

The Confederation of British Surgery: a trade union for surgeons

For the first time, a trade union body has been created specifically to serve the surgical community.

John MacFie President, CBS

Michael Foy Consultant Orthopaedic Surgeon, Ridgeway Hospital, Wroughton

Nigel Mercer President, FSSA

Tony Narula Vice President, CBS

On 8 November 2017 the Certification Office approved the application to add the Confederation of British Surgery (CBS) to the UK's list of recognised trade unions. For the first time there will be an organisation, a trade union, recognised in UK law and committed exclusively to surgeons and their related teams and families.

The declared aim of the CBS is to look after the professional and employment interests of surgeons and their teams irrespective of surgical royal college or surgical specialty association affiliation. As such, the 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 excluded on the basis of their charitable status and the 'public benefit' concept remit that entails.



The CBS is emphatically and specifically not 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 trade unions. It is hoped and intended that members of the CBS will have access to appropriate cover and advice relevant to working in the unique and often stressful surgical environment. The aim will be to provide exclusive benefits to surgeons, extended members of the surgical team and their families. In protecting and supporting surgeons and their teams in the workplace, the ultimate aim is to improve the care of all patients requiring surgical care.

The creation and recognition of the CBS has been a long time in gestation. The idea was first considered more than 10 years ago. There has always been agreement that surgeons were poorly represented by existing trade unions but considerable debate took place concerning the best way forward. Discussions took place with both the British Medical Association and the Hospital Consultants and Specialists Association in an attempt to establish some recognition of the particular needs of surgeons and survey work was carried out before embarking upon the road to recognition for a trade union specifically for surgeons.

The process of recognition has necessitated extensive correspondence and frequent meetings with the Certification Office who have been most helpful. A rulebook and a strategy document had to be provided, both of which are available to download (see links at the end of this article).

As part of the development strategy the intention is to lobby parliamentarians. We have already had preliminary discussions with Lord Ribeiro who is sympathetic to this initiative. We will be pursuing further meetings with him and other interested parties in government.

It is also intended that membership benefits will be offered by the CBS:

1. Medix insurance: This recently developed affinity scheme set up in conjunction with the Federation of Specialty Surgical Associations (FSSA) would be affiliated to the CBS. Membership of the 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 General Medical Council (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 the CBS would automatically entitle members to the benefits of Surgical Expert Ltd.

The CBS intends to continue to work closely with the FSSA, which has been instrumental in achieving this development. The catalyst for the establishment of the CBS arose following discussions within the FSSA. The FSSA is comprised of the presidents of the 10 GMC-recognised surgical associations including the British Orthopaedic Association. 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 recognised, 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:

1. Dealing with surgeons in difficulty
2. The future of the district general hospital
3. Training surgeons of the future
4. 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. Clearly, the ultimate objective of the CBS will 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:

1. The split in the Consultant Contract between SPAs (supporting professional activities) and DPAs (direct clinical care). This varies greatly around the country. Most surgeons are of the view that the allocation of 1 SPA 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 are accurate.
2. A recognition of the onerous nature of on-call commitments for surgeons. Surgeons work in high-intensity environments. This should be recognised.
3. 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.
4. 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 neither be feasible nor sensible for the CBS to attempt to embark simultaneously on all of these issues. An early intention

of the CBS would be to conduct extensive research among surgeons to determine a consensus on which issues are most important. Having done this the 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.

Once up and running the CBS would have the following negotiating aims on behalf of its members:

1. To impress on NHS England, the Department of Health and foundation trusts the need for inclusion in collective, local and individual bargaining on behalf of its membership.
2. The CBS recognises that, to be effective, it will have to demonstrate a commitment to surgeon members and their employment concerns.
3. To achieve effective, legitimate and effective representation of surgeons' views quickly will involve the following:
 - a. 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 is our intention to create twitter feeds, WhatsApp facility and Facebook on a 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. While the CBS does not at present have formal negotiating rights with employers it is hoped that by harnessing the opinions of large numbers of surgeons these views will become difficult to ignore.
 - b. Many surgeons are familiar with dealing with the media. The 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 specialties but few surgeons).

- c. The FSSA, with which the CBS will maintain a close working association, is very familiar with the use of SurveyMonkey as a means of gauging opinion on various topics. Surveys that are succinct and that address topical issues usually have a satisfactory response rate. CBS would use SurveyMonkey to assess the depth of feeling on a wide range of employment issues. When a dominant theme emerges the CBS would seek to establish policy on behalf of surgeon members and then lobby on their behalf.
 - d. One of CBS's first actions will be to write to all trusts and other NHS employers in the devolved nations. The CBS can access names of all CEOs and medical directors from trust websites thereby rapidly establishing databases of senior NHS staff. Similarly, access to FSSA mailing lists as well as review of trust websites will permit rapid accumulation of databases that will include the names and details of all practising surgeons in the UK.
- 4 Negotiation on behalf of surgeon members is unlikely to be effective until the CBS is seen to represent the views of the surgical community. At this stage we would seek meetings with:
- a. Parliamentarians (as discussed above)
 - b. The Chief Medical Officer
 - c. The NHS Medical Director (currently a surgeon)
 - d. Local MPs (as local hospital issues relating to the provision of surgical services are often very contentious)
 - e. Patient liaison groups: as a group we have contact details of patient liaison

groups across the specialty spectrum. Having the support of patients is likely to prove important in negotiation of terms that enhance the provision of surgical services.

The plan over the coming weeks is to:

- establish an administrative office;
- establish an executive and appoint officers;
- seek to inform all surgeons;
- inform parliamentarians;
- inform all hospitals where surgical procedures are undertaken; and
- inform all colleges and specialty associations.

FINANCE

An initial annual membership fee of £125 is being 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. If the CBS is to be successful it needs the support of surgeons from all specialties. You can register your interest at www.cbsgb.co.uk. Membership forms will be produced in the early part of 2018. Your views on the creation and development of CBS would be welcomed.

Useful links

CBS rulebook: www.rebrand.ly/CBS-RuleBook
 CBS strategy: www.rebrand.ly/CBS-Strategy

Declarations

The CBS has no affiliation to the RCS nor does publication in the *Bulletin* imply endorsement of their proposals.
 John MacFie is a Director of Medix.