

**Response to the report by the
Review Body on Doctors' and
Dentists' Remuneration (DDRB):
Contract reform for consultants and
doctors & dentists in training –
supporting healthcare services
seven days a week**

By the Group of Anaesthetists in Training (GAT) of the
Association of Anaesthetists of Great Britain & Ireland

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THE ASSOCIATION OF ANAESTHETISTS

of Great Britain & Ireland

The Association of Anaesthetists of Great Britain & Ireland (AAGBI) is the professional membership organisation representing more than 10,000 anaesthetists, with GAT (Group of Anaesthetists in Training) being the directly elected representative body for over 3,000 anaesthetic trainees.

The Doctors' and Dentists' Remuneration Board report was commissioned following the breakdown in negotiations between the BMA and NHS employers¹. Both the AAGBI and GAT presented evidence to the DDRB. Its report is clear and even-handed.

The DDRB stresses the importance of trust and confidence-building that doctors need to have in the new arrangements, the importance of a reasonable work-life balance for both junior doctors and consultants, and the need for contractual safeguards to ensure this. We are encouraged by these statements and hope that they are heeded by Government.

GAT and the DDRB share common goals: ensuring excellence in patient safety and high quality care around the clock. We wish to make the following comments on the recommendations and observations presented in the report for the benefits of our members, those involved in contract negotiations and the public. We have subdivided them into themes for clarity.

The 'Weekend Effect' and Seven-day Service

- We are aware of the evidence presented by the DDRB which suggests that patients admitted at weekends are more likely to die within 30 days of admission, (the 'weekend effect'). We too are concerned by this and believe to address it we should focus on honing the 24/7 world-class emergency care that we already provide. Any service expansion to create a seven-day service, must be focussed on the variations in mortality rate for emergency admissions in the first instance and not increase routine workload.
- We disagree that the 'weekend effect' is simply due to lack of consultant cover; multiple factors are at play, including routine pre-admission of high-risk patients for Monday surgery, and the increased severity of illness of those patients admitted as emergencies at the weekend. Consultants already work weekends to cover emergency services, and are routinely available to supervise junior doctors and nurses at all times.
- It is a gross over-simplification that increased consultant presence seven days a week will produce a seven-day NHS. This would require corresponding increases in staffing to all supporting staff groups and infrastructure in primary and secondary healthcare as well as social care. We note that the DDRB also acknowledge that this will be necessary. Resources are already stretched and GAT is concerned about the adverse impact on patient safety of extending them further under current proposals.

Unsocial Hours

- The DDRB report proposes the movement of the night window to start from 10pm for all NHS staff and the removal of Saturday premium rate pay for junior doctors. We strongly oppose this redefining of unsocial hours and the inevitable reduction in pay that would result from this.
- A future contract for NHS staff must reflect Saturday and evening working at a premium rate. The cost on work/life balance, and the decrease in morale caused by the loss of recompense for those working during traditional family and rest time (i.e. evenings and

weekends) will be felt across the board and is likely to affect retention and recruitment. Indeed the DDRB report comments that removing this premium would take the NHS out of line with other sectors.

- We are concerned that those countries offering enhanced unsocial hours premia are exactly those that UK doctors leave the NHS to work in. Any further increase in this gap may contribute to problems retaining UK doctors.

Pay and pay premia

- We agree that pay should reflect the level of responsibility, number of hours worked and intensity / unsocial nature of those hours. We also believe that pay progression should still occur for those who take time out of training for other reasons such as academic training or humanitarian work.
- Several of our members have concerns that the contract negotiations will lead to a pay cut for junior doctors. We wish to highlight point 1.3 in the Heads of Terms that was agreed by NHS employers and the BMA: "...Average gross pay across the doctors in training workforce should not change²."
- We are concerned about the suggestion that pay progression should be directly linked to the Annual Review of Competence Progression (ARCP), as the outcome can be speciality and region dependent. ARCP outcome does not always reflect a doctor's ability or career progression and GAT do not support a system that could unjustly penalise doctors.
- We are concerned that the pay progression system proposed by the DDRB will disadvantage those training Less than Full Time (LTFT) and that this may lead to recruitment and retention problems.
- We recognise the benefit that flexible pay premia may offer to some junior doctors. However we are strongly against large top slices from the pay envelope to fund the pay premia pot as this will impact upon a greater proportion of the workforce.
- If flexible pay premia are to be introduced we agree with the DDRB that there should be an independent body responsible for their allocation and this would need to be regularly reviewed.
- The problem of recruitment raised by the DDRB remains more widespread than implied in the report; 15% of the anaesthesia and 25% of the intensive care medicine workforce is unmet³. GAT are not convinced that pay premia are the way to address recruitment. Working conditions and work-life balance are more important and we agree with the BMA that contractual safeguards are key. We believe that inflating salaries in some specialties at the cost of others will simply shift recruitment issues elsewhere.
- GAT is appalled by the suggestion by NHS employers that maintaining any form of banding process would incentivise junior doctors to work slower for more money. This is unsubstantiated and grossly undermines the professionalism of junior doctors.

Contractual safeguards

- GAT agree with the DDRB that contractual safeguards are of vital importance for both junior doctors and consultants and should be mandatory for trusts. We fully support the BMA in its endeavours to ensure that appropriate safeguards are in place.
- We support the idea of creating a robust work schedule that allows junior doctors to know the hours they will be working and where they could expect to work those hours, including any on-call arrangements.
- We fear that the removal of the banding system may leave junior doctors exposed to employer abuse, and believe that it will be vital to develop a robust system for exception-reporting where employers are still held accountable for delivering fair work schedules. GAT supports the DDRB's proposal that they play a role in monitoring the professional contract to ensure it is working as intended, and that employers are not routinely overworking junior doctors compared to their work schedules.

- We recently sent an open letter to the Secretary of State for Health outlining concerns with the Government's review of the impact and implementation of the Working Time Regulations⁴. We believe that to ensure patient safety, doctors need to be free from the effects of fatigue and burnout and we hope that NHS employers will agree that this as a key goal of any change in contract.
- GAT feels that the provision of adequate rest facilities is a crucial point to address during future negotiations especially in the context of seven day working, and would like to draw attention to point 7.2 on the draft Heads of Terms: 'We will review the existing contractual arrangements for facilities bearing in mind changes in working practices and the importance of safety'².

Consultant contract

- The DDRB made several observations to the consultant contract negotiations including the recommendation of removing the opt-out from elective work on weekends.
- The opt-out clause may not appear to be in the spirit of seven-day working, but we disagree that it prevents it. Anaesthesia and intensive care is already providing a high-quality consultant-led service 24/7 despite the opt-out.
- Approximately 87% of all anaesthetics and three-quarters of anaesthetics administered 'out of hours' are consultant led in the UK⁵. It could be argued that the opt-out clause therefore facilitates delivery of a consultant-led service out of hours for the sickest patients who require urgent or emergency care. With a limited workforce, any ambition to provide consultant-led elective care 7 days a week would currently negatively impact upon emergency care.
- GAT is concerned about an appraisal based consultant pay review and the parity of this system across different trusts.
- We are concerned about the effects of splitting the consultant grade into sub-tiers; as future consultants we support a move to ensure all consultants, and not just new appointments, should share changes in the consultant contract.

Closing Remarks

The NHS has the potential to be the trailblazer for a world-class comprehensive twenty-four hour, seven-day healthcare service. A new contract for doctors is just part of the solution. Doctors of all grades do not work in isolation, and increasing their numbers and availability without doing so for all other sectors within the NHS would be impotent. The implied suggestion that it is doctors alone who stand in the way of a working weekend is both unrealistic and demeaning to the other integral members of the NHS multidisciplinary team.

Contract reconfiguration must go hand-in-hand with robust workforce planning. GAT continues to engage in workforce planning efforts.

GAT appreciates that the DDRB recognise the importance of working with staff on such sensitive changes. We would much rather agree on a contract than have one imposed. From the work that the DDRB have produced there is now scope for further negotiation and we are committed to working with the BMA on behalf of our members.

A new contract must support us to deliver safe patient care. We all want to do an excellent job for patients and we would like the Government and our contract to support us to do this.

We welcome comments from members so please email the committee at gat@aagbi.org. The BMA Junior Doctors Committee (JDC) are keen to hear views from all junior doctors. Please email them at jdcchair@bma.org.uk to help inform discussions at their meeting on 13th August 2015.

References

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4. AAGBI, 2014. A letter to Mr Jeremy Hunt MP in relation to the review of the impact and implementation of the European Working Time Directive. 12 August 2014. Available at: <http://www.aagbi.org/news/letter-mr-jeremy-hunt-mp-relation-review-impact-and-implementation-european-working-time-direct> (accessed 27/07/15)
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