

BRITISH MEDICAL JOURNAL

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Working Hours of Junior Staff

SIR,—While I sympathize with the concern for patient care expressed by the consultants of King's College Hospital (6 April, p. 51) I must, with respect, point out one flaw in their logic; and I should like to answer their points in the order in which they make them.

(a) This is the major point upon which we in the profession should together press the Department of Health and Social Security. It is now evident that there will be many instances in which, for the maintenance of safe patient care, juniors *must* continue to work the same duty hours as before, the consultant being the arbiter in this; but surely the consultants have no objection in principle to the juniors receiving more money for such extended hours. It has never been the Department's policy to earmark sums of money for particular items in terms of service; but the employers then must be persuaded that an increase in the overall money available will be required to meet this agreement which they have negotiated with us—otherwise one is bound to suspect that they wish to split the profession by suggesting that money be deducted from some other worthy cause.

(b) The "efficiency of the junior hospital doctors' work" is discussed as if it were the efficiency of the *individual* junior which was in question rather than the system of allocation of juniors' duties. I refute most emphatically the suggestion that claims for extra duty payment already made by juniors are a reflexion of individual inefficiency such claims indicate only that the present system causes juniors to be on duty for many extra hours during which, as is well known, their time may be very inefficiently used. If a rota could be arranged so that the same amount of work by one man could be condensed into fewer nights on duty, thus minimizing the sitting around, waiting for work, which is prevalent under the present system, surely this would improve efficiency? (It is also worth noting that it would *not* reduce the total work done by each junior and therefore could not be said to militate against proper training.)

(c) and (d) I should like to take these together. The juniors who negotiated this agreement did not intend that consultants should take over the extra work; as suggested, we are not so blind to our own futures. We realize also that the consultants are the group which has fallen farthest behind in the general economic lag affecting our profession, and if our negotiations can in any way help with their efforts towards improving their contract, we should be only too pleased. This is another area where we must not allow the Department to drive a wedge between two sections of the profession. The logical answer is an increase in the numbers of doctors; but not only juniors, as this would destroy all attempts presently being made to improve career prospects. The principle increase should be in the consultant establishment. We feel that the consultant of the future *may* be required to do occasional routine night work, but that if he is adequately remunerated and his general burden of work is not too heavy—and especially if his career prospects are good while he is in the training grades—this should in no way jeopardize recruitment to the consultant ranks. All arguments seem to me to lead us back to the same sad fact: that this country does not spend enough money on health care to keep its Health Service adequately manned.

(e) The juniors are as concerned as are their seniors with maintaining standards of patient care—we share the same ideals. In the present effort to improve efficiency the juniors did suggest that cross-cover by juniors between sub-specialties within the same major specialty could be safe, and if the cardiac firm cannot safely cover the liver unit at King's *even at house physician level* then the training in general medicine in British medical schools must be lamentably deficient. Of course a "super-specialist" must always be available to advise, particularly at consultant level; if this means constant availability by any one man then he should be paid accordingly, whatever his status.

Finally I must express a particular concern

of mine. I have noticed in recent months a faction appearing among juniors—fortunately a minority at present—of those who wish to be assured of definite, unalterable off-duty, so that they can be quite certain of escaping when they have completed their 80, 60, or 40 hours as their contract of the future may state. Most responsible juniors recognize that in our profession nothing can ever be completely certain. We strive to improve our contractual terms and conditions of service, hoping thereby to induce more British juniors to remain in their own country and thus in the long term to improve service to patients. But I hope the day will never dawn when any sort of doctor in this land will "down tools" by the clock while a patient still needs his care.—I am, etc.,

JEAN TURNER
Retiring Chairman,
Hospital Junior Staff Committee

Liverpool

SIR,—It is a source of frank amazement to me that when the hospital junior staff recently won from the Review Body a reduction in standard working hours to 80—still more than twice the national average—howls of protest went up from some consultants and royal colleges. I would like them to come out in the open and say that to agree to work for 80 hours before earning any kind of extra duty payment was in any way unreasonable. Hospital junior staff have never at any time wished to back down from their ethical obligations, nor have they refused to do any reasonable extra duties that their consultants may deem necessary for the safety of patients.

It would seem that the Department of Health and Social Security and their agents, the authorities, have attempted to drive the thin end of a wedge between the consultants and juniors by telling consultants up and down the land that the juniors are jeopardizing the development of the Health Service by allowing their wicked negotiators to improve their terms of service. Perhaps when the consultants ask for the ends of their contracts to close, they will be jeopardizing