

Consultants Committee: report to ARM 2022 audio transcript

My name is Vishal Sharma and I am chair of the BMA Consultants Committee. I am honoured to update you about the work of the committee over the last 12 months and after the events of the last 2 years it is really a pleasure to be able see so many of you in person at the ARM.

It's been an incredibly tough year for consultants, battling wave after wave of the pandemic, trying to do the best for our patients despite increasingly limited resources. Consultants have fought those waves heroically – and I don't use that term lightly as sadly, tragically we have lost too many of our colleagues to that fight, a disproportionate amount from black and ethnic minorities.

The pandemic has laid bare just how under resourced our - your NHS actually is. BMA workforce modelling has shown that we have around 20% fewer doctors and around half the beds compared to the OECD EU average. We have less than 1/3rd of the beds per 1000 population than Germany. Indeed, a recent report from multiple think tanks including the Nuffield trust, the health foundation and LSE health has described the UK health system as exceptional. Why exceptional? Well they note that some countries have low numbers of doctors, some countries have low numbers of nurses but the UK is exceptional because it has low levels of BOTH doctors and nurses. During the last 2 years that has certainly felt to be the case. Things are unlikely to get better any time soon as we try and tackle the huge waiting list of patients needing to access care.

NHS England and Improvement have published their elective recovery plan and trumpeted how we will increase capacity, streamline services and have lots of shiny new diagnostic equipment to work through the millions of patients waiting for care. However, who exactly is going to deliver all that extra work? There is nothing in the plan about dealing with the incredible burnout amongst the profession. Nothing about working conditions, nothing

about restoring pay or addressing punitive pension taxation rules that force people to reduce their hours or consider early retirement.

What's worse, the government seems to think the best motivator for consultants is to reward them with an 8% real terms pay cut this year. Or at least that is what will happen if they stick to their derisory suggestion of a 2% pay award this year. This on the back of a 30% fall in take home pay for the average consultant since 2008. This is beyond unacceptable, its frankly insulting and consultants will not, cannot accept to continue to be undervalued in such a way.

The Doctors and Dentists Remuneration body (the DDRB) was originally formed as an independent body with the aim to avoid disputes between Government and the profession, and to give doctors assurance that their standard of living would not be depressed by 'arbitrary Government action'. This year following consultant conference policy, Consultants in England withdrew from the DDRB process as we felt it was no longer an independent and was subject to an unacceptable level of political interference.

We are now at a pivotal moment. If the DDRB once again recommend a below inflation pay award, or the Government fail to pay the award in full - that is the clearest indication yet that the pay review process has completely failed. Failed to prevent doctors' standards of living being depressed and failed to avoid disputes between the Government and the profession. The BMA will not tolerate another assault on our pay and will fight on behalf of consultants to restore our pay.

If the government seeks to deliver yet another real terms pay cut – it is crystal clear - they simply don't value consultants. For years, consultants have taken on more and more work, filling longstanding gaps, working additional hours, many unpaid. This is often on top of working jobs that are already well in excess of what is considered full time in incredibly busy and stressful environments. Often, we feel we have no choice but to take on more and more and too frequently this is to the detriment of our own health and wellbeing. Well, you do have a choice and we cannot endlessly continue to prop up a failing system, particularly if the government doesn't value us. It is essential that you value yourselves and the BMA consultants committee will be writing to you over the coming weeks to support you. We will be emphasising the need for you to protect your health and well-being and clarifying what work is extra-contractual that you are not contractually obliged to agree to, particularly if like many, you are on the verge of burnout.

The CC negotiations team, led by Mike Henley Deputy Chair for Negotiations have been in extensive talks around the future of Local clinical Excellence awards in England, but we were left with no option but to reject the Government's and NHS Employer's proposals for a new local Clinical Excellence Award scheme. We entered these negotiations in good faith hoping to address the inequities within the current scheme. We thought that we had secured significant improvements including the fact that successful applicants working part time would receive a full award, that applicants could choose 3 areas of excellence from 15 to ensure that the domains fitted within their scope of practice and ensured that all consultants demonstrating excellence could be recognised via a Level 1 award. However, unfortunately due to inflexibility from the other side on several key issues the consultants committee were extremely concerned that not only would the scheme remain unfair but would be overly complicated and burdensome - both for trusts and consultants. In particular, the insistence from NHS England and Improvement that there would be a single funding pot for both existing and new CEAs meant that in some trusts there would be no money available to grant new awards as funding was pre-committed to pay for existing CEAs. In these trusts it would be younger consultants, a greater proportion of whom are women that would miss out.

Alongside this, changes have been made to the national scheme – now called National Clinical Impact Awards – following consultation. Despite making lengthy representations to DHSC and the consultation, our views have been ignored and, as a consequence, we have profound concerns about how the scheme will function in practice and in principle. The problems are so significant that, for many who hold existing pensionable local awards in England, they will be better off retaining those rather than applying for a non-pensionable national award

We are also pleased to publish the first consultants charter in England, led by Shanu Datta, our deputy chair for Development Communication and Professionalism. This resource will outline the standards that consultants should expect from their employers across a wide range of areas such as job planning, safe working patterns, flexible working, CEAS and retire and return. Our excellent team of IROs will support you in identifying where your employer may fall short and highlight what you can do to achieve improvements via your LNC.

Shanu has also led on securing streamlined appraisals process in line with Appraisal 2020 and we have recently undertaken a survey in which you were clear in expressing your

dissatisfaction with appraisal, finding them overly onerous and bureaucratic. WE will publish these results soon.

Simon Walsh, Deputy Chair for Health Care Policy and I have been working to improve the primary/secondary care interface. We have attended the NHSEI clinical council on electronic referrals and advice and guidance and continued to raise our concerns about the move to move all referrals through the advice and guidance platform. We have also raised concerns about ensuring that time to deal with these requests is appropriately job planned. Simon and I have continued to attend the NHSEI Elective care Engagement forum where we continue to highlight the need to support the workforce.

It is essential that we work closely with our colleagues in primary care. The whole of the NHS is in crisis and for too long we have been pitted against one another, part of a deliberate campaign to divide our profession. Like all of you, I was appalled by the Government's and media's malicious and targeted campaign against our GP colleagues. We need to stand together, to support one another and ensure that the government doesn't divide us. Only by working together with our GP colleagues will we be able to tackle the waiting lists and protect the profession.

Moving to the work in the devolved nations, in Scotland, Graeme Eunson will sadly be stepping down as chair of the Scottish Consultants committee. Scottish consultants remain part of the DDRB process but are further hamstrung by the Scottish Government Public Sector pay policy which in effects caps pay rises to £500 for those earning above £40,000. For consultants in Scotland, this cap would result in a pay award of less than 1% for consultants so SCC continue to engage with the DDRB and have submitted an ask of RPI plus 2% for this year. Scottish Consultants Committee continue to undertake excellent work showing the high level of consultant vacancies across Scotland and this only further highlights the need to recruit and retain consultants.

In Northern Ireland, the Chair, David Farren is leading on the legal case regarding clinical excellence awards which is ongoing. Across Northern Ireland there remains no mitigations whatsoever for pensions taxation. Discussions with the minister of Health are continuing

In Wales, the Chair Phil Banfield, has secured agreement with Welsh Government and employers for a national policy for recycling of the employers pension contributions, with all

health boards expected to make this available. They are also in the process of standardising arrangements for retire and return to enable consultants to access to the 1995 pension and return to work on favourable terms.

I would like to thank my fellow officers, Dr Mike Henley, Dr Simon Walsh and Dr Shanu Datta and also to congratulate them on their reappointment to continue in their roles next year. I would also like to thank my counterparts in the devolved nations, Dr Phil Banfield, Dr Graeme Eunson and Dr David Farren as well as our excellent team of staff Richard Pursand, Sam Allam, Migena Kazazi, Caroline O'Regan, Caroline Bannister, Sarah Wolf, Richie Maslin, Peter Gordon and all the staff across the BMA that have supported your consultant committee this year.

Dr Vishal Sharma

Consultants committee chair