Prescribing victory, prescribing change
A freesheet of opinion and analysis written by healthworkers

Med student Sally W weighs up where the dispute is at

Junior doctors are set to strike once again today as they continue to fight the imposition of a new contract.

Negotiations have moved on significantly since the New Year. Compromises have been reached around safeguards for juniors’ working hours, on maintaining career progression protection in some circumstances, and reducing the number of long days and night shifts doctors can be expected to work.

However, one major sticking point remains for the junior doctors committee: Saturday is not the same as Tuesday. Regardless of NHS Employers’ offers the BMA is resolute that weekend work must be recognised as anti-social.

An offer allegedly made by BMA negotiators would have seen premium pay rates for Saturdays reduced, but would have crucially acknowledged that Saturdays should not be considered as ordinary working days. Was vetoed by Jeremy Hunt against the advice of NHS employers and the department of health.

Some Junior doctors have deemed the terms of this leaked deal as unacceptable; a 5.5% pay rise would be less than the inflation of the last few years, would lose 40% (on average) banding, pay rate for Saturday would be reduced, and contractual monitoring of hours would be exchanged for ‘guardians’.

It’s clear that the government is hell bent on pushing this contract through, Cameron has called this dispute his ‘miners strike’. But poll after poll shows we have public support on our side and can win if we keep our resolve and escalate our industrial action.

Solidarity from other health workers, patients and NHS campaigners has flowed in from the beginning of the contract campaign.

All health workers know that if the junior doctors don’t win, their contracts will be next and that ultimately; the fate of the NHS itself is on the line. We need to make sure that the solidarity they’ve shown us is reciprocated in the next fight, with the BMA and junior doctors being ready to support their colleagues.

We also need to plan for how to support consultants when they go into dispute with the government over contracts and agenda for change staff to beat the government imposed pay freeze.

If we can organise and beat the government over its attacks on pay and conditions, we can start to push back against privatisations and funding cuts in other areas to build a better NHS and a better society.

If we’re going to win the BMA needs to keep its resolve and escalate the industrial action - we need to call more days of industrial action as soon as possible and no more cancelling strike days when the government are not making any meaningful concessions. Health workers united are unstoppable!
The strike action by junior doctors has been historic and brave, but there is a real risk that the potential of the strike is wasted. The fight against the contract, and the wider fight to save what remains of the NHS could be set back if the strikes don’t realise their full potential, and instead settle for a compromise.

From the start the Junior Doctors Committee (JDC) have emphasised their main aim is to secure a fair contract for doctors. While the mass of junior doctors on protests, in the media and on strike have emphasised they see their fight as being to protect the NHS.

This focus on the nature of the contract omits the context of the attacks (which the wider community of doctors are well aware of), that the contract changes are part of much broader attacks on pay and conditions across the NHS. When seen in isolation, a demand for a fair contract may seem realistic, but against the backdrop of pay freezes, widespread down banding, cuts and privatisation, the new contract is an integral part of the plan to dismantle the NHS, and not something the government will concede on easily.

If the aim really is a fair contract, the JDC needs to demand an improvement in conditions, and escalate its actions until the government begins to grant them concessions, not the other way round.

However, rather than setting the status quo as a non-negotiable minimum, and advancing a set of demands to improve the contract, the JDC have gone into negotiations and repeatedly made concessions to the government.

Details are hard to come by as the JDC has kept the details of what is being negotiated secret from its members, a problem in itself, but its understood the five “redlines” that the JDC had initially have now been reduced to one; that Saturday remain an unsocial hours day. This has been born out in the leaked details of an offer made to the government by BMA negotiators.

Granting concessions only gives doctors less to fight for, while the on again, off again nature of the strikes demoralises members and disorganises local activists. The constant entering into negotiations and demobilising of strike action disrupts the service more than regular, planned strike action, and gives the government more time to campaign in the media against the strike with resources we could never dream of.

Last year other health unions suspended strikes with only a paltry pay offer on the table, this killed the momentum of the dispute and when it was put to the members to vote only 17% of UNISON members bothered to participate, not wanting the deal but not trusting their union to lead an effective fight either.

Junior Doctor leaders need to be bold and brave and advance a vision of a better, safer contract for the NHS, and put forward a plan of strike actions and protests and stick to it until the government gives them what they want. The privatising, austerity-driven government won’t give NHS staff anything unless we pressure them. Junior Doctors are in a unique and powerful position to strike a blow against the governments plans. Don’t waste it!
The government want to impose this contract on us, there can be no doubt about that. Which begs the questions: were they ever really willing to meaningfully negotiate on it? “7 day care” or not, the NHS will rapidly fail without a quick injection of funding and staff. How we respond at this juncture will shape the future of our profession, the NHS and the country as a whole, for generations to come. Escalate, and we can secure a better future for us and the NHS. But how?

Option 1: We resign en masse. The “nuclear option” that many are pushing for. Either now, or by going “out of program” in August, we throw an all-or-nothing gambit at the government, in the hope that they back down.

What would mass resignation say to the public? It’s not surprising that many have interpreted talk of “leaving for Australia” as a veiled threat, suggesting that we are somehow superior. At every protest and rally, the chant of “Save Our NHS” has rung out from doctors - what does it say if we threaten to walk away now?

The NHS is nothing but it’s staff. Free from interference, the NHS would be best run by its workers. To threaten to remove ourselves from it, is to withdraw our claim and cede control to the establishment in a way that may not be recoverable.

If we win in this way, it does nothing to stop the government from selling off the public’s right to care. Piece by piece, the NHS will be sold to the lowest bidder, in a drive for “efficiency” that will never match the gross inadequacies in staffing and funding that cripple the NHS.

And what if the government call our bluff and accept the resignation of 50,000 doctors? It will be impossible for many to resign, and risky for those that do - understaffing in Australia has largely been fixed. It would surely suit the state nicely to wash its hands of centralised responsibility for trainees. With no contract to be held to, the government could give negotiating power to trusts - exactly where it wants it, so that they can be sold off one by one. Our new employers will be free to suppress wages and working conditions as they please - for proof, just look at our colleagues working in outsourced services.

If we resign en masse we might win, but it’ll be quick, dirty and leave a sour taste in the mouth. And if we lose, we lose big.

Option 2: We stay, fight and strike, until we win. This is the only path that will win us a safe contract and build our strength to reclaim the NHS.

We call escalating strike days. We walk out on weekends. Never leaving more than a week between actions. The law is on our side. Until 12th July, it will be illegal for trusts to hire in temporary cover staff or to fire us for striking. After that, we can reballot. NHS students are walking out to support us today, and it’s likely that consultants and staff on Agenda for Change will be forced to strike later in the year.

At the same time, we demand more. The right to choose our own leave. To work fully staffed wards, without the looming shadow of cuts and privatisation. To live in a society that doesn’t refuse migrants access to basic services. If the BMA won’t facilitate this, then take action into your own hands and strike locally. In 1975, juniors at many hospitals went on wildcat strike for weeks before the BMA stepped up to the plate and called a national ballot.

Every strike day piles pressure on the government. The public knows that we’re striking to secure their future. They’re behind us. If the government dares to announce imposition; let’s show them where power in the NHS really lies.

Let’s show them who really owns the NHS.
Cam Stocks, a med student, on the risks and choices ahead
During today’s strike: student nurses, midwives, physiotherapists, and other healthcare students from across the country are planning a walkout to join picket lines from 10 am to 11 am. To show support for the Junior Doctors and solidarity for the NHS.

The walkout is also an important action in its own right. There is increasing frustration from these future NHS-workers that the Government intends on scrapping a form of funding for the next generation of students.

The removal of a monthly instalment and its replacement by the loan system will mean students will be expected to pay up to £50,000 to study. The current bursary helps those who have to work 37.5 hour weeks whilst on hospital placements. If loans are introduced, students could see themselves paying £11 to turn up to work. It’s been calculated that graduates would have to work for up to 100 years in order to fully pay off this level of debt.

Implementation of these Tory ideas will have a crippling effect on the diversity and number of students able to study these professions. This is due to students not having the time or energy to have a part-time job on top of the hands-on experience required to learn the skills to qualify.

Having a supernumerary status whilst on placement means that this walkout is not industrial action like the Junior Doctors; however, it is a vital chance to take this stand with our colleagues and to save the NHS as we know it.

Our action is backed by the national union of students, UNITE the union and the university and college union’s London region. Our demonstration in early January was attended by over 5,000 people and our campaign is growing every day.

Organised entirely by rank and file NHS students; we’ve been building our walkout ourselves across the country but we need all the help we can get. Today’s walkout will not be our last action in support for Junior Doctors nor the end of our fight for bursaries. If you work in the NHS; please talk with colleagues and students on your ward about the walkout today and put them in touch with our campaign (details below). A national committee has been set up and University groups are forming in a number of different universities.

If the Junior Doctors don’t win their dispute then we cannot win ours, but equally; every fight in the NHS increases all our chances of winning. If we all fight together; 2016 is the year we can save our NHS.

If you are an NHS student and want to get involved, please contact the campaign:

Email: nhsbursarycutsforum@gmail.com
Web: nhsbursarycutsforum.wordpress.com
Twitter: @NHSbursarycuts
Facebook: facebook.com/nhsbursarycutsforum

This freesheet was produced by healthworkers who are members and supporters of revolutionary socialism in the 21st century (rs21). We’re committed to a democratic, socialist and participatory vision for the NHS and society. If you’d like to get involved or find out more, check out our website or get in touch.