# Junior Doctors' Dispute

The only question was the size. Would the results of the BMA’s ballot of junior doctors be on a par with a North Korean election result, or merely a 1997 size New Labour landslide? In the event it was on a North Korean scale, the only difference being this one was real. An overwhelming mandate.

It’s not a surprise. I know from my own conversations with trainees, junior doctors and consultants over the past few weeks, the depth of feeling and concern out there. I know that no doctor ever threatens to withdraw their labour lightly. So extraordinary is the current junior doctor dispute that many people cannot remember the last time we had an all-out strike – in fact it was 1975, forty years ago. Before even my time. And even that is not an exact parallel. I am told by those who did experience that period that in 1975 the juniors were not supported by the consultants, and that there were many juniors who experienced threats such as denial of references (back then that was important) and the like. In the last few days I have spoken to large groups of psychiatric consultants in London, Yorkshire and Lancashire, and there was no doubt whatsoever that there was huge support for our juniors.

Earlier this week, I also met with the Presidents of all of the Medical Royal Colleges. Feelings around the table were equally high, and we all agreed that everything should be done to step back and re-enter negotiations in good faith so that an agreement could be reached, if necessary through third party conciliation and arbitration. This may now be the only solution to resolving this impasse. You can read more in the [Academy of Medical Royal College’s media statement](http://www.rcpsych.ac.uk/mediacentre/pressreleases2015/responsetojdstrike.aspx). The situation is changing as I write this, and it may be out of date before you read this, but at present it seems that this morning’s offer from the BMA to bring in ACAS (an unusual concession) has been rejected “for the time being”. All disputes are finally resolved by talking- it would be better for everyone if it happened sooner rather than later.

Now as you know, as a Medical Royal College, we deal with training, quality, standards, education and the like, whilst the BMA deals with terms and conditions. So we shouldn’t then have any say into the current contract dispute, but that’s not true for two simple reasons. Firstly, this dispute is about more than pay and conditions. Secondly, I want to ensure that as many junior doctors as possible choose to specialise in psychiatry.  When I met the Secretary of State very recently, I pressed home my concerns on both these issues, and that these needed to be addressed in any discussions around the junior doctors’ contract. The Government did subsequently commit to offer flexible pay premiums [1] for those training in psychiatry and pay protection for those switching into the specialty, as I did all those aeons ago. Whether or not pay premiums actually work is unsure, but what is clear is the harm that might result to our recruitment ambitions if as a shortage specialty we are denied them when others are not. Ironically I have now heard from some juniors who are less keen on this, reflecting the increased sense of group solidarity and cohesion between the different specialties that has been an unexpected outcome of the current crisis.

So what next? It would appear that we are moving closer to industrial action, but we are still not there yet, and there is still time for talks to resume to avert this. I have yet to meet any trainee who relishes industrial action – indeed it is a genuine cause of sadness and distress. If there is a medical Militant Tendency, it is not in the psychiatry trainees I meet. I talk with our PTC on a daily, and sometimes hourly, basis, and this will continue.

But whatever happens, the deeper issues surrounding junior doctors - about feeling valued and supported - still need to be addressed. My [Comment piece](http://www.telegraph.co.uk/news/nhs/11994836/Our-junior-doctors-are-sick-of-their-uncertain-future.html) last week for the Telegraph explored this issue - the feedback I received from doctors and indeed many others within healthcare was that they too had been feeling this for a very long time. Sharp eyed observers may have detected echoes of this in the most recent letter from the Secretary of State to the BMA. As we enter a long winter for the NHS, and with uncertainty on all sides, I firmly believe that unless we address the deeper causes of dissatisfaction, these issues will persist even after the current dispute is resolved. Secretaries of State come and go, Presidents of Royal Colleges likewise – but this is an issue that will not go away, and sooner or later has to be confronted.

[1] Pedanticus writes “premiums please, not premia”

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