Association for Palliative Medicine

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Right Honourable Jeremy Hunt MP
Secretary of State for Health
Richmond House
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7 April 2016

Dear Mr Hunt,

An open letter laying out the impact of the imposed Junior Doctors' Contract on care for the dying

Palliative Medicine provides care and support to prevent and relieve suffering for people with life-limiting and life-threatening illnesses[1]. In its role as representing all junior doctors training in Palliative Medicine across the UK, the APM has deep concerns about the impact of the imposed contract on the dying for the following reasons.

We already have a national shortage of consultants: we are unable to recruit to 1 in 3 advertised consultant posts due to lack of available applicants and have a current vacancy rate of 8% [2], and a survey we have recently conducted demonstrates that the imposed contract would prevent 25% of those with an interest in our specialty from entering it. This impact on recruitment and retention is self-defeating and threatens our ability to provide the desired seven-day specialist services for the dying.

As both Marie Curie and the APM have highlighted, death does not respect time, so to deliver a consistent seven-day service, even by 2020, funding must focus now on attracting and training doctors and nurses to provide specialist care[3]. Despite any additional funding, the attrition our survey indicates means the imposed contract will, over time, also impact areas where services already exist as their doctors approach retirement[4].

Some 88% of Palliative Medicine trainees and 73% of Palliative Medicine consultants are women. Overall 35% and 61% respectively work less than full time[2]. This means the imposed contract hits us disproportionately. The equality analysis of the new contract recognises this, but states that it 'is a proportionate means of achieving a legitimate aim'[5]. We disagree. The Presidents of the Royal College of Physicians and Royal College of Surgeons highlight this incompatibility with encouraging females to enter and remain in the medical profession[6]. The Medical Women's Federation has also voiced concern that the proposed contract changes may well push women out of the profession altogether.

We celebrate the diversity in our workforce: medicine has always led the way on gender equality and Palliative Medicine has a culture that cherishes and encourages this parity and respect. The Government's document on the gender pay gap recognises that diversity and working flexibly, or less than full time, can create a more productive workforce[7], so these regressive changes must be challenged.

Our speciality on-calls are exclusively non-residential. This means the reductions in pay for non-resident on-calls will compound further the impact on those already affected by the removal of automatic pay progression for women taking maternity leave and those working less than full time. The equality analysis also mentions the advantages that carers with partners will have for informal childcare arrangements whilst on-call, especially if they can use family networks[5]. We repudiate this because our partners' lives are compromised every time we are on-call for they are obliged to provide informal childcare, as we cannot work a non-residential on-call without provision for our children.

Principle 3 of the NHS Constitution Handbook recognises that excellent patient care needs staff who feel valued and listened to; the devaluing effect of imposition is clear to all. It goes on to discuss that 'National pay policy for the NHS is designed to provide fair, affordable pay in order to recruit, retain and motivate staff for the benefit of patients'. This contractual imposition flies in the face of these principles and pledges, and disadvantages our specialty in particular.

The new contract also disadvantages those seeking to undertake research. To provide quality care for terminally ill and dying patients, Palliative Medicine relies on trainees' involvement in research, to support evidence-based practice. We consider the one-off, flexible pay premia payment for academia of £1,500 to be an insult. The incremental pay protection whilst taking time out to do research under the current contract is greater than this due to the cumulative effects of automatic pay progression. Consequently, the flexible pay premia does not reflect the true value of this work and will not encourage trainees to take time out of training to do research. In our survey, 68% of our trainees stated they would not engage in research under the new contract. This is incompatible with adequate training, the specialty's urgent need to advance the science behind care that was laid out in the Neuberger Review[8] and patient benefit in general. It is unacceptable.

Finally, regulators' reports and audits make depressing reading: The Care Quality Commission found that over 40% of hospitals offer indifferent or poor care for the dying and the RCP National audit of End of Life Care 2016 confirms that only 37% of hospitals provide seven-day specialist palliative care and one in five participating Trusts has no face-to-face specialist Palliative Medicine at all. Our specialty cannot hope to address and provide the putative driver for this contract: high quality seven-day services, in our case to terminally ill and dying patients, when our specialist capacity will be degraded by this imposed contract. The Government must respond to these concerns and remove the imposition of a contract that is both unsafe and unfair for our patients. It feels as usual in this NHS, that it is the dying who end up disadvantaged.

Dr Amy Proffitt

Chair of the Trainees' Committee

Prof Rob George

President

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[1] 'What is Palliative Medicine?' http://apmonline.org/

[2] APM Workforce Report for Palliative Medicine 2012-16 http://apmonline.org/committees/workforce-committee/

[3] New RCP End of Life Care Audit shows steady progress in care of dying people https://www.rcplondon.ac.uk/news/new-rcp-end-life-care-audit-shows-steady-progress-care-dying-people

[4] APM Statement http://apmonline.org/

[5] Department of Health, 'Equality Analysis on the new contract for doctors and dentists in training in the NHS'. March 2016. https://www.gov.uk/government/publications/junior-doctors-contract-equality-analysis-and-family-test

[6] RCP and RCS joint statement on publication of junior doctors' contract and equality analysis https://www.rcplondon.ac.uk/news/rcp-and-rcs-joint-statement-publication-junior-doctors-contract-and-equality-analysis

[7] House of Commons Women and Equalities Committee, 'Gender pay gap'. HC 584, 22 March 2016.

[8] More Care, Less Pathway https://www.gov.uk/government/...data/.../Liverpool_Care_Pathway.pdf