**Planned strikes by Junior Doctors**

This morning’s papers are full of the news that the Academy of Medical Colleges has issued a statement saying that it is ”disappointed at the prospect of further industrial action by junior doctors”, and that RCPsych has signed up to this. As far as I know only one College did not.

Until now our position has been to be supportive of our juniors in terms of the goals they wish to achieve, but to refrain from taking a position on the tactics being employed; in other words industrial action.   In various fora I have made it clear that I strongly believe that the causes of the obvious dissatisfaction felt by so many juniors (and of course not just juniors) are wide ranging and have been a long time coming   On Wednesday of this week, before the crucial meeting of BMA Council, I had a piece in the Times,  again outlining what I saw as the many serious issues affecting morale and well-being which would not be addressed by industrial [action](http://www.thetimes.co.uk/article/9109992e-6ee2-11e6-acba-85f5c900fc1a).

*Many seem condemned to spending years rootlessly shuffling from one place to another like lost luggage, buffeted about by a promotion system that seems to be little more than a lottery.*

Whilst terms and conditions are not issues for medical Royal Colleges, training, standards, morale, safety, health, satisfaction and so on definitely are.   Royal Colleges are also concerned with not just the welfare of psychiatrists, but also the welfare of those who we treat – our patients.  Sometimes those words sound like empty slogans.  How many times I have I heard “we must put the patient at the heart of everything we do” used as a clichéd rhetorical device to justify something that has at best peripheral relevance to patient care.

But a five day strike must inevitably threaten patient safety.   And to be fair, those who have been advocating industrial action accept this.  After all, if such a prolonged withdrawal of labour did not affect patient safety, one might wonder what on earth are we all doing for a living anyway?

So patients may well be harmed.  Perhaps not in such obvious and eye catching ways as might happen in Accident and Emergency departments, intensive care units or operating theatres – but our patients may also suffer.  We can be sure there are members of the media keenly waiting for the first death in order to unleash a wave of synthetic outrage.  The stories are already written, all that is missing is a name and face.  Even if a year and one public inquiry later it is concluded that such an event was not related to the strike, the damage will be done.  Unlike journalists and politicians we are trusted – trusted not to harm our patients – but we should remember that trust is earned, not a right.  It can be lost swiftly, and then take a generation to recover.

I have seen some social media postings saying “there is no pain without gain”, or “you need short term pain for long term gain”.   That pain is going to be felt by patients.  I don’t think that doctors should be making those arguments.

I have also seen other messages saying “if you are not with us, you are against us”.  I reject that.  It is specious and false. One can be with you, share your aims and cause, but still disagree with the tactics employed.  We remain as committed as we ever were to the long term ambitions that we all share. We all want to improve the working lives of our members, knowing also that unhappy, demotivated doctors who no longer feel in control of their careers or lives, deliver poorer care to patients.

We all know that the NHS is also facing the biggest crisis in its history.   We know that promises that have been made such as increased funding have yet to be honoured   We know that demand has increased, sometimes unavoidably, but sometimes by  eye catching initiatives that turn out to been based on quicksand – chief amongst these being the “7 day NHS” - uncosted, untested and understaffed.

None of that has changed.

So as before, you will make up your own minds.  I can only ask you to consider whether or not a prolonged industrial action is the best way to achieve our shared objectives. I can only ask that you consider the serious risks that such a path runs, to our patients, and our profession.  If you do decide after sober reflection that this is a risk that you are prepared to take, then so be it.  You will still be valued members of this College, and we will continue to do our best to support you.  In psychiatry we have a tradition of vigorous debate and dissent, whilst still remaining loyal to each other and proud of our profession.  Disagreement is not the same as division, and never more so than today.

**Professor Sir Simon Wessely**