Dear Convener

Thank you for the recent opportunity to give oral evidence to the Health & Sport Committee on the issue of NHS staff governance. During the meeting of 30th May I agreed to write to the committee to expand on BMA Scotland’s concerns relating to Integrated Joint Board (IJB) engagement with frontline doctors.

When IJBs were in the process of forming, BMA Scotland warned that they needed to be responsive to clinical priorities and engage medical staff if integration was to successfully improve outcomes for patients.

While Medical Directors are one source of clinical expertise for IJBs, their perspective is inevitably shaped in part by the management role that they hold. BMA Scotland has argued, and continues to believe, that it is important for IJBs and health boards to seek direct perspectives from frontline doctors who are independent of management and whose sole focus is the clinical needs of patients.

The importance of the independent perspective that frontline clinicians provide is something that has been recognised in the NHS in Scotland for many years. This is why the legislation\(^1\) governing the NHS requires the establishment of local medical advisory structures that can be consulted on the clinical impact of board decisions.

Where they work well, local medical advisory structures allow NHS boards to be confident they understand the clinical concerns of senior doctors at the frontline of

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\(^1\) Each NHS Board is required to have an Area Medical Committee as a statutory representative body for doctors under section 9 of the 1978 NHS (Scotland) Act as amended in 1990 by the NHS & Community Care Act
service delivery and help to foster mutual trust and respect between senior management and doctors, which can help drive the overall culture of that board.

The picture across Scotland is a mixed one when it comes to how effectively health boards engage with these local advisory structures, with some health boards making greater effort to do so than others. However, when it comes to IJBs across Scotland, there has been little evidence of direct engagement with these medical advisory structures to date.

This is a continuing source of concern to doctors and we believe more effort needs to be made by both health boards and IJBs to engage with local medical advisory structures as well as doing what they can to improve their visibility and remove barriers to doctors participating in these bodies. BMA Scotland’s Consultants Committee published a paper containing recommendations on how local medical advisory structures could be reinvigorated in 2015.²

Separate to the local medical advisory structures – which exist to provide clinical advice to boards – NHS employed doctors in each board are also represented by their BMA Local Negotiating Committee (LNC). These bodies are the trade union representative body for doctors in a given board area and are the appropriate bodies that we would expect IJBs to consult with on workforce issues relating to doctors in their area.

While IJBs are required to have a staff-side representative in their membership, in practice this will usually be a representative from Agenda for Change staff groups who may not have direct familiarity with doctors’ TCS. It is therefore important that if an IJB is discussing an issue bearing upon medical employment in their area, it should engage directly with the profession’s local trade union representatives.

I hope that this helps to expand upon the concerns that doctors are expressing to us about their level of engagement with IJBs, but if you have any further questions I would of course be happy to answer them.

I am also happy to update the committee that since we submitted our evidence to this inquiry, NHS Education Scotland have now indicated that they are willing to discuss the introduction of legal protection for junior doctors who whistleblow. These talks are still at an early stage, but we are hopeful that they will lead to junior doctors in Scotland receiving the equivalent protection that their counterparts in England now have.

Yours sincerely

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British Medical Association