Commentary

Potential changes to junior doctors contract

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I write to voice my concern over the proposed changes to the junior doctors contract which, if implemented, would potentially come into force at the start of the next training year, in August 2016. The BMA has walked away from talks, stating that the government is not prepared to negotiate reasonably, and has threatened to impose the new contract. Judging by the current mood of junior doctors country wide, it seems inevitable that industrial action will take place. What form this will take is uncertain, although a strike seems likely. The success of any such action will depend on the support of both other members of the medical profession, in particular the consultant body, and the general public. It is therefore vital that the reasons behind any such action are well understood.

Although the media coverage seems to focus on pay as the main argument against the contract, the major concern for many doctors is the potential risk to patient safety. There is also likely to be a significant impact on quality of training, the new contract discourages research which could prevent the advancement of treatment for common and costly diseases, and unfairly discriminates against women and doctors in less than full time training. The specialities which will be worst affected are those who already have problems with recruitment and retention of staff, for example A&E and psychiatry. The main arguments against the contract are outlined below.

Removal of hours safeguards: the new contract removes the regulation for trusts to monitor the number of hours doctors work. As there would be no financial penalty for trusts who impose unrealistic and unsafe hours on doctors, there would be no disincentive preventing this. This means that doctors in those problems regions or specialities would end up shouldering a higher burden for longer hours. This seems like a return to the 'bad old days' of 100 hour weeks, lengthy on calls, with little compensatory rest. Aside from the obvious detriment to patient safety, there would potentially be a significant impact on the quality of the training experience, as the service could be stretched to the point where meaningful training cannot take place and tired doctors struggle to effectively learn from their clinical time.

Antisocial hours: several changes to the pay structure have been proposed. The first is the change to normal working time, which is currently Monday to Friday, from 0700 to 1900. Under the terms of the new contract this would be extended to Monday to Saturday from 0700 to 2200. Hence the proportion of antisocial hours which are paid at the higher rate is hugely reduced, and this shortfall is not compensated by the higher base rate of pay suggested as part of the negotiations. There will be a disproportionate pay cut taken by acute specialities such as A&E and anaesthetics, where a larger proportion of hours are antisocial. This could create significant staffing problems, as there would be no incentive for doctors to work beyond their rostered hours.

Incremental pay rise: another of the proposed changes is the removal of the yearly incremental pay rise. This is a small increase in the basic rate of pay, which takes into account the additional experience and responsibility taken by more senior doctors, and is added each year as doctors progress through training. Under the terms of the new contract, pay increase would be linked to a system of assessment of performance, and the automatic increment given to doctors choosing to take time out of clinical work to undertake research or additional training would be removed. This would discourage research, as people may not be able to afford to take time out, potentially jeopardising the position of British medical research as among the best in the world. Doctors switching specialty may also lose out, as their previous experience, even if directly relevant, would not be counted, meaning that they could find themselves suffering a

significant pay cut. Female doctors particularly will suffer, as the increment paid during maternity leave and to those who are in less than full time training will be removed. This may force doctors to make choices about whether they should pursue their career or have a family, widening the gender gap already present in medicine.

All of these factors combine to make a perfect storm, where tired, unappreciated and demoralised doctors are working longer hours for less pay, in a system which would become more overstretched, as improved working conditions and better pay are available in many other countries, Australia and New Zealand being the most obvious examples. Anecdotally, a small sample of FY2s in a northern deanery found that only 10% are planning on applying for specialty training next year. This figure is normally closer to 60%. There is a great feeling of bitterness surrounding the negotiations, as many doctors feel that the government is divorced from the reality of front line healthcare. Doctors feel that they, rather than politicians, should be allowed to decide what is best for their patients, and that if we are tired, “abused” and overstretched, it is only a matter of time before significant harm is caused. Harm that politicians, safe in parliament, will never have to witness first hand. This contract does not prioritise good, safe patient care. It is for this reason that I believe it cannot be accepted, and that industrial action, however undesirable, is a preferable alternative, if it safeguards the future of the NHS. I hope that we will have the support of the general public we seek to protect if strike action is agreed upon, because the NHS belongs to the public, not to the government of the day. The undermining of the junior doctors and the potentially dangerous consequences of the contract are only the beginning. If this contract is accepted, other areas of the NHS could be targeted next. Nurses, radiographers, porters, midwives, could all eventually find themselves in a similar situation. It is vital that we stand up now, and make sure that patient safety forms the basis of discussions, to preserve the reputation of NHS training and care as among the best in the world.

This is everyone’s fight.