



The recent changes to the Junior Doctor Contracts and the effects that have changed with in NHS England

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1. Abstract

The purpose of this was to find out the importance of leadership and management roles within different organisations like the National Health Service (NHS) and to highlight the changes in the Junior Doctor Contracts. The report discusses the importance of leadership and management within the health sector and what is needed to make sure the NHS can provide excellent care for service users. It was found that the junior doctor contract wasn't for everyone as there has been reports of it being discriminating against women and their pay. This report determines that the junior doctor contract has had an extensive effect on the junior doctors as they went on strike and weren't able to provide for service users. Throughout the health sector or the NHS everyone should be treated equally and should get paid the same for doing the same job, there are women who work for the NHS who work harder than men and there's men that work harder than women but they should all be treated the same as they are doing the same job, Karen Lynas who was a former interim managing director was chosen to judge on a panel for inspirational women who work among the NHS she states that the fourteen most important, influential and powerful organisations in health are largely run by men and who are they identifying as their successors? Who is working around them and what is the impact that the environment has on the women there? she states that there is need for a change and it's not happening fast enough. <https://www.leadershipacademy.nhs.uk/blog/the-inspirational-women/>

Nurses, Doctors should be given an incredible pay rise for what they do everyday. The renewed junior doctor contract has its flaws but also has its positives.

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2. Introduction

The role of leader is essential for the development and continuity of an organisation. Leadership helps in developing the organisations objectives, values and vision. For leaders to accomplish organisational effectiveness they must measure up to the standards of cultural elements. Having a strong leadership for a organisation is critical for maximum effectiveness. Leadership is a attribute which is both confirmed and can be acquired also. A organisational leadership deals with both human psychology as well as expert tactics. Organisational leadership emphasis on developing relevant leadership skills and abilities across a organisation. The potential of the individuals to face the difficult times in the industry and still grow during those times. It identifies and determines the difference between the leaders from the managers. The leader should be likely to be able to control the group of individuals. It is important for an organisation motivate its employees. The motivational theories of Maslow, McGregor, McClelland and Herzberg explain content theories of motivation. 'Motivation is a necessity for a company operation because if there is a lack of motivation in the short run it will result in the reduction of effort and disappearance of commitment' (Hall, 2008). There are important skills in organisation which are organisational behaviour includes group and individual behaviour. Individual behaviour contains motivation and group behaviour which includes leadership and communication. Many leaderships have issues that are the

same regardless of what organisation, but healthcare industry presents many unique issues (Robinson, 2005).

3. Main Findings

3.1. Leadership and management within organisations with particular reference to the NHS, why is it important?

Leadership in the National Health Service (NHS) Plan has been one of the most important priorities for nurses and their health professional colleagues and they have emphasised how important it is to the NHS. Throughout organisation and across the whole health economy leadership is viewed fundamental for implementing and sustaining change (Department of Health (DH 2002) The administration of these organisations are reliant on the performance of clinicians who are most often leaders in their own right, and due to the nature of their profession they work under a great deal of autonomy which they are expected to do. It has been an ongoing problem that the NHS has been struggling with over its entire history. In 1983 the Conservative government at the time assigned the Griffiths Report, It was a key start to the management and leadership development in the NHS. In the report, Roy Griffiths famously said, 'If Florence Nightingale were carrying her lamp through the NHS today she would be searching for the people in charge.' (Griffiths, 1983). Improvement for effective leadership requires engaging doctors to participate in redesign efforts and to build support for these activities among their colleagues. Good management is needed to ensure that the use of resources are effective and efficient in steady unchanging times. Currently in the healthcare sector there is rapid change, multiple pressures to manage increasing demand and with limited resources, leadership is key. 'Huge challenges for the future model of care, trying to meet the needs of a really complex ageing population, working out what the population needs, we need to map out the challenge'. - University Academic and Clinician. Leaders are there to motivate their workers by rewarding them with rewards and promotions.

3.1.1. Why were there changes to the Junior Doctor contract? When?

In August 2016, the Government introduced the junior doctor contracts with new terms and conditions. The British Medical Association (BMA) originally entered into an agreement with the Department of Health on the junior doctor contract in 2013. The government described the current arrangements for junior doctors as 'outdated' and 'unfair', pointing out they were introduced in the 1990s. Plans were drawn up to change the contract in 2012, but was discussed in 2014. The BMA focused on three key areas to prove on which are, safe working, training and deployment and pay. The new contract has explained that they are providing a package to address concerns raised by junior doctors. The arrangements will be inspected by an independent guardian of safe working, who will from August 2016:

- Provide safe working hours for doctors
- Assurance to the board that doctors are both safely and actually work safely
- Reviews of work schedules to be undertaken where there are regular breaches in safe working hours
- Escalate the trust directly, executive or equivalent, issues over safe working hours

The junior doctor contract has offered to be fairer to doctors and a safer environment for doctors and patients. <https://www.gov.uk/government/publications/junior-doctors-contract-offer-main-points/junior-doctors-contract-offer-main-points>

There have been maximum limits put in place for junior doctors to provide a safe working environment. It has now been put that junior doctors are only allowed to work the maximum hours per week, there are limits to the amount of on-call work they are allowed to take. They have introduced training and development for junior doctors as the current contract is silent on the educational needs of doctors in training. The current contract has links that are insufficient between pay and level of responsibility. The new contract looks into these issues and delivers a pay that is fairer, more stable and more transparent for doctors, while ensuring that average pay across the junior medical workforce, for the current average hours rostered, remains unchanged. (Junior Doctor Contract, 2016)

3.1.2. How the contract proposals and changes have impacted Junior doctors and other health professionals

The junior doctor strike in 2016 had a massive impact on the care of patients. Thousands of appointments were cancelled over the period of the action. Hospitals scheduled 11 percent (109,915) fewer outpatient appointments during this strike, while patients kept 134,711 (just over 17%) fewer of them. The number of outpatient appointments cancelled by hospitals also rose by almost 67 percent (43,823). During the first strike on January twelve patients operations were affected on with the last days of action on April 26-27, when junior doctors in A&E also went on strike. During all four strikes, hospitals cancelled nearly 300,000 outpatient appointments (Emma Johnson, 2018). Jeremy Hunt (State Secretary of Health) is looking for a way to develop a seven-day NHS for 2020. It would involve GP surgeries being open from 8am-8pm. Hospitals need to be properly staffed 24/7 so that the same quality of care is given to patients on all days of the week. Patients are more likely to die if admitted to hospital on a weekend, so it is thought that this could be avoided with increased staffing. A study published by the British Medical Journal in September found those admitted on Saturdays had a 10% higher risk of death and on Sundays. Many Junior doctors are becoming increasingly anxious about their future within the NHS, junior doctors are now ready to leave the NHS and are taking working overseas into consideration in countries such as Australia, New Zealand or Canada. Others are even considering giving up their medical careers to do something else. (Margaret McCartney, 2016)

3.1.3. The importance of teamwork

Working as part of a team is critical within a practice the importance which team work presents for the team to improve their motivation and to establish methods of

functioning, which are both efficient and effective. For a long time leadership skills have been acknowledged as a solution to the provision of good health care. In order to achieve high standard health care, healthcare professionals e.g senior nurses must be able to effectively lead teams, particularly across professional, clinical and organisational boundaries (Taylor V, 2007). Leaders within the healthcare sector must ensure that skills that are used by staff are performed in a way that patients' accomplish the greatest benefit from their abilities. This can be achieved by the leaders enabling others to act and giving positive responses to work-related performance. This will facilitate motivation, increasing job satisfaction and promoting better patient care (Clegg, A (2000). Tuckman studied teams from formation to completion of a task and identified crucial stages in a team's life cycle. Belbin's observations of teams uncovered nine Team Roles, which describe ways of contributing and interrelating in a team. Good teams are clear about their task as a team and stated this as an inspiring patient-centred purpose. Working as a team is key to working successfully as a member of a clinical team, with the wider multi-disciplinary team, and with patients/clients and carers. A healthcare system that believes in effective teamwork can improve the quality care of a patient, enhance safety of a patient and reduce issues with workload which can cause burnouts among healthcare professionals. (Kohn LT, 1999). Patients can also be affected by the lack of teamwork within the health care sector, poor communication between colleagues can prove to be fatal. Leaders are often described as being visionary, equipped with strategies, a plan and desire to direct their teams and services to a future goal (Mahoney, 2001)

3.1.4. Implications for service users if appropriate structures are not in place

The NHS or one of its providers refuses to treat an individual or pay for their care, and instead 'deflects' them into the system. There are two ways in which the responsibility for funding or providing care can be deflected in the NHS:

- To another NHS organisation – for example, from a GP practice to a hospital.

The Health and Social Care Act (2012) paved the way for far-reaching reforms to how patient care in the English NHS is organised, managed and delivered. The changes were formally implemented on 1 April 2013. The Health and Social Care Act is changing the NHS', Structure, Accountabilities, Funding arrangements and Working relationships. The new Funding arrangements goes into Funding, Service provision, Holds the contracts directly and there is direct commission of specialised services. For some patients, it can create an uncertainty and anxiety as they are passed around by different organisations. This might result in a delay in the patients getting the care they need or as they have to repeat the same information multiple times to different organisations or health care professionals this can cause frustration for the patient. They may get the wrong care in the wrong place from the wrong professional and in some cases they may be deterred from seeking care or denied treatment. I'm the UK there and now four countries that now have their own NHS services. It now means that they have a high responsibility to run the NHS in these areas has been transferred from the central government to MPs in Westminster and to the powers in Scotland, Wales, Northern Ireland and England.

The 'Devo Manc' project was presented by the government to delegate health and social care to Manchester authorities. They believe that the project/experiment could have several implications such as devolution could mean that services are more even with the different amount of needs in the specific region, which may have benefits to local population health this is if the project succeeds. (Hugh Pym, 2015). With teamwork if it is not carried out effectively it can have implications on service user.

There is a public involvement policy that has been in place since 1999 NICE has involved patients, service users, carers and the public, including voluntary, charitable and community organisations in on it's work. NICE' aims to arise issues that are relevant to patients, service users, carers and the public, they will reflect back on their views, and meet their health and social care needs. They involve their patients, service users, carers and the public and which this then adds value to the discussions of the independent committees. NICE has committed to the patients, service users, carers and public involvements, they will produce clinical guidance, public health guidance which will focus on the needs of the public, to ensure that the quality standards and the Quality and Outcomes Framework, involve and focus on patients, service users, carers and the public. (Department of Health, 2012)

4. Conclusions

In conclusion I have explained the importance of the leadership and management roles within the NHS, and how if it is not carried out effectively how it can affect people. I have also talked about the Junior Doctor Contract and why there was a need for changes why they changed them and when, I included the different plans that were drawn up for the contract and what it included and explaining how the Junior Doctor contract had an effect on the service users of the public while they had a period of strikes and why some parts of the contract would be positive for the service users not only negative and that there were an incredible amount of outpatients during that time (Emma Johnson, 2018). Outlined the importance of teamwork with the health care sector and how critical it is for the NHS and how if it isn't performed in the correct way it can have consequences and can be fatal (Mahoney, 2001). I then went on to talk about the implications on service users if the isn't and appropriate structure put in place. So overall I believe that the NHS could do much better than they are doing, there could be more things put in place to make it better than it already is.

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