

A large, stylized illustration of a hand in shades of orange and red, with blue outlines, placing a white ballot into a ballot box. The box is red with a blue outline. The title 'Hospital doctors' manifesto' is printed in white on the red box.

Hospital doctors' manifesto

General election 2024

*The **professional** association and trade union for hospital
doctors, wherever you are in your career*

www.hcsa.com



1 Fix medical pay to retain doctors in the NHS

This has been an historic period for hospital doctors, who have made it clear that they will not stand for the erosion of their professional status. Under the banner of the Doctors Deserve Better campaign, HCSA consultants, SAS and junior doctors have disputed the year-on-year deterioration of the reward package.

While the immediate consultant pay dispute in England ended with improved pay, we are clear that this settlement should mark the beginning of a new approach on doctor remuneration moving forwards.

Staff are the most precious resource the NHS has, and yet many feel it no longer pays to work in the NHS. The impacts on morale, retention and recruitment are laid bare. The [latest workplace experiences report](#) from the General Medical Council showed declining satisfaction amongst doctors, a higher risk of burnout and a notable increase in doctors intending to leave the profession and taking steps to do so.

[Official NHS statistics](#) show a 15 percent increase in doctors leaving the UK between 2021 and 2022, and sickness absence is higher among medics in recent years than in any period from 2017-21.

The reward package goes beyond pay. HCSA welcomed the news of the removal of the pensions Lifetime Allowance and increases to Annual Allowance in the Spring Budget in April 2023. Yet we are clear that uncertainty on pensions taxation has been a significant driver of early retirement and reduction in hours from senior doctors. For many, the problem is not resolved.

Medical pay is further diminished by the costs associated with working in the health service, including excessive exam and portfolio fees for junior doctors and the rising cost of staff car parking charges. These were quickly reinstated after covid in most hospitals and can equate to £1,000 per year for individual staff members.

The incoming government must act swiftly to recognise that rewarding staff properly will be key to tackling waiting lists.



HCSA calls for:

- › The incoming government to make resolving the junior doctor pay dispute an immediate priority, with a plan for pay restoration
- › A change in approach on medical pay, recognising the need to address long term erosion and minimise industrial action
- › Monitoring of the implementation of pay review body reforms in 2025 and a commitment to re-engage with unions if reforms do not produce fairness, transparency and independence
- › Certainty and stability on pensions taxation so that senior doctors are not punished for working in the NHS
- › Car parking charges for NHS staff to be scrapped
- › A progress update on status of the proposed review into the Ethnicity Pay Gap in Medicine, and the government to commit to accepting and implementing recommendations when published
- › Removal of unnecessary dispute legislation that creates red tape, racks up additional costs for union members and damages industrial relations
- › Continued work and investment into implementation of recommendations of the Gender Pay Gap in Medicine Review
- › An end to exam fees for junior doctors
- › Reform to the student loans system to make studying medicine affordable



2 | Develop doctors at every stage of the career arc

The NHS is running hot. Doctors understand the need to prioritise service delivery so patients can be seen to as quickly as possible. Yet to give the best treatment doctors need time to advance their skillsets, develop knowledge and train the next generation.

For consultants, this means ringfenced time for supporting professional activities (SPA) such as developing themselves, training others and contributing to leadership within their hospitals. The 2003 consultant contract suggests that 2.5 PAs (usually 10 hours per week) should be typically assigned for such activity. Yet HCSA research revealed that less than a quarter of consultants (23.7 percent) are appointed on this basis.

This short-termist approach, which overlooks the importance of skills development and innovation, will have severe consequences for patients in the long run.

[GMC data](#) shows that 22 percent of SAS doctors feel they are not provided with development opportunities to advance their careers.

HCSA has endorsed [the SAS Six](#), an initiative from the SAS Collective which provides a road-map for improving the careers of SAS doctors. The six areas of focus include provisions for speciality doctors to become specialists and development opportunities in education, leadership and training.

The recent settlement for SAS doctors, which was met with concern by HCSA members, acknowledges issues with progression yet makes no solid provisions to address this. Employers must be mandated to act, with investment to enable them to do so.

Training opportunities, facilities and resources for junior doctors also need urgent investment. Over half of trainees responding to the [latest GMC National Training Survey](#) said they had no support from a mentor and only a third of trainees reported that their training was no longer affected by covid.

It should be no surprise that 52 percent of trainers are at high or moderate risk of burnout and that rota gaps are cited as having an adverse effect on training by a quarter of trainees.

HCSA calls for:

- › A minimum of 2.5 SPAs guaranteed for all consultants, enshrined in compulsory national standards to improve and protect continuing professional development and train the doctors of tomorrow
- › The NHS to adopt the SAS Six and identify steps for implementation, including mandating employers to offer specialist contracts to specialty doctors working at this level
- › A review of progress to address the covid training deficit amongst junior doctors, and reform of the rotation system to prevent training disruption
- › Trainer numbers incorporated into detailed workforce planning, and junior doctor training opportunities ringfenced so they cannot be diverted to associate professionals.



3 | A robust workforce that recognises doctors' status



An area of grave concern for HCSA is the expansion of medical associate professionals ... without a scope of practice, MAPs are frequently substituted for doctors

In 2023, we saw the publication of the first ever NHS workforce plan. This was welcomed by HCSA after many years of campaigning on the issue and significant delays to publication from policymakers. Yet the plan lacked the detail necessary to stabilise the workforce and anticipate the health needs of the future population.

Of particular note to doctors is the pledge to double medical school places to 15,000 a year by 2031/32. It is now crucial that an incoming government firms up this headline commitment with comprehensive plans for the specialty placements that new medics will graduate into, and the senior doctors required to train up them up.

The workforce plan also includes an initiative to compress medical degrees from five or six-year to four-year programmes, and to pilot medical internships. Our Student Associate members tell us that the medical degree is already extremely

intense and HCSA would caution that any acceleration would be likely to burn out aspiring doctors and potentially increase dropout rates. New models must be tested and their success monitored.

The medical workforce is changing dramatically and the [GMC Workforce Report 2022](#) predicts that SAS and locally employed doctors (LEDs) will make up nearly a third of the NHS medical workforce by 2030. Yet little is known about the pay and conditions of LEDs. They must not be exploited as a cheaper model to provide patient care.

An area of grave concern for HCSA is the expansion of medical associate professionals (MAPs), including physician's associates and anaesthesia associates – misleading titles which HCSA takes issue with.

Without a scope of practice, MAPs are frequently substituted for doctors and tasked with procedures far beyond their expertise. This reverts training opportunities away from junior doctors. In turn, the registration of supervising doctors is at risk for mistakes made by non-medical colleagues. This is neither fair, nor safe.

HCSA calls for:

- A new regulator for MAPs, responsible for producing a defined scope of practice which identifies training needs as those appropriate to their role in the team, and not beyond this – leaving complex invasive procedures for doctors
- Renaming of “physician’s associates” to “doctor’s assistants” to minimise ambiguity, keeping the terms “medical professional” and “specialist” reserved for doctors
- Clearly defined limits to produce safe supervision of associate professionals and a halt to the process where there are no senior doctors willing or with capacity
- All locally employed doctors employed for more than two years within one employer should be offered the opportunity to transfer to the appropriate national contract
- Rigorous workforce planning with annual projections, specialty-level detail on training places and capacity built-in for senior doctors to train the next generation
- Monitoring of new models for training and service delivery such as medical internships, compressed degrees and apprentice doctors with trade unions as stakeholders.



4 | Make the health service a safe place to work

The GMC requires doctors to speak up when patient safety concerns are observed. Yet over 70 percent of hospital doctors told HCSA that it is not possible to raise patient safety concerns without detriment to their own career.

Hospital doctors have been blocked from promotion, isolated from their teams and targeted in formal employment proceedings as “punishment”.

HCSA has identified an [employer's “playbook”](#), a predictable pattern of actions taken against doctors who speak up in an effort to silence the whistleblower and protect the reputation of the hospital. This dangerous culture ends careers of good doctors. It must be stamped out.

Separate HCSA research exposed the endemic problem of sexual harassment within the NHS, which disproportionately affects female staff and has been historically underre-

ported. A majority of doctors (70.5 percent) had witnessed or experienced sexual harassment at least once in their careers, with half of respondents saying it occurs every few years. NHS England launched its sexual safety charter in September 2023, but the outcomes are yet to be seen.

Meanwhile, doctors tell us they continue to experience physical violence at work from patients and service users. A quarter of those completing the [NHS staff survey 2023](#) experienced at least one incident of harassment, bullying or abuse in the last 12 months from members of the public, including abuse on the grounds of ethnicity or race. Tackling discrimination is particularly pertinent, given that [in 2022 more than half](#) (52 percent) of the doctors who joined the workforce were international medical graduates.

It is the role of the employer to protect staff against this treatment at work. We need the law to support this, a robust and accessible judiciary and stronger governance within the NHS. It's time to safeguard doctors and end the cover-up culture in the NHS.

HCSA calls for:

- › The establishment of an independent statutory national whistleblowing body, the creation of a new criminal offence for victimising whistleblowers and an extension to the government's “prescribed persons and bodies list” to allow staff to make protected disclosures to their trade union
- › Reform to the employment tribunal system to make it accessible for all, ensuring fairer outcomes for doctors and early intervention on employer bad practice
- › Monitoring of implementation of the new NHS England Sexual Safety Charter with remedial steps taken if the charter fails to tackle sexual harassment head on. Introduce safe pathways for reporting and an NHS-wide mentor support system for all those who report sexual harassment
- › Zero tolerance of racism and discrimination of all forms, with NHS leadership held accountable for actively combatting discrimination and bringing about cultural change within their workplaces. This work must include a focus on empowerment of IMG doctors
- › A specific criminal offence for attacking any member of NHS staff
- › Stronger NHS governance including a duty for the governing board of each employer to monitor all whistleblowing cases.



5 Fund a health service fit for future challenges

As of April 2024, the NHS elective waiting list [stood at 7.57 million](#). Although exacerbated by the covid pandemic, long waits cannot be entirely attributed to it, as the list had already doubled from 2.32m in January 2010 to 4.57m by January 2019. Now at over triple the 2010 figure, any incoming government must bring waiting lists down as an urgent priority.

It will take investment to achieve this. The average real-terms growth rate on health spending from 1979/80 to 2019/20 [was 3.8 percent](#). Investment growth is key for a health service to keep pace with new developments and technological advancements in treatment, as well as in responding to the increasingly complex needs of an ageing population.

Yet from 2010 to 2019, spending was slashed to average real-terms growth of 1.4 percent per year. This led to an NHS ill-equipped to respond to rising demand which entered the covid pandemic already under significant pressure, as detailed in a [report co-authored by HCSA, Never Again](#).

Despite increased investment during the pandemic, growth in the last parliament on current plans sits at 3 percent in real terms, below the long-term average. Furthermore, these figures do not reflect the impact of population growth and an ageing demographic, [equating to a 1.6 percent cut](#) once adjusted for these factors.

Projections from the Health Foundation show that a 10-year investment plan is required to achieve sustained improvement in the NHS. This requires average funding growth of at least 4.5 percent in real terms over the next five years and a return to average historical real-terms growth of 3.8 percent across the decade.

Beyond headline investment, the incoming government must also tackle the crumbling NHS estate. Hospital doctors tell us of leaking buildings, rat infestations and tired equipment in need of investment. Additional funds were assigned to capital spending at the Spring Budget 2024, with £3.4 billion for digital transformation. This is welcome investment in much-needed systems infrastructure, but funds must also be made available for repairing buildings and facilities in



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the context of a significant maintenance backlog.

Our message to the incoming government is clear: the only way to shore up the workforce and recover elective delivery is with significant increased investment in both headline and capital spending.

HCSA calls for:

- Annual spending to increase in real terms by at least 5 percent annually during each year of the new Parliament, to achieve sustained improvement on metrics in line with [Health Foundation projections](#). A 10-year plan for growth beyond the 3.8% rate from 1978-2020
- A commitment that the government will implement Covid Inquiry recommendations in full and listen to doctors so the mistakes of the pandemic can never be repeated
- A reversal of social care funding reductions to reduce the pressure on the hospital network
- A reversal of public health funding cuts and a new focus on prevention
- An independent review of the ongoing burden of private finance initiatives and a commitment not to use PFI for any projects moving forwards
- A substantial one-off capital funding settlement to tackle crumbling buildings and facilities, followed by a significantly improved, multiyear capital settlement aimed at bringing the NHS budget in line with comparable economies
- The ongoing digital transformation work to be monitored to ensure staff have access to appropriate IT infrastructure, including rationalising the number of systems in use so that more time can be dedicated to caring for patients



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