

8 January 2016

Dear colleague,

### **Guidance for surgeons during forthcoming industrial action**

The recent announcement by the BMA that it has given notice of junior doctors' industrial action on 12th January, 26th January and 10th February means that, if all three dates go ahead, this will be the first time in history that an all-out strike has happened in the NHS.

We have strong empathy for the junior doctors and know that no doctor would make the decision to vote in favour of industrial action lightly or easily. We recognise the depth of feeling on this issue, which has been plainly demonstrated by the high number of individuals who took part in the ballot last year, and the overwhelming result.

We have been clear to the Government that they would be wrong to try and impose a contractual settlement on junior doctors and have continued to call for a return to negotiations. We continue to believe that industrial action would be damaging to all those concerned and hope that ongoing engagement will end the current impasse.

While negotiations continue, we must assume industrial action will take place which is the right of every junior doctor. Clearly as surgeons our professional duty to the patient remains to ensure their safety and care is maintained during any action. Below is a summary of guidance that we hope our members will find helpful in advance of industrial action next week.

### **National advice**

All doctors have already directly received advice from the General Medical Council (GMC) in respect of their professional duties. This can be found on the GMC [website](#). The British Medical Association (BMA) has also produced guidance for hospital doctors not involved in industrial action which can be found [here](#).

### **Local advice**

Consultant teams have a joint responsibility with their employers to ensure patient safety during industrial action. This means employers should be working with consultant teams to ensure there is 24/7 emergency cover for each service and adequate cover for hospital inpatients. This may require the rescheduling of non-urgent elective operations and out-patient clinics, with priority given to patients requiring urgent surgery or appointments (such as those on cancer pathways).

Consultants, SAS doctors and other allied health professionals should perform the tasks normally allocated to junior doctors during this period, with a priority on urgent and emergency tasks. Clear guidance should be given to nursing and other staff relating to accessing medical/surgical opinion during the dispute.

If you have concerns that your Trust is insufficiently prepared to cope with industrial action then these should be aired locally as soon as possible.

### **Advice and support**

If there is anything further we can do to help support or advise local surgeons then please let us know. However, we very much hope that the involvement of ACAS will lead to a resolution of the current situation.

Kind regards,

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