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## Junior doctors on the warpath

### *Reform is too slow*

After a short break junior hospital doctors are back on the warpath. Twelve months after a United Kingdom ministerial group agreed a timetable for reducing juniors' hours and just as the recommendations of the pay review body have been "reluctantly accepted" by their negotiators the juniors' frustration has boiled over. At last month's meeting of the Junior Doctors Committee an initial call for a survey on doctors' attitudes to the new deal was transformed into a passionate call for a ballot on industrial action.<sup>1</sup>

The new deal agreed to reduce hours to below 83 "as soon as practicable".<sup>2</sup> A specific timetable was provided for the rest of the deal, with jobs in "hard pressed" specialties where the "emergency workload outside normal working hours is high" being dealt with first. For junior doctors in these posts hours must fall to below 72 a week by the end of 1994. For less hard pressed posts this should be achieved by the end of 1996.

Regional task forces were set up to identify training posts, in particular ones that were hard pressed, and charged with developing action plans to reduce hours and where necessary ensure that extra staff were appointed.<sup>3</sup> But in 12 months little or nothing has changed. Nearly a third of doctors are still working over 83 hours a week.<sup>4</sup> Another recommendation of the new deal—that junior staff should be relieved of tasks that do not benefit their training—has also been buried. Juniors are still finding beds for patients, doing intravenous drug rounds, and providing a routine phlebotomy service.

Part of the delay is due to the incompetence of some of the task forces. While some task forces produced good questionnaires which collected accurate information on the number and intensity of the hours worked by juniors, others simply extracted information from personnel departments and underestimated the problem.

As late as last month Virginia Bottomley, Minister for Health, sent a letter to all junior doctors urging them to complete a questionnaire about their work patterns for the task forces.<sup>5</sup> It is hardly surprising that with task forces still scrambling for information juniors' hours haven't fallen. Another hold up has been the two month delay in the release of the review body's report on pay. Until junior doctors were guaranteed that they would not lose money by moving to a shift system they were understandably cautious. What the review body has awarded is an average pay rise of 5.8% to compensate for working shorter hours, which will begin this month.

Even so juniors are still anxious about pay. They are already paid 20-40% less than comparable graduates—for example,

accountants and solicitors—and like everyone else they would find any future drop in income hard to live with.<sup>6</sup> As the hours come down over the next four years junior doctors will still have families to support and mortgages to pay. They will want to be paid more if the reduction in their hours means that when they are at work they have to work much harder.

The announcement of the pay review body has encouraged some juniors to inquire about shifts. But many are used to their current work patterns and hate working split weekends. There are also problems in incorporating holiday leave and study leave into a shift system. With holidays and study leave a junior doctor can be away for a fifth of the year, and providing cover without everyone's hours creeping up again looks difficult.

Juniors know that change is complicated, and the new patterns of working won't come easily. More consultants will have to get used to working in teams, juniors will have to cross cover more, and managers will have to employ more phlebotomists and electrocardiography technicians to free doctors for purely medical tasks. Managers must agree the date by when rotas entailing more than 83 hours a week are to be abolished: "as soon as practicable" is too vague. Task forces must also shift up a gear and let juniors know what they are up to. They must collect accurate information and use it to implement change.

If nothing changes and a ballot is called juniors must decide whether or not to take industrial action. Britain is not the only country where doctors have considered industrial action. A strike in New Zealand last year resulted in junior doctors winning a 72 hour week and high overtime rates.<sup>7</sup> In Australia doctors are also paid premium rates for working overtime. Perhaps it will need rotas of more than 83 hours to become financially crippling to management before change takes place.

If there is a ballot on industrial action juniors must vote. It would be disastrous to give the government the message that junior doctors don't care how many hours they work.

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