

Fighting for our rights, fighting for our future

BMA Scotland report

Lewis Morrison ARM speech 2022

This is my last speech as chair of BMA Scotland. After 4 years you might think working out what to say to sum up the year past or the year to come (or the year to come for my successor) would get easier, but anyone who thought that being in the medical profession might get less challenging as the pandemic appears to be in a new, calmer phase would have been proved categorically wrong. Each year I've been in this role the issues have got bigger and this speech gets harder to cram everything into.

Taking that challenge head on, I will start by summarising what elected members and BMA staff have been working on and fighting for in Scotland on behalf of members. These edited highlights bely the huge swathe of "the usual" day to day work for members that continues to happen year in year out.

Scottish Medical Students Committee are campaigning hard on the increasingly perilous financial position students find themselves in, for assurances about and delivery of restoration of the teaching and training which were so adversely affected by the pandemic, and much better access to mental health support. Medical students are our future and Scottish Government, and the Universities, need to invest in that future.

Scottish Junior Doctors Committee have recently delivered improved limits to long shifts with a maximum of 4 consecutive long shifts in any 7 days becoming the standard from August. Work is continuing to look at ensuring rotas are released with appropriate notice, ensuring all junior doctors are getting their breaks and much needed improvements are made to rest facilities, although securing all these is proving to be a frustratingly slow process.

Scottish SASC are making good progress towards a new contract; one that will better recognise and reward the vital role those senior colleagues play in delivering quality care in so many specialties. The pandemic has slowed up negotiations but there are now some promising signs, and we expect to say more later this summer. Over the last 12 months Scottish GPC has had to deal with unhelpful, inaccurate stories around the role GPs played in the pandemic and recovery. We have constantly challenged this damaging narrative perpetuated in some parts of the media and social media and played out by increasing and completely unacceptable abuse of GPs and their staff. Indeed, our research has shown GP practices in Scotland offer roughly 500,000 appointments every week. A truly staggering contribution. The committee continue to drive forward implementation of the 2018 GMS contract and in particular to secure the transfer of service responsibility away from GP Practices through delivery of staff into multi-disciplinary teams. More work on preparing for Phase 2 of the contract is now crucial to the future recruitment of GPs and embedding them in practices.

Scottish Consultants Committee continue to press relentlessly (and this is an issue for all doctors, especially those further on in their careers) on pensions tax mitigation, and yet again I have to say that Scottish Government may be listening but doing not so much. The number of, and the number of long-term, vacancies remain undercounted and unaddressed.

On issues that affect us all we've secured significant extra resources for doctor welfare (accepting that those are no substitute for the missing colleagues we need) and a long overdue review of appraisal in Scotland is underway which should shift its focus to something permanently more supportive and less bureaucratic. There are, as I say some common themes in all the work your colleagues on committees do for members in Scotland.

It's clear that in every part of the profession we simply don't have enough doctors. What we need to recruit and retain those desperately needed colleagues is not in place despite the plain and obvious evidence for what is required. There have been signs that politicians and the Scottish Government are beginning to understand the challenge of retaining doctors – and our pressure and lobbying has led to the creation of a short life working group that will focus on what needs done to keep those doctors towards the end of their career within the NHS where their contribution is of massive value.

But this is only a tentative step in the right direction. We have been saying for far too long that medical students and doctors need to be treated better by government, employers and public alike. They need working patterns which do not wreck their lives. They need the time to train and be trained. Teaching and training are the glue that binds the profession together, but the rush to catch up with the clinical work piling up by the day risks pushing that to one side in the blind pursuit of now clearly completely unobtainable targets. Seeing non-clinical work as some sort of nuisance or luxury that gets in the way of number crunching has to stop.

Many of us have found ourselves saying sorry to patients and families a lot recently; most of the time we are being apologists for things that are simply not our fault. But it's in our nature to do so, even when we're on the end of inappropriate behaviours. That doesn't make it any less tough to be the messengers who bear the brunt for the myriad of things going wrong across the whole health system. And it's not just us –

I know nurses, GP receptionists and all of us working in health care are in the firing line.

When we apologise for the waits for appointments, tests and treatment, the events that have led us to do so are simply not our fault. But we are the people on the front line – the ones who carry the can for many failings at higher levels.

We came into this pandemic after a long and brutal winter, and that winter has never ended. We came into the pandemic with resources and staffing stretched so thin that it is nothing short of a miracle we have somehow endured. But not all of us have. The direct and indirect effects of the pandemic have had the most profound impact on the physical and mental health of the profession. Some of our colleagues are not at work because of that. Many others are considering whether healthcare in Scotland is a place in which a medical career is tenable and survivable and are considering whether other places may be better, reducing their hours or retiring earlier than they otherwise may have done. The pain of working in, and apologising for, a system that is simply letting patients down at all stages is hard to over-estimate.

If students and doctors are considering looking elsewhere then I do not feel like I should be saying sorry for them doing so, when the conditions leading them to consider that are not our fault as a profession.

Years of underinvestment and a frankly complacent attitude to working conditions and recruitment have led us to where we are now. The rubber band that is our NHS was stretched so far and tightly before the pandemic that it has now snapped in many places.

All of which might sound like an archetypal BMA moan about things being “worse than they have ever been”. Except of course, they are.

Given this dire position, what might be done?

The first and immediate response to that is if we are going to spend years saying sorry for the state of the NHS in Scotland, we cannot be the only ones to do so. We need more honesty and frankly an explanation from Scottish Government on how they allowed the NHS to come into a pandemic so grossly understaffed and under-resourced. Why is it doctors and NHS staff who are constantly having to explain and apologise to the thousands who will wait months or years for their tests or to be seen – while politicians continue to bang on about ridiculous targets and timescales for treatment, which we all know are unachievable? The pandemic did not cause these problems whatever they might say, it simply exposed the truth and the extent of them. Some honesty about that would go a long way. It would also help us really start to get to grips with solutions

So, let's move beyond sorry and lay out what exactly what action is required. If you are going to retain staff whilst awaiting a proper recruitment plan that actually increases the medical workforce (and that's a no-brainer must do), then there's a shopping list and any action on each or all of them would make a difference:

- Don't cut our pay in real terms – as has happened for far too many years. If you want people to stay pay is a key part of the reward for doing so. It matters.

- Actually do something about the pensions issue. Stop wringing hands and saying its difficult.
- Don't prioritise clinical number crunching target-busting work over all the other things that doctors need to make their jobs and working lives fulfilling. The space to build and maintain teams, and teaching, training, research and quality improvement are not luxuries but essentials.
- Instead of leaving doctors in primary and secondary care to deal with – and apologise for - the healthcare needs of those waiting for diagnosis and treatment, actually do something to help those patients that doesn't pitch different parts of the profession against each other
- Simple things, like hot food and drink and knowing what your hours will be more than a few days in advance shouldn't be too much to ask.

Those issues got me into being a BMA rep 27 years ago, and the fact they have recently got worse not better is nothing short of scandal.

In my remaining weeks as chair of BMA Scotland there is still a to-do list, with an announcement on our pay imminent for a start. But even after I've handed over to my successor, I expect the Scottish pandemic inquiry will bring me back to give evidence. I've talked of honesty above and I will have some very honest things to say in the inquiry about what was done, not done, and how the pandemic has affected every single one of us.

Having said I wasn't going to go all retrospective or even sentimental, I can't however end this ARM speech without pausing and taking a moment to reflect that the last 4 years, and the last 2 and a half especially have been an extraordinary time to be a doctor, and to lead the BMA in Scotland particularly. It hasn't always been fun, but it has never been boring and it's at times been humbling and the most profound privilege. I may even have learned some new things about myself.

But mainly I'd like to look forward and the message is simple – stop asking doctors to say sorry and give them the tools to make things better. There's an opportunity to be grasped here. If it isn't the medical profession and the people of Scotland will be the worse for it.

Lewis Morrison
Chair BMA Scotland