

## Valuing the workforce who value their patients

I have found writing this editorial a real challenge; I have found myself besieged by a range of conflicting emotions and reactions when reading both the articles in this edition of the FHJ and the wider press, as well as during and after conversations with colleagues about the state of the NHS today. When the Editorial Board commissioned this edition, focusing on trainees and junior consultants, we had no idea of the changes that would be affecting the healthcare landscape today, nor the pessimistic narrative that appears to beset the cadre we highlight. By dint of the subject matter, this is a more hospital-based and physician-orientated edition than many; however, the articles within it are pertinent to the wider healthcare service, both hospital and non-hospital based.

Reading the mainstream media, one would be forgiven for thinking we are in the midst of a total financial meltdown of the NHS and that the wider medical workforce is disenfranchised, demotivated and entirely self-serving. Based on my observations of the last few months, I believe none of these to reflect reality. We are certainly in the midst of extremely challenging times both financially and professionally, and while it is absolutely our duty to defend and protect our healthcare system, the staff that work in it and the training of all healthcare professionals, we also owe it to our patients to explain clearly that we are, despite all of the challenges, as committed to them and their care, as we always have been, and ensure that they are clear that they are our priority, first and foremost.

I have been fortunate enough in the last few weeks to attend the Leaders in Healthcare Conference in Manchester, run jointly by the Faculty of Medical Leadership and Management and the *BMJ*, and subsequently attend the new Fellows dinner at the Royal College of Radiologists. At both these events, I had the opportunity to listen to energised, enthusiastic and motivated younger doctors, who despite their reservations about the recent contract negotiations and financial doom and gloom being pedalled, almost daily, by the mainstream media, remained dedicated to and focused on delivering the best clinical healthcare they could to the patients that they serve.

I have also done several stints of acute unselected medical take, with continuous pressures for beds and the usual mix of acutely unwell patients and those with complex medico-social issues. Again, the dedication and professionalism of all my colleagues – peers, juniors medical staff, nurses, allied health professionals and management – has been refreshing and, despite the maelstrom of press negativity, the humour and grace in which my colleagues perform their duties and deliver compassionate front-line care gives me continuing optimism.

The recent junior doctor contract negotiation frustration has, I believe, been about valuing our workforce, who choose to dedicate themselves to a caring vocation, eschewing higher paid opportunities open to the brightest graduates. This is not, and I believe never was, about more pay and less on-call time, it was about government acknowledgement and the societal value that is placed on a workforce that still gives discretionary effort every minute of every day and expects a fair social contract for this. This is a message that I believe the BMA failed to articulate clearly, but despite this, both patients and other medical staff supported the initial actions of the trainee doctor workforce. I believe this support was so readily forthcoming because the frustration expressed by the junior doctors is shared by very many patients as well as healthcare workers, senior and junior, medical and non-medical.

Add into this mix the recent anxiety caused by the result of the Brexit referendum for many non-UK NHS staff and there are many strategic fault lines that need to be addressed. Of note, one early potential indicator of the effect of all of these events may be assessed when looking at applications to UK medical school places for 2017. Applications in 2016 were down on 2015; however, this was driven by a significant fall in EU and overseas applicants, not UK applicants. It appears medicine remains an attractive option for school leavers in the UK, but the uncertainties over Brexit may be a more significant challenge.

Within this edition of the *Future Hospital Journal* there is a mix of articles and editorials that mirror my own conflicting feelings and experiences; they highlight the anxieties,

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frustration and concerns felt by different NHS staff groups but also offer thoughtful, positive and innovative suggestions for a brighter future. There is a real acknowledgement of the problems but also clear-headed suggestions to improve the system and the working lives of those within it. Now is a time for us all to keep our emotions in check, look after and support each other, work together to ensure the service and the requisite

healthcare training is delivered for the future and we must absolutely make sure we don't forget our *raison d'être*: providing a quality service for those in need of our care. The challenges are tough, but not insurmountable, and we must not sound the death knell prematurely.

**Wing Commander Ed Nicol**



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