A profession at breaking point?

HCSA stress survey finds 80 per cent of consultants eyeing an early exit: p6
CEO’s notes
Eddie Saville

The anger exhibited by many doctors in training over the current contract dispute is one that has seen thousands of junior doctors mobilised into campaigning for a fair deal.

It is always the case that if union members – and non-union members for that matter – stick together and speak with one voice it can make a difference.

The government seem to be starting to recognise the strength of feeling that exists and the growing call from members that these proposed changes now be the process of genuine negotiation.

TUC
Last month the HCSA took centre stage at the TUC conference in Brighton. A detailed report is on page six.

We were able to highlight our recent stress survey, which saw trade unions and professional bodies from across a multitude of industries shocked at the extent to which hospital doctors were affected by stress at work.

For my part I was delighted to be re-elected to the TUC General Council for the fourth successive year – something that continues to place the HCSA at the heart of the trade union movement.

PAY-OFF
We heard recently that David Flory, the Chief Executive of the Trust Development Agency (TDA), was to receive a huge pay-off from the government of over £400,000 – on top of his salary of £235,000 – following his decision to quit the job.

At a time when the NHS deficit looks set to hit £2 billion, how can this be justified?

What makes this even more amazing is that it comes at a time when the government have just agreed a cap on exit payments for public-sector workers at £95,000.

The government’s own consultation document started by saying: “The government announced on 23 May 2015 that it intended to end six-figure exit payments for public sector workers.”

Over 4,000 responses were received despite a very short consultation period. The outcome was that the government will legislate to introduce a cap. But it would appear that this particular cap is not a one-size-fits-all.
President’s column

Government risks a widening credibility gap

The HCSA has always said that it supports safe seven-day services in the NHS. But as the weeks pass by, the ongoing acrimony surrounding contract changes for consultants, specialists and specialty doctors in training increasingly threatens the prospect of a safe, workable outcome.

With the government facing criticism from all sides over its proposals, including from key medical colleges and leading NHS figures, now would be the worst time to lose sight of the need for any settlement to enshrine safety for patients and staff.

We all know that this is clearly going to require significant investment, as well as service re-engineering.

It will also require serious and detailed discussion between all stakeholders. Negotiation not imposition is the only way that this can be achieved.

Yet instead of engaging with front-line staff to shape the health system of the future, it is saddening that the government has embarked on a public relations campaign that has at its heart a crude distortion.

At the Conservative Party conference in Manchester at the start of October, Jeremy Hunt talked of “the scandal of 11,000 excess deaths each year because of what is known as the ‘weekend effect’ in hospitals,” using this a justification for the government’s position on seven-day services.

As doctors, to us just one “excess” death, be it at the weekend or during the week, is one too many.

But the authors of the research to which Jeremy refers state clearly that it would be “rash and misleading” to conclude from their findings that any exact number of deaths among such patients could be avoided.

The use of such extrapolations is in effect scaremongering on a massive scale, and Jeremy Hunt should be ashamed of himself.

The dangers of this tactic were put into stark relief with growing reports of a so-called “Hunt effect,” where patients were refusing treatment at weekends due to the adverse publicity surrounding outcomes – risking their own health and leaving the health service facing higher costs treating more acute symptoms.

What’s more the high stakes of getting the push for seven-day services wrong were revealed by the heartfelt responses of hundreds of HCSA members as part of our research on workplace stress.

Seven in 10 reported levels higher than a year ago. One in three hospital doctors reported “unreasonable” levels of work stress most or all of the time in an average week. Around 83 per cent of respondents reported that work-related stress had taken a toll on their family life.

Even more ominously, 80 per cent of respondents were considering retiring early because of stress.

That threatened exodus among experienced hospital doctors is matched by evidence of a rising dropout rate among specialty doctors in training, as competition for posts collapses in historical terms.

The government’s hard-headed approach flies in the face of all these symptoms of an alienated and demoralised workforce.

Increasingly there appears to be a dangerous and damaging disconnect between those on the front line and policy-makers in distant Whitehall.

Yet we also know that, if they are empowered and given sufficient support along the lines of the recommendations within Lord Rose’s report on NHS leadership, that there are consultants keen to take on a role in leading the innovations that our health system requires.

We now stand at a crossroads. One signpost points to a seven-day future of unsafe, understaffed services and a burnt-out, demoralised workforce.

The other leads to a round-the-clock NHS of technical and medical innovation and properly staffed, properly resourced acute services.

There is a growing sense that the credibility of the government and the Secretary of State himself is now at stake over its handling of these issues.

The HCSA intends publicly and in meetings with ministers to press our case harder than ever, and to drive home our own ideas on how the service can be reformed and improved.

We cannot and will not allow the previous failure of negotiations to temper our requirements for a safe service.

John Schofield is President of the Hospital Consultants & Specialists Association.
Concerns over the current proposals for doctors in training are widely felt among the more experienced members of our association, who recognise the years of training, steadfastness and sacrifice it takes to become a fully-fledged consultant.

The dispute centres predominantly on the extension of normal hours from 7am-7pm Monday to Friday to 7am-10pm Monday to Saturday, and changes to pay which junior doctors fear will end financial penalties that currently act to discourage employers from rostering them in an unsafe way.

As the government maintains that increases to basic pay rates will be cost neutral, trainees in some specialties will undoubtedly face cuts – at a time when individuals’ average debts following basic training stand close to £100,000.

Because of the extended hours, those who work part-time and juggle a family caring role are likely to face an increasingly difficult choice over whether to stay.

The HCSA recognises that these issues will also have a knock-on impact on consultants and is determined in its support for our junior doctor members, and those who are not yet members.

Negotiation, not imposition, is an essential step on the road to an outcome that delivers.

Not all consultants will support the concept of strike action by doctors in training, but most will see the justice in their campaign – and recognise its resonance given the threat of similar proposed changes to their own contracts.

HCSA junior rate now just £100

Many association members have expressed concern that our more junior colleagues are not yet covered by the protection that the HCSA offers.

Recognising the importance of perpetuating a professional fraternity among hospital doctors, since October 1st the HCSA executive voted that from October 1st there should be a heavily reduced annual fee for trainee hospital doctors to £100 – well below most other professional associations.

Individuals applying for specialty trainee membership will be granted access to all the support services enjoyed by established members, as well as helping to shape the future goals of the only professional association and union dedicated solely to hospital doctors.
Junior doctors are very concerned about what the new doctors in training contract will mean for them and their families. They are upset that despite several years of negotiations with BMA, which failed to reach a resolution, a worse and radical new contract will now be imposed on them from August 2016. Junior doctors are in support of the BMA’s position to withdraw from the sham negotiations they were invited to, and continue to be in favour of honest, meaningful, negotiations without pre-requisites.

Junior doctors are rightly more concerned about the impact of removing safeguards to excessive working hours on patient safety. Many feel that the removal of the current system of financial disincentives for hospitals forcing junior doctors to work excessive and unsafe hours will lead to tired, exhausted junior doctors that make mistakes. Whilst although the new contract will not include a 70-plus hour work week in black and white, in the context of increasing demand on the NHS, and a lack of financial penalty for hospitals, junior doctors are fearful that the hours they work will inevitably escalate to meet this demand.

In our position statements, BOTA has highlighted the current medical recruitment and retention crisis being experienced by the NHS. This is not exclusive to surgery, which has always been regarded as a desirable career path, but is prevalent amongst all medical specialities. The current working environment provided for junior doctors is not sustainable and has led to a concerning trend among the most disenchanted and disillusioned cohort of junior doctors, the foundation trainees.

The GMC Foundation Training Programme Destination Survey results have demonstrated a year-on-year decline in these doctors continuing into any training programme in the NHS. In 2011, 71 per cent of foundation doctors — those in their first two years of their postgraduate medical careers — continued into any specialty training programme. In 2012, this figure dropped to 64 per cent, and again to 61 per cent in 2013.

In 2014, the GMC survey reported that only 58.5 per cent of foundation doctors progressed into any training programme in the NHS. Of the 41.5 per cent who chose not to continue their careers in the NHS, only 24 per cent did so to work abroad – most of whom, we can argue, may return. But what has happened to the other 76 per cent?

What have we done to those junior doctors who, only very recently, passionately decided to follow a path of becoming a doctor, only to choose not to continue their career in the NHS after two years of clinical practice?

More importantly, what message are we sending them if we then impose a new contract that will worsen the working conditions in which they work in, and reduce the amount the system values them even further?

The HCSA and its members have a unique perspective and an opportunity to help in this very challenging situation that junior doctors find themselves in.

In some specialties, and in some parts of the UK, the consultant body has pledged their support for the junior doctors’ cause. When this has occurred it has alleviated concerns held by junior doctors about what impact fighting this cause will have on their daily working lives.

Unfortunately, although many consultants and departments have spoken out in favour of junior doctors, and some even on a personal level, some are still not aware of the issues entirely, and others have remained impartial.

We would encourage all HCSA members to speak to their junior doctors on a personal level, and make them aware that they have their full support during these challenging times.

● Mustafa Rashid is President of the British Orthopaedic Trainees Association, which represents the views and opinions of Orthopaedic Surgical Trainees in the UK. More information on BOTA’s position relating to the junior doctors’ contract are available at www.bota.org.uk under the Position Statements category of the News section.

A question of safety and the very future of our profession

British Orthopaedic Trainees Association (BOTA) President Mustafa Rashid urges consultants to actively show support for junior doctors amid signs of a growing retention crisis.
Doctors under pressure: stress

With the help of hundreds of HCSA members the association won front-page headlines on the issue of rising stress among senior hospital doctors. Now we hope to build on that research.

When we appealed for a candid response on the impact of work-related stress, HCSA members joined together tremendously to send a serious message to NHS employers, the media and the general public by relaying your experiences as dedicated front-line workers.

The headline findings related to our profession's morale, which became front-page news in the national media because 80 per cent of you told us you had reconsidered your retirement plans because of stress.

But it doesn't end there. The detailed responses will now also form the basis for future campaigning on behalf of both consultants and doctors in training.

Why is it that 79 per cent of our profession reported working more than contracted “always” or “often”? Why should we be talking in such large numbers about the health and well-being impact of work-related stress, which 70 per cent of respondents said had affected them.

Clearly there is room not just for sympathy from policy-makers but more research to be able to build an accurate picture of the often overwhelming and relentless circumstances in which HCSA members work.

Our goal is to drill down into the challenges faced by members of the profession to counter the one-dimensional and clichéd view portrayed all too often in our media. This is an essential pre-requisite to winning the policy and contractual arguments of the future.

We are sure that you as professional colleagues will respond as candidly, accurately and poignantly when we seek your views on linked issues in coming months.

The full findings of the survey are available in PDF format at www.hcsa.com/news-views

TUC conference

SPA campaign wins delegates’ backing

An alarming squeeze on development and training time by NHS employers was highlighted in a second HCSA motion tabled at the Trades Union Congress.

“This short-sighted approach means that hospital consultants and specialists are less able to carry out the training, development and research needed to enhance their skills and knowledge, develop innovative practice and continue to provide high-quality improvements in care,” it noted.

“It has been widely accepted that around 25 per cent of a hospital consultant’s working week would be dedicated to supporting professional activity.”

HCSA General Secretary Eddie Saville warned that SPA time was increasingly seen as a “soft target” by NHS accountants and teaching and supervision of medical students and trainees was being affected as a result.

Delegates representing workers from almost every section of the economy overwhelmingly voted to support consultants in their campaign.

Trades Union Congress delegates in Brighton unanimously backed an HCSA motion demanding serious action on workplace stress within the profession after the association’s research revealed that a shocking eight in 10 senior hospital doctors are considering early retirement as a direct result of rising pressures.
the annual conference that the government was failing to take the issue seriously despite the findings revealing “a shocking legacy of fatigue, broken relationships and serious illness.”

The causes highlighted, he added, were “a workload that sees doctors routinely work beyond their contracted hours, as shrinking resources force them to take on impossible patient caseloads,” “constant restructuring and dysfunctional relationships between staff and management,” and “chronic staff shortages.”

He warned: “Make no mistake. This represents a toxic threat not just to our NHS but to the patients its dedicated workforce serves.

“It takes 19 years of training to become a hospital consultant. This is not a workforce that can be easily replaced.

“The kind of mass exodus suggested by our research demands urgent action if we are to head off a system-wide collapse.

“It does not seem to us that the government is taking the issue seriously.

“Employers and ministers suggest that things are improving. That strategies are in place to boost the well-being and health of NHS staff.

“But it is clear hospital doctors do not agree.

“In fact more than 70 per cent of hospital doctors told us that their work stress had increased over the past 12 months.

“Against a backdrop of yet another reorganisation with the stated aim of delivering seven-day services, we fear that this issue could deliver a knockout blow to the stability of our NHS.”

Urging the government and employers to act, he said: “It’s time to listen to your front-line workers.

“You need to recognise the extent of this threat.”

The HCSA is already an influential professional association and a TUC-affiliated union, standing alongside other organisations representing health workers in seeking the best deal for all staff. But in the current context it is essential that we grow the association to increase this influence.

So for every member you help to sign up, you not only receive a personal benefit but you are building the strength and capacity of our association – the only professional association and trade union dedicated solely to hospital doctors, with an elected leadership drawn solely from hospital doctors.
Opposition rises over draconian TU Bill

NHS managers join criticism over harsh anti-union legislation

MPs on the Commons Public Bill Committee were greeted with a chorus of opposition to the government’s Trade Union Bill when they convened their initial hearing on 15th October.

The legislation, which passed its first parliamentary hurdle on Monday 14th September, is being opposed by trade unions including HCSA.

It includes rules allowing the drafting in of agency workers to replace those taking industrial action, and a requirement to give advance notice to the police of whether Facebook, Twitter, blogs and websites will be used during action and what they will say.

Other constraints would see a legal threshold placed on public-sector action so that at least 50 per cent of members must vote, with at least 40 per cent of an entire membership voting for an outcome.

That amounts to 80 per cent of those voting on a 50 per cent turnout.

At the same time, tellingly, ministers have steadfastly refused to endorse trade union calls for electronic balloting – something that for hard-pressed hospital doctors would be a logical option rather than the current system which dictates postal voting.

HCSA has always maintained that industrial action should only ever be used as a last resort – an option that allows negotiations and discussions to take place with both sides aware that failure to agree amicably could ultimately have a highly undesirable result.

But NHS managers have also now spoken out publicly on their fears over the legislation. Dozens of NHS human resources directors have written to Cabinet Office Minister Matthew Hancock to express their concern that staff motivation would be negatively hit in return for a “very limited cost benefit.”

A separate letter jointly written by HR directors and regional trade union representatives highlighted the benefits of co-operation between the employers and employees – not least given the challenges contained within the NHS Five-Year Forward Plan.

Former NHS Employers chief executive Dean Royles told the Financial Times: “We get so much more, day-in day-out, from working with trade unions and I’m anxious we don’t damage the largely constructive relationships we enjoy.”

The Chartered Institute of Professional Development shares these concerns but goes further.

Its Chief Executive Peter Cheese said: “It’s time to start talking about prevention rather than cure when it comes to strike action and the public sector’s workforce challenges in particular.

“Taxpayers’ interests are best served by an efficient, engaged and productive public sector workforce.

“We need to see more consultation and ongoing dialogue, and engagement with, the workforce, rather than the introduction of mechanisms that reflect the industrial relations challenges of the 1980s.

“To jump straight to legislating strike activity without considering this seems to be a significant step back.”

The government has so far resisted calls to change its stance on this issue despite calls from such a wide range of voices. As a result the TUC is stepping up its campaign.

➤ More information on all the implications of the new legislation and the campaign against it are available at www.tuc.org.uk/TUbil.
Picture the scene. A person deemed at risk of heart attack awakes at their home. The information is relayed to a nearby healthcare facility, where the individual is added to a watch list. As their vital signs decline, an emergency team is being prepped to whisk them to hospital.

There, computer-aided surgeons and can offer a cocktail of therapies and medicines tailor-made for the individual based on a detailed database of their specific needs.

This depiction is currently, as HCSA members will recognise, far closer to science fiction fantasy than it is medical reality. But for how much longer?

The march of digital miniaturisation, wearable and mobile technology and the “web of things”, where each technological device in our homes is interconnected via the worldwide net, means such innovations will become increasingly embedded into the world of medical science.

One study last year by PriceWaterhouseCoopers – albeit on behalf of the not disinterested global mobile phone operators’ organisation GSMA – suggested that developed nations’ health systems could net a $400 billion (£260bn) saving by 2017 simply through more intelligent use of mobile devices such as tablets and phones.

With that scale of saving apparently at stake, in the context of a wider £22bn NHS “efficiency” drive, an aging population, and the push for seven-day services, it is little wonder that UK policy-makers appear to have pinned their hopes partly on new technology.

Recent months have seen a renewed publicity push in this area, for many years dominated within the NHS by the failure of major IT projects aimed at the Holy Grail of interoperable systems.

Policy-makers and employers are predicting big savings with new technology to bring ‘efficiency’ and better patient care to UK health services. But will this be another false IT dawn?

The Five Year Forward View gave a tantalising glimpse of the possibilities that harnessing and pairing different technologies may bring, envisioning the equipping of “house-bound elderly patients who suffer from congestive heart failure with new biosensor technology that can be remotely monitored” and “can enable community nursing teams to improve outcomes and reduce hospitalisations.”

Secretary of State Jeremy Hunt added to this vision, declaring that he wanted “patients not just to be able to read their medical record on their smartphone but to add to it, whether by recording their own comments or by plugging in their own wearable devices to it.”

But navigating to this brave new world will not be plain sailing. Last month it was revealed that health workers had been using their personal smartphones and other devices to share information on patients, underlining concerns over the security of sensitive data. So too did reports that third-party mobile phone apps officially approved for public use by NHS Choices contained “security holes” that allowed personal data to be siphoned off.

Days earlier Cambridge University Hospital Foundation Trust had been pilloried by regulator Monitor over a £200 million IT project attributed as a key cause for a financial plunge – a reminder that the idea that new tech will be a miracle cure for a financial plunge – a reminder that the idea that new tech will be a miracle cure for NHS finances should be treated with a (un)healthy pinch of salt.

Yet nevertheless the technology rollout locally and regionally is carrying on apace – a seemingly unstoppable steamroller, accompanied by targeted funding via the Integrated Digital Care Technology Fund.

So whatever the barriers, new technology is set to change drastically and permanently the way in which we and our health system work.
Light side

REVEALED: Leaked copy of new Junior Doctors’ contract

OK, so not the real one, but an online comedy outlet’s own version serving up a decent dose of gallows humour with an “exclusive” revealing “the new contract.”

Here are the best of the Department of Health’s “new terms,” as misrepresented by Huffington Post:

- We guarantee that staff will only work five days a week, though one of those days will be Friday which now lasts for 72 hours till Monday.
- The NHS will ensure that all staff can see their family and friends, provided that the family and friends are patients at A&E.
- You will be entitled to a minimum of five weeks’ paid holidays per year – to be taken between April 30th and May 1st.
- We acknowledge that chronic fatigue may occur but get over yourself, it’s not as if you’re dealing with life or death situations.
- Given the state of the economy, it is impossible to improve your pay or even maintain it at the same level. Who do you think you are, an MP?

Handhelds with a health warning

A health “digital revolution” has been declared by policy-makers seeking savings and a touch of spit and polish on the NHS image, but will it see a hundred flowers bloom?

Aside from complaints by HCSA members regarding difficulties with new systems, we learnt recently that there may be another pitfall.

Researchers have called for action to prevent people from overusing digital devices, the side effects of which are linked to “undesirable behaviours.”

The solution they’ve come up with is to get developers to include “positive and gentle” warning messages to tell people to put their handhelds down.

Of which our political commissars… sorry, hospital HR managers… would surely demand to know: “Where’s the override switch?”

£5 million health pot

News of a £5m fund to keep NHS England staff fit and healthy begs the question, when and where will we get the time to cram in that zumba session?

The findings of the HCSA stress survey painted a desperate picture of long hours and skipped breaks – leading this column to speculate what “relaxation” techniques policy-makers are resorting to if they think a £5m pot is enough to do the trick.

Readers can send their confidential snippets, news nuggets and other tidbits from day-to-day life to RBagley@hcsa.com
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**Membership Application** 2015/2016

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**Current Subscription Rates:**

- **Full Annual** - £250 per annum commencing October 1st 2015 (pro rata for first year of membership)
- **Full Monthly** - £21.50 per month
- **Specialist Trainee Annual** - £100 per annum commencing October 1st 2015 (pro rata for first year of membership)
- **Specialist Trainee Monthly** - £8.50 per month

Please complete the Direct Debit Mandate overleaf and send it to the Overton Office address on reverse. Introduced by (if applicable)

**Important - Please Note:**

We are not normally in a position to provide personal representation over issues that have arisen prior to joining the HCSA. Please DO NOT fax or e-mail this application form - we need an original signature on the Direct Debit Mandate for your bank to authorise payments.
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Payment reference (To be completed by HCSA):

HCSA
1 Kingsclere Road
Overton
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Hampshire
RG25 3JA

Service user number:

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Please pay The Hospital Consultants and Specialists Association direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with The Hospital Consultants and Specialists Association and, if so, details will be passed electronically to my bank or building society.

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