Medical training: chaos and unemployment

Were you one of the 12 000 who marched against Modernising Medical Careers and the Medical Training Application Service? Many thousands of doctors had had enough and displayed their displeasure by exercising a very ancient prerogative: the right to protest.

For so many to march in March signifies that this was more than just a grievance. The system that was supposed to make selection fairer and easier has made it more difficult and less just. Indeed, almost weekly there is something new for doctors to be riled about—take the recent example of a 0% pay rise for GPs. Many doctors now believe that they are victims of an organized government campaign to strip them of power and peg back their pay.

The very people who talk endlessly about clinician engagement and a clinician-led service simultaneously take great pleasure in reigning in the medical profession. What the government and its apparatchiks forget is that the public has always trusted doctors more than politicians. And this trust exists despite a whole catalogue of medical butchers and groppers, despite Bristol, and despite Harold Shipman. The damaging rhetoric about doctors being overpaid and under-worked will produce little change in public opinion. This public sympathy is one reason why the government acted so quickly to attempt to diffuse the crisis over the Medical Training Application Service.

Ilorra Finlay, the president of the Royal Society of Medicine and somebody who straddles both worlds in her role as a palliative care physician and a member of the House of Lords, argues passionately that the solution to chaos is not chaos (pp.160–161). Her view is that the Academy of Medical Royal Colleges and the government

have made useful steps in correcting a flawed process. But her central argument is that the new process needs to be improved and made watertight rather than abandoned at the first sign of trouble.

There have been many flaws in the process. The online system crashed and froze, and the online short-listing system failed. Some forms were missed altogether, while some candidates employed ghost writers. ‘Some excellent doctors see their dreams in tatters,’ writes Finlay, ‘despite years of work and higher exams they have not had a single interview. They have no faith in the “system” and see unemployment looming.’

Many junior doctors, of course, believe that the concessions have not gone far enough. They want the whole system scrapped. The anger of young doctors (and their potential bosses) is understandable. What’s the point of going through years of expensive medical training only to be penalized by an unfair selection system, and risk unemployment? Any headline that includes ‘unemployed doctors’ spells bad news for a government. Yet it is fascinating—and perhaps expected—that the many machinations and changes within the health service failed to rouse doctors, until one finally threatened their own livelihoods.

Dermot Ward, from the Society of Clinical Psychiatrists, attacks the government more squarely, in his call for a moratorium on politically driven proposals (p.164): ‘Never before has the near-monopoly provider system of health care to the nation, the NHS, been so obviously unfit for purpose and in such a state of chaos as government piles change upon change with alarming acceleration and cost to the taxpayer.’

The new medical training system has begun with chaos and will soon create unemployment, neither of which seem useful contributions to patient care.

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