

## Consultants conference 2021 resolutions



- 5 A49CC21 **Motion** BY NORTHERN IRELAND CONSULTANTS COMMITTEE That this conference calls for an open Public Enquiry into the handing of covid19 enquiry by the UK and devolved governments. This enquiry should also address avoidable public and health care workers deaths due to the covid19 and put systems in place to minimise deaths in any future pandemic.
- 10 A65CC21 **Motion** BY NORTH EAST LONDON RCC That this conference has no confidence in the recommendations of the government and Public Health England (PHE) regarding Personal Protective Equipment (PPE) during the pandemic for healthcare workers working in areas that are not designated as ‘Aerosol Generating Procedure’ areas and calls for the government:
- i) To explain the three to fourfold risk of healthcare workers being infected with and dying from SARS-CoV-2 compared with the general population
  - ii) To recognise Covid-19 as an ‘Occupational Disease’
  - iii) To recommend the use of Respiratory Protective Equipment (such as FFP3 masks) in all patient-facing work where Covid-19 has not been excluded
- 14 A69CC21 **Motion** BY CONFERENCE AGENDA COMMITTEE That this conference recognises that difficult decisions made in response to the COVID pandemic and the ongoing pressures dealing with the backlog of work has resulted in moral injury to a number of consultants. We demand that:
- i. NHS employing organisations across the UK acknowledge this and provide timely access to psychological support to individuals who need it
  - ii. all NHS employing organisations and health departments across the UK deploy a ‘no blame’ approach when seeking ‘lessons to learn’ from the pandemic response
  - iii. all NHS bodies engage the public with an honest appraisal to what is achievable by doctors in the coming months, to manage the public’s expectations and reduce the risk of further moral injury amongst health professionals
  - iv. a funded and audited Preventing Burnout Charter is developed for consultants
- 17 A21CC21 **Motion** BY NORTH WEST RCC That this conference opposes the introduction of mandatory domestic Covid-19 ‘passports’ for these reasons:
- i) It is ethically unsound to discriminate against individuals on immunological grounds
  - ii) It is the thin of a wedge which sees private healthcare data entering the public domain
  - iii) Proof of vaccination is not proof of immunity
- TAKEN IN PARTS – (iii) CARRIED, (i) AND (ii) LOST**
- 18 A21CC21 **Motion** BY LONDON SOUTH RCC This Conference is appalled that the NHS White Paper does not specifically include non-management secondary care clinicians within Integrated Care System structures. We demand that this is rectified, and consultants are given a central voice.
- 19 A45CC21 **Motion** BY LONDON SOUTH RCC This conference is deeply concerned by proposals to establish a Medical Doctor Apprenticeship Scheme that will lead to a two-tier system for medical professionals.

This conference calls on the CC to:

- i) reject these plans outright, particularly any ability of local employers to determine entry standards of medical students, apprentice or otherwise.
- ii) lobby for increased accessibility to financial support by way of bursaries, grants and subsidised tuition fees instead of apprenticeship
- iii) propose the inclusion of optional extracurricular roles as HCA which are remunerated to financially support undergraduates.
- iv) recognise the impact on training of current medical students, doctors in training and educational supervisors

21 A40CC21 **Motion** BY LONDON SOUTH RCC This meeting calls upon UK Consultants' Committee to produce a model contract for consultants who "retire and return" to the NHS. This contract should include:

- i. a contractual right to recommence work at the same point on the NHS Consultant Salary Scale,
- ii. **a contractual right to retain the value of any consolidated CEAs that are in payment at the time of retirement**
- iii. access to mandatory recycling of the full value of the employers' pension contributions either under an employer-based policy or at pension scheme level.
- iv. an appropriate DCC:SPA ratio specified within the contract.
- v. and we mandate CC and its devolved counterparts to hold urgent talks with NHSE and its equivalents with a view to implementing appropriate variations of this policy quadrinationally.

**TAKEN IN PARTS – (i), (iii), (iv) AND (v) CARRIED, (ii) LOST**

22 A3CC21 **Motion** BY MERSEY RCC That this conference recognises that the Gender Bonus Gap is reflected in Clinical Excellence Awards and is unacceptable in most NHS organisations. The current pro-rata reduction applied to Clinical Excellence Awards payments for Less Than Full Time doctors disadvantages female doctors as a greater proportion work part-time. This systematic inequality contributes to widening the Gender Pay Gap in Medicine. The BMA recommends that this practice must stop and that this pro-rata reduction for Less Than Full Time doctors should cease.

**CARRIED AS A REFERENCE**

23 A3CC21 **Motion** BY LONDON SOUTH This Conference is pleased to see that Judges have enacted pension reform to allow them to practice to their full capabilities without worry of annual and lifetime allowance. We demand that full priority is given to negotiating a tax-unregistered pension scheme with the government, which will allow

today and tomorrows Doctors to take on NHS works as required whilst mitigating the consequences of unfair and complicated taxation.

- 24      A52CC21      **Motion** BY OXFORD RCC That this committee congratulates SASC on their successful completion of contract negotiations, but notes the proposed title for doctors appointed to the new senior specialty doctor grade is to be “Specialist Doctor”, and:
1. is concerned that this title may be confusing to patients, as the proposed entry criteria to the new grade do not require doctors to be on the specialist register
  2. suggest that the long-established title “Associate Specialist” is already well respected and understood for senior grade specialty doctors
  3. believes the term “Specialist” is normally reserved for doctors who are on the specialist register – as is common throughout Europe
  4. requests that the proposed title of the new senior specialty doctor grade “Specialist Doctor” should be modified, with advice from BMA PLG and Council, to denote that they are not required to be on the specialist register
  5. or alternatively requests that consideration is given to modification of the entry criteria to the new senior grade specialty Doctor, for example to include membership of the specialist register
  6. or alternatively, if the new senior SAS "Specialist Doctor" grade is implemented as proposed, that urgent action is taken to modify the terms "specialist register" and "specialist trainee"
- TAKEN IN PARTS – (1) CARRIED AS A REFERENCE, (2), (3), and (4) CARRIED (5) AND (6) LOST**
- 50      A40CC21      **Motion** by LONDON SOUTH RCC That this Conference believes that the reconfiguration set out in the Government NHS White Paper is bad for doctors, bad for patients and bad for the NHS. We call upon Council to highlight and oppose the proposed:
- i) regionalisation of medical training
  - ii) regression from doctors’ national terms and conditions of service
  - iii) unaccountable privatisation of NHS services
- 71      A69CC21      **Motion** BY NORTH WEST RCC That this Conference is deeply concerned by the worsening COVID crisis that is affecting India, Brazil and many countries worldwide. It notes that the health of the UK is intimately connected to the ability of the global community to combat the coronavirus pandemic and similar outbreaks worldwide. It asks the Association to redouble its lobbying efforts in insisting that the British Government urgently prioritises support to the worst affected nations by the provision of oxygen, drugs, vaccines, PPE and other equipment and resources in order that overstressed healthcare systems can meet the critical challenge that they face.