



DEPARTMENT OF HEALTH AND SOCIAL SECURITY

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From the Parliamentary Under Secretary of State for Health

The Rt Hon John Wakeham MP
 Lord President of the Council
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9th February 1989

Dear John,

PRIVATE MEMBER'S 10 MINUTE RULE MOTION: JUNIOR HOSPITAL DOCTORS (REGULATION OF HOURS) BILL

Introduction

1. You will have seen that Terry Davis is seeking leave to introduce a Ten Minute Rule Bill on 15 February 1989 to regulate the hours worked by junior hospital doctors. The Bill bears the same title as Lord Rea's Bill which received a Second Reading in the House of Lords on 25 January. We must assume that Terry Davis' intentions are the same ie with effect from 1 January 1992, to limit the hours a junior hospital doctor shall be required to work or be available for work to no more than 72 hours in any one working week averaged over a one-month period and to provide for the Secretary of State, by order, to reduce the hours further in stages to 60.

Background

2. Junior hospital doctors contract for a basic working week of 40 hours, or 10 basic units of medical time (UMTs). Hours over 40 are contracted at UMT rates which vary between 30 per cent and 38 per cent of the basic rate depending upon the grade of doctor. Average weekly contracted hours for all grades are approximately 85. Not all this time is spent working, as opposed to being available in hospital or at home should the need arise. Average hours spent actually working are 57, ranging from 46.4 in psychiatry to 66.9 in general surgery. The Doctors' and Dentists' Review Body has priced basic and additional UMT's so as to deliver what it judges to be a fair total salary having regard to average hours of work and duty.

3. Junior doctors' hours of duty fell from an average 91.3 in 1976 to 87.7 in 1982. A Government initiative in 1982 was a major factor in a further reduction of hours to an average of 85.7 in 1986. Despite this progress, a survey carried out by the Department of Health in 1987 identified a significant number of junior doctors whose commitments were undesirably heavy.

and, in June 1988, the Government in agreement with the medical profession announced a new scheme whereby local professional working parties would be set up in each District Health Authority to advise on the elimination, wherever possible, of regular rota commitments which require a junior doctor to be on duty, on average, more than one night and weekend in 3 (equivalent, on average, to 84 hours of duty per week). This initiative is being carried forward in conjunction with a systematic review to assess the number of medical staff required in each Region to provide essential support for consultants in the acute specialties. Regional Health Authorities were asked for full reports by October 1989.

4. Meanwhile, the Government asked health authorities to submit urgent progress reports. These demonstrate that many reductions in rotas more onerous than 1 in 3 have been achieved or are planned and that efforts will continue to be made, wherever practicable, to seek further reductions. The Minister for Health will be discussing these reports shortly with representatives of the British Medical Association.

The Government's position

5. At a meeting on 9 January with representatives of the BMA, Kenneth Clarke and David Mellor agreed a joint statement with the profession which reflected a common concern about the excessive hours which some junior doctors work and the need to reduce them. Both sides further agreed that:

- this is a complex and long-standing issue to which the Government and the BMA agreed a solution must be found, although no simple solution is available;
- a key element in reducing junior doctors' hours is continued expansion of consultants to which both the Government and the profession are already committed;
- progress in reducing juniors' hours will depend on firm commitment to that end by all the parties concerned (the Department of Health, the profession, NHS Management, consultants and junior doctors themselves) at both national and local levels;
- the current initiative agreed jointly last June by the Health Departments and the profession was designed to reduce doctors' hours; and the urgent need now is for all the parties concerned at national, regional or local levels, to throw their weight behind the initiative in order to make it a success.

The Government's attitude to the Bill

6. During the Second Reading Debate on Lord Rea's Bill, the Government accepted that it would be sensible to work towards a target of an average week of duty of 72 hours; but confirmed our grave reservations about the effect of a statutory limitation:-

- a. patterns of work should not be determined centrally. Rota commitments can only sensibly be worked out locally. These are influenced by specialty, training needs, local hospital service organisation, the needs of individual consultants and, most important of all, the need to ensure satisfactory medical cover for patients.

b. To implement the Bill with conventional staffing patterns would require a substantial increase in the number of junior hospital doctors, particularly Senior House Officers. It is far from clear they could be recruited given that there were already difficulties in filling SHO posts.

c. Any increase in the number of junior doctors would run counter to the current efforts to reform the staffing structure. The main thrust of "Achieving a Balance", published in 1987, in agreement with professional and health authority interests, is to increase the number of consultants while limiting the number of junior doctors' posts to the number required to fill future career vacancies. It would be irresponsible for the Government to make firm plans for a maximum of 72 hours without a clear and agreed view in the medical profession on how this could be achieved.

7. Commenting on Lord Rea's Bill, the Prime Minister's office said "that there is no need for a decision yet on whether the Bill should be opposed if it reached the Second Reading Debate in the Commons. She (the Prime Minister) thinks that the Bill may be very charged if it gets to the Commons". We now need to decide whether to ensure that Terry Davis' Bill does not receive a Second Reading. For the reasons given in paragraph 6, we propose that we should invite the Whips to ensure that the Bill is objected to at Second Reading.

Conclusion

8. The Government is committed to reducing the long hours of work of some junior doctors. But for the reasons I have given above, we propose subject to your and colleagues' agreement, that any Bill resulting from the motion should not receive a Second Reading. Should the motion be opposed and a division take place, I suggest Ministers should abstain.

9. I am sending a copy of this letter to the Prime Minister and members of "L" Committee.

*Yours sincerely
Roger.*

ROGER FREEMAN