cumulative real terms pay cuts have clearly eroded doctors' morale, so this year's pay award is at best only the first small step in the right direction.

But it is positive and the best uplift of recent years. For a second year, we have persuaded the Government not to enforce its own pay policy rules which previously resulted in real terms pay cuts for senior doctors. But they need to keep the momentum going and do that year on year if they are to restore some sense of doctors being valued.

Over these last two years, the issue of value is the one I keep coming back to without any apology. It's about much more than just money or symbolic clapping – however welcome that was. As COVID took hold, we saw some real, practical improvements including better rest facilities, hot food and drink provision, and better availability of car parking. Things that make a real difference to our day to day working. Sadly it took a pandemic for someone to finally realise their importance.

At least for a time many doctors also reported less of a command and control hierarchical approach where they worked, and a better sense of teamwork across organisations and not just within clinical teams. It wasn't universal but in many places, there was a refreshing understanding of the need to prioritise the patients in front of us, rather than targets and number crunching, and a realisation that the areas of highest clinical intensity needed the staffing to match.

We are now at another but different stage of uncertainty with recent rises in cases and local outbreaks which as lockdown eased were probably inevitable to some extent. But as we head towards winter it emphasises the need to avoid complacency and to take the necessary measures to avoid a further major outbreak.

Come what may we do need to look forward having learned from these last few months rather than simply poring over 'what went wrong'. The lessons

Looking forward there are two things I will focus on.

First, during the COVID outbreak, we've finally seen some refreshing honesty about our NHS from politicians, with realism about just what it can and cannot deliver.

This step forward must not be lost. It is time for a new sense of partnership between Scotland's people, politicians and the healthcare professions. Now is the time for a national conversation about what we want and expect from our healthcare services, what is possible with current resources, and whether as a society we are willing or able to increase those resources.

We need consensus and not confrontation. Healthcare is not a political football and it is not good enough to keep squabbling over NHS figures like they were the latest opinion poll results. This is damaging for staff, it distracts from the real long-term issues that exist and it does not help build public confidence. The tired approach of sniping from the sides hasn't worked before and it won't work now. So now is the time to finally be honest that the NHS cannot deliver all we ask of it with current funding and staff.

That will need bravery from opposition politicians to come to the table with realistic proposals. And we need the Scottish Government to listen to other ideas and be honest about the true scale of the challenges that our NHS faces – spread across the workforce, buildings, beds and medicines. Politicians need to speak to their constituents including those who are patients and health care workers, to the professions and trade unions and most importantly they must listen to what is said about what is working and what isn't.

We have an opportunity here and a glimpse of how the NHS could be: let's not waste that. We need to take a long-term view of the NHS with a clear focus on patient outcomes, and with time and space to allow any changes to bed in and develop. This requires a more mature political debate. Of course, political scrutiny of the NHS will always be a reality, but that needs to sit side by side with a more constructive approach, an understanding that appropriate clinical priority is best defined by the teams that deliver healthcare, and a better consensus around long-term goals and aims.

That is why I will use this speech to ask all our political parties to share in this vision, to put party politics and point-scoring to one side and unite to depoliticise the debate on our NHS.

My second, related point is around how we should measure what our health service does. We cannot return to the target culture which dominated our lives before COVID. It was not fit for purpose, and as was clear from the Sturrock report on NHS Highland, it was one of the major factors in fostering and allowing poor behaviours towards doctors and other healthcare staff.

That's why today, and ahead of next year's Holyrood election, we have set out an approach to underpin how we assess the way NHS delivers on what we believe it needs to. This unapologetically references the evidence-based views and reports of our new president Sir Harry Burns on this issue.

We must start by asking some fundamental questions: what do we want our NHS to deliver? How will we know our NHS is performing well? And how will we know it performs not just on how much it does, but also how well it looks after those who deliver that care?

That questioning approach must lead us away from a tired focus and narrative on numbers seen and how long it takes to be seen. We need a much clearer idea of what we need to measure. This should also see a shift away from the current language and culture of targets which simply demands that they are met and takes little or no account of local circumstances and external factors.

From this foundation, we have also suggested four key principles that we believe should be used to judge any new proposals for healthcare from political parties. These principles are available [here](#) and emphasise an evidence-based but realistic approach signalling an end to blame and shame NHS culture.

To our politicians, I say that they must reflect on this approach when considering what the NHS should aim for in the run-up to next year's election and beyond. And at the heart of any proposals, they must put the patient, and the welfare of staff first, not number crunching and unrealistic expectations of what can be delivered with the resources we have.

This focus on the wellbeing of staff takes me back to where I started. Although this may not have been the speech I expected to deliver, if there's a silver lining to this year's cloud, perhaps there's a real chance to learn from a crisis and genuinely improve doctors' working lives. I will conclude by once again saying how incredibly proud I am of Scotland's doctors who rose to the greatest challenge of their careers this year.

And I cannot finish without thanking the staff of BMA Scotland and all the elected members whose amazing commitment has helped carry us through the most difficult of times. Never has it been a greater privilege to be the chairman of the Scottish Council.