

Presidential welcome speech by Professor Jane Dacre

Ladies and gentlemen, I would like to welcome you all to Harrogate today to our second RCP national conference. Some of you enjoyed last year's conference so much that you've even come back! We have a rich and varied programme over the next two days, with many opportunities for you to engage, learn and network with colleagues. I hope that the conference will provide a welcome relief from the day-to-day pressures of the NHS.

If a week is long time in politics, then a year is even longer. I don't have a crystal ball, but even if I did, I don't think I could have predicted that a year on we would be in the middle of a junior doctors strike – where did that come from?!

Let us not be in any doubt that the dispute over the junior doctors contract, the desperate financial state of NHS Trusts, the inexorable rise in emergency admissions, and shortages of key staff to treat those patients represent a gathering storm, with waves of pressure building from all quarters.

As a medical Royal college, the RCP has no remit for negotiation on terms and conditions, so we're not supposed to be involved in the junior doctor contract dispute. However, colleagues, I can tell you that in my entire career, I have never been so involved in an issue that I wasn't really involved in! The reason I am so worried about it is because of the damaging effect on the next generation of doctors, with knock on effects on patient care. Anything which risks the quality of patient care is definitely RCP business.

From last September when I sent out my first special bulletin on the subject, through my meetings with Jeremy Hunt and other Ministers, to our expression of disappointment at the imposition of the contract, I have made it clear that our junior doctors need to be valued, supported and motivated.

- **Valued** – for the fantastic care they give to patients, for their extraordinary academic ability, for the time they have spent learning the skills and knowledge needed to do their jobs, and for their dedication and resilience in a challenging environment.
- **Supported** – in their training and education, acknowledging that learning from professional activities in medicine, by their very nature, take place outside of normal working hours
- **Motivated** – by a culture that supports and respects them in their education, professional development, and engages them fully in designing both their future and the future of healthcare.

During the last six months, the RCP has been put under pressure by both sides – the government and the BMA - to openly support one side. This is missing the point. Our strength lies in our independence and our refusal to be pushed around. We are not the servant of the government or of the BMA. We are here to support patient care, we do that by supporting doctors, and we will do everything we can to improve the situation for our trainees.

I will be honouring the contribution of our own RCP trainees committee by presenting the chairs with the president's certificate of clinical leadership.

Before Christmas I wrote to Jeremy Hunt, setting out a range of recommendations aimed at improving conditions for training, including protecting time for training, promoting and supporting flexible working, publishing rotas earlier, and prioritising handover. I have also asked chief executives and medical directors of NHS Trusts to implement these recommendations. We have spoken truth to power, but power needs to learn to listen.

I feel sorry for NHS Trusts, I really do. Across the country, they have created a raft of new posts to meet the exponentially rising demands for patient care, only to find that there is no-one to fill them. And our cash-strapped NHS Trusts would not be creating posts unless they really needed them.

Over the last year, our census data shows that 40% of consultant posts remain unfilled, nearly always due to a lack of candidates.

Let me run that past you again - ladies and gentleman, two in five of our consultants are missing!

If 40% of teaching or policing posts were unfilled, this would be a national crisis...

...what about if 40% of government cabinet posts were missing?...

...but somehow we doctors are expected to roll our sleeves up and to muddle on through and fill in the gaps ourselves.

In addition to consultant vacancies, the gaps in trainee rotas are also taking their toll. In our regular survey we asked you about trainee rota gaps, and the results are sobering:

- One in five of you report significant gaps in trainee rotas such that patient care is compromised
- Nearly half of you report having to find a workaround solution to ensure that patient safety is not compromised
- One in ten of you report often having to act down to fill vacant trainee posts, and nearly a third of you have acted down as a one-off

Even I was given the opportunity to do just that instead of being here – last week I had a genuine email from a locum agency asking me very nicely if I could work three 12-hour shifts as a senior house

officer in Acute Medicine on the Isle of Wight! How desperate is that!

But seriously, so my first big question for the Secretary of State is – if the president of the Royal College of Physicians is being asked to cover SHO posts 70 miles away, if we have neither enough trainees nor consultants to run the service now, how are we going to implement a safe seven-day service?...

Let me make this quite clear – there is no lack of support for a seven-day service from physicians involved in the care of very sick patients. Our surveys show repeated support for this and over two-thirds of physicians already work across 7 days.

I quote from an email I received last Saturday from a consultant physician:

‘I am on today, and am mid ward round of 83 patients with one junior colleague....I may be at work Jeremy, but we need more people to be in work too.’

Consultant physicians tell us over and over again that to be able to provide the best possible care for patients at night and at weekends, we need many other services to be in place during the nights and weekends:

- other healthcare staff – nurses, radiographers, therapists
- access to diagnostic and pharmacy services
- and importantly, access to social care services so that patients ready to leave hospital can do so

We hear a lot about the need for more junior doctors to be in hospital at night and weekends. While it is true that we may need more junior doctors available sometimes, it is a consultant-led service that provides the best service for patients, who fare better with more consultants on the wards. We, as doctors, unlike

politicians, understand statistics. We do not confuse association with causation, and we need to continue to investigate what it is about consultant presence that makes the difference.

But, so far, we hear precious little about how the other support services are to be expanded or reorganised to give us the support we need. My worry, and that of other professional groups is that the squeeze on the junior doctors is only the beginning, and our other clinical colleagues are next in line. My second question to the Secretary of State is when will detailed plans for the support services be published?

The other huge wave of pressure building up around us is – that of financial deficit.

Everybody is worried about NHS finances. In fact, one of my patients last week came for an extra training session for her biologic drug injection technique. I couldn't understand why she needed it, as she was a nurse. She said that because the drug is so expensive, she would feel really terrible if she squirted it all over the wall by accident. She said 'the NHS can't afford that, and we all need to do our bit!' She is right!

The 151 Foundation Trusts regulated by Monitor expect to end this financial year a whole billion pounds in the red. That's in about three weeks' time. This deficit will start to bite deep into the day-to-day running of hospitals, resulting in more cost improvement programmes, meaning more cuts.

And we need critical additional funding for social care in the forthcoming budget. Reductions in social care funding are putting real pressure on the NHS, by preventing patients leaving hospital because social support is not available.

It is time to revisit our national contribution to healthcare...

In 2013, the UK's overall spending on healthcare was 8.5% of GDP, against an EU average of 9%. However, countries like France, Germany and Sweden were spending 11% of their GDP on healthcare. It is difficult to compare health systems but countries investing more do have better outcomes in some clinical areas.

However, there is one stark fact about the difference in our investment.

We have 20-25% fewer doctors than comparable health economies.

What we need are real increases in the specialties where the demand is increasing the most, including acute medicine and geriatric medicine. Quoting percentage increases in doctor numbers, as the NHS and HEE do, is misleading,.....if we had too few to begin with, which we do, then we need an increase in absolute numbers.

It is meaningless to claim that there has been a 44% increase in the numbers of consultants in the NHS between 2004 and 2014 if we can't get a single consultant to apply, as happened for some posts last year in Shropshire, Lincolnshire and Bristol.

I know what I think. I think we need more doctors, full stop.

- We need more medical school places
- We need more flexible working opportunities
- We need more support for education and training activities
- We need trainees to be valued
- We need to provide better investment and opportunities for research
- We need enough medical staff to provide high quality service and training for seven days a week

So to sum up...

Some say junior doctors are holding the government to ransom.

We say

Junior doctors need to be valued.

Some say we have enough staff to provide safe seven day services.

We say.

The NHS needs more doctors.

Some say that the NHS is inefficient and doesn't need more investment.

We say.

The NHS is underfunded.

So my message to George Osborne the day before the budget is this: give us the investment we need to shore up our debt-riddled trusts to prevent cuts; invest in social care to relieve the pressure on the NHS; and invest in more doctors and other healthcare staff.

Thank you.