Our profession in today's NHS
by Rob Rulach

Picture the scene: a lock-up garage somewhere in the East End of London, grizzled cockney gangsters poring over the dimly-lit blueprints of a bank vault. The boss looks up and asks who the getaway driver is, and the leader of the crew reassures him: "Don't worry guv, 'ee's a professional." Someone who, despite all the problems that may befall them, will be there on time, someone who will do what's asked of them, and do it well. This may depart from the origins of the word 'professional,' which is based more in the act of clerics professing their faith, or the modern interpretation of having undertaking prolonged training and qualifications. At its very core, a professional is someone you can trust, and in the case of doctors, trust with your life. That trust is validated through the struggles which doctors go through to complete the jobs they need to do, and is lost by those times when doctors fail. Those struggles are becoming harder to overcome - the endemic stafflessness, the underfunding of the NHS, the role of the General Medical Council as both lawmaker and policeman, the bureaucracy of training and the disenchantment of a generation. What will remain of the medical profession if the challenges facing the NHS erode the fundamental purpose of being a doctor: to provide care?

The NHS has had lean spells before, and it is easy for the trainees of today to feel that the burden of austerity is an unshiftable yoke. What does the lack of funding actually mean for trainees? In a word, redundancy. The NHS cannot allow any aspect of its system to be redundant - from CT scanners, to doctors, to nurses, to operating theatres, to clinics, to hospital beds. Finances are tight, so all waste must be eradicated - including time. Yet it is well documented that hospitals run best when they're only 90% full. More staff mean that departments can better cope with surges in demand.The long waits in emergency departments, or admissions units demoralise doctors and are miserable and dangerous for patients. It is hard to focus on the patient in front of you, when you know that there are 49 more in the corridor. Some pressure creates creativity and focus, overwhelming constant pressure creates burnout, and makes friendly colleagues into bullying ogres. Mistakes will happen, and instead of the first class standard of care that doctors aspire to, we can only offer a Ryanair no-frills service (definitely without speedy boarding). The patients are older, more complicated, and treatments and interventions are ever more complex - both require careful attention - but time is a commodity that doctors no longer have. How do you find the time to teach, to talk about future career opportunities, to work on wider issues like management or research? In other words, how can you do all the things that make doctors not just diagnostic machines?

When the working environment of the NHS is under strain such that doctors struggle to carry out their duties, the role of the GMC, as the arbiter of doctors professional values, should be scrutinised. The two recent examples of Dr Chris Day and Dr Hadiza Bawa-Garba highlight the GMC's silence on the former, and overreaction on the latter. Both these cases involve honesty and integrity, professional virtues that the GMC should hold dear. To raise concerns about your workplace, to be honest when mistakes are made under tremendous pressure - is this not the very definition of professionalism? It is absolutely appropriate that the GMC upholds the values of being a good doctor, but it must learn that it cannot wade piecemeal in

to policing the NHS. If it wishes to protect patients, then it must be more vocal on the whole healthcare environment, and focus on the wider system rather than persecute doctors in isolation. It used to be the role of the BMA to lobby for doctor's rights in the NHS, but it seems wounded after the imposition of the junior doctors contract, and its confused position regarding Dr Day's case makes it seem less like a union and more like a club with a few members' benefits. These organisations are meant to look after doctors, but recently seem to make trainees feel more isolated and exposed than ever before.

Trainees are already in a vulnerable position. The NHS has a monopoly on training doctors. There's nowhere else trainees can go to further their education in the UK. They need the NHS as much as the NHS needs them. It means that junior doctors accept that they may not have the choice of jobs, that they put up with working conditions which have been substandard, they work late and arrive early, and they feel obliged to support the hierarchy of the medical profession. They benefit from the experience of their seniors, and having started out as maybe slightly passive, deepen their knowledge and skills to become independent practitioners. What has changed over the last decade is that this process has to be documented in minute detail, in bulging portfolios or tiresome websites. The philosophical debate of whether a learning experience happened if it wasn't documented rages on. The stress of getting assessments, or getting signed off for the year is an annual charade, and whilst it could be argued that this demonstrates organisational skills, or provides areas to improve on, in reality it is simply too bureaucratic, using time that trainees don't have at work, so it often spills in to home life.

Nobody wants to admit to it, but the struggles outside work contribute to the challenges in it. Trainees are wary of whingeing about how bad pay and conditions are today compared to the past, but it is worth examining this. The deal for the doctors a decade or two ago was simple: you work very long hours, but you have accommodation, camaraderie and food provided; you may not be paid a huge amount, but the pay gap between you and your university friends who now work in the city isn't unbridgeable, and when you retire, your can enjoy a bullet-proof pension. Fast-forward 20 years and the world has changed. Trainees are allocated to different geographical locations when they leave university, they have no hospital accommodation so spend most of their wage on rent (especially in London), the European Working Time Directive limits the hours at work, but also disrupts rotas and annual leave such that building relationships with colleagues become harder, while your university friends are enjoying all that their twenties can offer them. If this sounds bitter, then wait until you apply for specialty training, where the application system pays scant regard to where you have started to lay down roots, thrusting you around the country, whilst you pay out ever increasing sums on professional exams and training courses. For what? The promise of work until 67 and a depleted pension. The advent of social media has brought transparency, but it has also brought vilification. The social standing that doctors were once kept in has undoubtedly been eroded and so with it goes another perk to the life of a doctor. Part of professionalism is sacrifice - if you make the care of your patient your primary concern, then other competing pressures must become secondary issues. After a while, it is possible to see why some doctors feel that they have sacrificed too much.

If this sounds like trainees yearn for the halcyon days of the 168 hour week on-call and absentee consultants, then you misunderstand the trainees' main issue. The problems then are the same problems now, simply framed in different ways. The problem with being on-call for a week was extreme tiredness leading to mistakes, the problem with 50 patients waiting to be seen is trying to do too much too quickly causing mistakes. Deep pockets are required to pay for all of the extra new staff and resources required, but what is also needed is unwavering commitment, the sort only public funding can provide. In other sectors of the economy, private providers promise much when tendering contracts and deliver little when it comes to honouring them. Healthcare is expensive and unpredictable - and the main way of controlling how much money is spent is by reducing costs, namely staff and resources, the two things that directly contribute to the quality of patient care. Resilience and perseverance are qualities that any doctor must possess, but not so private companies that can bail out of contracts when things are going badly. Moreover, why bother investing in the future, when your contract lasts only five years? Why bother with making the trainee experience positive? Do the contracts with these private companies protect training? Part of the enthusiasm for private providers is their ability to improve efficiency but in the NHS as a whole, a fragmented system is less efficient and makes the future more uncertain.

The NHS has responded to these financial pressures by shifting work on to nurse practitioners, reporting radiographers, and physician's assistants. But ultimately it is the doctor's responsibility. Thus the doctor's role in the hospital is morphing into management, rather than direct patient care. Are they prepared for this role? Consider this: a doctor will spend 10 years of clinical work to complete training, but will have only a 2 day management course before being a consultant. In the future, as other healthcare professionals and technology remove the technical, direct patient contact element of the job, doctors will supervise treatments, rather than be directly involved with them. In the event of a complicated case, only then will the consultant be called - but of all the people, they have the least experience of actually delivering the treatment, as their practical training is off-loaded to others.

The medical profession is changing. The core values of caring for the patient, honesty, and integrity are challenged often. The bodies that are meant to protect them are disjointed. Yet trainees remain proud of the NHS, and proud to work in such an organisation. Despite all of its problems, it is a system that can facilitate the best of human endeavour. That pride comes from the knowledge that the NHS has at its heart the principle that health is a fundamental human right. A better health system makes it easier for trainees to be be better doctors. More staff, less bureaucratic assessments, an independent guardian of patient's interests, more support for trainees moving far away from home to new jobs - these are things that the NHS can do to help. However, it is not only the system that someone works in that defines their behaviour; it is also the person themselves. Despite all the negative press coverage, medical schools remain oversubscribed with keen, talented students, who will carry their enthusiasm forward into their working lives. The NHS in general, and especially all doctors, must continue to foster that. Like the getaway driver in a heist film, ultimately that willingness to go that extra mile in the face of adversity allows doctors to be called professionals. Nevertheless, you can only drive so far before the situation catches up with you - and that is why the NHS must change too.