Junior Doctors Contracts Dispute –Statement from the AAGBI President

The Association of Anaesthetists of Great Britain & Ireland (AAGBI) represents approximately 16% of consultants in the NHS and over 11,000 members, of whom approximately 3,200 are trainees, more than half of them women. Now in its ninth decade, the AAGBI is older and larger than many Colleges and Faculties, and compared with membership organisations, second only to the BMA in the number of members. It is a membership organisation; not a trade union, and is not responsible for recruiting, organizing, delivering or regulating training and examinations. As a membership organisation, individuals join and remain as AAGBI members, because they want to, not because they have to.

At all times, the AAGBI is guided by the objects defined in its Articles, most relevantly the first and third. The objects for which the Association is established (the “Objects”) are to:

2.1 advance and improve patient care and safety in the field of anaesthesia and disciplines allied to anaesthesia.
2.3 represent, protect, support and advance the interests of its members.

Since 2014, the AAGBI has issued more than 13 publications, statements, reports or responses relating to working arrangements, contracts and the current Junior Doctors Contract dispute, while postings on social media in the same period number in the thousands.

Last week, the Department of Health finally revealed details of the contract it intends to impose on junior doctors in England, as well as an “Equality Impact Assessment” (EIA). A number of statements from colleges, faculties, associations or committees followed this, and the AAGBI has considered carefully whether to add to these and its own previous comments.

Since the publication of the Report into Contracts by the Review Body on Doctors’ and Dentists’ Remuneration, the AAGBI has been concerned about, and publicly opposed, contract changes that would negatively affect women, lone parents and carers, particularly those training part time. This retrograde step would turn back the clock on years of progress towards gender equality in the medical profession, making life even more difficult for those trying to combine two important jobs as a doctor and a parent (and/or carer), and would seem to be contrary to the Prime Minister’s personally stated ambitions to reduce gender inequality.

We are also concerned that changed definitions of unsocial hours and pay premia would disadvantage those specialties where resident full shifts and a heavy burden of out of hours emergency work feature up to the completion of training. The AAGBI’s concerns about these two issues are heightened by having a large trainee membership, half of whom are female, many of whom work or will work LTFT and almost all of whom will provide out of hours emergency cover in full resident shifts at least until (and possibly after) they become consultants.

This contract discriminates against anyone working less than full time; women, carers, parents and those with health problems. It will have a negative financial impact on specialties with significant emergency workload, out of hours at nights and weekend. Specialties (like anaesthesia and intensive care) that already deliver ‘seven day services,’ risk becoming disincentivised. Anyone working LTFT in such specialties will suffer an additional, negative impact, thus twenty years progress at making our specialties family friendly could be undone overnight.
The AAGBI has pointed out repeatedly that, rather than achieve its stated aim of improving ‘seven day services’ (however these are defined), this contract would most likely have the opposite effect; jobs in specialties like ours will no longer be attractive, and recruitment and retention may become difficult, particularly in regions already struggling to fill new trainee and consultant posts.

This was almost all known, assumed or predicted. What is new, and led to this statement, was the “Equality Impact Assessment” (EIA). This was not optional; the Department of Health had a statutory responsibility under the Equality Act to conduct and publish this assessment. The AAGBI together with other organisations, notably the Medical Women’s Federation, has been calling for its release for more than six months and was shocked to discover that it was not carried out until so late in the day.

The report is brutal in its candour, confirming that contract changes will negatively affect women, particularly those training part time, lone parents and carers. But rather than recommend changes to the contract or other mitigating steps, the EIA concludes, “any indirect adverse effect which may occur is a proportionate means of achieving a legitimate aim”.

Yet what is this legitimate aim? It may be the political aim of keeping a manifesto commitment. In which case economic and manpower modelling should demonstrate the advantage of the proposal, properly costed (and funded). Instead, senior DH officials don’t know how many doctors work now at weekends, how many are needed or what they cost. Whether or not the current manpower model and contract affects mortality or productivity, there is no evidence that trainee numbers out of hours contribute, or that this contract makes any difference. There is good evidence of a need for significantly increased numbers of anaesthesia and intensive care providers over the next twenty years. The AAGBI believes this contract will turn people away from UK Anaesthesia and Intensive Care just when more people are needed.

The AAGBI has consistently called on both parties to negotiate in the interests of patient safety. We are not alone in believing that an imposed contract is not good for the NHS. It is not the right solution to the many challenges and pressures facing our health service in a time of rising demand and limited resources.

There is a wider feeling that ministers do not understand the NHS and fail to see that staff morale and well-being are important to the delivery of our health services. Repeated mis- and dis-information by politicians, despite the best advice from medical, scientific and other independent advisers, is causing great anxiety and concern within our membership. Morale is at an all time low and increasing numbers of doctors feel under-valued, and that their essential contribution to the NHS is not acknowledged by ministers.

It is not too late to return to negotiations. The current conflict is damaging. Sadly, even a negotiated settlement after this dispute will leave wounds, affecting a generation of doctors and their trust in political leadership. The Secretary of State has set a visionary path to enhanced patients safety in the NHS, which cannot succeed if underfunded hospitals employ too few doctors and nurses on understaffed rotas.

The AAGBI calls once more for a negotiated settlement to this dispute, before the damage to career, reputations, the NHS and patient care is irreparable.

Andrew Hartle
AAGBI President