

How Neoliberalism Reduces the Status of Skilled Professionals: British Doctors Won't Lie Down And Take Pay Stitch-Up

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A new contract being imposed on junior doctors makes a mockery of their dedication and hard work, explains Dr Tomasz Pierscionek

Marx and Engels, in 1848 pamphlet "The Communist Manifesto", had much to say on how capitalism had reduced the status of skilled professionals. "The bourgeoisie," they write, "has stripped of its halo every occupation hitherto honoured and looked up to with reverent awe. It has converted the physician, the lawyer, the priest, the poet, the man of science, into its paid wage labourers."

These prescient words remain relevant. During the 1980s Margaret Thatcher employed the wealth and muscle of the state against the unions. David Cameron seeks to continue in her footsteps to break the backs of the working class and its defenders and roll back years of hard-won rights using austerity as an excuse to implement the neoliberal ideology he shares with his mostly wealthy supporters.

We are told that we are all in it together but some are, of course, more in it than others. The British Medical Association (BMA), representing over 156,000 doctors, is now the facing the consequences of such "austerity."

In October 2013 talks began between the BMA's junior doctors committee (JDC) and NHS England — an "executive non-departmental public body of the Department of Health" — to negotiate a new contract for junior doctors for the first time in 13 years.

Negotiations broke down a year later after the JDC felt the government's proposals would adversely affect doctors' working patterns and thus place patient care at risk. The British government then asked the Review Body on Doctors' and Dentists' Remuneration (DDRB) to make recommendations pertaining to new contractual arrangements.

The DDRB published a report in July 2015 which favoured the government's proposals. The JDC subsequently sought its members' views and, after 99 per cent of 4,500 doctors responding to a BMA poll said the DDRB's recommendations were unacceptable, decided on August 13 not to re-enter negotiations.

Consequently, the British government announced that in August 2016 it would impose a new contract on 56,000 junior doctors in England. The Scottish and Welsh governments have stated they will not impose a new contract on junior doctors while the Northern Ireland Assembly is yet to reach a decision.

In brief, the proposed contract would appear to adversely affect junior doctors' salaries with some expected to receive an overall pay cut of up to 30 per cent. It does this by redesignating some unsociable hours (considered to be 7pm-7am on weekdays and weekends) as sociable, making 7am-10pm Monday to Saturday "normal working time" and thus eliminating the on-call supplement doctors earn when they work those hours.

Doctors who work part-time, take maternity leave or take time out of clinical practice to perform research would also lose financially. Patient care would be placed at risk as the new contract would abolish financial penalties for trusts that breach regulations preventing junior doctors from working excessively long hours.

A number of royal colleges, including the Royal College of Paediatrics and Child Health and the Royal College of General Practitioners, have issued statements voicing their concerns. The Psychiatric Trainees' Committee within the Royal College of Psychiatrists has publicly expressed its concerns about the proposed contract's implications. The BMA's JDC is developing plans to resist its imposition. The BMA council has decided to support the JDC in undertaking any lawful action in its fight for a fair contract. This weekend the JDC voted to ballot its English members in England for industrial action.

Junior doctors should be sent their ballot papers in the next few weeks.

Taking industrial action is a decision that doctors do not make lightly — it last occurred in 1975. The government cynically exploits the beneficence of doctors, who took an oath to make the health of their patients their primary concern, knowing we have a difficult choice to make.

News of the upcoming ballot is likely to be followed by carefully crafted and distorting attacks by the Tory-allied media on supposedly "greedy" doctors who seek to protect their "large salaries." As is the case with much of the mainstream media's pronouncements, reality is somewhat different.

A newly qualified doctor is paid a basic salary of £22,636 for a 40-hour week. Most work more than 40 hours and thus receive an on-call supplement depending on their total weekly hours and the number of "unsociable" hours worked (currently evenings past 7pm, weekends and nights) which can equal a little over £30,000 for a newly qualified doctor working the maximum (currently) legally allowed number of on-call shifts.

During such on-calls (often comprising several 12-hour shifts in a row during weekends or nights), hospitals are often staffed by only a few doctors whose actions, inactions and decisions can mean the difference between life and death. A junior doctor's salary then rises by around a couple of thousand each year if they prove they have attained certain skills and have completed a required number of assessments.

The paperwork required to prove one has acquired the necessary competencies can mean hours of unpaid work — which doctors often complete in their own time. A typical 40-plus hour week can easily extend as doctors working on busy wards stay late, sometimes an hour or more beyond the end of their shifts, to ensure their patients get the care they require.

Doctors also stay late to tackle an ever-increasing mountain of paperwork. Additional professional requirements, such as occasionally preparing presentations for weekly hospital meetings, mean further hours of unpaid labour outside of work.

In order to progress beyond a certain point in their careers, junior doctors are required to pass a number of exams for which they study in their own time and pay for out of their own pockets. I paid over £1,900 to sit four exams and could easily have paid far more if I had not passed first time. I considered myself lucky as a GP colleague paid over £1,700 for just one of his exams.

Hundreds of pounds are also spent on mandatory membership of the General Medical Council, a royal college (each doctor begins associated with a certain speciality), and medical defence indemnity to protect us from litigation. We may get paid for a 40-odd hour week but our excess labour is unpaid. Is it any wonder many doctors qualifying from British medical schools seek to work abroad in the years after their graduate?

If the proposed contract comes into force, the exodus will increase. The General Medical Council confirmed a few days ago that in the 10 days after the government announced it would impose new contracts next August, a total of 3,468 doctors made requests to start collecting the paperwork they require to practice medicine outside Britain.

The government talks about expanding the NHS to provide seven-day services yet does not invest in the health service and will further damage conditions for doctors and place patient safety at risk. I cynically cannot help but wonder whether the Tories are trying to set the NHS up to fail so they can have an excuse to privatise the health service by claiming that it is inefficient and not up to scratch.

The BMA may not have had the experience of fighting neoliberalism that some unions have, yet many doctors are a pay cheque or two away from getting into debt and thus, whether they know it or not, are part of the broadly defined working class.

We must keep our nerve, prepare for the media onslaught and patiently explain our position. I was inspired to see doctors of all political persuasions, including some otherwise Tory supporters, preparing to take a stand against the government's plans.

There also needs to be a transition from trade union to political consciousness as we realise that our fellow health workers and members of other unions are fighting in different sections of the front against the ideology of the free market. An injury to one is an injury to all.

There is no way out of austerity via the capitalist model and the consequences of its inherent economic downturns will always be passed on to paid wage labourers, be they the physician, teacher, Tube driver or any other worker. We are all in it together and we cannot afford to lose — for the sake of our patients, our NHS and our society.

Dr Tomasz Pierscionek writes this article in a personal capacity.

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