

# **Confederation of British Surgery: proposed strategy**

## **1. Introduction background**

The aim of the Confederation of British Surgery (CBS) as a Professional Association would be to act as a 'Trade Union' for surgeons and to look after their professional and employment interests irrespective of Surgical Royal College or Surgical Specialty Association affiliation. As such, CBS would be able to involve itself in matters relating to terms and conditions of service, contracts of employment, litigation, insurance and other matters from which the Surgical Royal Colleges and the numerous Surgical Specialty Associations are effectively excluded on the basis of their charitable status and the 'public benefit' concept which this entails.

A CBS would emphatically and specifically not be in competition with the Surgical Royal Colleges or Surgical Specialty Associations, as these have remits relating to clinical standards, education and membership activities and are not permitted to act, in any way, as a trade union.

## **2. Raising the profile of CBS**

The essential first action of the CBS would be to ensure that all practicing surgeons within the UK are informed about this development.

This would involve the following:

- 1) A mailshot to all surgeons in clinical practice in the UK. CBS has access to mailing lists through the Surgical Royal Colleges and the Surgical Specialty Associations (which are all in membership of the FSSA – the Federation of Surgical Specialty Associations).
- 2) An advertisement in Association publications. Again, this is facilitated by our close links with the FSSA.
- 3) Publication of survey results in surgical journals.

## **3. Member benefits to be offered by CBS:**

1. *Medix insurance*: This recently developed affinity scheme set up in conjunction with the FSSA would be affiliated to CBS. Membership of CBS would automatically entitle members to the benefits of Medix which provides competitive insurance for house, property and possessions with certain unique surgical policies such as hand insurance.

2. *Surgical Expert*: is another recently created company designed to provide expert witness comment for surgeons in dispute with their Trust (employer) or the GMC (the regulator). Recent evidence demonstrates that up to 20% of all surgeons are under investigation at any one time. The stress and uncertainty associated with these investigations has enormous effects on the welfare and wellbeing of surgeons. Any initiative that might help resolve these issues expeditiously will be welcomed by the profession.

Membership of CBS would automatically entitle members to the benefits of Surgical Expert Ltd.

#### **4. Lobbying parliamentarians**

There are two surgeons in the House of Lords who are sympathetic to the concept of a trade union specifically created for surgeons (Lords Kakkar and Ribeiro). It would be our intention on recognition of CBS to arrange to meet their Lordships to discuss future direction and current policy. This would also ensure that the Secretary of State for Health was informed of this development.

#### **5. Maintaining close links with Professional Associations**

The catalyst for the establishment of CBS arose following discussions within the FSSA. The FSSA is comprised of the Presidents of the 10 GMC recognized surgical associations. However, the FSSA does not exist as a body corporate in law and is not a charity in its' own right (as are most of the Associations). The CBS, if recognized, would continue to work closely with the FSSA. In many respects the activities of the FSSA in recent years represent the aspirations of the CBS. Examples include:

- i) dealing with surgeons in difficulty
- ii) the future of the district general hospital
- iii) training surgeons of the future
- iv) choosing wisely: cost effective surgery

All of these initiatives resulted in discussion documents that were published and were widely disseminated. They are seen to have been useful background for surgeons to discuss their own specific problems with local employees.

CBS would co-opt as a member of its' executive the President of the FSSA thereby maintaining close links

#### **6. Appointment of Administrative Manager / CEO**

A priority for the CBS would be the early appointment of non-surgical manager. In the first 12 months or so of operation the priority would be raising awareness of the CBS and encouraging recruitment.

#### **7. Finance**

An initial annual membership fee of £100 is proposed. As such, even a modest membership of 500 surgeons in the first year would permit appointment of administrative staff which would lead to additional recruitment and extension of member benefits.

#### **8. Employment issues**

Clearly the ultimate objective of the CBS would be to negotiate on behalf of its surgeon members on matters specifically relating to their employment and terms and conditions of service. Issues of particular relevance to surgeons include:

- The split in the Consultant Contract between SPA (supporting professional activities) and DPAs (direct clinical care). This varies greatly around the country. Most surgeons are of the view that the allocation of 1SPA in a 10 PA contract for research, training, audit, revalidation is unacceptable. Surgeons and their clinical outcomes are now in the public domain. It is critically important that facility is given to them to ensure published data is accurate.

- A recognition of the onerous nature of on-call commitments for surgeons. Surgeons work in high intensity environments. This should be recognised.
- Waiting list initiative payments: for some years governments have encouraged surgical activity outwith normal contracted hours in order to reduce waiting times. These additional activities are paid over and above standard salary but the rates of pay vary widely up and down the country. This is unfair and should be standardised.
- There are inconsistencies in the means by which discretionary points are awarded. This should be standardised

It is relevant that none of the issues above are in the forefront of negotiations by the BMA, as surgeons are a small minority (less than 10%) of the total BMA membership.

It would be neither be feasible nor sensible for the CBS to attempt to embark simultaneously on all of these issues. If recognized an early intention of the CBS would be to conduct extensive research amongst surgeons to determine a consensus on which issues are most important. Having done this CBS would research that particular issue and lobby on behalf of surgeon members. Such lobbying would include not only parliament but also existing trade unions such as the BMA and the HCSA.

## **9. Negotiating on behalf on members**

9.1 Once established the CBS, as a registered trade union, the CBS will have negotiating rights on behalf of its members and it will be able to impress on the HHS, Department of Health and Foundation Trusts the need for inclusion in collective, local and individual bargaining on behalf of its membership.

9.2 CBS recognizes that, to be effective, it will have to demonstrate a commitment to surgeon members and their employment concerns.

9.3 To achieve effective, legitimate and effective representation of surgeons' views quickly will involve the following:

- Extensive use of social media. Most surgeons are adept with modern technology and invariably possess smart phones, access to the internet and other forms of social media. It would be our intention to create twitter feeds, WhatsApp facility and Facebook on a regular day to day basis to facilitate the determination of those employment issues that cause most concern. Use of social media will allow large numbers of surgeons to express opinions in short periods of time. Whilst CBS does not at present have formal negotiating rights with employers it is hoped that by harnessing the opinions of large numbers of surgeons that these views will be difficult to ignore.
- Many surgeons are familiar with dealing with the media. CBS would use current contacts to facilitate dissemination of information and by so doing increase the profile of surgeons in the UK as distinct to the BMA (which predominantly represents general practice) or HCSA (which has a small membership of unconnected consultant specialities but few surgeons).
- The FSSA, with which CBS will maintain a close working association, is very familiar with the use of "survey monkey" as a means of gauging opinion on various topics. Surveys which are succinct and which address topical issues usually have a satisfactory response rate. CBS would use "survey monkey" to assess the depth of feeling on a wide range of employment issues. When a dominant theme emerges CBS would seek to establish policy on behalf of surgeon members and then lobby on their behalf.

- One of CBS' first actions would be to write to all Trusts and other NHS employers in the devolved nations. CBS can access names of all CEOs and Medical Directors from Trust web sites thereby rapidly establishing databases of senior NHS staff. Similarly, access to FSSA mailing lists as well as review of Trust web sites will permit rapid accumulation of databases which will include the names and details of all practicing surgeons in the UK.

9.4 Negotiation on behalf of surgeon members is unlikely to be effective until such time as CBS is seen to represent the views of the surgical community. At this stage we would seek meetings with:

- Parliamentarians
- Chief medical officer
- NHS medical director (currently a surgeon)
- Local MPs (as local hospital issues relating to the provision of surgical services are often very contentious)
- Patient liaison groups: as a group we have contact details of patient liaison groups across the speciality spectrum. Having the support of patients is likely to prove important in negotiation of terms that enhance the provision of surgical services,

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