



Doctors' Policy Research Group

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Not special pleading  
for consultants, but  
an explanation

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**Aspects of today's Public Accounts Committee report, 'Managing NHS Hospital Consultants', are baffling - others are just wrong.**

Consultants don't and can't refuse to work weekends and evenings. Evening and weekend working is the norm in many acute specialties, and this type of working has increased exponentially since the much derided new consultant contract. One welcome change is that in many services - for example paediatrics, obstetrics and emergency medicine, consultants are available 'around the clock'. This is a major departure from the NHS of 2003 or 1993 and has undoubtedly improved patient care.

This may however be one reason why a fall in productivity has been noted. Better out of hours care can mean that daytime elective services are stretched: the same doctors cannot work during the night and then run a busy clinic or theatre list during the day. Patients would not find that acceptable and it is not safe. That was the reason for the reduction in junior doctors' hours in the 1990s and it would be in no-one's interest to return to the bad old days.

But the reasons for the undoubted reduction in productivity are multifactorial. Many cannot be ascribed to doctors as we are expected - rightly - to give more information, choice and time to patients than was the case a decade ago. But how is productivity measured? In the case of the report, it is number of operations, clinic visits, etcetera. This doesn't measure quality. You can't have it all at the same time and cheaper: efficiency, throughput and a clinical service that values doctor-patient interaction and allows time for it, while completing all necessary administrative requirements. So perhaps a definition of productivity with quality of outcome is more important than simply counting numbers.

It is also worth remembering that the new consultant contract of 2003 was predicated on the (mis)understanding within the Department of Health that consultants were not working as hard as their contracts demanded. The political mantra at the time was that consultants were going to be paid for what they did. In fact, a secretary of state at the time was quoted as suggesting that it would 'get consultants off the golf courses'. However, the introduction of the contract led to a pay rise for most because their hours far exceeded what had been previously assumed. The Department was surprised, doctors weren't and there was no discernible change in consultant golf club membership.

In case these few paragraphs are misunderstood to be special pleading, they aren't. As hospital consultants we work harder than we ever did. Most of us have signed a waiver to the European Working Time Directive and our hours probably average 60-80 per week, including time 'on call'. Our observation is that in the interest of patient care, we need more out of hours working, probably more centralization of services and almost certainly more consultants. This will lead to greater staff costs and quite possibly reduced productivity - but better patient care.

So rather than opinion and supposition, we offer a challenge. If the members of the Public Accounts Committee agree to a diary hours recording exercise conducted by an independent monitoring agency over a 4 week period, so will we. And we will then compare the results of this in the full glare of public scrutiny. It is a challenge that we look forward to, and we sincerely hope that it may offer greater understanding of what consultants actually do.

## About Us

Doctors' Policy Research Group is the first and only UK think tank led by doctors. Formerly known as Doctors Think Tank, it pooled resources and expertise with Civitas in June 2013 with the aim of contributing to public debate about the provision of NHS services. It is not a union and - like Civitas - has no allegiance to any political party.

Its members wish to encourage a vigorous discussion about the future of the UK's healthcare, and how it can be provided to the very highest standards, while always ensuring comprehensive provision remains free at the point of need and with the patient's interest the foremost consideration at all times.

The group's work pre-dating its association with Civitas can be found at its own website [here](#).

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## Dr Christoph Lees

Christoph is a NHS Consultant in Obstetrics and Fetal-Maternal Medicine. He has a longstanding interest in health policy and funding reform, having sat on the Civitas Health Policy Consensus Group (2002). He was one of the founding members of Doctors for Reform (2003), where notable campaigns included 1000 doctors writing to the then Prime Minister to rethink the UK's purely tax-based health funding and raising funds to support judicial review of the position of some Strategic Health Authorities on cancer co-payments. He has been involved in the funding debate with politicians from all parties in the UK and overseas. He is now a founding member of the new Doctors' Policy Research Group, a medically-led health policy research unit attached to the independent Westminster think tank Civitas.

He is also a clinical researcher having published over 100 papers in Fetal-Maternal medicine and has a visiting Chair at The University of Leuven, Belgium. Christoph supervises higher degrees and directs a subspecialty training programme, having been the Royal College and Obstetricians first Ultrasound Training Officer (2009-2012).

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## Dr Mark Slack

Mark is currently head of Urogynaecology at Addenbrooke's Hospital, University of Cambridge Teaching Hospitals Trust, Cambridge. He is also a fellow of the Royal College of Obstetricians and Gynaecologists.

He runs an active research unit in Cambridge. His research interests include the use of alloplastic materials in surgery, innovations in pharmacology, urodynamic testing and surgery for pelvic organ prolapse. More recently he has developed a new testing system for the measurement of urethral pressure and has just published the results of a novel treatment for pelvic organ prolapse.

He was appointed the Ethicon travelling Professor in 2004 as well as the Sims Black Professorship of the Royal College of Obstetricians and Gynaecologists for 2005/6. In 2006 he was awarded a travelling Professorship to the Royal Australian and New Zealand College of Obstetrics and Gynaecology.

Other appointments have included membership of the British Society of Urogynaecology (BSUG) executive committee, the RCOG audit and guidelines committee, chairmanship of the BSUG guidelines committee and membership of the research committee. He is on the education committee of the International Urogynaecology Association (IUGA) and the chair of the IUGA observership scheme that has recently introduced fellowships allowing members to visit internationally renowned centres. More recently he has joined the scientific committee of the IUGA.

He is a reviewer for the British Medical Journal, the British journal of O&G, Neurology and Urodynamics, the International Urogynaecology Journal and The Journal of Rehabilitation and Research.

Mark qualified in Johannesburg at the University of the Witwatersrand. He then completed his postgraduate training at the University of Cape Town and Groote Schuur hospital. He graduated from the College of Medicine of South Africa winning the Daubenton Gold Medal as the most successful candidate for the Fellowship in Obstetrics and Gynaecology. After leaving South Africa he trained under John Sutherst in Liverpool.