Consultants committee ARM report 2021

**CC secretariat**

**Consultants committee**

**Major areas of focus**

COVID-19

This session, we have continued to support consultants throughout the developments of the pandemic. We have demanded consultants be protected from COVID-19 in the workplace through adequate PPE and risk assessments, advised members on what to do regarding changes to their working patterns and lobbied on the emotional and physical toll of working through a pandemic. We campaigned for more widespread use of FFP3, and the prioritisation of vaccinations for healthcare workers. More recently, we have been underscoring the necessity of staff having the time and space required to rest and recover from the stress of the pandemic, as well as calling for mechanisms to tackle the unprecedented workload generated by the backlog and protect the NHS’s future.

In November 2020, we wrote to NHS Trust CEOs calling on them to publish their risk assessment metrics. In December, we joined fellow BMA secondary care committees in sending a letter demanding the urgent vaccination of healthcare staff. At the beginning of the year the consultants committee, hearing stories about wasted jabs, wrote to NHS England and NHS Improvement’s (NHSE/I) national medical director with our concerns about vaccine wastage. We worked with BMA colleagues to find out more about this potential squandering of resource, encouraging people to engage with a portal to report any incidences of this, and argued that such wastage should be a never event.

We also increased the regularity and depth of our communications (introducing, for example, the newsletter forward) with the profession to ensure that they were being kept up to date with the latest developments and guidance from the BMA and consultants committee.

We continue to attend meetings between the NHSE/I medical director and the royal colleges, where we discuss developments regarding the pandemic and its impact on a fortnightly basis. In addition to this, we hold fortnightly meetings between the NHSE/I medical director and the consultants committee chair focusing on how to resolve secondary-care specific issues raised by the pandemic. These look at a huge range of subjects, from PPE standards to the cancellation of annual leave, to the need for increased critical care capacity.

CC specialty leads met with representatives from royal colleges through the session. While their discussions focussed on a range of subjects including workforce issues (specifically around recruitment and retention), across the board there was a huge focus on the pandemic and how is has affected the different specialties – including its impact on training, its impact on care, and its impact on doctors. We used these meetings to find solutions to specialty-specific problems, sharing resource, support and insight with these organisations.

As a committee, we have constantly held the Government and employers accountable for the health and wellbeing of consultants. We have made the case in print, online and on TV that proper infection control measures need to be put in place to protect our colleagues, and that consultants require time to rest and recover from the pressures of the pandemic. We continue to push for solutions to problems caused and exacerbated by the pandemic, including greater funding to tackle the backlog.

Fairness for the Frontline

The consultants committee undertook a series of insight activities to better understand views around pay, which subsequently informed the Fairness for the Frontline campaign. At the beginning of the session, we held a series of focus groups and we also conducted surveys of both consultants and members of the public.

Following this, we launched our Fairness for the Frontline campaign in March 2021. This campaign demanded a minimum 5% pay uplift for consultants, as well as a reversal of the decision to freeze life-time pension allowance. This 5% minimum would begin to redress real terms pay erosion, which has in certain cases seen consultants lose 28.6% in take home pay since 2008 via a series of pay freezes and below-inflation pay awards.

We repeated this call in both our written and oral evidence to DDRB at the beginning of the year and worked to better inform consultants about the state of their pay, both through an [information mail-out covering key FAQs](https://www.bma.org.uk/media/4091/bma-consultants-pay-questions-may-2021.pdf) about consultant pay in England and a series of webinars. The campaign was widely advertised, and we raised further awareness of the it through press work (with consultants committee officers being interviewed by both the BBC and Channel 5) ahead of the Government’s pay announcement. We also encouraged members of the public and doctors alike to write to MPs, ahead of the DDRB making their recommendation, to ask that they realise the asks of the campaign. More than 3,000 letters were sent backing our call for a minimum 5% pay uplift for consultants.

The 3% pay award announced by the Government in July is triple the initial 1% the Government offered earlier this year, and our campaigning has played a central part in that uplift. However, the award still falls below our demands and likely amounts to a real-terms pay cut, given the Bank of England’s predictions on inflation. Our work in this area has not reached its end, and we will continue to push for a proper pay uplift that recognises the extraordinary efforts consultants have made throughout the pandemic and addresses the years of successive sub-inflationary pay awards.

Shortly after the announcement was made, we published a survey for consultants to better understand what they thought of the offer and, if they were unhappy, what steps they would be willing to take to push for better pay. The survey suggested a suite of possible actions consultants could take part in.

At the time of writing, the survey has just closed, and we will be using the information from this survey to plan the next steps of our pay work.

Consultant workforce shortages/Retire and return guidance

Consultant workforce shortages has remained a key concern to CC, and one which is being addressed by our healthcare policy subcommittee (with its chair and members of secretariat having held discussions with HEE about this issue).

Following a roundtable held with royal colleges last summer, the BMA published the [consultant workforce shortages and solutions](https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/workforce/consultant-workforce-shortages) report in October 2020. The report looks into the issues facing the consultant workforce and what actions need to be taken by UK governments and employers, now and in the future, to ensure consultants are retained in the NHS.The document includes a series of short, medium and long-term initiatives, and includes input from royal colleges. We continue to discuss the ideas contained within the report at specialty leads meetings with college representatives, and to use this report as a platform to lobby for policy to improve consultant retention and recruitment.

One of the recommendations of the report looked at improving the retire and return offer for doctors. In June we published a set of guidance entitled [‘Working in the peri-retirement period: possible changes to working practice including retire and return’](https://www.bma.org.uk/media/4196/bma-working-in-the-peri-retirement-period-possible-changes-to-working-practices-including-retire-and-return-june-2021.pdf). This guidance outlines how employers can retain consultants in peri-retirement, what consultants should take into account when considering retiring and returning to the NHS, what these doctors can earn, and what contractual arrangements need to be put in place.

Conference

This year, we held our first ever virtual consultants conference. The event was a success, with around 200 attendees. This year’s theme was ‘valuing consultants’ and we held a panel session featuring speakers including BMA President Sir Harry Burns, NHSE Chief People Officer Prerana Issar, and the author of the independent review into gender pay gaps in medicine Dame Jane Dacre. The president presented on addressing health inequalities, while Dame Dacre spoke about how to implement the recommendations applicable to consultants made in her review. The NHSE Chief People Officer gave a presentation on keeping consultants in the NHS.

The conference discussed and debated motions on a range of topics, such as COVID-19 passports, the medical doctors’ apprenticeship scheme, the recent NHS White Paper, the gender bonus gap, and the international impact of the pandemic. You can find a summary of the resolutions passed at conference on the [BMA website.](https://www.bma.org.uk/media/4285/bma-2021-consultants-conference-resolutions-june21.pdf)

**Development, communications and professionalism (DCP) subcommittee**

Appraisals

One of our main priorities has been advocating for more universal application of [Appraisal 2020](https://www.bma.org.uk/news-and-opinion/reducing-the-stress-of-appraisals-for-consultants), a streamlined appraisal process that places a greater emphasis on wellbeing.

The DCP chair represents the BMA on a working group with AoMRC, GMC and NHSE/I and pushed for greater implementation of Appraisal 2020. The working group is currently developing Appraisal 2020 and the Medical Appraisal Guide, to build on the benefits and lessons learned. The working group now has CQC representation and so provides an opportunity to also raise our long-held concerns with employers’ inappropriate mandatory training demands.

Moral injury

We raised the issue of moral injury at the April 2021 consultants committee meeting, as the increased risk of members being impacted by this phenomenon in the middle of the pandemic is one which the committee is well aware of. Working with the BMA’s ethics and human right’s team, we identified key actions that needed to be taken to prevent moral distress and help those already suffering from it. The BMA surveyed its membership on this matter (with input from DCP), and a report on the [survey’s findings](file:///C%3A/Users/SAllam/AppData/Local/Microsoft/Windows/INetCache/Content.Outlook/PGP327FW/bma.org.uk/moraldistress) was published 16 June. This report also provides recommendations for Government and other organisations on alleviating moral distress in doctors as well as steps doctors can take themselves.

In addition to this piece of work, we used BMA channels to raise awareness of the issue. We published a blog in the CC newsletter, an editorial in BMJ and secured a feature in *The Doctor* all considering the threat and impact of moral injury on doctors. We now need to audit members and see whether things have improved or not.

Meet the BMA

In conjunction with the BMA member relations team, we held a series of successful ‘Meet the BMA’ meetings, with the aim of improving grassroots engagement. These meetings were personalised to different areas, in order to better address the immediate, local concerns of attendees. A significant number of consultants came to these virtual events, and we have an excellent template to run future meetings.

Equality matters

We attended the Medical Women’s Federation’s (MWF) roundtable discussion on parental leave, where we shared the BMA’s work on extending enhanced shared parental leave for all doctors. We continue to work with MWF on achieving this aim.

We sit on the BMA gender pay gap working group and are pushing for representation on the Department of Health and Social Care’s (DHSC) gender pay gap implementation group.

The CC equalities working group continues to meet, to discuss ways to improve representation of members from specific under-represented groups (such as those with protected characteristics) within CC structures, and to make these structures as accessible as possible to individuals belonging to these groups.

The equality issues exposed by the COVID pandemic included the lack of PPE designed to fit women. We did significant media work to publicise this and raise awareness amongst members and employers.

We have also been in discussion with Disabled Doctors Network member Dr Sara Booth about means of improving support for disabled consultants.

GMC

We are now part of the GMC National Training Survey working group. The survey looks at barriers for trainers in providing high quality training, however the latest survey was only completed by 32% of trainers, down from 45% in 2019. The GMC is keen to explore our views on how to improve this. We are also working with the BMA’s junior doctors committee to inform future editions of this important survey.

We continue to feed into ongoing work, alongside other BMA committees, on the GMC plan to revise its current framework for approved and regulated credentials. We await its response to our concerns around training, bureaucracy and additional stress for doctors.

Menopause

Following the BMA survey showing that 90% of doctors experiencing menopausal symptoms find their working lives more difficult, we are in the process of developing a BMA model menopause policy and are working with stakeholders in the NHS to improve support for the workforce.

**Healthcare policy (HCP) subcommittee**

Bureaucracy survey

The consultants committee undertook a bureaucracy survey in September 2020 looking at bureaucratic barriers that have fallen away as a result of COVID-19, seeking to ensure that the removal of these barriers becomes embedded in NHS culture. We developed a survey to capture the changes that had resulted from needing to respond to the pandemic as quickly as possible. The survey built on the 2019 iteration of the bureaucracy survey, with a view to understanding bureaucracy in consultant roles more broadly, as well as related to the pandemic. The results of the survey were used as part of the BMA’s response into the DHSC inquiry into bureaucracy.

Interface working group and report

In September 2020, CC and GPC worked together to publish a report entitled [‘Supporting effective collaboration between primary, secondary and community care in England’](https://www.bma.org.uk/media/3334/bma-supporting-effective-collaboration-between-primary-secondary-care-covid-19-oct-2020.pdf). The report explores the challenges facing doctors as they deal with the backlog of care built up during the pandemic, and the role of effective collaboration across primary, secondary and community care in tackling this. We also continue to work with NHS England and other organisations through the interface working group, which aims to improve the interface between primary and secondary care.

Health and care bill

The BMA’s work to respond to the Government’s White Paper and Health and Care Bill is ongoing, with key input and guidance from CC and the HCP subcommittee on the association’s analysis of the proposed changes and campaign priorities. This includes pushing for proper clinical representation and leadership within ICSs, including a role for LNCs, as well as LMCs and public health doctors. The BMA is also pushing for the legislation to ensure that Government is accountable for ensuring adequate numbers of staff and that the Bill includes a responsibility for the Secretary of State to produce ongoing, accurate and transparent workforce assessments to directly inform recruitment needs. Additionally, we are lobbying for the proposed changes to competition rules to include enshrining the NHS as the default option for NHS contracts. We are also pressing the Government to be clear that ICSs will be NHS-run organisations and calling for limits to the new powers for the Secretary of State that are set out in the White Paper, to avoid unnecessary political influence in NHS decision-making.

NHSX clinical council/NHSX data strategy

The BMA was formally invited to nominate representatives to sit on a new national group – NHSX’s clinical council. The HCP subcommittee chair has been attending this group. The purpose of the clinical council is to improve patient equality of access to digital specialist advice and supporting/resourcing clinicians and systems to provide high quality advice and triage across all organisations. The council also allows sharing of digital advice and triage resources nationally to support elective care recovery.

In addition to this, the HCP subcommittee have been engaging with the new NHSX data strategy. NHSX’s [data strategy](https://www.gov.uk/government/publications/data-saves-lives-reshaping-health-and-social-care-with-data-draft/data-saves-lives-reshaping-health-and-social-care-with-data-draft) outlines their vision for how data will be collected and used by the NHS, social care and associated bodies in coming years. The document was released in draft form with the opportunity to respond to it. The BMA has been invited to attend workshops on each chapter of the strategy and members of the HCP subcommittee have attended the chapter on infrastructure.

Community diagnostic hubs

Following the publication in October 2020 of Mike Richards’ [Review on Diagnostic Services in England](https://www.england.nhs.uk/wp-content/uploads/2020/11/diagnostics-recovery-and-renewal-independent-review-of-diagnostic-services-for-nhs-england-2.pdf), the BMA health policy team engaged with the team at NHSE leading on the implementation of the recommendations from the review and discussed the opportunity to have BMA representatives on the expert advisory group (EAG) on the establishment of community diagnostic hubs (CDHs). Members of the HCP subcommittee and its chair have been attending this group and influencing the development of CDHs.

**Pay and terms and conditions of service (PTCS) subcommittee**

COVID-19 working guidance

In addition to our campaigning work around the pandemic, we have produced or amended various pieces of guidance relating to COVID-19 working for consultants specifically. This includes guidance on working patterns and pay for additional work undertaken (including out-of-hours work), changes to job plans, compensatory rest, leave entitlements, and protection against fatigue and burnout. As well as defending consultant pay and leave entitlements at a national level, we continued to provide regular support to those working at the local level, escalating issues to NHS Employers and DHSC where necessary.

We have also worked with BMA colleagues on the contractual problems members have faced over the course of the pandemic, for example unpaid work or an inability to return to work due to long COVID.

Local Clinical Excellence Awards (LCEAs) (England)

We have undertaken substantial work relating to LCEAs, meeting regularly with employers and the DHSC to negotiate both the successor scheme and changes to distribution in light of the pandemic. Recognising the impact of the pandemic on the workforce and employers, we agreed to distribute LCEAs equally amongst all eligible consultants for the 2020/21 and 2021/22 award rounds, instead of running regular competitive rounds. We also successfully pushed for a national agreement that those working part-time be awarded the full amount this year. We continue to provide national support to individual LNCs where difficulties have arisen with LCEAs, particularly relating to eligibility, calculation, and funding changes.

We have had regular negotiation meetings with NHS Employers and DHSC over a successor LCEA scheme (on average twice a month), with the aim of making the scheme fairer and ensuring it appropriately recognises excellence across all specialties and protected characteristics. If agreed, this new scheme will come into effect in April 2022 and replace the current LCEA scheme.

National Clinical Excellence Awards (NCEAs) (England and Wales)

We have repeatedly flagged to ACCEA that following the suspension of the national CEA round in 2020, there is likely to be an excess of applications in 2021. We have been lobbying for an increase in the number of national awards in 2022 to ensure members are not disadvantaged as a result.

Pay uplifts – DDRB, Fairness for the Frontline, and addressing pay erosion over the years

In our submission to the DDRB, we highlighted how consultants had given their all in the fight against COVID-19 and how consultant pay has been devalued over the years, asking for a 5% uplift for this year and mechanism to address the previous years’ sub-inflationary uplifts. We also launched our Fairness for the Frontline campaign, which demands a pay rise for consultants, having carried out surveys (with the public and consultants) in order to inform our position as well as webinars outlining the decline of consultant pay over the years. Whilst it’s unlikely that the Government’s previously announced 1% uplift would have been tripled without our work, the proposed 3% is still below our ask and we will continue to demand a minimum 5% uplift and mechanism to address historical pay erosion.

Legal action on redundancy changes

We led on legal action on redundancy changes, represented consultants in the pensions committee consultation, and updated the model contract for consultants in line with recent changes to the Employment Rights Act.

The consultants committee launched legal action against the Government’s attempts to cap redundancy payments. Under the Government’s proposals, they sought to limit the amount of money that could be paid if an NHS worker was made redundant to £80,000. This proposal disproportionately affected consultants who are currently entitled to significantly higher redundancy payments. The BMA was successful and as a result members’ existing rights have been protected.

**Northern Ireland consultants committee (NICC)**

Recruitment and retention

Even before COVID-19, BMA Northern Ireland (NI) had reported that the health and social care workforces in NI were overstretched and under-resourced. We have been urging key stakeholders to take action to recruit and retain consultants in the nation as it deals with and then recovers from the pandemic. We have continued to highlight the current issues with consultant pay and the level of erosion that has occurred over the past number of years to key stakeholders, in particular the impact this has had on the consultant workforce (both in terms of people leaving early and in trying to recruit to Northern Ireland). We have been looking at the way the issue is exacerbated by the lack of pensions mitigations and asked that NI consultants be invited to the Fairness for the Frontline pay survey to show the strength of feeling there is on the ground about this issue. This work continues.

COVID-19

COVID-19 has taken a significant toll on frontline consultants, rendering them mentally and physically exhausted from working around the clock and under intense pressure. Like Scotland, the NI Government was unwilling to agree a regional pay rate for additional workload during the pandemic and pushed this back to the Trusts to settle. However, throughout the period NICC produced guidance for NI consultants which included information on PPE, changes to working patterns, pay rates, annual leave and arrangements for staff who are sick or shielding.

Pensions

NICC remains extremely concerned about the detrimental impact the current punitive tax regulations are having on doctors and the **lack** of mitigations that currently exist in Northern Ireland. In particular, we believe that the current situation is affecting the choices doctors are making in relation to the number of hours they work and/or when they intend to retire. It is essential that we retain this expertise if we are to successfully manage the demands of the pandemic and rebuild and transform the service whilst tackling the ever-increasing waiting lists. We continue to raise awareness of the impact of pensions changes to consultants and persist in our endeavours to raise this issue with the NI Minister for Health.

Clinical excellence awards

Clinical excellence awards have been frozen in Northern Ireland since 2009, with no increase in their value, nor new awards or progression through the award scheme. NICC continues to press the Department of Health (DoH) NI and the Trusts to reintroduce these awards, and has highlighted the serious effect this is having on recruitment to senior posts. A legal case is in progress through the courts for the reintroduction of clinical excellence awards in Northern Ireland.

NI consultant strategy

A key piece of work for NICC this session has been to take forward the NI consultant strategy to improve the working lives of consultants in Northern Ireland by raising awareness of consultant issues to the NI Assembly Health Committee via ongoing briefings.

**Scottish consultants committee (SCC)**

Recruitment and retention

A key focus of our work this year has been the need for measures to support better retention of consultants. Even before the coronavirus pandemic hit Scotland, BMA Scotland had already reported that the NHS was overstretched and under-resourced, and urgent action was needed. In February 2021, SCC [published its report on consultant retention](https://www.bma.org.uk/media/3840/bma-scotland-consultants-retention-report-feb-2021.pdf), which brings together evidence to show there is a worsening crisis in the consultant workforce that demands urgent action – in particular on retaining the senior doctors we have, but also across the whole of the consultant career path. The report demonstrates that the way in which Scottish Government collects and records its vacancy figures fails to capture the true extent of consultant vacancies across the country. It warns that the NHS in Scotland is facing a perfect storm of consultants choosing to retire earlier than they otherwise would have, a significant proportion approaching retirement age, many consultants seeking to reduce their workload, ever rising vacancies across Scotland which are not being filled, and a year of unparalleled pressure on the service leading to stress and burnout for those who choose to remain.

Pensions

Pensions have continued to play a major role in the work of SCC, with a strategic communication released in June to remind consultants to request a pension saving statement from the Scottish Public Pensions Agency (SPPA) to ensure they have the information they need for scheme pays submission along with regular blog updates.

We continue to press Scottish Government on their promise to review the Recycling of Employer Contributions (REC) scheme for those members still affected by pensions taxation. SCC had proposed a continuation and further development of the REC scheme. However, Jeane Freeman (the then Cabinet Secretary) was not willing to agree to continue the scheme without clear evidence from NHS boards that AA/LTA issues were having significant impact on service provision. SCC continues to raise this with issue with Scottish Government and has requested that information on leavers be collected from employers for tracking. The issue has also been raised with Jeane Freeman’s successor from May 2021, Humza Yousaf, by Dr Philippa Whitford MP.

COVID-19

Scottish Government were unwilling to agree rates on additional workload during the pandemic, however throughout the period SCC produced guidance for consultants working in Scotland which included information on changes to working patterns, pay rates, annual leave and arrangements for staff who are sick or shielding, as well as agreements on doctors’ wellbeing and appraisals. See below:

* [Information on changes to working patterns and pay rates for consultants and SAS doctors in Scotland, including job plans, remuneration and pay, and acting up during COVID-19.](https://www.bma.org.uk/advice-and-support/covid-19/your-contract/covid-19-terms-and-conditions-sas-doctors-and-consultants/changes-to-working-patterns-and-pay-rates-for-consultants-and-sas-doctors-in-scotland)
* [Joint statement between BMA Scotland and MSG on consultants/SAS doctors working arrangements with information on job planning, appraisal and revalidation, annual leave and quarantine.](https://www.bma.org.uk/media/3291/bma-joint-statement-on-consultants-and-sas-doctors-working-arrangements-sept-2020.pdf)
* [Joint statement from BMA Scotland, GMC and Academy of Medical Royal Colleges and Faculties in Scotland, about doctors’ wellbeing and medical appraisals.](https://www.bma.org.uk/news-and-opinion/joint-statement-about-wellbeing-and-medical-appraisals-in-scotland)

Graeme Eunson, the chair of SCC, and other elected members from BMA Scotland [communicated regularly with the membership](https://bmascotland.home.blog/tag/consultants/).

Homeworking guidance

Scottish Government also issued a [director’s letter](https://www.sehd.scot.nhs.uk/dl/DL%282021%2905.pdf) to all NHS health boards reiterating that ‘stay at home’ regulations are in place and anyone who is able to work from home, must do so, which included NHS Scotland staff. We have been collating examples of good practice and poor implementation to try to ensure that consultants are provided with adequate facilities and support to continue home working as and when they feel it suitable going forward.

**Welsh consultants committee (WCC)**

COVID-19 advisory pay notice

An advisory note recommending temporary pay arrangements for consultants during the COVID-19 crisis was negotiated with Welsh Government and employers. The advisory notice recognised that work patterns, rotas, OOH work and SPA time had to change temporarily and urged consultants that this was done collaboratively and in a spirit of partnership*.* Throughout the pandemic we further agreed with Welsh Government and employers to extend the advisory pay notice. The last negotiationensured that the pay notice focuses on backlog/resumption of services. It is time limited and covers the provision of elective services outside the 9-5 normal hours of the welsh consultant contract to help specifically with the COVID-19 recovery phase. It specifically applies to displaced work – DCCs and SPAs. Waiting list initiative rates still apply to work electively undertaken out of hours.

Award for consultants

WCC negotiated new annual recruitment and retention payments for those consultants joining, or already on, the first part of the consultant pay scale from 1 April 2020 in Wales as follows:

Point 0 - £2,500 Point 1 - £2,500 Point 2 - £500

The first payment was made in March 2021 to those eligible consultants and future payments up to 2024/25 will be made on start and incremental dates. The payment will be the same for less than full time consultants. These additional payments have been funded using money that the Welsh Government held back from the 2019-20 pay award by not accepting the DDRB recommendation that year to increase both commitment awards and the national CEAs. The funding was, however, retained within the overall pay envelope.

Welsh consultants committee survey

WCC surveyed all Welsh consultants asking for their views and experiences of working in the Welsh NHS.

The survey asked questions about working patterns and pay, staffing vacancies, work-life balance and morale, retirement (and return), CEAs, COVID-19 working and beyond.

28% of consultants indicated that they would be looking to reduce working hours, retire or leave the Welsh NHS in the next 12 months. Members also said that burnout, pensions and feeling valued were their top concerns, and improvements in these areas would likely retain them in work for longer. Of those looking to ‘retire and return’ half of responders said they are doing so exclusively for reasons related to pension tax charges. A pay increase would encourage a third of respondents to stay in the workforce longer, but other options were more popular i.e. changes to the annual and lifetime pension allowances would encourage them to stay in the workforce longer or retire later. More than half said they would be encouraged to stay if they felt more appreciated/valued.

Recruitment and retention subcommittee

WCC representatives are members of the Medical and Dental Business Group that meets regularly with representatives of Welsh Government and NHS Wales Employers. A recruitment and retention subcommittee has been established, meeting for the first time in June where we began to discuss:

* A retire and return policy specifically for medical staff;
* Recycling of pension contributions for doctors;
* Induction/mentoring for international medical graduates; and
* A request that SAS doctors with long service performing second on call out of hours emergency work being given an opportunity to opt-out.