

Junior doctors and industrial action



Junior doctors in England have voted overwhelmingly in favour of taking industrial action. More than 76% of 37,700 trainees took part in the ballot. 98% voted in favour of a full walk-out and 99.4% in favour of action short of this. Three dates for action are planned: on 1 December only emergency care will be offered, while there will be full walk-outs on 8 December and 16 December.¹ This action follows months of increasing tension between the British Medical Association (BMA) and Health Secretary Jeremy Hunt over proposed changes to the juniors' contract.

Not surprisingly, the issue of industrial action is one on which not all Christian doctors agree. A blog post by our Head of Student Ministries, John Greenall, which raised five questions for juniors to consider, attracted an unprecedented level of passionate comment.² In this issue of *Triple Helix*, Melody Redman and Matt Lillicrap give contrary views on whether Christian juniors should strike.³ We initially published these on *CMF Blogs*.⁴ I would urge all members to read these pieces carefully and prayerfully.

The juniors' contract – governing the employment of the NHS's 53,000 junior doctors in England – was last updated in the late 1990s. In 2012 the Department of Health (DH) said that there needed to be changes. The BMA began negotiations, but talks broke down in October 2014. In August 2015 the BMA refused to re-enter negotiations and accused the government of a 'heavy-handed' approach. Ministers then said they would impose a new contract on all junior doctors starting in August 2016.⁵

The standoff involves complex issues which are difficult for the public or media to understand. Key questions centre on what junior doctors are paid for working in different settings and at different times of the day, night or week. What level of basic salary? How should overtime rates be 'banded'? The government says it wants to put basic rates of pay up but the BMA says that reductions in overtime payments from 're-banding' will lead to substantial pay cuts for some doctors.

Wider NHS issues such as the long hours culture, patient safety and staff shortages also impact and, as might be expected, the BMA and the DH both claim their stance is vital to protect patients' safety. Both sides are gunning for public and media sympathy. The doctors have accused the health minister of 'megaphone diplomacy' and he has in turn accused the BMA of misleading junior doctors over the facts. Understandably the media is itself divided.

Juniors have received vocal public support from royal college presidents who have warned that the new contract will further weaken morale, deter recruitment and threaten the safety and quality of the care patients receive. Some have threatened taking their services abroad, although with capacity near full in the gentler climes of Australia and New Zealand it is not clear where they might go.

When I was a general surgical registrar in the late 1980s in New Zealand, juniors staged a similar walkout. Low overtime payments (we received a third of our normal rate for each hour worked over 40) provided an incentive for hospital boards to work juniors long and hard. The strike led to a new contract involving better overtime payments. Weekly hours on duty dropped from 70-80 to just over 40 overnight. A shift system replaced the old 'one in four' and hundreds of overseas doctors, some very poorly trained, were brought in to fill the rotas. Team structures were disrupted and some seniors felt aggrieved. The new rates were probably over generous and were cranked back over the next two decades, but there were both good and bad outcomes – not all foreseen. I personally did not participate in the industrial action but believe that the change in overtime rates was the only way of stopping the exploitation, which was largely driven by economic concerns.

As I highlighted in my last editorial,⁶ the NHS is at a crossroads. Financial pressures are powerfully squeezing its ability to deliver. Population growth, ageing and cost increases by 2020 mean that the NHS will require some £30 billion (25%) more than it is getting now just to maintain services at their present level. We are being called to 'make bricks without straw' (Exodus 5:7) in a health service and nation which is gradually falling apart. The major driver of this funding squeeze in real terms is the UK's national debt.

There are no easy answers. In a democracy we all have a responsibility to help shape public policy so that it is just and fair. We need to be engaged in decision-making – 'seeking the good of the city' (Jeremiah 29:7) – whilst remaining morally distinctive – 'shining like stars' (Philippians 2:15); remembering that it is Jesus Christ whom we ultimately serve (Colossians 3:17, 23).

Whatever our conclusions about industrial action are within those parameters, it is essential that we stay calm, gracious, diligent and hardworking in serving our earthly masters, our colleagues and our patients for Christ's sake. And that we undergird all with earnest prayer.

Peter Saunders is CMF Chief Executive.

references

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