

# FSSA

Federation of Surgical Specialty Associations



## **British Surgical Association: survey of interest**

Surgeons, like many clinicians in today's NHS, are unhappy. Morale is at an all time low. There are many reasons for this: a perceived loss of professionalism, a culture of fear and intimidation in the work place and perhaps most importantly, a perception that surgeons are no longer in control of their own destinies. These are often determined by non clinical staff and politicians for whom cost containment is the absolute priority.

Whilst surgeons frequently point the finger of blame for their altered circumstances to our political and managerial masters and mistresses, much opprobrium also falls upon Colleges and Specialist Associations. How often does one hear the accusation "what do the Colleges or the Associations do for me?".

The problem here is defining what surgeons expect from Colleges and Associations. If it is certification, examination, maintenance of standards, development of crafts skills or encouragement of research, then really surgeons have no reason to gripe. The Colleges and Associations throughout the UK and Ireland actually perform these tasks with considerable aplomb and have done so for many years. The perception that they are glorified dining clubs for an aging elite is simply wrong!

If, however, surgeons are disgruntled because they feel no-one is looking to their professional interests as defined by their terms and conditions of work, or their salaries and pensions, or job contracts, or disciplinary procedures then they may have a point. Colleges and Associations are largely Charities and as such their actions are determined by the Charity Commission which specifically states that their activities must be for the benefit of the public and not exclusively for their surgeon members. Of course, there is inevitably some fudging of the boundaries and Colleges and Associations frequently justify activities on the basis that some benefit will accrue to patients as a secondary benefit to helping surgeons. But the inescapable fact is, and is often not appreciated by surgeons, that the Colleges and Associations are effectively powerless to intervene on surgeons' behalf with respect to terms and conditions of service. This latter is the role of the BMA which is the recognised trade union for medically qualified individuals. And, as is well known, surgeons are not particularly well represented in this organisation which is largely comprised of general practitioners.

For these reasons, I and others\* suggested some years ago that consideration should be given to the creation of a “British Surgical Association (BSA)”. We recognise that surgeons are traditionally conservative with a small “c” and are usually reticent to become involved in matters appertaining to trade unions. Also, we recognise that there are already arguably too many surgical Colleges and Associations and speciality groups. Nonetheless, numerous discussions have occurred and we were advised that no progress could be made on this suggestion without some verification that there was support for this idea in the surgical community. Hence, this survey.

A letter inviting surgeons to complete the survey was sent out on behalf of the FSSA from all 10 Specialty Associations. It read as follows:

*Re: British Surgical Association: survey of interest*

*As many of you will be well aware, there has been discussion in recent months about the suggestion that the UK would benefit from the creation of what has been called “a British Surgical Association”.*

*The aim of such a Professional Association would be to act as a ‘Trade Union’ for surgeons and to look after their interests irrespective of Surgical Royal College or Surgical Specialty Association affiliation. As such, it would be able to involve itself in matters relating to terms and conditions of service, contracts of employment, litigation, insurance and other matters which the majority of Surgical Colleges and the Associations are effectively excluded from on the basis of their charitable status.*

*A BSA would emphatically and specifically not be in competition with the Surgical Colleges or Associations, as these have remits relating to professional standards, education and membership activities and are not permitted to act, in any way, as a trade union. Indeed, it is apparent that any potential success from a BSA would only occur if it existed in harmony with the Surgical Colleges and Associations.*

*We have been informed that there is no theoretical impediment to Surgery as a defined craft Profession establishing its’ own trade union.*

*For your information, the subject of BSA has been informally discussed with Presidents of all four Surgical Royal Colleges as well as informally with members of government and ACAS.*

*We are advised that an important preliminary step in establishing a BSA would be to substantiate the fact that there is popular support within the Profession for such a move. Hence the need for a survey.*

*This proposal (to sample surgical opinion using a survey distributed to members of all 10 speciality associations and facilitated by FSSA) has been discussed by the executives of all speciality associations.*

*We are grateful to you for your cooperation and would welcome any comments.*

*The questions were as follows:*

1. Please state grade (Consultant / NCCG / trainee)
2. Number of years in present appointment (<1 , <5, <10, <15, <20 years)
3. Do you agree that terms and conditions of service for surgeons should be considered separately to those of other specialities
4. Do you consider that terms and conditions of service are adequately dealt with at present
5. Would you support, in principle, the establishment of a “British Surgical Association”
6. If ‘yes’ would you agree that such an Association should be independent of Colleges and Specialty Associations but work closely with them

## Results

Over 1500 responses were received.

A total of 82% were consultants. As regards years in practice approximately 10% were within 1 year of appointment and then there was an even distribution of about 20% each for the bands up to 5, 10, 15 and 20 years respectively.

When asked the question *“do you agree that terms and conditions of service for surgeons should be considered separately to other specialities?”* 78% said yes and 22% no.

In answer to the question *“do you feel terms and conditions of service are dealt with adequately at present?”* 85% said no and 15% yes.

Question 5 asked *“would you support, in principle, the creation of a British Surgical Association?”*, 82% said yes and 18%, no.

The final question asked: *“if yes, would you agree that such an Association should be independent of Colleges and Speciality Associations but work closely with them?”* No less than 95% said yes and 5% no.

A total of 496 responses included free text. These are shown in full on the FSSA website ([http://fssa.org.uk/BSA\\_survey/responses](http://fssa.org.uk/BSA_survey/responses)). The majority were in support of the suggestion that a BSA should be established. The most commonly recurring theme was that surgeons were poorly represented and that the BMA was not fit for purpose from a surgical perspective.

There was a vocal minority who argued that we already have an ample sufficiency of representative associations and do not need anymore.

## Discussion

Notwithstanding “survey fatigue” which afflicts most of us, this survey generated over 1500 responses in less than a month. There is absolutely no doubt that surgeons are disgruntled about their terms and conditions of service and a majority of respondents were very supportive of the concept of a British Surgical Association.

These results were discussed at a recent meeting of the FSSA. Three important points were raised:

1. The fact that a survey shows a professional group are unhappy with terms and conditions of service may simply be a reflection of low morale throughout the NHS
2. The results might have been different if we had included a question asking whether or not surgeons would be prepared to pay a fee to join a British Surgical Association
3. It was pointed out that a notable feature of the free text responses was that very many were critical of the BMA. Perhaps therefore these results are a manifestation of discontent with the BMA rather than an appeal to create another association. In this regard I emphasised that reference to the BMA was deliberately omitted from the questions as I felt this would have inappropriately detracted from the main issue.

The FSSA have agreed that the next step should be to meet with the BMA in an attempt to determine whether or not they are prepared to specifically consider surgeons concerns. In the absence of any progress, then further enquiries would be made about other options; these include affiliation to another existing union, the formation of a voluntary union which can negotiate on members' behalf without using legal procedures and usually in liaison with ACAS or formation of an independent statutory union. Recognition as a statutory union necessitates application to a Central Arbitration Committee and needs as a basis proof it would be likely to attract a majority in favour in a ballot. This survey achieves that!

Comments received with interest.

Professor John MacFie, President of the Federation of Surgical Specialty Associations, June 2015

Mr Paul Blair	President, Vascular Society
Mr David Burge	President, BAPS
Mr Michael Davidson	Chairman of Council, BAOMS
Mr Tim Graham	President, SCTS
Mr Richard Kerr	President, SBNS
Mr Nigel Mercer	President, BAPRAS
Mr John Moorehead	President, ASGBI
Professor Tony Narula	President, BAO-HNS
Mr Mark Speakman	President, BAUS
Mr Ian Winson	Vice President, BOA

***\*acknowledgements***

In particular to Professor Nick Gair, CEO of ASGBI who made informal enquiries of regulatory authorities to determine if there was any legal impediment to the proposed BSA and who was informed that the concept was perfectly feasible.