

The Registrar Rounds Off: Snowmen, Taxmen and a Good Man

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'Crunch' a foot crushing white tipped grass – an uplifting start to a spring morning. Much like the clunking close of a VW Golf's well engineered door or the pop of bubble wrap it awards neck tingling satisfaction and tempts another crack. Sadly in recent years the word 'crunch' is more closely associated with fiscal rather than frosty thoughts. Many feel that medical jobs offer so much more than monetary reward - I certainly believe that. However I still think it is important to plan for my financial future. Medical trainees are government employees therefore working patterns and remuneration are linked to the UK's economic state. It is accordingly worth keeping up to date with that state and its effect on the junior doctor contract. Should we all be emigrating to Australia? On the subject of exotic alternatives I would like to tell the story of one good Yorkshire trainee who has got away from the NHS political football to augment his UK training with some voluntary work in Ethiopia. His experience featured the expected sand, heat and lack of resources but also a completely unexpected pickle involving a conman. The way he dealt with the situation demonstrates some of the great positives of British medical training and why that trip to Australia should perhaps remain a daydream.

Our televisions have been widely broadcasting the UK's excellent economic performance: ~3% GDP growth in the last year, the out-performance of the rest of Europe. We constantly hear of Mr Osborne's good work reducing the deficit. He has been reducing it since 2009/10. Surely now in 2015 the government is out of the woods and on the road to booming prosperity? Unfortunately the heavy rain may have stopped but the flood is still to come. The current level of debt continues to increase at a mind boggling level. In September 2014 we were spending around £102 billion more than the taxman received per year¹. If we just stopped all spending on defence (£44.3bn) and education (£41.3bn) we would still be spending more than we received each year². On the backdrop of these financial conditions the BMA negotiated with the government to forge the terms of the junior doctor contract which is due to come into force this August. One can imagine the arctic response the

BMA negotiators received. In October 2014 the negotiations stalled.

So what can we expect in August? The government are taking a tough line. The non-acceptance of the doctors' and dentists' review board's recommendation of a 1% rise for the first time in April 2014 after years of increases in pension contributions gives us a flavour of the chill they want to put on the main NHS expense - wages. The BMA have published details of the government's proposals, many of which will have a negative effect on the junior doctor's salary. There is a strong will to stop time-served incremental increases. The current banding system may go and be replaced with a system where all pay is pensionable; compared to the current system where only basic pay is pensionable. Where the negotiations seem to have completely stalled is government's desire to make all time 24 hours per day seven days per week the same in terms of remuneration. In the BMA's view this will result in 'inadequate safeguards for patients and doctors wellbeing,' as well as little incentive to join specialties with arduous out-of-hours roles. For example a speciality with well documented recruitment issues: emergency medicine.

We have now reached the point where there will be no further negotiations between the BMA and the government. The whole issue has been referred to the independent doctors and dentists review board (DDRDB) who will give their recommendations in July 2015. If these recommendations are not accepted as they were not last April, then there are worries of a cataclysmic break-down of the status quo. We may lose the national contract resulting in local negotiation of terms. Some have said that this will result in anarchy and calamity. This may or may not be true but whatever happens I'm sure that, come summer, there will be large and probably negative changes to junior doctors' contracts.

When a colleague of mine decided to volunteer in Africa it was at the time of peak publicity for the African Ebola crisis. At that time my initial ignorant concern was his risk of contracting Ebola. Of course Ethiopia is far from the affected region and in fact the Green Party winning the general election is more likely than him catching a haemorrhagic

fever. However it turned out that avoiding viral infection was not his main challenge. When he went he was prepared for overstretched units, lack of resources and poorly trained staff. What he was not prepared for was: a conman. A non-UK doctor also volunteering in Ethiopia turned out to be this conman. After becoming friendly with this volunteer he was invited to try a 'diagnostic device' that he was amazingly charging Ethiopian farmers one month's salary to use in his clinics. This device was called a 'Quantum Resonance Magnetic Analyser' (Fig 1, available online from Hong Kong for \$230³). Whilst it certainly had the ring of a medical instrument it did no more than pass a small electric current through two metal hand grips and churn off reams of meaningless data. In clinics diabetes, heart disease and hypertension were erroneously diagnosed and treatment was commenced. When a patient presented to the hospital with hypoglycaemia from immorally prescribed drugs he faced a tough decision. To whistle-blow relatively alone in a foreign country or to ignore this shocking behaviour? He ended up informing hospital management and dooming himself to friendlessly facing weeks of unpleasant, trying interviews and counter accusations. Why did he take this, what some may call heroic action when he could have so easily ignored it. Whilst I strongly believe that in large part it's due to his personality; he's an irritating, rambunctious, exuberant twit - most people like him. In part it also must have been influenced by his UK training. We are all aware of how medical training has 'softened'. The era of all day lectures on deep biochemistry and hours spend in dissection have made way for personal and professional development: communication sessions, medical ethics and exploration of the human side of medicine. Armed with this training he took the difficult path and protected patients from further harm. The conman 'doctor' was dismissed and despite death threats my colleague is having an extremely valuable out of program experience he will certainly never forget.

Enough of taxmen, conmen and good men. Election mania pervades, the political parties prepare strategies to gain power and perhaps, if it scores a point, improve the country. The most recent NHS shake up is over so we can be sure that the next will not be long in coming. However there are many reasons to remain content. The doctors in Ethiopia are paid a monthly salary of £120. In contrast our

salary will be somewhat better even after the coming summer's uncertainties. UK doctors in training have the privilege of, by worldwide standards, some top rate education that seemingly makes them better people as well as better doctors. The NHS continues to increasingly economically give our patients access to effective care and we get to reap the job satisfaction that this brings. Surely this is more satisfying than any 'crunch' from any season's footfall or bubble wrap. Between these (come on, at least sometimes) rewarding service commitments registrars are benefiting from training into sterling British medics. Besides you'd never enjoy those crisp spring mornings in sweltering Australia. Opportunity abounds whether it is in improvement of local services or in overseas action. Keep smiling.



Figure 1 The Quantum Resonance Magnetic Analyser

References

- ¹ *Government Deficit and Debt Return*, Sept 2014, [Online] Office for National Statistics <http://www.ons.gov.uk/ons>
- ² *Total Planned Public Spending* [Online] <http://www.ukpublicspending.co.uk/>
- ³ *2013 Best-selling ~ Quantum Resonance Magnetic Analyzer HSK-6699* [Online] http://www.hskmedical.com/sdp/233709/4/pd-971512/10065249-2314496/2013_Best-selling_Quantum_Resonance_Magnetic_A.html