FRANCIS
John Schofield on what’s changed in the last year?

March 2014
views | people | contacts
bi-monthly journal of the Hospital Consultants and Specialists Association
We started the year with thoughts about the consultants' contract negotiations. Although not directly engaged in the negotiations we will ensure we make the HCSA members' views known. We will update you from time to time in 2014 but it will be your views that will drive our position.

The issue of a seven day service is continually in the spotlight. We recognise the need for seven day services, but there is no one-size-fits-all solution. We want to work with employers at national level, and in particular, at local level in order to arrive, as we have done so successfully in the past, at an agreed solution.

We reported a few months ago on plans to strengthen our field officer staff to enable HCSA to strengthen support for members in the workplace and build our growing number of hospital representatives. I am delighted to report that we have concluded this process and now have two new regional officers in place. You can find out more about them in this issue. They will strengthen our team on the ground. This sends a clear signal that the HCSA is committed to engagement with members, support members and see our Association grow and achieve our objectives.

Public sector pensions are never far off the agenda. Consultants' and specialists' contributions are set to rise again this year and we have been making the case for this to end. I was part of a small TUC delegation that met with the chief secretary to the Treasury, Danny Alexander, specifically to deal with the future direction of public sector pensions. The valuations of these schemes, the employers cap and discount rate, feed into the overall assumptions for the future growth in earnings and prices to be used by schemes. These issues could have a major impact on the NHS pension scheme now and in the future. The HCSA will continue to be part of the negotiations and the consultation process and put our members' views forward.

After many months of deliberation the HCSA is creating a new and different look. We are launching a new website along with a new branding that is to create a better experience for our members and attract those thousands of consultants and specialists who have yet to join HCSA. You can see more of the new and modern look in this month's issue. There is no doubt now that the HCSA is the place to be for consultants and specialists – more staff to give support, a new and exciting website in development and the drive to promote our members and the profession. Tell your colleagues about the association.

Eddie Saville
Welcome to our new regional officers
Emma Champion and Rob Quick

Rob Quick comes to HCSA from Barts Health NHS Trust, the biggest health trust in the UK, where he has been working as interim head of human resources. His career so far has given him an in-depth knowledge of the NHS, the trade union movement and a wealth of HR experience.

Rob trained as a nurse in Merseyside and became one of the youngest trade union officials working for healthcare union COHSE in the 1970's and 80's. As a senior official with public sector union UNISON Rob gained significant experience supporting professional healthcare staff. Working with the UNISON international department he led work on the medical aid for Cuba campaign and worked to support new health unions in Bulgaria and Romania.

When Rob left union work in 1999 he worked in trade union education, lectured in HR, and led a trade union literacy project in South Africa in 2001 as well as a union development project in Bulgaria.

Rob returned to the NHS working for West Yorkshire Strategic Health Authority leading workforce education programmes and became deputy regional director for the newly created NHS University in Yorkshire and Humber. He then was appointed deputy director of HR & OD at Barnsley Hospital NHS Foundation Trust in 2005 and then in 2009 associate director of HR at Rotherham NHS Foundation Trust.

Never leaving his trade union roots, Rob has been actively involved in the senior NHS managers union, Managers in Partnership (MIP), as a long standing member of its national committee and recently stepped down as national vice-chair.

Rob is a Chartered Fellow of the Chartered Institute of Personnel and Development and holds a Master’s Degree in Human Resource Management. His recent experience in NHS HR has involved significant work with clinical colleagues on the Consultant contract and Specialty & Associate Specialist contracts, Maintaining High Professional Standards and Clinical Excellence Awards.

Rob says “I am really looking forward to working with the union to build its membership, profile and supporting members faced with some of the biggest challenges facing the NHS.”

Emma Champion comes to HCSA with over twenty years experience as a trade union representative. Having operated at all levels within the union – from starting out as a union representative to being branch secretary responsible for over 2500 members. During her career she has managed teams of volunteers and paid employees, locally, regionally and as a delegate at national level.

Emma’s passion has always been representing her members’ best interests and she strongly believes in the right of members to be represented in all aspects of their employment. This is born out in her work as an employee side employment tribunal member in Central London where Emma has gained significant experience of hearing cases covering unfair dismissal and all aspects of discrimination.

Emma told us “I am thrilled to have been asked to join the HCSA, I cannot wait to get started, and I look forward to meeting members over the coming months.”
Francis Report

Francis - what’s changed in the last year?

By HCSA President John Schofield

In the last edition I reflected on 2013 and its challenges. As consultants and specialists, many of us were shocked by the findings of the Francis report and struggled to equate these with our own experiences. Unfortunately this was not the case for all our members – some of whom have been striving for change within their own organisations and trying to maintain high standards of care in a difficult climate.

In the introduction to the Nuffield Trust’s, The Francis Report: one year on*, Robert Francis captures the complexity of the situation and goes some way to acknowledging that the vast majority of medical practitioners always seek to put their patients first:

“The finding of good practice in some parts of a hospital is no guarantee that all is well everywhere. The vast majority of front-line staff, who are consistently hard-working, conscientious and compassionate, have to understand that criticism of poor and unacceptable practice is not aimed at them but is part of a struggle to support everything they stand for.”

Whilst welcome, these remarks have been and will continue to be overshadowed by the difficult press over the last year, which has portrayed healthcare staff in a very negative light, with attention given to the actions of a few rather than the efforts of the majority. That said, the words of one consultant quoted in the Nuffield Trust publication give pause for thought:

“I could recognise the issues highlighted in the Francis Report. It’s just that we hadn’t been picked on.” (Consultant, case study respondent). With these words in mind, let’s take a look at what’s happened over the last year and ask if things are improving…

The Francis Report was the first of a series of reviews which looked into specific aspects of the NHS, and over the course of 2013 a number of reports were published, each report with its own recommendations. These included the Keogh Mortality Review; Berwick Patient Safety Review; Clwyd/Hart Review of NHS Hospital Complaints; NHS Confederation Bureaucracy and Regulatory Review and the Nuffield Trust Ratings Review.

These centrally driven reports highlighted issues that we all felt bound to change, whether to increase patient safety, give patients a better experience or prevent needless deaths. The pivotal question is just how empowered are consultants and specialists when it comes to introducing and implementing the changes necessary to meet the recommendations of these reports?

Better quality information has been continually cited as a key factor in delivering change, permitting patients to make informed choices about their own care. The requirement for providers to collect and publish real-time and accurate information about the performance of their consultant and specialist teams and the difficulties entailed in this was discussed in our July issue. Whilst there is broad agreement on the principle of publishing data, there remain issues with the reliability of data and how best to help patients understand it in order to make informed choices.

Mr Michael Kelly, HCSA Trustee suggested: “the way to fix these disparities [in the case of surgeons] is for all surgeons to be given access to their...
own data which they will be expected to check both contemporaneously and then annually before it is uploaded to the system.”

It’s great to see that this is happening in some areas, such as Leicester, but there are still many places where senior doctors are not empowered to do this, and where the information supplied to patients may hinder rather than help their decision making process.

Similarly, there appears to have been some improvement in other areas – such as that of involving clinicians in management issues. Francis recognised that in Mid Staffordshire consultants were not actively engaged in management and that there was no joint effort to ensure quality care at every level. The Nuffield Trust report gives evidence of improvement in its recent survey results:

“We’ve moved from a situation where it was difficult to get clinicians in leadership jobs to now, they’re oversubscribed. You know, we have three or four applicants per place for, say, an associate medical director or a clinical director, which is a good indicator of that sort of absolute critical ingredients in trusts, which is no gap between… you know, chasm between the clinical group leadership and the managerial leadership.” (Chair, case study respondent)

Often mentioned over the last year is the NHS culture – an environment where the pressure to balance saving money with saving lives is high. Senior doctors are charged with setting the bar for the rest of the medical team, and the pressure to meet the ever more demanding targets which the Francis Report and its follow up recommendations have set is immense.

Our experience at HCSA is that cultural change is patchy and this is where I feel we need to make progress. Whilst there is top-down support for those who stand up and speak out for patient care, we are still receiving regular reports of bullying and harassment at a local level, especially directed at those who are speaking out. For some members of HCSA the culture is not one of unity but one of division, and in some cases, fear. This has to change.

Whatever the last year has brought you, whether good or bad, working together as HCSA members can make every one of us stronger. There is strength in numbers and together with our regional officers we really can make a difference in our own workplace, and the NHS as a whole. We’re here to help, so please get it touch with us if you need support in these changing times.


In response to the Francis Inquiry SPF has six key messages, developed by partners to support the right values, culture and working environment in the NHS to address some of the issues raised:

1. Engage staff and deliver good people management
2. Enshrine standards that build on the NHS Constitution
3. Obtain staff feedback regularly and use this to gauge the quality of care and employment in an organisation
4. Safe staffing levels set by using evidence based tools and sound professional judgement
5. Strong and effective partnership working at a national, regional and local level
6. Support trade union representatives in helping to establish a positive working environment.

For more information on the work of the Social Partnership Forum go to www.socialpartnershipforum.org
Seven days policy and position

It is the HCSA’s policy to encourage and work with any properly focussed initiatives to eliminate the variation in survival rates and wellbeing which has been shown to exist for acute and emergency hospital admissions in the evenings and at weekends.

There is already an established consensus in a number of specialties that the presence in hospital of consultant/SAS medical staff during out of hours/extended day periods is essential to provide good quality medical care. Some hospital departments already have consultant and senior doctors present during on call periods, for example, Radiology, Paediatrics and Paediatric Surgery.

There are other specialties which regularly see consultants undertaking weekend ward rounds and operating lists when they are on call at weekends.

For many hospital doctors, working over 7 days for some part of their rostered working lives is not uncommon.

The HCSA supports the aims of 7 day services for patients, but this must be achieved by properly planned change and adequately resourced developments in medical staffing, working patterns and clinical facilities.

It must be ensured that the increase in ‘consultant presence’ as recommended by the Royal College of Physicians and others, which is intended to adequately treat acute emergencies, does not simply drift into undertaking additional routine clinics at weekends etc.

Principles and safeguards

The policy of the HCSA towards these changes in working arrangements is supportive where the work arrangements are balanced and:

- are agreed by all the doctors involved
- do not demand long periods of continuous working
- maintain adequate rest periods
- do not compromise opportunities for family friendly work patterns/work life balance
- provide time off in lieu to guarantee the protection of the health and wellbeing of the doctors concerned.

Our membership surveys have found that our members hold the above principles to be very important.

Needs and opportunities

Whilst fresh patterns of working by senior medical staff would reduce the additional manpower required to support 7 day provision of service by hospitals, extra medical staff will still be needed and this will in turn increase the salary costs. It is vital that this is properly recognised and delivered from the outset.

The HCSA recognises that fresh patterns of working present opportunities for part time and shift working, which can be attractive to some existing hospital doctors and those appointed in the future.

There are already some opportunities for innovation with existing levels of medical staff, which can bring fresh working arrangements into play now, delivering benefits and with adherence to the principles and safeguards mentioned earlier.

Where existing numbers of consultants and specialists in a department are adequate, the introduction of fresh patterns of working over 7 days can be achieved by an imaginative application of compensatory rest and innovative work patterning.

This can eliminate the need for additional hours of work by members of the team and contain the impact of additional resourcing. This outcome was achieved by the Radiology Department at the Worcestershire Acute Hospitals Trust, which sought HCSA advice on the best way to approach such a change.

Consultant Contract is not an impediment to fresh working patterns. The existing contractual provisions are not an obstruction to the introduction of the recommendations which have been put forward to address the disadvantage to patients admitted at weekends and evenings.

To find out more about the HCSA position on working over 7 days, with reference to key research papers and current Royal College publications please get in touch via conspec@hcsa.com.
It depends how it is punctuated! 'A consultant who cares' or 'a consultant – who cares?'

When we are a patient, we want 'a consultant who cares'; and most consultants do care about their patients. However, some politicians and some sections of the press portray consultants as lazy, layabouts more concerned about their golf handicaps than their patients' wellbeing. The suggestion is that we are self-centred and more interested in our personal status than the state of the patient.

Hence the bright idea (sorry, initiative) that all NHS procedures and systems must be 'patient-centred'. Perhaps they fail to realise that medicine has been around for many more years than the NHS and still exists outside the NHS; that one of the founding principles of the profession has always been (since the Hippocratic Oath) that 'the interests of the patient are paramount' – and must be put ahead of all other considerations, including the interests of the practitioner.

Politicians and their bureaucratic and managerial underlings have set targets for the way we treat not their patients but ours. Targets that demand quantity of throughput rather than quality – though they preach quality as well. In effect they want mass-produced medicine at minimal price whilst expecting perfect, personalised 'patient-centred' care for each individual patient. It is as though they could expect mass-produced Rolls Royces at Ford prices! They do not appear to realise that their policies, protocols, initiatives and targets make it more difficult, if not impossible, for consultants and other professionals to deliver professional standards of care to patients!

Doctors have a dilemma. Should we obey our 'employers'? Or abide by our professional principles? Our professional duty is to care for the individual patient. It is the Secretary of State's duty to provide a health service for the public.

However, when people are not patients, do they really care about consultants? I suspect that, if the plight of consultants were to come up in casual conversation, many would respond with 'A consultant – who cares?'

But, of course, doctors of all varieties have always had problems and a need to discuss these with colleagues – hence the creation of professional associations – long before the NHS was conceived in the mind of Nye Bevan. Most towns and cities had their own medical societies, one of the oldest, The Medical Society of London, is still going strong.

With the advent of the NHS, the 'position' of doctors changed. Prior to the NHS, all doctors including consultants were private practitioners; they charged fees to individual patients for services rendered. It is true that some GPs had panel patients – workers for whom they were paid a capitation fee by the State and a few specialists were employed on a salaried basis to work in local authority hospitals. But most consultants gave their services to the voluntary hospitals – for which they were paid a small honorarium whilst expected to make their living from their private patients. Come the NHS, all hospital doctors, including consultants, became salaried employees and GPs became independent practitioners.

As government, via the Department of Health, had need to discuss matters with the...
Trade deal lobby

In our September issue we reported on the EU-US Transatlantic Trade and Investment Partnership (TTIP). One of the issues of concern in our report was that of the Investor-State Dispute Settlement (ISDS), which gives companies the right to sue a government that acts in a way that could damage their profits.

The result of the campaigning is that the EU Trade Commissioner, Karel De Gucht, has written to trade ministers in the 28 member states announcing a public consultation on the ISDS section of the treaty. This will give the public an opportunity to have its say on this element of the treaty before the Commissioner reports back to the Council.

It is now necessary to keep up the pressure and submit our own arguments to the consultation whilst continuing to campaign publicly and lobby for a trade deal that is in the interests of the workers, rather than global corporations.

This means that a future government that wished to end competition in the NHS – or a CCG that wanted to return an outsourced service to an NHS provider could face massive compensation claims (as detailed in our September issue).

Campaign groups including the TUC have warned that the treaty’s provisions will have far-reaching consequences such as limiting the UK’s ability to guarantee a publicly run NHS, and asked for the exclusion of ISDS mechanisms from the TTIP.

A consultant who cares continued...

...profession, it naturally turned to the BMA as the largest professional association because it could ‘speak for’ all doctors.

However, it was not long before there were specific issues over pay, and terms and conditions of service. It was to meet their different and particular needs that hospital doctors, both consultants and juniors, in particular those working in provincial hospitals, felt that their voices needed to be heard more strongly. And so the HCSA was born – originally as the Regional Hospital and Specialists Association. Later, the regional part of the title was dropped because some London consultants wanted to join as they, too, felt unrepresented.

Talks between the DoH and the profession focussed on matters which were traditionally the role of the unions and, in the context of new employment laws and a growing national role for the trade union movement, both the BMA and the HCSA added trade union functions to their roles.

Today, more than ever, there is a need for ‘consultants who care’; but there is also a need for someone to ‘care for consultants’. Our professional standards and status are under attack – so we need professional associations other than the specialist colleges, who are prohibited by their charters from being political, to speak out on our behalf.

The whole practice of medicine is built on the trust that must exist between doctor and patient – a trust which is being undermined by both the NHS and the private insurers. The patient must trust the doctor’s integrity – to behave professionally and to protect their confidentiality; and to offer their professional advice unblemished by any political or financial agendas. We lose this trust at our peril. It is vital that we are seen to uphold our professional standards and, in the context of new employment laws, to offer our professional advice uncrystallised by any political or financial agendas.

If we are to do this, we need to protect our professional status; so, in today’s world, we need a trade union to protect our interests. But protecting our interests has to mean more than just pay and pensions; it has to mean protecting consultants from being cajoled, coerced or compelled to do as they are told by lay employers rather than obey their professional consciences.

This, with your help, the HCSA can do for you. But we must all be prepared to stand together to protect the principles of our profession.

Malcolm Morrison is an HCSA Fellow.
Annual General Meeting

The 2014 annual general meeting of the Association will be held at 3.00pm on Friday 25 April 2014 at the Menzies Birmingham Strathallan Hotel, 225 Hagley Road, Edgbaston, Birmingham, B16 9RY.

The agenda will include:

- Apologies for absence.
- To receive report from the HCSA President, Dr. John Schofield, MB BS FRCPath
- Minutes of the AGM held on April 26th 2013.
- Matters arising therefrom.
- To receive report from the Honorary Treasurer, Dr. Mukhlis Madlom, FRCPCH FRCP and to approve audited accounts.
- To appoint Auditors for 2014 – 2015.
- Election of National Officers.
- Any other business.

Last Chance for Nominations

As detailed in our December edition, nominations for the Executive Committee of HCSA must be received by 12 March 2014.

- For more information go to http://www.hcsa.com/secure/member_news.php or contact central office.

New look HCSA!

Log on to www.hcsa.com in April and you will find the website has a new look and feel, as well as some great new features designed to keep you up to date with the latest news and views from HCSA.

At the same time as the new website goes live you will also see that our branding is changing, with a new logo and a fresh new feel.

We hope that you’ll enjoy the new look and that the site will provide a space for you to get more involved with what HCSA is doing – from campaigning to keeping up to date with employment issues and topics. You’ll be able to update your profile, comment on blogs, take part in surveys and, of course, ask questions through the new site.

Please log on and let us know what you think.

More members, more influence

January was a good month for member recruitment, and with our two new Regional Officers, we are now in an even better position to increase our numbers further.

In December our President, John Schofield, asked each of us to recruit one new member, with that in mind we thought we’d outline the benefits of membership – and hopefully make the task easier!

HCSA membership will give you:

- Direct access to employment advice & support both online and offline
- Negotiation & representation when appropriate
- Access to reference information and topics
- Participation in a union which can influence current issues, campaign and negotiate on your behalf.

- Free personal injury service (inside and outside of work)
- Free ½ hour legal consultation

Reduced rate legal services:

- Conveyancing/Property
- Will-writing, tax planning, estates and trusts
- Family and matrimonial legal service

We are the UK’s only professional association and trade union dedicated solely to senior hospital doctors.
Executive Committee

President Dr. John Schofield
Chairman of Executive Professor Ross Welch
Immediate Past President Dr. Umesh Udeshi
Honorary Treasurer Dr. Mukhlis Madlom
Honorary Secretary Mr. Gervase Dawidek
Honorary Secretary Dr. Bernhard Heidemann
Honorary Secretary Dr. Claudia Paoloni
Chairman – Ed & Stan S-C Prof. Amr Mohsen
Independent Healthcare Mr. Christopher Khoo

Education & Standards Sub-Committee
Acting Chairman Dr. Bernhard Heidemann
Dr. Mukhlis Madlom Dr. C. Morgan
Mr. Olanrewaju Sorinola Dr. Bernhard Heidemann
Dr. Umesh Udeshi Dr. Bernard Chang
Dr. Hiten Mehta Mr. Christopher Welch
Dr. T Goodfellow Dr. S Arinyanayagam

Finance Sub-Committee
Chairman Dr. M.M. Madlom
Mr. M.J. Kelly [Trustee] Dr. U. Udeshi
Mr. R.M.D. Tranter [Trustee] Dr. J. Schofield
Dr. R. Loveday [Trustee] Professor R. Welch
Dr. B. Heidemann

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Vacancy

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Membership Application 2014

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
          Specialist Registrar Within two years of CCT
          Staff Grade/Trust Speciality Doctor

Please tick as appropriate

Signature  Date

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.

Current Subscription Rates
Annual - £225 per annum commencing 1 October 2013 (pro rata for first year of membership)
Monthly - £19.50 per month

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

Introduced by __________________________ (If applicable)
Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

HCSA
1 Kingsclere Road
Overton
BASINGSTOKE
Hampshire
RG25 3JA

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/building society.

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager

Address

Postcode

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

• This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
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• If an error is made in the payment of your Direct Debit, by The Hospital Consultants and Specialists Association 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 Hospital Consultants and Specialists Association 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 us.

DD12