

Consultants conference 2023 resolutions



HEALTHCARE POLICY**5. (A4CC23) Motion by North West Regional Consultants Committee**

That this conference condemns Trusts which seek to hide behind ICS structures and policies, and affirms that the BMA must insist that relevant local negotiations remain local, and within the sole remit of JLNCs.

CARRIED AS A REFERENCE

WORKFORCE AND WELLBEING**6. (A31CC23) Motion by Mersey Regional Consultants Committee**

That this conference notes the apparent erosion of respect for doctors in health care has led to a 'normalised' subservient position of the doctor in a managerial led health care system. Often this appears to lead to bullying tactics by managers within Trusts, burn out/exhaustion, significant moral injury from difficult decision making under extreme pressures and an overall demoralised workforce. We ask the BMA to:

1. provide guidelines to support consultants working with non-clinical managers requiring accountability of the actions of non-clinical staff in clinical matters, including extremes such as corporate manslaughter where clinical decisions are made by non-clinical managers in the event of deaths.
2. facilitate more doctors to become leaders in local policy making, using lessons learned from the development of the BMA rate card
3. support the consultants having influence in the workplace and to use this to direct decision making and policy development.

TAKEN IN PARTS: STEM – CARRIED, 1 CARRIED AS A REFERENCE, 2 AND 3 CARRIED

WORKFORCE AND WELLBEING**7. (A22CC23) Motion by Northern Ireland Consultants Committee**

That this conference feels that working in the NHS (and devolved equivalents) is increasingly unattractive for doctors, with many choosing to leave the health service or the UK to pursue their chosen vocation. We call on the BMA to develop specific guidance for members to aid job applications:

- to include relevant contacts and advice regarding medical regulation in the specific country
- links to required bodies responsible for recruiting overseas doctors

- and other relevant information required to help doctors make an informed decision about their career.

This guidance should be tailored towards:

- i. the top 5 countries that UK doctors leave to practice in (as informed by annual GMC data)
- ii. the UK private sector.

NORTHERN IRELAND

8. (A18CC23) Motion by Northern Ireland Consultants Committee

That this conference calls on the Department of Health in Northern Ireland to finally admit that the Health and Social Care service has collapsed and is failing patients and the staff who work there. We call on them to immediately take responsibility for this by:

- i. Informing the public that the current service is not meeting the needs of the population
- ii. Benchmarking the current and future service provision against the same key performance indicators as the rest of the UK
- iii. Bringing in relevant outside expertise to help stabilise the HSCNI
- iv. Prioritising clinical need and patient safety in delivering services
- v. Ensuring transparency in decision making and funding allocation
- vi. Prioritising the wellbeing of staff.

HEALTHCARE ESTATES

9. (A27CC23) Motion by Wales Consultants Committee

This conference notes that the traditional working model in hospitals has changed with working in hubs and on more than one site. This has led to loss of office space, private areas for reflection/discussion. Furthermore, on wards there is frequently nowhere to be able to have a private conversation with a patient and family. There is also a complete lack of space for doctors to rest, recover after a busy/tough session with some resorting to sitting in changing rooms for a brief moment of respite.

This conference therefore calls for the:

- i. Provision of dedicated office space/relatives' room on a ward for doctors to be able to have confidential discussions with patients and families.
- ii. Provision of dedicated office space for consultants as set out in The Royal College of Physicians Guidance.
- iii. Provision of senior doctors mess/dining room for them to rest/recover whilst on a busy

EQUALITIES ISSUES**10. (A17CC23) Motion by North East London Regional Consultants Committee**

That this conference supports the statement of Dr Hilary Cass in the Interim Cass Review, that there are divergent views about how gender incongruence and gender related distress in children and young people should be interpreted and clinically managed and that encouraging discussions in a safe and respectful manner so that progress can be made in finding solutions is key.

This conference asks the BMA to facilitate respectful discussion of the issues raised in the Interim Cass Review.

PHYSICIAN ASSOCIATES**11. (A24CC23) Motion by Imperial Local Negotiating Committee**

That this conference believes that Physicians Associates (Anaesthesia) are not the same as medically-qualified anaesthetists (while respecting and recognising the skills that PA(A)s do have), and that the safe model of anaesthesia developed over many years is being undermined because of a worsening medical workforce shortage and cost pressures, and furthermore:

- i. calls on the Royal College of Anaesthetists to change its current approach from one of accommodation of PA(A)s to one of demanding that anaesthetic understaffing be dealt with by training more anaesthetists, not replacement by a different staff group
- ii. calls on the GMC to require PA(A)s and anaesthetists as part of the anaesthetic consent process to make it clear to patients if the person who will be the immediate provider of anaesthesia to them is not medically qualified
- iii. calls on HEE to explicitly commit to training far more anaesthetists and far fewer PA(A)s with immediate effect, notwithstanding commitments made to people already in PA(A) training courses now.

CONSULTANT PAY**12. (A35CC23) Motion by Consultants Conference Agenda Committee**

That this conference notes with dismay that since 2008/09 consultants have experienced a nearly 35% fall in real terms take-home pay on average, and believes that Industrial Action may well be inevitable. We call upon the BMA to:

- i. continue to convey the anger among consultants regarding sequential below inflation pay rise to the governments of the UK and Devolved Nations, and demand pay restoration in real terms;
- ii. ballot its Consultant Members employed by the NHS in England for Industrial Action;
- iii. support the Devolved Nation Consultant Committees in whichever strategy they decide to take;
- iv. to ensure that members have been explicitly and comprehensively briefed about their rights and responsibilities, should Industrial Action take place, extending to information available on the BMA website, as well as direct member communications.

LOCAL CLINICAL EXCELLENCE AWARDS

17. (A32CC23) Motion by Mersey Regional Consultants Committee

This conference acknowledges the breakdown of national negotiations regarding the successor scheme for Local CEAs at this time. But calls on the BMA to provide LNCs with guidance on developing local competitive award schemes in those Trusts that are unwilling to continue with equal distribution of CEA funds.

EUROPEAN UNION OF MEDICAL SPECIALISTS

25. (A9CC23) Motion by North West London Regional Consultants Committee

That this conference believes that the BMA is the national medical association recognised by our European partners and European Medical Organisations. UK Consultants involvement in the European Union of Specialists (UEMS) requires adequate support and funding. However, the current process of appointing Head and Deputy Head of UK Delegation to UEMS is from a narrow pool of elected Consultant members. To ensure a greater number of BMA consultant members can be considered for these positions (in addition to the currently accepted criteria of Consultant members to specific BMA committees) this conference calls on the BMA, the BMA Organising Committee and Appointments Committee to expand the pool of possible nominees to these appointments by:

- i. Allowing BMA Consultants with suitable experience to be elected for final nomination.
- ii. Allowing an “election of nominees” of BMA Consultants at UK Consultant Conference and at ARM
- iii. Fixing the total number of nominees that can be elected for final nomination for the Appointment’s Committee to consider.
- iv. Ensuring the appointments procedure is timely and gives sufficient time for handover.

GMC SUSPENSION**29. (A25CC23) Motion by Imperial Local Negotiating Committee**

That this conference believes that suspension is not a neutral act, that justice delayed is justice denied, and that the presumption of innocence underpins our notions of justice. We call on the BMA to campaign for:

- i. the GMC to introduce a time limit on investigations such that if a complaint or raised concern has taken more than nine months to progress to a hearing, the proceedings must be dropped and the complaint or concern recorded as “dismissed” or some other indicator that maintains presumption of innocence;
- ii. NHS Employers to issue guidance that suspension from clinical practice should only be used when a clear risk to patient or staff safety is evident and that all suspensions of clinical staff must be personally authorised by the Chief Executive of the employing organisation and require appropriate support to be made available to the doctor as part of the process;
- iii. NHS Employers to issue guidance that suspensions of doctors should expire after eight weeks and require a hearing convened as per a disciplinary hearing to renew the suspension if required.

TAKEN IN PARTS: (i) and (ii) – Carried, (iii) – CARRIED AS A REFERENCE