



10 DOWNING STREET

THE PRIME MINISTER

19 June 1981

Dear Dr. Fradd

Thank you for your letter of 2 June. I am sure that most doctors understand the reasons why the Government could not accept the recommendations of the Doctors' and Dentists' Review Body this year, and that they will consider our decision in a responsible way. I am pleased that your Association has also taken this view and accepts the need for restraint.

Like you, we welcome the Review Body's decision to undertake a comprehensive examination of workload and manpower. The survey of junior doctors' hours of work will actually be undertaken by the Office of Manpower Economics, on behalf of the Review Body, rather than by the Government, and it is for them to decide exactly what it should cover. We certainly want to be as helpful as possible, however, and Patrick Jenkin has already made clear that his Department will assist OME in whatever way they can.

I should also mention that the current enquiry by the Select Committee on Social Services will be very relevant - particularly in relation to career prospects in the hospital service - and their Report should provide much valuable material.

signed

MT

Dr. S.O. Fradd

jfh

E.R.

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PRIME MINISTER

c.c. Press Office

You ought to be aware of the attached letter from the Chairman of the Hospital Doctors' Association. Dr. Fradd has copied his letter to the national press. He says that it may be impossible to prevent industrial action over the 6% pay award for doctors and dentists unless the Review Body's recommendation for an investigation into the hours worked by junior doctors is implemented.

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Content for Mr. Jenkin to reply on your behalf?

WPSH

No. the Review  
Body report  
to me. I shall

3 June, 1981.

Have to reply.

me.





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**DEPARTMENT OF HEALTH & SOCIAL SECURITY**

Alexander Fleming House, Elephant & Castle, London SE1 6BY

Telephone 01-407 5522

*From the Secretary of State for Social Services*

Willie Rickett Esq  
Private Secretary  
10 Downing Street

*17* June 1981

*Dear Willie*

You wrote to Mike Tully on 4 June enclosing correspondence the Prime Minister had received from Dr Fradd Chairman of the Executive of the Hospital Doctors Association.

I now enclose a draft the Prime Minister may wish to use in her reply to Dr Fradd.

*Yours ever*

*Mary McVerry*

MARY MCVERRY (MRS)  
Private Secretary

DRAFT REPLY TO HDA

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*File 16*

10 DOWNING STREET

*From the Private Secretary*

4 June 1981

I am writing on behalf of the Prime Minister to thank you for your letter to her of 2 June.

Your letter is receiving attention, and you will be sent a reply as soon as possible.

*MAP*

Dr. S. O. Fradd.

*PP WR*

*801*

3rd rem. FILE  
15/6

VLB

Dr. FRADD

11/6

4 June 1981

I enclose a letter to the Prime Minister from Dr. Fradd, Chairman of the Executive of the Hospital Doctors' Association. He warns of possible industrial action over the pay award for doctors and dentists. He suggests that implementing the Review Body's recommendation for an investigation into the hours worked by junior doctors is the only way of avoiding this.

The Prime Minister has seen this letter. Since the Review Body reports to her, she wishes to reply herself. I should be grateful if you would provide a suitable draft by 11 June. Dr. Fradd has copied his letter to the national press.

M A PATTISON  
(FOR W RICKETT)

Mike Tully, Esq.,  
Department of Health and Social Security.

M/A



26  
3 June, 1981.

I write on behalf of the Prime Minister to thank you for your letter to her of 2 June. This is receiving attention, and a reply will be sent to you as soon as possible.

W.F.S. RICKETT

Dr. Simon Fradd

*pm a Press*

# HDA

The Old Court House  
London Road  
ASCOT, Berks.

Telephone Ascot 26613

## HOSPITAL DOCTORS' ASSOCIATION

*Constituent Body of the British Hospital Doctors' Federation*

Please note:

A COPY OF THIS LETTER HAS BEEN SENT TO  
THE NATIONAL PRESS.

*Sean Fradd*

S.O.FRADD BSc MB BS. 2.6.81.

*With Compliments*

Formerly JUNIOR HOSPITAL DOCTORS' ASSOCIATION





## HOSPITAL DOCTORS' ASSOCIATION

*Constituent Body of the British Hospital Doctors' Federation*

The Old Court House  
London Road  
ASCOT, Berks. SL5 7EN

Telephone Ascot 26613

SOF/PM

Mrs. Margaret Thatcher,  
Prime Minister,  
10 Downing Street,  
London S.W.1.

June 2nd 1981.

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Dear Mrs Thatcher,

You have probably heard that Dr. Micheal Rees, Chairman of the Hospital Junior Staff Committee of the B.M.A. is currently balloting junior doctors and encouraging them to support industrial action against your 6% pay award for doctors and dentists.

As Chairman of the Hospital Doctors Association which represents 2000 hospital doctors I should like to draw your attention to the fact that this association publicly accepted your 6% pay rise in November 1980 and reiterated this statement in our evidence to the Review Body on Doctors and Dentists Remuneration.

The association is of the opinion that junior hospital doctors are prepared to settle for a 6% pay increase in the present financial situation of the country. However, I feel that it may prove impossible to prevent industrial action if the Review Body recommendation for an investigation into junior doctors excessive hours of work is not rapidly implemented.

Furthermore, I feel that junior doctors concern with the withdrawal of study leave and the rapidly deteriorating career prospects in the hospital service is currently so great that the Government should include these in any investigation.

The Hospital Doctors Association Executive will continue to publicly support restraint at this time but we would value your assistance as indicated.

Yours sincerely,

S.O. FRADD BSc MB BS.  
CHAIRMAN OF THE EXECUTIVE

Enc: Copy of HDA evidence to Review Body - 1981.



EVIDENCE SUBMITTED TO THE DOCTORS AND DENTISTS REVIEW BODY  
BY THE HOSPITAL DOCTORS' ASSOCIATION - 1981.

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INTRODUCTION

This Association is again submitting evidence for the DDRB's consideration. We are an independent group representing the interests of junior hospital doctors only. We firmly believe, and are sure that the DDRB and the DHSS will not disagree, that junior hospital doctors probably contribute more towards the smooth day-to-day running of British hospitals than any other group of workers within the NHS. However, the HDA is alarmed at the growing discontent amongst juniors about their own terms and conditions of service and the rapid deterioration in standards within the National Health Service as a whole. Today's junior is alarmed by deterioration in the Health Service due to the economic recession, spending cuts within the NHS appear to have more effect on the junior than any other worker: not only have there been direct consequences of cut backs in the almost total national withdrawal of study leave, locum cover for annual leave and loss of residential facilities, but also withdrawal of ancillary services such as out-of-hours laboratory and radiographic investigations has meant a greater amount of clinical responsibility and a considerable increase in the workload of junior hospital doctors. Added to this significant deterioration in the working conditions of junior hospital doctors there has been a very determined assault by most employing authorities on junior doctor overtime assessments, so that he now



..  
finds himself working harder for less money.

In addition to the extra work and additional clinical responsibilities forced upon juniors by the economic recession there are several other factors adding to the air of general despondency amongst hospital junior staff. Although most of these issues concern matters beyond the brief of the DDRB we would like to bring them to the Review Body's attention and hope that you will bear these matters in mind when considering our evidence.

- 1) REDUNDANCY      The Todd report recommended extravagant increases in medical student intake based on predictions of population and economic growth which we now know to be totally incorrect. Despite the proof that these forecasts were wrong the Government shows no willingness whatsoever to either freeze or reverse Todd's programme of medical education expansion and, similarly, is not prepared to expand the hospital doctor establishment to accommodate the extra students now qualifying. We have no doubt that the gloomy forecasts of widespread medical redundancy within the next few years will be proven correct.

- 2) CAREER STRUCTURE      For those doctors lucky enough to have jobs , promotion prospects have been deteriorating gradually over the last twenty years. Today's career structure for hospital doctors is hopelessly outmoded, a fact that even the DHSS is prepared to admit. However, it is unlikely that any changes in career structure that the DHSS are now considering will have any significant affect

on promotion prospects for several years yet. We hope that the Review Body realises that the salary scales it recommends are geared to a career structure founded on the assumption that the average age when a hospital doctor is promoted to the grade of consultant is 32. In fact the average is now 38 years and is still rising.

- 3) STRESS-INDUCED DISEASES Perhaps this could be considered to be within the brief of the Review Body, as a significant improvement in the terms and conditions of junior doctors would almost certainly be reflected in a beneficial affect on the mortality and morbidity statistics for hospital medical staff. We assume that the Review Body is already aware of these figures which show that the average hospital doctor runs an increased risk of illness and/or death due to ischaemic heart disease, peptic ulceration and psychiatric illness including suicide, drug abuse, and alcoholism.

This Association has always approved of the principal of an independent Review Body to decide on the remuneration of medical staff. However, our colleagues in the Hospital Junior Staff Committee of the British Medical Association have refused to give evidence to the DDRB for the past two years. This year the HJSC has reversed that decision and will be presenting evidence on behalf of their members. Hopefully this will mean that the Review Body will not use the same excuse it used last year for failing to make any substantial decisions concerning the plight of junior doctors.



Especially in view of the fact that we are reasonably certain that there is little difference between the evidence that will be presented by the HJSC and this Association. We hope that the Review Body will now believe junior doctors when they say that their pay is totally inadequate for the appalling conditions of service they have to suffer.

Our submission this year, as in previous years constitutes a request for more pay and less hours. Although we are prepared to admit that we have this much in common with virtually every other trade union in the country, we seriously feel that our plea is considerably more justifiable than that of other workers.

#### BASIC SALARY

<u>COUNTRY</u>	<u>DOCTORS PER 10,000 POPULATION</u>	<u>SALARY*</u>
ITALY	19.9	150-200
W.GERMANY	19.4	120-180
CANADA	16.6	120-150
U.S.A.	16.5	150
NORWAY	16.5	120
SWEDEN	16.2	120
NETHERLANDS	14.9	150-250
FRANCE	13.9	180-250
AUSTRALIA	13.9	200-250
U.K.	13.4**	100
FINLAND	13.3	120
JAPAN	11.6	no figures available.

..

We hope that this table does not require any explanation, it shows fairly convincingly that junior hospital doctors in the United Kingdom work harder for less money than comparable grades of junior in countries with a similar hospital service to the NHS. In the past the Review Body has expressed its confidence in comparative pay analysis and this Association has replied by criticising their use of the New Earnings Survey and comparing us with other "professional" groups of workers. If the Review Body is not prepared to accept our submission that the N.E.S. was incomplete and ill-conceived then perhaps they will accept our submission that junior doctors are unique in having to work such long hours and with such unusual responsibilities that they can only be compared with their own kind. If the Review Body has any intentions of increasing junior doctor remuneration to suitably "professional" standards we suggest it undertake a pay analysis between juniors in this country and in other comparable health services, taking into account the average working week and responsibilities of each of the groups compared.

This Association has no desire to be branded as economically irresponsible. We accept the current economic recession and the Governments need for restraint at this time. We have already stated publicly and will repeat it here in our evidence to the DDRB that we are prepared to accept a pay rise within the limits set by the Government for the public sector. However, in return for this we demand assurances that junior staff pay will



be reviewed independently, that the review be based on a method of comparative pay analysis that is both relevant to and acceptable to junior hospital doctors and that the review's recommendations be implemented as soon as economic circumstances permit. Only under these conditions can this Association agree to a pay settlement within Government spending limits.

#### HOURS OF DUTY.

In the past this Association and the Review Body have managed to agree on the basic principle of a maximum working week of 80 hours for junior hospital doctors. We have pointed out before that there is an anomaly in junior doctors working a 1 in 3 rota being required to cover for colleagues absent on annual leave as this will require juniors to work in excess of 80 hours per week for at least 13 weeks of the year (assuming each colleague takes 5 weeks annual leave, 1 week of study leave and 3 bank holidays in lieu).

However we are most seriously worried by the fact that the majority of employing authorities continue to flaunt their disregard of the Review Body's recommendation by continuing to employ a significant number of doctors working 80 hours a week or more. In a survey\*\*\* we believe to be representative, this Association has noted that 50% of junior doctors contracts are for more than 12A-UMT's. Taking into account a UMT allowance of 1 unit each for "flexibility" and cover for colleagues annual leave (but not taking into account the majority of A.H.A.'s reluctance to pay the full number of UMT's for the hours worked by their juniors)

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this would suggest that the majority of junior doctors are working more than 80 hours per week.

However, we are sceptical that anything the Review Body or the DHSS recommends will have any effect until employing authorities are penalised financially for forcing doctors to work long hours of duty.

#### OVERTIME PAYMENTS

For the reasons we have outlined above and in previous submissions to the Review Body we believe that the only way that hospital doctors will ever be able to work less hours of duty will be for them to be paid overtime at a minimum of Base Rate. We would further suggest that a Premium Rate in excess of Base Rate, be paid for any hours worked over 80 per week. We suggest a minimum Premium Rate of 150% i.e. time and a half.

We also suggest the abandonment of the B-unit system ; no junior on call at home " for telephone advice only" can ever be absolutely certain that he will not be required to go into the hospital to attend an emergency. Any doctor who refuses to attend a patient would be leaving himself open to charges of Professional Negligence.. The continued existence of the B-unit is not only unethical but also, by offering a potential spending cut by down grading A-units, represents one more method that area health authorities use to ignore the spirit of our Terms and Conditions of Service.

#### OTHER MATTERS

During previous submissions to the Review Body this Association has



listed several grievances concerning our Terms and Conditions of Service, but will not do so on this occasion, although these grievances still stand. We would be pleased to submit further evidence on these matters either verbally or in writing, if the DDRB wishes. We do not wish to detract from our basis submission that juniors work too hard, for too long, for too little and that this state of affairs needs to be changed.

#### CONCLUSIONS

Neither this Association nor our colleagues in the HJSC have ever supported the concept of industrial action by junior hospital doctors. Since the junior doctor work-to-rule in 1975 the DHSS has always been careful to maintain remuneration and conditions of service sufficiently acceptable to keep the majority of juniors apathetic to the idea of taking any definite action to improve their standards. However, the DHSS has seriously miscalculated during the past three years and junior medical staff moral has fallen significantly and the majority of junior doctors believe they are part of a persecuted minority and can see no way out of their dilemma.

This Association will continue to take a stand against any industrial action but if no guarantees are forthcoming that our pay and conditions will be significantly improved when the state of the economy permits we do not believe we will be able to give assurances on behalf of the medical profession that junior hospital doctors will not take industrial action again.

REFERENCES

- \* Estimated average salaries of 4 year qualified hospital doctor expressed as percentage of U.K. value : HDA survey 1980.
- \*\* Figures derived from totals for Scotland, Northern Ireland and England and Wales: Royal Commission on the NHS (CMND 7615).
- \*\*\* Job descriptions for Junior Medical Staff, Coventry South AHA.

JJFH/PM

December 1980.