

<p>Welsh Government:</p> <p>Helen Arthur Annie Jones Chantelle Jenkins</p>	<p>NHS employers:</p> <p>Richard Tompkins Sarah Abraham Stephen Edwards Meriel Jenney</p>	<p>BMACW:</p> <p>Stephen Kelly Manish Adke Ali Nazir Raj Nirula Amna Babiker Oba Bads-Osibodu Lucy Merredy Erica Stamp Rodney Berman Jon Scattergood</p>	<p>Apologies:</p> <p>John Watkins BMACW Milan Makwana BMACW</p> <p>Secretariat</p> <p>Sarah Ellmes BMACW</p>
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Welcome and apologies		Actions
<p>1</p> <p>Welcome and Apologies Richard Tompkins (RT) chaired the meeting and welcomed all to the meeting and noted the following new members: Dr Stephen Kelly Chair Welsh consultants committee Dr Manish Adke member Welsh consultants committee Dr Amna Babiker Co Chair Welsh junior doctors committee Dr Oba Bads-Osibodu, member Welsh junior doctors committee deputising for Dr Milan Makwana Meriel Jenney NHS Employers</p> <p>Apologies were noted</p> <p>2</p> <p>Notes of last meeting Notes of the last meeting were agreed.</p>		

3	<p>Action Updates A status of the actions from the previous meeting were shared with the group:</p> <p>SAS Charter Sarah Abraham (SA) reported that she is working with D Maidment BMACW to arrange a meeting on 8 December with members of WSASC to discuss WSASC suggested amendments to the Charter in line with the 2021 Contract and the new role for SAS Advocates</p>	Meeting to be arranged to discuss amendments to the SAS Charter
Strategic/Hot Topics		Actions
4	<p>ESR Transformation</p> <p>Presentation received from Rebecca Jarvis (RJ) and Emma Turner (ET) NHS Business Services Authority (NHSBSA) outlining the transformation programme to deliver the future NHS workforce solution, which will build upon the current Electronic Staff Record (ESR) system in support of the NHS People Plan and wider NHS England and Wales workforce policies.</p> <p>It is estimated that it would take 5 to 7 years to transition all users over to the new system; the existing ESR team will continue to develop and enhance ESR, working with the new supplier, until the new system is implemented.</p> <p>A representative from MDBG was asked to serve on the Transformation and Change Collaboration and Engagement Group whose purpose was to engage with a wide range of different users of the new workforce solution from now through to implementation.</p> <p>It was suggested that it would be helpful to receive regular updates on the ESR Transformation Programme and RJ and ET were invited to a future meeting of MDBG.</p>	To be discussed at progress meeting in January
5	<p>Sell back of annual leave</p> <p>SA had sought feed back on re-opening of the sell back of annual leave scheme all Health Boards were encouraging staff to take annual leave and from Employer's perspective did not feel it necessary to re-open</p>	

<p>6</p>	<p>the scheme. RT agreed to keep this item under review and that staff should not build up annual leave as it was essential to take leave throughout the year for rest and recuperation. Stephen Kelly (SK) commented that in the coming months this may be an issue for staff especially for those who due to COVID they had not been able to take their leave and had now built-up leave and a number of those doctors could be interested in selling back their annual leave. RT commented that this may have been an issue 12 months ago, and if it is an issue now then Employers would need to consider what actions they can take to support employees in this situation.</p> <p>Social Partnership Working</p> <p>- Time off for Trade Union Duties</p> <p>SA had reminded Managers about the All Wales Policy on Shared Facility Time and had suggested to use SPAs for Time off for Trade Union Duties, BMACW reiterated the definition of SPA in the Amended Consultant Contract, that SPAs should not be used for Time off for Trade Union Duties. RT stated that he would speak with Medical Directors and Workforce Directors regarding this issue and respond to BMACW.</p> <p>BMACW representatives commented that the original agenda item on Time off for Trade Union Duties had been regarding budgets and whether the sessions for LNC Chair could be paid from the central budget rather than from the Department budget, LNC Chairs have to have agreement through job planning for them to carry out their role, BMACW expressed their concern that LNC Chairs have to negotiate for time through job planning on an annual basis, this role is valuable function for Health Boards and asked why LNC Chairs had to do this on an annual basis through job planning and asked for central agreement on this.</p> <p>With regard to the budget RT will speak to Workforce Directors although he was aware that there was no appetite for a central budget to pay for LNC Chair role. BMACW were struggling to understand why Workforce Directors did not want a centralised budget. This was the third meeting where this item had been on the agenda and discussed here, then referred to another group who object to the suggestion, but BMACW are not told why they object. They asked if it would be helpful if a Medical Director in attendance at MDBG could explain the reasoning as to why they objected to a central budget?</p>	<p>Keep under review</p> <p>RT to speak with Medical Directors and Workforce Directors and respond to BMACW</p> <p>Richard Tompkins to speak to Medical Directors for a substantive response re budget/or a rep attends MDBG to explain reasoning behind them saying no to central budget.</p>
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<p>Members went on to discuss a tariff for LNC Chairs. MJ commented, at C& V they have agreed with the LNC for one session per week for the Chair and support the role of the LNC Chair. She also asked if BMACW wanted a tariff for Chairs only or LNC members too. They responded with initially the Chair but would also be in favour of a tariff for LNC Members. MJ would agenda this suggestion at the All Wales Medical Directors Group.</p> <p>- Medical Examiners Terms and Conditions of Service</p> <p>Action from the previous meeting that G Hardacre would contact E Stamp to update on how the pilot was progressing. RT had no update on this item, and he would set up a meeting between G Hardacre and E Stamp. ES expressed her frustration that this item had been on the agenda since the first meeting of MDBG to share the Terms and Conditions of Service for Medical Examiners and to date she was still unaware of what Terms and Conditions the Medical Examiners were on and didn't think this was partnership working.</p> <p>- Progress meetings in between meetings of MDBG</p> <p>RT suggested that the secretariat meet in between meetings of MDBG to ensure actions are progressing, it was agreed that a meeting be arranged for January 2023.</p> <p>Attendees:</p> <p>Annie Jones, Chantelle Jenkins – WG</p> <p>Richard Tompkins, Sarah Abraham – NHS(W) Employers</p> <p>Rodney Berman, Sarah Ellmes – BMACW</p> <p>- Social Partnership and Public Procurement Bill</p> <p>Lucy Merredy (LM) informed that the Health and Social Services Minister had accepted 'in principle' the Social Justice committee's recommendations on non-TUC affiliated unions being part of the Social</p>	<p>Tariff for Chair / Members LNCs Agenda item for All Wales Medical Directors – Meriel Jenning</p> <p>RT to arrange meeting between Erica Stamp and Gareth Hardacre</p> <p>Set up progress meeting in January 2023 to ensure actions are progressing</p>
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	<p>Partnership Council and requested that BMACW be involved as per Minister's comments, Helen Arthur agreed to find out further information and will send BMACW a written update</p>	<p>Minister's acceptance 'in principle' of the Social Justice committee's recommendations on non-TUC affiliated unions being part of the Social Partnership Council. BMACW want to be involved as per Minister's comments, Helen Arthur to find out further information.</p>
7.	Junior Doctors	Actions
	<ul style="list-style-type: none"> - Onboarding issues <p>Jon Scattergood (JS) informed members for information that BMACW were members of a Task and Finish Group and the immediate on boarding issues had been rectified on a case by case basis by meeting with Sarah Evans. Business as usual meetings and a review of the process end to end were being taken forward to prevent the same issues occurring in future rotations. He also informed the Group that KPIs had not been shared with BMACW.</p> <ul style="list-style-type: none"> - Inability to take leave in blocks <p>Amna Babiker (AB) informed that WJDC had been made aware of an issue where trainees where unable to take their leave in a block of a week at a time. They were aware of one doctor at Aneurin Bevan UHB that was affected and wanted MDBG to be aware of this situation. RT asked if this was a one-off situation or was it an All Wales issue? AB informed that WJDC will be gathering more information and if widespread would respond to RT. Stephen Edwards (SE) Associate Medical Director Aneurin Bevan would follow this up at Aneurin Bevan. All agreed that it was unacceptable for employees not to be able to take leave in one week blocks and if WJDC were aware that this was happening across Wales for them to inform RT.</p>	<p>Stephen Edwards AMD Aneurin Bevan to follow up</p> <p>WJDC gather more information on inability to take leave in blocks if only occurring in Aneurin Bevan or other Health Boards</p>

8.	DDRB/Pay	Actions
	<p>Stephen Kelly (SK) informed the Group that at a meeting of Welsh consultants committee on 30th November 2022, members had voted overwhelmingly not to submit evidence to the DDRB for 2023/2024. Ali Nazir (AN) on behalf of Welsh SASC had been disappointed with the pay award and had written to the Health Minister expressing his disappointment. JS informed that Iona Collins Chair Welsh Council had written to the Minister regarding the DDRB evidence and asking that Welsh Government submit a neutral remit letter to the DDRB because in recent years, remit letters have been used by all four governments of the UK to place constraints upon the DDRB's recommendations from the outset of the pay round. AJ responded that the letter had been received by the Minister's office and a response would be sent to BMACW shortly and that the DDRB remit letters would be shared with BMACW.</p>	<p>Response to Dr I Collins letter to Health Minister will be sent to BMACW – Annie Jones</p> <p>DDRB Remit letters to be shared with BMACW – Annie Jones</p>
9.	Rate Cards	Actions
	<p>R Berman informed members of MDBG that BMACW had produced rate cards for Consultants; SAS doctors for non-contractual work and had been published in November with the rates being uprated on 1 December 2022 in line with inflation. These rates will run until end of March 2023.</p> <p>RT reiterated NHS(W) Employers and Welsh Government view expressed at the WCC meeting on 4 October 2022 that they would have liked to work in social partnership with BMACW to agree a rate card and would welcome the opportunity to collectively agree a card that all can get behind.</p>	
10.	Salaried GPs Working in Secondary Care	Actions
	<p>ES informed members that BMACW were aware of doctors with a GP background not working in primary care but working in secondary care and there was a disparity in their terms and conditions of service, eg study leave. ES did not know the number of doctors affected. RT would speak with Medical Directors to find out how many salaried GPs were working in Secondary care and all agreed to agenda this item for the February meeting. HA commented that she was in conversation with the Primary Care Strategic Group regarding salaried GPs and would be interested in undertaking more work to make the role more attractive and would like to discuss this further with BMACW</p>	<p>Find out how many salaried GPs are working in secondary care – Richard Tompkins</p> <p>Discuss further with Medical Directors – Richard Tompkins</p>

		<p>Agenda item for February meeting - Secretariat</p> <p>Salaried GPs what can we do to make the role more attractive, would like separate conversation – Helen Arthur</p>
11.	SAS Drs Activity Recording	Actions
	<p>SA spoke to her paper on the updated SAS Expenditure Proposal that set out in its priorities money to be used for activity recording to fund a solution to enable SAS doctors to record their activities on local Health Boards IT system.</p> <p>RB stated that Activity Recording for SAS doctors was a long-standing problem and BMACW representatives wanted a way to resolve this issue. Essentially a lot of SAS doctors struggle to get their activity recorded under their name. It had been resolved in some Health Boards/Departments and he asked if there could be an All-Wales solution for SAS doctors to be able to record their activity under their name, ie the Cwm Taf Morgannwg Health Board system replicated across Wales. BMACW representatives reiterated that this was an issue for many SAS doctors and should not require extra funding and should be rolled out across Wales.</p> <p>SA informed members that the SAS Expenditure Proposal had been agreed by SAS doctors, and she had asked doctors at Cwm Taf Morgannwg how they had previously recorded SAS doctors' activity recording, no one presently employed at the Health Board knew how it had been done; no one could identify the IT system that had been used and staff who may have the knowledge had left the Health Board.</p> <p>SA went on to explain that this task had been given to the SAS Advocates, she expanded that she had experienced difficulties regarding Advocates not attending meetings and not responding to her emails, the funding was still available and had not been spent. She had initially agreed to facilitate the Forum for SAS Advocates, but they needed to be self-sustaining and use their resources to resolve the problem of activity recording.</p>	

	<p>AN commented that Activity Recording had been on the WSASC work plan for a very long time and he suggested forming a group from WSASC and MDBG to take this issue forward to enable SAS doctors to record their activities but also to look at cultural aspects as well,</p> <p>All were happy with this proposal, WSASC secretariat would nominate members to take this work forward.</p>	<p>WSASC to nominate members to take this issue forward with Sarah Abraham</p>
12.	SAS Figures on those have moved to the new contract	Actions
	<p>JS flagged that BMACW were looking to make a change to 2021 TCS section 20 to mirror what was happening in England, that is to remove the limited time window of moving to the new contract. RT agreed to receive the change by email and bring back to MDBG for ratification.</p> <p>R Nirula (RN) requested figures on how many doctors had moved on to the new contract, SA agreed to request breakdown of figures from ESR of how many 2008 contract holders had moved on to the new contract.</p>	<p>Sarah Abraham to request breakdown of figures from ESR, how many transferred from old to new contract.</p>
13.	Upholding Professional Standards revisions	Actions
	<p>RT gave background information on this item; he and Andrew Cross had suggested amendments to the UPSW document which had not been ratified by the Welsh Joint Consultant Contract Committee. He would like to move forward with the potential amendments that had been discussed between him and Andrew Cross and would share the relevant papers with BMACW.</p>	<p>Richard Tompkins to send papers to BMACW of potential amendments previously discussed with Andrew Cross</p>
Subgroup Updates		
14	<p>Recruitment and Retention Subcommittee update to include</p> <ul style="list-style-type: none"> - Fatigue and Facilities Implementation Toolkit The Subcommittee had worked together on a revised toolkit for the Fatigue and Facilities charter and would be drafting a joint letter to be issued to Health Boards - LTFT trainees being appointed higher up the consultant pay scale 	<p>Fatigue and Facilities Toolkit Implementation SA to draft joint letter from NHS(W) Employers/BMACW to send to Health Boards – SA/BMACW Representatives</p>

	<p>Trainees would be appointed higher up the consultant pay scale and provided with an incremental credit to recognise the extended time they had spent in training. A clause would be added to the Amendment to the Welsh Consultant Contract to ensure this was done on an All-Wales basis.</p> <p>JS commented that NHS(E) agreed pay protection that those in training affected by COVID and asked that if NHS(W) would also consider backing dating progress up the pay scale.</p>	<p>Less Than Full Time Trainees – clause to be added to Amendment to Welsh Consultant Contract – SA/BMACW Representatives</p> <p>Suggested back dated to progress up pay scale, NHS(W) employers will look at data – Richard Tompkins</p> <p>ARCP outcomes of 10.1 or 10.2 delayed due to COVID, those juniors to start higher up the consultant contract as agreed in England – Richard Tompkins</p>
15	Junior Doctors/Dentist Contract Reform	Action
	An update was received on the Junior Doctors/Dentist contract reform	
16	Speak Up Safely Group	
	RB commented that he had previously raised concerns regarding this group and was pleased to report that the Group was working through issues he had raised.	
17	Occupational Health Review	
	To be kept on the agenda for regular updates	
Any other business		
18	Workforce Implementation Plan	

	<p>BMACW requested that they are kept involved and be able to input /comment on the workforce plan.</p> <p>HA informed that the Minister wanted the plan to be published soon and WG were in discussion with her, and would share a draft plan with BMACW if time allowed and then engaged with BMACW</p>	<p>Helen Arthur will share draft plan, if time allows, for engagement with BMACW</p>
19	<p>Next Meeting Dates</p> <ul style="list-style-type: none"> - 14 February 2023 - 3 May 2023 - 12 September 2023 	
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