



Royal College  
of Surgeons

ADVANCING SURGICAL CARE

16 September 2016

### Open letter to trainee members

Over the summer, the immense task facing the NHS has become abundantly clear. The sorts of pressures we witness in winter months are now the norm. The health service is unable to triangulate the need to keep finances under control and meet the provision and standard of care we rightly expect for our patients. While we have yet to see a return to the intolerable surgical waiting times of the 1990s, the direction of travel seems clear.

Against this backdrop it is more important now than ever before to value and support our workforce. We have therefore taken this opportunity to set out what we hear from you, our membership, as some of the challenges you face and what we as a college believe needs to be done – especially for those of you in training.

Like you, we believe the dispute over the junior doctors' contract has gone on far too long. Last year our Council recognised that we hadn't been clear enough on our support for junior doctors in the dispute, so since then we have taken every opportunity, in meetings with government ministers and in the press, to **consistently oppose contract imposition. This included speaking out jointly alongside other royal colleges to present a strong and united voice.** Alongside a coalition which included Labour, SNP, Conservative, and Liberal Democrat MPs we tried to persuade the government to pilot the contract on a smaller scale first, with a thorough and genuinely independent evaluation, as a way of moving forward. Despite these efforts, we are now faced with the full imposition of a contract that doctors voted against. It's utterly unclear what the new contract aims to achieve. Although patients could benefit from raised standards in urgent and emergency care seven days a week, it is wrong to claim that the contract will support seven-day care given that junior doctors already work at nights and weekends. Imposition can only be a pyrrhic victory for the government given the damage that has been done to workforce morale.

Your concerns, much wider than the contract specifics, urgently need to be addressed. Training is a particular issue in surgery. The GMC's annual trainee survey consistently finds that junior surgeons in the early stages of their training are the least satisfied of all the medical specialties with their training. This is not helped by the way surgeons in training and other doctors are taken for granted by their hospitals, frequently being over-relied on to deliver NHS services and covering rota gaps at the expense of training. It is a particular concern that access to theatre time and the learning of craft skills has become severely limited in the early years of training.

Over the last year we have given a permanent seat at our Council to all of the surgical specialty associations, the Association of Surgeons in Training (ASiT), and the British Orthopaedic Trainees Association (BOTA). **They have helped to hold the RCS to account and we hope they will challenge us on meeting the proposals to support you that we set out below:**

- » **We will continue to speak out on the challenges facing surgery and surgical careers. We will act as a vocal champion for honesty in debates around doctors' contracts, NHS funding, seven-day care and other politicised issues.** For example, in the national press over the last few months, the RCS has been the only organisation to repeatedly criticise those commissioning groups attempting to restrict patients' access to elective surgery and other treatment to save money. More recently, we have drawn attention to the shortage of beds in the NHS and our concern that conditions in the NHS have become like the fictional world of Narnia – perpetually feeling like winter.

- » **We will advocate the return of the team or 'firm' structure, better workplace support, and the need for a new covenant between the NHS and its staff.** The BMA and the government agreed to a number of initiatives – such as looking at how to improve rotations, application rules for doctors in relationships, and requiring trusts to give more advance notification of rotas. We also believe support for families and better childcare must be prioritised. While these areas are not within our control, **we will continue to play our part in these initiatives and challenge their progress and conclusions.**
- » **We will fight hard to support recruitment and retention.** We see signs that the NHS is finding it harder to attract and retain doctors and other healthcare professionals. Encouraging and inspiring students and doctors to become surgeons is one of our strategic priorities and we will continue to put particular emphasis on attracting women into surgery.
- » One of the challenges facing doctors in training is the respect they receive in the workplace and the national media. For a long time there have been concerns that the term 'junior doctor' is inappropriate. **Today we have asked ASiT and BOTa to agree on a new term which reflects the true value of your role in the NHS and which the RCS will faithfully adhere to in all future communications.**
- » **We will do more to advocate the better use of other roles in the surgical team,** both clinical and administrative. We appreciate that there are fears by some that these roles are being used to replace doctors. But the evidence so far suggests that they complement, not undermine, medical staff and relieve administrative burdens on surgeons. They improve training opportunities for surgeons as well as patient care – for example by allowing doctors in training to leave wards more frequently to attend theatres or teaching.
- » **We are already beginning to pilot improvements to training in general surgery.** This will trial improvements in the quality of training, and a better training–service balance for trainees. Further information is available on our website and we will continue to listen to surgeons about how to improve this project.
- » **We will also work to support the training initiatives of others** such as Health Education England's review to improve the flexibility of training, particularly for those who need to take time out of programme.

At this time, it is so important not to lose sight of what a great career surgery is. Those of us on the Royal College of Surgeons' Council recognise the frustrations but still the immense joy which comes with a successful career in surgery. As doctors we have the opportunity and fulfilment of doing great things for our patients, in spite of sometimes feeling pushed around by wider political arguments and interventions.

As many of you have told us, not supporting the proposed all-out industrial action is not the same as not supporting doctors. We will continue to speak truth to power on the challenges both you and your patients are facing in the NHS, and redouble our efforts to support your rights to high quality training and a just and acceptable working life.

Thank you for everything you do.

**The Council and the President of  
the Royal College of Surgeons of England**