issue 23 | number 3 | **May-June 2016**

hospital consultant &specialist

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Anti-microbial resistance: how big is the threat?

BEHIND THE HEADLINES: P6-7

Bi-monthly journal of the Hospital Consultants and Specialists Association

■ The news that a deal has been agreed between the BMA and NHS Employers on a new Junior Doctors' contract is welcome indeed.

On the face of it it appears that this was a properly negotiated agreement – exactly what we at the HCSA had been campaigning for. The final decision on what happens next is in the court of junior doctors themselves and we will await the outcome with great interest.

Negotiations on the consultants' contract have been ongoing during this time and in due course we expect a final proposal will be published.

We will fully consult with all members on any final proposals to ensure we give voice to your views and comments. We keep a close eye on the progress of negotiations and will continue to do so. We have also been building and increasing our local Hospital Representatives network over the past few months and are now better placed to communicate with members on the ground.

■ The HCSA leadership changed hands at our recent Annual General Meeting as our previous president Professor John Schofield handed the chain of office to Professor Ross Welch. I want to pay tribute to Professor Schofield for his stewardship of the HCSA over the past three years in some of the most challenging times I can recall for our members. As we look ahead these challenges will continue to be ever-present. With Professor Welch at the helm I am confident that we will position the HCSA in such a way as to not only meet those challenges, but see the HCSA grow and deliver greater influence and presence.

■ I was delighted last month to see the HCSA send its first full delegate to the Wales TUC conference in Llandudno. Our delegate Richard Wilde made a valuable contribution to the health debate on the subjects of stress in the NHS and food poverty. One of the HCSA's strengths is our affiliations with all of the UK Trades Union Congress organisations, which gives us far greater influence politically and the opportunity to draw on great resources.

■ We continually hear from members about an ongoing squeeze on SPA time. This time is needed to acquire the skills, knowledge, and latest cutting-edge techniques to support patient care.

We realise the pressures being placed on hospitals to treat more patients, meet targets, reduce waiting times and cut costs, but this must not be at the expense of maintaining appropriate levels of time for consultants to support their professional activities.

■ The recent report from the Public Accounts Committee into NHS staffing shone a bright light on a problem we have highlighted for years – there are just not enough staff in the NHS.

In its summary, the committee finds that "the extent of staffing gaps in the NHS indicates that the supply of staff is not meeting demand." It goes on to say that "in 2014, there was an overall shortfall of around 5.9% between the number of clinical staff that healthcare providers said they needed and the number of staff in post, equating to a gap of around 50,000 staff."

We urge the government to take this report on board and ensure that sufficient funding is available to plug staffing gaps and allow the NHS to deliver the highest standards of patient care.

Dedicated to you
HCSA
Hospital Consultants and Specialists Association

the hospital consultant and specialist: bi-monthly magazine of the Hospital Consultants and Specialists Association

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in this issue

Call for contributions

If you'd like to submit an article or suggestion for the Newsletter, we'd love to hear from you. Please get in touch via *RBagley@hcsa.com*.

Coming months will be a case of all hands to the pumps

The new HCSA President suspects a rocky road ahead for hospital doctors and the NHS

HCSA view *Ross Welch*

As we await junior doctors' final verdict on a deal following months of turmoil, it seems that not a day goes by without headlines decrying the financial woes affecting Trusts and their counterparts across the UK.

Certainly the recent Commons Public Accounts Committee report into staffing and planning made for disturbing reading, casting serious doubt on the viability and safety of current proposals for "seven-day" NHS services.

I would very much encourage all members to read the document, Managing the supply of NHS clinical staff in England, which makes both interesting reading and raises many issues.

HANDOVER *Professor John Schofield passes the chain of office to Professor Ross Welch*

Taken alongside the multibillion-pound deficits recorded against NHS Trusts in England, it is clear that this story will not be going away.

At the same time the Consultant contract negotiations continue, although the small issue of a referendum on EU membership seems to have distracted the government side.

The inevitable break over the summer means that completion of these works will not likely come to public fruition before late summer, but rest assured your opinions are being heard in our frequent meetings with the government and employers and we trust our influence will be felt.

We are determined as an organisation to engage with members and build on the reputation we are gaining as the "sensible voice of hospital doctors" among those we meet and negotiate with. Yet sometimes at local level HCSA is only heard about when members need support. We need to change that – and you are part of the answer.

Our policy committee has begun the process of reviewing and honing our stance on a whole host of issues. To augment this we need input from you the members. By engaging with us we can get a better view of the issues that we need to revise policy on and that we need to raise on the national stage.

Our expanding team of hospital representatives is already assisting us in engaging more directly with members about policy and direction.

However, if you are not sure whether your hospital has a "rep," then check with your local National Officer or contact HCSA head office. If it hasn't, will you take up the role, or alternatively add your expertise to our decision-making structures?

The coming months are set to be a crucial period for the entire medical profession – it will be all hands to the pumps. When it comes to the challenges ahead, together we are stronger.

News of a negotiated settlement to the junior doctors dispute provided a boost after some very difficult months.

Imposition was never going to be a pleasant way forward for NHS Trusts who would have been on the front line in the process, or for the consultants and specialists of the future. It risked irreparable damage to a medical generation.

We await trainees' collective view on the deal, but I hope that ultimately agreement on an implementation timetable can be mutually reached.

I know that I am joining a very accomplished and expert team of HCSA staff.

That includes our core full-time team of Chief Executive Eddie Saville, Head of Industrial Relations Joe Chattin and Corporate Affairs Manager Sharon George.

I have known Eddie since his appointment and have grown to appreciate his experience, skills and friendship in that time.

Joe has been on my radar since I started as a consultant in the mid-1990s, and in many ways he is the spine that has held and continues to hold our member support service together. Many, many members will have come across Joe at difficult moments in their career and benefited from his negotiating ability and quiet authority.

And last but not least Sharon, who is not only the living memory of the association but all things fall to her hands.

I look forward very much to working more closely with the whole HCSA team over the next three years, and thank them for their warm welcome and support to date.

One of my first acts as I started my three-year term was to thank John Schofield as outgoing President.

John has achieved so much for our association. Among other sweeping changes was the alteration of our constitution to open the doors to all trainees destined for a hospital career. This creates an opportunity to not only grow but to really engage with the consultants and specialists of the future. In reality it is them that we are working for as we seek to enable change.

There's still time to save up to 100% on next year's dues

If you're one of those who hasn't yet taken advantage of our discounted fees offer for existing HCSA members, there's still time left to do so.

Under the HCSA Recruitment Challenge, you can save up to 100 per cent of your fees next year simply by doing your bit to help the association grow.

For every new paying member that you sign up, ask them to include your name and membership number with their application and we'll deduct 10 per cent from your fees next year. At current rates, that's £25 off per recruit. It's as simple as that.

As our new President Professor Ross Welch warns in his column on page three, the months to come are expected to be challenging ones for hospital doctors, not least because of the increasing cash squeeze on Trusts, alongside the rollout of proposed changes to consultants' contracts.

Association membership, and the experienced advice, support and workplace representation that comes with it, will provide crucial protection whatever lies ahead, yet too many remain without it.

If you know people who should be in the HCSA get your skates on – this year's Recruitment Challenge ends soon!

GMC seeks HCSA's views on revalidation

Health Education England chair Sir Keith Pearson has approached the HCSA for its views as part of a GMC review into the revalidation process, having reached the "milestone" of revalidating nearly all licensed doctors in the UK.

Health Education England chair Sir Keith has been asked to lead the process with the brief being to "better understand how revalidation is working and what changes might be beneficial to everyone involved in the process."

Any HCSA members who wish to make their views known are encouraged to do so to Chief Executive Eddie Saville via conspec@hcsa.com.

HCSA roadshow doctors down but

Across thousands of miles and dozens of events hundreds of hospital consultants have gathered to hear from association officials and voice their views on issues affecting the profession.

The HCSA's Spring Hospital tour has provided a snapshot of the mood and concerns felt across England, often reflecting rising concern about initial contract proposals and the approach of policy-makers.

Issues raised have included the impact of planned contract changes on pensions and how they will affect long-term pay, progression and retention.

"There have been some challenging questions," says National Officer Ro Marsh. "A frequently recurring theme has been around morale and increasing pressure from the centre.

"Many have said that these possible contract changes, and the negative comments from government and the media, may be the last straws for them."

Fellow National Officer Richard Wilde says: "Certainly, there has been great concern felt by senior doctors that the next generation of consultant, already in severe debt from university and medical school, may have a long-term career on a less favourable contract than presently in place."

But there was also a sense of a profession determined to work together and maintain a solid unity, he detects.

"There is a real endeavour to tackle these issues, both on a general and personal basis.

"The meetings have also been an opportunity for us to listen. Every meeting has had a request for HCSA to advocate a particular point on their behalf to NHS Employers or to ministers. It is heartening to hear a doctor say: 'You need to feed this up into your representations…'

"The questions asked afterwards have always gone on for an hour or so, as members and non-members respond to the government proposals. It has been encouraging to see such a wholesome response."

Richard adds that the help of HCSA members in setting up the events has been "overwhelming." They have worked hard locally to ensure some large turnouts, booking lecture theatres and rooms, circulating meeting details, and speaking to the right people to make sure that events could go ahead.

"Without them, my work would not have been so successful," he says. "I don't think the members realised how valuable and important it was, and how it changed my briefing agenda from just one or two hospitals to 16."

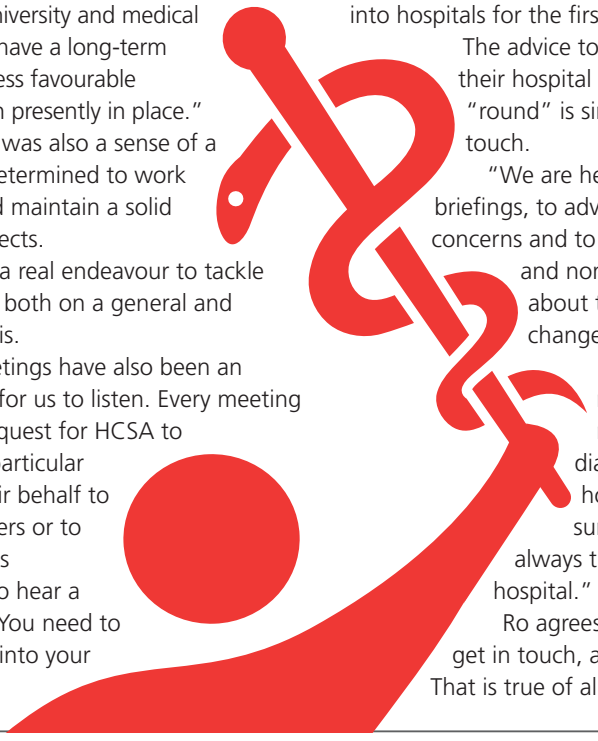
All HCSA's National Officers are planning more meetings later in the year – some return visits and others that will take them into hospitals for the first time.

The advice to members wanting their hospital on an officer's "round" is simply to get in touch.

"We are here to give briefings, to advocate your concerns and to inform members and non-members alike about these proposed changes," says Richard.

"We're always ready to put more meetings in the diary, and no matter how busy the summer gets, there is always time to visit your hospital."

Ro agrees. "If it is my patch, get in touch, and I will set it up. That is true of all of us."



finds hospital determined

- To arrange a visit to your Trust or to get more involved in HCSA, contact the National Officer for your region. If you're not sure who it is, ring our Overton office on **01256 771-777** or email **conspec@hcsa.com**.

Association backs Wales TUC call for NHS stress spotlight

Hospital doctors were well represented at the Wales Trades Union Congress in May with the HCSA's Richard Wilde taking to the podium to highlight stress on the wards.

He was part of a three-person association team including Chief Executive Eddie Saville and Head of Industrial Relations Joe Chattin.

HCSA helped win unanimous support for a motion on NHS staff stress it seconded with a call for "urgent action" to head off a "system-wide collapse" as doctors threaten to exit the profession because of rising pressure.

Richard said: "HCSA works well in collaboration with other healthcare unions to ensure that your voice is heard in Wales, and we will continue to advocate for you in the most effective way."

HCSA also seconded a motion on the health implications of foodbanks, and the effects of malnutrition on the NHS and wider society.

Richard adds: "The association in our contribution recognised that the Welsh Government were tackling this issue, and commended a speech given earlier that day by Minister for Local Government and Finance Mark Drakeford AM, but reminded Conference that there is still much to do and we cannot afford to become complacent."

The association's delegation also backed healthcare motions urging:

- Seven-day working should only be done where clinically justified following full negotiation and consultation with relevant trade unions. Such working must be properly resourced and funded
- Better provisions for women suffering mental health issues in pregnancy and after giving birth
- NHS Wales to do more in mental health at work for stressed NHS staff, including increasing resources
- A funding increase for the A&E South Wales programme
- The Welsh Government to retain NHS Student Bursaries for the sustainability of NHS Wales.

You can help to shape our future work

A renewal of the Association's policy and communications structures is on track with two new bodies established to drive forward the organisation's agenda.

The new HCSA Communications and Policy committees bring together members and paid employees of the organisation with a specialist skillset.

We are currently inviting any members with a background or particular interest interest in these areas to identify themselves so that we can widen participation in the process.

Any member who wishes to put themselves forward for a bigger involvement in either area of HCSA work should email Richard Bagley via RBagley@hcsa.com, including a brief explanation of their specific interest.

Applications will then be considered by each committee as it proceeds with its programme of work.

SPA squeeze under the microscope

The squeeze on SPA time was the focus of an HCSA motion at the Trades Union Congress that won unanimous support last September.

In the second part of 2016, among other policy priorities, we intend to focus more on the impact of the trend among cash-strapped employers to reduce vital training and development time, something which members often raise.

In coming weeks HCSA members can expect us to seek their views on the issue.

As with our survey on the impact of workplace stress that was conducted last year and which grabbed front-page headlines, it should be noted that the voices of Consultants and Specialists can have a sizeable impact when they are raised.

While the issue of SPA time may seem a purely professional issue, the impact of long-term reduction of this development time should be of wider public concern.

It is important that we hear about your own experiences, so please take a moment to respond when we canvass members' views.

Are we really heading for a post-antibiotic future?

The war on harmful microbes might be unwinnable, but clinicians have a big part to play in this global race against time

MRSA. *Credit: NIAID*

by Richard Bagley

If global health experts' warnings of a new "post-antibiotic" medieval era for public health have not made you sit up and take notice, perhaps a recent focus by the notoriously penny-wise pensions industry will do the trick.

And while the press headlines may be hysterical in their reporting of this public health threat, the latest edition of Institute and Faculty of Actuaries magazine Longevity Bulletin was sobering.

Authors highlight fears that global deaths from antimicrobial resistance will rise from around 700,000 annually now to 10 million a year by 2050 to become the number one cause of death. This avalanche of fatalities would see world GDP fall 2-3.5 per cent, costing the world up to £66 trillion, it is suggested.

But it is a contribution by a senior consultant with risk management firm Willis Towers Watson that serves up one of the most striking observations.

Their attempt to calculate the likely impact of antimicrobial resistance concludes that, while a return to the pre-antibiotic era is "unlikely," "it is evident that the mortality increases from antibiotic resistance could match or even outweigh longevity improvements."

In effect, the message is that projected rising life expectancy through better health and care could slow dramatically or be stopped in its tracks.

Antimicrobial resistance is certainly not a new phenomenon, being first identified in the 1940s with penicillin.

What is new is the rapid evolution of resistant strains through novel defence mechanisms that prevent or repel the entry of antibiotics into a bacterium, as well as rising incidences of resistant infections in general.

The contributory causes are well documented. Prescription of antibiotics by GPs was long almost a given among those presenting with relatively minor symptoms – General Practice accounts for 80 per cent of UK antibiotics prescriptions, and around half of that figure are simply for chest infections.

But a 2014 World Health Organisation report into the phenomenon has since prompted policy-makers to act. Its authors warned: "Without urgent, coordinated action, the world is heading towards a post-antibiotic era, in which common infections and minor injuries, which have been treatable for decades, can once again kill."

Last year saw a 7.3 per cent reduction in antibiotics prescribed by England's GPs, down around 2.6 million to 34m. It has not been a cost-free exercise – the government has opted to pay Clinical Commissioning Groups a reward if their reduction targets are hit. Many CCGs, in turn, have offered cash incentives of up to £20,000 to GPs to cut the numbers.

Yet the response was branded "a fantastic result" by NHS Improvement's Dr Mike Durkin.

When it comes to hospitals, which account for the other 20 per cent and naturally generally the more acute cases, the situation is more complex.

Part of the problem lies in the speed at which an accurate diagnosis can be made prior to treating a patient.

In cases where a patient may be infected by a resistant organism, the impact of "initial inadequate antibiotic treatment" (IIAT) – ineffective broad spectrum treatment received by a patient prior to identification of the specific organism in question – can prove deadly.

Dr Meghan Perry and Professor Mark Woolhouse of the University of Edinburgh's Epidemiology Research Group highlight the links between IIAT and longer hospital stays, as well as a three-fold increase in the risk of death.

And by increasing the time it takes to treat a resistant strain the risk of transmission to and then by staff and other patients is all the greater.

In hospitals part of the solution lies in enacting and policing well-known mantras – to only prescribe and dispense drugs when they are needed, to enhance and police infection prevention and control, and to dispense or prescribe only the correct type of antibiotic for the illness in question.

But also important both in hospitals and surgeries is rapid diagnosis – something that remains elusive.

Indeed that's the thinking behind

the £10 million Longitude Prize, a project established in 2014 to encourage the development of a cheap, accurate, rapid and easy-to-use point of care test kit for bacterial infections.

"Clinicians often prescribe broad spectrum antibiotics to sick patients because doctors have to act quickly on imperfect information," say the organisers. "These methods put selective pressure on microbes to evolve resistance to antibiotics.

"The overall solution involves a long-term path towards a more intelligent use of antibiotics enabling a future of more effective prevention, targeted treatments and smart clinical decision support systems."

But if diagnosis and prevention are part of the solution, what of the cure?

Following a 30-year hiatus in their development, the race to produce the latest antibiotic "bunker buster" in this arms race is proving slow going.

Nevertheless, around 39 new antibiotics are currently in clinical development, including two representing new classes.

One of these is designed to target gram-positive bacteria and works by binding to fatty molecules to impede the production of cell walls, causing the cells to break down. It is still awaiting human trials.

Another is a "defensin-mimetic," so called because it is modelled on the natural human immune proteins. It is currently at stage two of clinical trials.

Even more novel approaches include the concept of predatory bacteria or viruses, anti-bacterial chemicals derived from amphibians or reptiles, gene editing and metal nano-particles of copper or silver. All of these could help to reduce our reliance on antibiotics.

Meanwhile bioengineered "medical" honey, which works by a focused release of oxygen into the affected area, has also seen promising results in healing serious infections.

But whatever the outcome of the current spate of research, the watchful eye of front-line clinicians will remain crucial in the continuing fight against antimicrobial resistance.

For, as Irish economist Professor Cormac Ó Gráda notes, "The war against microbes is a war against Darwinian evolution: the point is not to win but to stay ahead."

New faces yet familiar challenges at 2016 AGM

The junior and consultant contracts were among the topics up for debate at HCSA's Annual General Meeting in Stratford-Upon-Avon

A well-attended HCSA AGM saw Professor Ross Welch elected President alongside new chair Dr Claudia Paoloni, who in the process became the first woman to hold such a senior position within the association.

DOWN TO BUSINESS: (above) Council members meet in Stratford-upon-Avon and (left) new Chair Claudia Paoloni

Both were already familiar faces at the top of the organisation, with Plymouth-based fetomaternal consultant Prof Welch previously serving as chair while Dr Paoloni, a Bristol anaesthetist, sat on the HCSA executive.

Council members at the April event also offered warm thanks to outgoing President Professor John Schofield, who gave his final address following his three-year term at the helm.

Remarking that the timing, coinciding with celebrations of William Shakespeare's 400th anniversary in the Bard's birthplace, was fitting amid the "unfolding drama" of the junior and consultant contracts, Prof Schofield added: "Sadly, these contracts have not been written with the skill and generosity of spirit that is manifest in Shakespeare's writing, and certainly have not been played out with the artistry that was evident in theatre of the day."

Alongside the progress of contract talks for both junior doctors and consultants, topics for discussion included the HCSA's new local organisation drive, which has seen a rapid increase in Hospital Representative numbers, as well as newly established communications and policy structures.

The AGM in the town followed what was the first Council meeting for several new faces, who were welcomed by Prof Schofield as "the future of our organisation."

As well as electing Professor Welch as the new President and Dr Paoloni as chair, the AGM passed a raft of rule changes aimed at streamlining the operations of the association.

NHS financial outlook must be cause for 7-day review

HCSA chair Claudia Paoloni questions whether a world first is possible in a cash crunch

There has been much in the media recently promoting the notion that NHS England is in crisis.

Claudia Paoloni

Some take the view that Trusts are overspending on their annual budgets, while others maintain that chronic underfunding is the problem.

In reality the truth is more complex – a culmination of both factors, against a background of multiple population and fiscal pressures.

In October 2015, Monitor and the Trust Development Authority reported a collective "overspend" of £930 million by Trusts in the first three months of the fiscal year. It was predicted at the time that the annual deficit would hit £2 billion. But by December a £2.2bn deficit had already been reached, and by the end of the year that figure had risen to £2.4bn in what regulator Monitor described as a "worst-in-a-generation financial position."

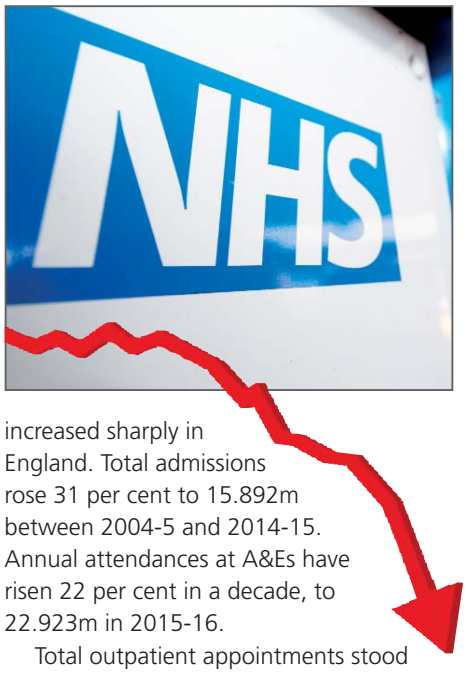
The Department of Health would argue that NHS funding has grown significantly in cash terms. Indeed the DoH's annual report and accounts for 2014-15 and the autumn statement pledged a 35 per cent budget increase between 2009-10 and 2020-21, rising to £133.1bn.

However, deducting £24bn for inflationary rises over that period the real-terms increase would only be £11bn – 10 per cent – over the 11-year period, an annual increase of 0.9 per cent. Real-terms spending growth over the period is therefore extremely modest.

Yet NHS costs are also increasing annually by around 4 per cent due to an ageing population, rising obesity, and the price of new technologies and medications.

Health & Social Care Information Centre data shows that the cost of prescriptions alone rose 4.68 per cent from £8.85bn to £9.27bn between 2013-14 and 2014-15, itself an increase of 7.6 per cent on a year earlier. The actual number of prescriptions only rose by 1.79 per cent in 2014-15 – suggesting the cause was the additional price of medicines.

At the same time, hospital demand has



increased sharply in England. Total admissions rose 31 per cent to 15.892m between 2004-5 and 2014-15. Annual attendances at A&Es have risen 22 per cent in a decade, to 22.923m in 2015-16.

Total outpatient appointments stood at 85.63m in 2014-15, up 4.4 per cent on a year earlier.

Costs are also driven by increasing head counts. While front-line staff argue that staffing levels remain inadequate, as demonstrated by various hospital inquests and reports eg Mid Staffordshire, the NHS has seen an average annual 1.3 per cent increase in full-time equivalent posts over the past decade.

The perception is often that this is driven by managerial growth, but 2009-15 saw a 16.2 per cent fall in full-time equivalent senior manager posts and a 16.8 per cent drop for other managers. Over a similar period there was an 8.9 per cent increase in doctors, a 0.7 rise in nurses, and the number of ambulance staff grew by 6.8 per cent.

Yet the Commons Public Accounts Committee (PAC) identifies a long-term trend of understaffing and an underestimation of the impact of fiscal pressures amid a political push for Consultant-led services and now seven-day services.

MPs on the PAC suggest that not enough work has been done to accurately predict either the fiscal impact of seven-day services or the availability of sufficient resources to deliver them.

The DoH and Health Secretary would argue that Trusts have overspent largely as a result of extreme agency costs, leading to a new policy capping these fees. On top of this policy-makers have ordered Trusts to deliver efficiency savings of up to 4 per cent a year with the goal of bridging a predicted £22bn funding gap by 2020-21.

This has left Trusts with a difficult financial balancing act.

Initial savings may be found through procurement, wastage management, and efficiency changes and the realignment of services. Then later come bed closures to reduce overheads and ultimately staff reductions and re-banding programmes.

This results in bed shortages, an inadequate skills mix, increased stress and increased sickness rates – driving the need for agency staff to provide cover for absences, leavers and additional waiting lists to clear backlogs and hit targets.

Increased pressure comes from a reduction in funding for local government for social care, so that social support and district services diminish. ONS figures showed that spending on social care for the elderly, for instance, fell by 17 per cent between 2009-14 alone. Taken together this becomes a very complex fiscal and managerial problem, but the reality is that the long-term sustainability of services remains in doubt.

Against a bleak financial backdrop and the PAC's warnings on staffing and funding, is now really the time to seek the global first of a full seven-day NHS service?

What is absolutely certain is that nothing safe and sustainable will be achieved with a demoralised, exhausted or disengaged workforce.

Now is clearly the time for further thought and a review of the seven-day plans. Without this, the evidence points to a worsening crisis impacting on the well-being of clinical staff and patient safety, and threatening the long-term health of the NHS.

GMC: Guarantor and protector

Joe Chattin

The first article in a new series of informative briefings for hospital doctors begins by looking at the history of the GMC

Whoever speaks about the regulation of the profession in the UK today is at once speaking about the General Medical Council.

It is an offence for anyone to hold themselves out to the public as a medical practitioner unless he or she is registered by the GMC.

Today, there are approximately 245,000 doctors registered with the Council. Statutory registration and the maintenance of a register of tested and qualified persons is the essential component in protecting the public and the profession from the dangers and damage of quackery.

Official recognition in the UK of the need to protect the public from quacks – persons who pretend, professionally or publicly, to have skill, knowledge or qualifications they do not possess – goes back to the early 15th century.

In 1421, a number of physicians petitioned Parliament demanding that nobody without proper medical qualifications should be allowed to practise medicine. The first statute regulating the profession appeared in 1511 and placed the task of regulating doctors in the hands of the local clergy!

In 1518, the College of Physicians began to license doctors in London. The story is one of piecemeal developments until 1858. It was then that the Medical Act established the GMC and created the modern system of medical regulation in the UK.

It is apposite to note that the full title of the GMC as it is conferred by the 1858 Act is the General Medical Council of Medical Education and Registration of the United Kingdom.

This captures, much better than the usual acronym, the scope of the GMC's activities in securing the aim of those physicians who 600 years ago demanded that no-one without proper medical qualifications should be allowed to practise medicine.

The GMC sets the standards which medical schools must meet and implements checks to ensure that medical students graduate with the basic knowledge and potential to provide first-rate medical care.

The council also sets the standard for training in Foundation Years 1 & 2 and conducts checks to ensure these standards are met. And it is the principal source of the ethics and norms of the profession and how medical practitioners should conduct themselves in the practice of medicine.

The GMC publication Good Medical Practice and its attendant specific guidance documents set the down the duties which doctors are required to observe in the conduct of their practice. The intention here is to be educative as well as prescriptive.

The maintenance of the Medical Register is the key duty of the GMC and from this stems the responsibility to ensure that those registered remain capable of practising medicine to the standards of clinical performance and professional conduct as is necessary to secure the protection of the profession and the public.

The role of guarantor and protector of the capability and conduct of medical practitioners inescapably requires acting on concerns about doctors and an exacting process of examination.

Since 2012, the GMC has taken on the responsibility for relicensing registered practitioners and there has been a separation of its functions of investigator and adjudicator of concerns arising about a practitioner's performance.

The Medical Practitioner Tribunal Service is now responsible for adjudicating complaints and the results of investigations.

Regulation of the medical profession requires that the regulator interposes itself between the professions and the public in acting as guarantor and protector for both.

The GMC has a very complex role to play, its scope stretching from guaranteeing the standard of medical education and the promulgation of norms and ethical codes to the responsibilities of policing the profession and the elimination of inadequate and dangerous practice.

The profession itself has been the proponent of thorough and statutory regulation, and has been the means of funding it: this is a point which is sometimes missed.

● *Joe Chattin is HCSA Head of Industrial Relations*

■ This is the first of a series of short articles about the main features of the scope and conduct of the regulation of the medical profession in the UK.

The series will look at, inter alia, some of the particular issues and problems which the regulation in practice raises for the two principal beneficiaries whose interests are served by it – the public and the profession itself.

The Light Side

White feather warning

Trust managers be warned: if you are in NHS Improvement chief executive Jim Mackey's crosshairs you could soon be confronted by angry folk wielding white feathers.

The boss of the organisation, successor to several separate bodies including Monitor and the NHS Trust Development Authority, is deep in the process of whipping Trusts into signing up to spending plans in a bid to cut the massive deficits reported over recent years.

Mackey branded those Trust managers unwilling to sign up "conscientious objectors," although he added that they "don't need to worry about me – they need to worry about how they look their colleagues in the face who are trying really hard next door."

Light Side is sure that he was merely using a turn of phrase to illustrate his point, but Trust bosses with a feather allergy may wish to stock up on anti-histamines – just in case.

Volunteering manifesto

The brave new world (or should that be Victorian era) of NHS volunteering has arrived in earnest, with NHS Employers releasing a 10-page document promoting their recruitment.

Cash-strapped "Trusts have been engaging their volunteers in more specialised areas such as theatres, accident and emergency and maternity units," it explains.

Volunteers, whose personal commitment should of course be applauded, are already carrying out dozens of duties including on wards and A&E departments, although happily clinical work does not appear on the list of roles.

Then again, given the extra hours and skipped breaks our members report, doctors may feel they deserved at least an honorary mention.

Historical throwback

Just when you thought the historical comparisons were over along comes another one, this time via think tank Civitas.

And it's nothing to do with WWI or Victorian-era volunteering – no, their latest proposal is based on "values" that go even further back in time.

The big idea of the big brains behind the organisation is to force doctors to pay out up to £150,000 in training bills if they leave the NHS too early.

We all want to see retention levels rise, but is the return of indentured servitude really the way to go about it?

Readers can send their confidential snippets, news nuggets and other tidbits from day-to-day life to RBagley@hcsa.com

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HCSA Hospital Representatives

If you are unsure who your local Hospital Representative is, or would like to find out more about becoming one, contact your national officer or ring our national office on 01256 771777.

sudoku

			9			5		1
		7		1	3	6	8	
	9	4		6			7	
6				4				
			8		1			
				3				5
	7			8		4	1	
	2	6	1	7		9		
8		3			4			

7	5	2	4	9	6	3	1	8
8	3	9	5	7	1	6	2	4
6	1	4	2	8	3	9	7	5
5	9	8	6	3	2	1	4	7
4	6	7	1	5	8	2	3	9
3	2	1	9	4	7	5	8	6
2	7	3	8	6	5	4	9	1
9	8	6	3	1	4	7	5	2
1	4	5	7	2	9	8	6	3

Difficulty: EASY

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HCSA
Hospital Consultants and Specialists Association

Hospital Consultants & Specialists Association

HCSA, Number One, Kingsclere Road, Overton, Basingstoke, Hampshire, RG25 3JA
T 01256 771777 F 01256 770999 E conspec@hcsa.com W www.hcsa.com

Membership Application 2015/2016

Title | Surname

Forenames | Male/Female

Qualifications

GMC No

Speciality

Year Qualified | Year of Birth

Main Hospital

Preferred Mailing Address

Post Code

E-Mail

Contact Telephone Number

Grade:
- ○ Consultant
- ○ Associate Specialist
- ○ Speciality Trainee
- ○ SAS doctor
- ○ Staff Grade/Trust Speciality Doctor

Signature | Date

Current Subscription Rates:

- ○ **Full Annual** - £250 per annum commencing October 1st 2015 (pro rata for first year of membership)
- ○ **Full Monthly** - £21.50 per month
- ○ **Specialist Trainee Annual** - £100 per annum commencing October 1st 2015 (pro rata for first year of membership)
- ○ **Specialist Trainee Monthly** - £8.50 per month

Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address on reverse.

Introduced by name/membership number

Important - Please Note:
We are not normally in a position to provide personal representation over issues that have arisen prior to joining the HCSA. Please DO NOT fax or e-mail this application form - we need an original signature on the Direct Debit. Mandate for your bank to authorise payments.

HCSA, Number One, Kingsclere Road, Overton, Basingstoke, Hampshire, RG25 3JA
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direct debit form

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Instruction to your bank or building society to pay by Direct Debit

HCSA
Hospital Consultants and Specialists Association

DIRECT Debit

HCSA
1 Kingsclere Road
Overton
BASINGSTOKE
Hampshire
RG25 3JA

Please fill in the whole form using a ball point pen

Name(s) of account holders

Service user number:

9	9	7	5	7	2

Payment reference (To be completed by HCSA):

Instruction to your bank or building society

Please pay The Hospital Consultants and Specialists Association direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with The Hospital Consultants and Specialists Association and, if so, details will be passed electronically to my bank or building society.

Bank or building society account number:

Branch sortcode:

Bank or building society account number:

Address

Post Code

Signature

Date

Banks and building societies may not accept Direct Debit instructions for some types of accounts

detach here

The Direct Debit Guarantee

DIRECT Debit

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit the organisation will notify you (normally 10 working days) in advance of your account being debited or as otherwise agreed. If you request the organisation to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by the organisation or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when the organisation asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify the organisation.

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