THE ASSOCIATION OF CANCER PHYSICIANS

...representing and supporting Medical Oncologists in the UK

The Proposed Junior Doctors' Contract - Threat to cancer care in England

The recent discussions around the proposed new junior doctor contract has led to much debate about the effect it will have on the working patterns of specialty trainees and the impact it will have on patient care.

As the representative organisation for medical oncologists we feel duty-bound to highlight our concerns that this new contract will have a direct detrimental effect on the care of patients with cancer.

In the 1960s and 70s the hours of junior hospital doctors became *very* unfair and dangerous:

- A culture of 'work all hours' had arisen at a time when most acute interventions (e.g. CPR, ITU, and CCU) were not widely in use and therefore working very long hours were manageable with adequate rest periods. With advances in medical care, increasing acute interventions and close monitoring of patients, this was no longer true. Duties were continually demanding with little rest but the culture of 'work all hours' continued.
- In these early years there was a lack of support for change from consultants and healthcare providers and there were no financial or managerial disincentives to employers to avoid the 'all hours work' culture. This pattern of working was cheap and junior doctors filled many gaps in the service.

Examples of bad practice from that era included: 80 hour working weekends and continuous work from Friday through Monday, with a full set of duties. Working weeks of 128 hours were commonplace. Working patterns like this undoubtedly compromised patient outcomes through unsafe practice.

The *current contract* fostered support from consultants and put legal, financial and managerial disincentives in place to control 'all hours' working. There was change for the better with:

- · Improved patient outcomes and greater patient safety
- Improved experience of young doctors and the quality of their training
- The recruitment and retention of the very best and brightest of our young people into medicine

The priority needs to remain the care of cancer patients, which requires appropriate emphasis on the training of the next generation of consultants. The new contract fails to address this fundamental role of junior doctors and instead is attempting to redistribute the already hard-pushed workforce more thinly over 7 days. The threat of imposition under the guise of improving 7-day care is based upon flawed evidence and reasoning – the current and established contract is simply not an obstacle to 24/7 care. The fear shared by trainees and consultants is that the proposed new contract carries within it the germs of a return to some of the earlier bad practices that were dangerous for patients.

Specifically in relation to cancer care the concerns are:

- Detrimental impact on training. The proposed changes to rota and pay systems will have an adverse
 impact on the training opportunities for junior oncology trainees. Oncology already offers 24/7 access to
 acute oncology services. The existing contract is not an obstacle to providing this care. However the
 increased out-of-hours work will reduce the cancer-specific training that junior doctors will be exposed to
 leading to less experienced consultants of the future.
- The threatened loss of priority for research and innovation. It is proposed that years spent in research and innovation will no longer be recognised in pay advancement in the same way as service training years. Research and innovation improve patient outcomes, save lives and maintain the standing of the United Kingdom as a leading innovator and developer in healthcare, which drives major aspects of our economy. This is particularly true in oncology, where over 90% of trainees undertake a period of postgraduate academic research, aimed at improving the understanding of and treatment for cancer patients. We are pleased by the recent assurance that pay progression will be maintained for trainees taking time out for research.

- Increasing disparities in cancer care compared to Europe. Medical oncology needs to attract the very best and brightest doctors to improve the care of patients with cancer. A demoralised and deprofessionalised workforce, who will see a pay cut and unfair rates of remuneration for hours worked, will leave the NHS. This will put increasing pressure on already stretched services. As the number of patients with cancer increases, the grave concern is that we will be unable to train enough of the best doctors to become oncology specialists and therefore we will be unable to reduce the disparities in the outcomes of oncology patients seen when compared to those in Europe.
- The loss of the financial and managerial disincentives and penalties for 'all hours' work, which were effective in influencing healthcare employers away from the widely recognised unsafe 'all hours' work patterns.
- Unfairly disadvantage those wishing to take parental leave and work less than full time. Women make up over two thirds of the trainee workforce in medical oncology. The proposed contract will disadvantage those wanting to take parental leave or work less than full time and therefore adversely affect recruitment and retention of women trainees particularly in oncology (65% compared with 52% of the trainee workforce overall in the Royal College of Physicians).
- Unbalanced changes of income among junior doctors. The doctors in the most hard pressed specialties with the greatest requirements for out-of-hours work will be most disadvantaged through reductions in out-of-hours pay. This will inevitably encourage trainees into those specialties where out-of-hours work is less frequent and / or less onerous.

Junior doctors are passionately against the introduction of the changes as they have been presented and as an oncology community we support their opposition to this imposed contract. We fear for a return to a culture of 'all hours', cheap working that will damage outcomes for our patients and the patient experience. We fear the loss of opportunities to undertake research and innovation with financial penalty to trainees and their families.

This contract poses a *substantial* threat to recruitment and retention of medical trainees and specifically to medical oncology. The threatened imposition of this new contract makes junior trainees feel under-valued and 'de-professionalised'. The consequent loss of morale has already had an impact, with trainees seeking opportunities outside the NHS. The loss of these individuals would be seriously damaging not only to healthcare, but to wider aspects of society and our economy. They are hard-working, caring and talented.

Oncology, as a speciality in particular, cannot afford to lose any more trainees as this will affect patient safety and care. It needs to attract the very brightest candidates to perform world-class research and to advance the care of patients with cancer. The UK already falls behind many European countries in oncology doctor:patient ratios and outcomes are significantly worse than our European counterparts (1).

In a recent survey of our oncology trainees nearly 70% would consider leaving the profession if the proposed contract is imposed. Of the 138 (60% of total) trainees polled 98% fear the new contract will see a detrimental impact on patient care. The potential effect the new contractual changes will have on the recruitment, retention and training of oncology doctors, the development of the specialty and most importantly on the care of our patients are something we can ill afford and is of grave concern.

We support our talented and hardworking junior doctors. Their role in cancer care is paramount to maintaining and improving the care our patients expect and deserve. The proposed contract as it stands will be a step back to poorer patient care. We urge the government to recognise the sincere concerns expressed by our junior colleagues and to re-enter contract negotiations with the BMA.

1) de Azambuja E, Ameye L, Paesmans M, Zielinski CC, Piccart-Gebhart M, Preusser M. The landscape of medical oncology in Europe by 2020. Ann Oncol. 2014 Feb;25(2):525-8

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