YOUR GUIDE TO INDUSTRIAL ACTION – HOSPITAL DOCTORS

ADVICE TO HOSPITAL DOCTORS TAKING INDUSTRIAL ACTION
Doctors will take industrial action for the first time in almost 40 years over major changes to the NHS pension scheme. The first day of action will take place on 21 June 2012 and doctors will provide urgent and emergency care, and non-urgent cases will be postponed. The following guidance has been prepared to support the BMA’s plans for industrial action and details how the model of action would work for doctors in secondary care, including hospital consultants, staff, specialty doctors and associate specialists, and doctors in training.

WHAT FORM OF INDUSTRIAL ACTION IS THE BMA ASKING ITS MEMBERS TO TAKE?
The BMA is asking members working in the NHS who are eligible to take action to provide ‘urgent and emergency care only’ for one or more 24-hour periods.

The form of industrial action taken by participating doctors must be determined by the BMA. The BMA has ruled out total withdrawal of labour and resolved that members will attend their usual workplace for that day for the times they would normally attend. This means that those doctors participating in the industrial action must turn up at their workplace. A doctor who decided to stay at home (if they would normally be expected in to work on that day) would be acting outside of the scope of the official industrial action. Their action would therefore be unlawful and they could be subject to disciplinary action. Doctors being at their workplace (albeit not doing elective work) will help to assure patient safety by making certain that enough doctors are available for urgent and emergency care if needed, and will promote solidarity by providing support for the doctors who cannot take action that day because they are on call or scheduled to undertake urgent or emergency duties. It will also help allay public concern about the absence of doctors.

WHAT DOES THIS MEAN FOR A HOSPITAL DOCTOR TAKING INDUSTRIAL ACTION?
You should attend your workplace if you would have done so if the industrial action was not taking place, and at the times you would otherwise have normally been there. You will spend time undertaking some, but not all, of your usual duties. You would not undertake duties that could safely be postponed, such as non-urgent elective work. Nonetheless, if you are not scheduled to be on call then your acute inpatients will still need review and there may be a need for diagnosis or treatment that cannot be safely postponed to another day.

If you are scheduled to be on call or on an urgent care shift on that day then you should continue to provide the urgent or emergency care as normal.

Care that is not urgent or emergency care should be postponed in advance wherever possible; doctors and managers should plan ahead and take action to cancel elective clinics and theatre lists, for example, once the date of action is known.

You may have time during the day which is not being spent on urgent or emergency care and will need to take decisions on how best to spend that time. It should be remembered that these are not normal circumstances and the purpose of this industrial action is to have an impact. For that reason, we suggest you only carry out work that is urgent or emergency care, or support colleagues who are carrying out such work. You will be best placed to take decisions about what other work could be done which would still be compatible with the overall aim of having an impact on the service.
WHAT IS MY PROFESSIONAL RESPONSIBILITY AS A DOCTOR?
You must continue to make decisions about your actions as a doctor taking individual circumstances into account. Any decisions that you take should be informed by your lawful right to take industrial action, but also by your professional responsibility as a doctor, which is not suspended by industrial action. The GMC imposes an obligation on doctors to ensure suitable patient care when they are off duty.

You may be asked to decide on priorities on any day of action. Local decisions rely primarily on the judgement of senior doctors and on whole team participation, using discretion about what constitutes urgent or emergency care. If you are in doubt about what to do, take advice from a colleague or the responsible clinical manager. Consultants will normally take final decisions about whether a patient would or would not be considered to need urgent or emergency care. In uncertain cases, the presumption is that you would provide the care for which the patient presents.

Planning for the day of action should have begun and all doctors should be cooperating with such planning if asked to do so. Although you are not under an obligation to inform your employer if you are taking industrial action, the BMA recommends that you respond to any questions asked by your employer (doctors or managers) about whether you personally will be taking industrial action. Patient safety is paramount and planning for the day of action will help ensure this.

WHAT IS INCLUDED IN URGENT AND EMERGENCY CARE?
1. Doctors taking industrial action must attend their usual workplace, if normally scheduled to do so. This is necessary for legal reasons but this will also help to make sure that those doctors who are on call or working in the emergency department are not left carrying the whole burden of acute care.
2. Urgent and emergency care will encompass a greater range than purely emergency work, and might include any treatment which the responsible senior doctor believes cannot be safely postponed to another day. The key principle is patient safety. It will include a wider range of care than would normally be provided on a bank holiday, for example, and might include new cancer referrals and surgery, and any condition where deferral of treatment would result in significant functional deterioration. Clinicians should provide any treatment that the responsible senior doctor does not believe can be safely postponed to another day.

Acute inpatients should continue to receive acute care including regular review by a consultant, but you should not undertake any elective diagnosis, treatment or management.

See below for examples of care that would be provided or that could be postponed – but always act in accordance with your professional responsibilities.

<table>
<thead>
<tr>
<th>Example inclusions – care to be provided</th>
<th>Example exclusions – care to be postponed</th>
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<tbody>
<tr>
<td>• Emergency procedures, investigations and discharges for inpatients.</td>
<td>• Elective diagnostic and treatment procedures.</td>
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<tr>
<td>• Urgent surgery and other urgent treatments.</td>
<td>• Clinical coding.</td>
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<td>• Outpatients under close review for unstable condition (eg deteriorating Crohn’s).</td>
<td>• Non-urgent outpatient appointments.</td>
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<td>• Any patient whom doctors feel uncomfortable postponing, for clinical reasons.</td>
<td>• Audit.</td>
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<tr>
<td>• Documentation necessary for safe discharge and any urgent community care or follow-up.</td>
<td>• Discharge summaries that do not request urgent action from the GP.</td>
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<td>• Emergency department and labour ward/early pregnancy attendances.</td>
<td>• Supporting professional activities, additional responsibilities and external duties.</td>
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<td>• Management meetings (unless directly concerned with immediate patient care or planning for coping with industrial action).</td>
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See below for details relevant to specific activities.

DIRECT CLINICAL CARE
If asked, you should inform your clinical manager in advance of your participation in industrial action. This will allow cancellation of NHS commitments that cannot be delivered on a day of industrial action.

EMERGENCY ATTENDANCE
You should continue all such duties. During the period of action, if there is no emergency or urgent work to be done, you should make yourself available by phone or bleep if that is how you would normally be available for emergencies.

OUTPATIENT OR OTHER CLINIC
You should see patients who are urgent and work with employers locally on how to deal with clinics or appointments that can be postponed.

OPERATING OR PROCEDURE SESSION
You should decline this work, unless it is a list performed as part of on call or emergency care, or unless managing patients whose care would be seriously compromised if postponed.

WARD ROUND
Doctors should ensure that the professional requirements for regular review of acute inpatients are observed as appropriate. In particular, diagnosis or management of acute inpatients should continue as they would on a day of limited service, such as a bank holiday. However, the BMA advises that rather than leave your patients to the on call team, you should assist them in this if appropriate. (Some teams work a ‘consultant of the week’ system and it would not be appropriate to interfere with such arrangements.) The BMA recommends involving the whole
of your team, including doctors who might have otherwise been engaged with outpatient clinics, theatre lists or other elective work on the day in question. The involvement of the whole team should allow inpatient work to be completed more quickly and promotes solidarity with the on call team who are unable to participate in the industrial action, because they are on call.

Post-take ward rounds should continue as normal.

**MULTIDISCIPLINARY MEETINGS ABOUT DIRECT PATIENT CARE**

Unless there is anything which cannot safely be postponed and immediate patient harm may result from your absence, you should not attend.

**INVESTIGATIVE, DIAGNOSTIC OR LABORATORY WORK**

You should decline to do work that is not necessary for urgent or emergency care.

**ADMINISTRATIVE WORK**

You should continue to make proper clinical records on the patients you are managing, but decline most other administrative work as not being urgent. Discharge summaries requesting urgent action from a GP would be appropriate to continue.

**NON-CLINICAL ACTIVITIES**

Non-clinical activities do not usually constitute urgent or emergency care and so if you are taking part in industrial action you need not undertake them.

Some duties may, however, be necessary for the safe continuance of clinical services on the day of action. If so, you should engage and cooperate as necessary.

There will be activities taking place on the day which may have a serious impact on doctors or students if unfulfilled – for example participating in exams, interviews for specialty training recruitment, and so on. Where possible these ought to be postponed but this may not always be possible. You should use your own judgement about whether or not to participate in these activities, keeping in mind the intended goal of the industrial action being taken.

**DEFERRING WORK – YOUR RESPONSIBILITY**

As a consequence of industrial action, some work will be deferred. Your employer may be able to ask you to do extra work at a later date as a result. If such a request is made, it should be reasonable in terms of when the employer asks it to be done and the support made available by the employer. If you are in any doubt, you can obtain guidance from your industrial relations officer.

**INDIVIDUAL DECISION TO PARTICIPATE**

Doctors who are taking industrial action and those who are not should respect each other’s rights, and there should be no coercion or pressure on colleagues in either direction.

If you feel that while you are taking industrial action you are coming under pressure from anyone to participate in delivering care that is clearly not urgent or emergency care, you should contact your designated local representative, who will be best placed to intervene on the day. Collective action is best taken collectively, so enquire about which other doctors in your department are participating and group together on the day for mutual support. Guidance for LNCs has been issued separately and they will be a key source of support and advice for those participating in any action. The BMA is working with LNCs and managers to plan for industrial action and minimise impact on patients.

**UPDATED INFORMATION AND SUPPORT**

The BMA website is updated frequently with advice and information. This includes a set of FAQs, which are also regularly updated. The BMA twitter feed (@theBMA) also provides alerts to new information as it happens. The BMA’s Regional Services staff and local representatives are supporting members through the period of action.
THE SEVEN GUIDING PRINCIPLES FOR PLANNING INDUSTRIAL ACTION

1. The BMA has designed a form of industrial action which is intended to ensure patient safety but which will also be effective.

2. The BMA has determined that on days when industrial action is called members will only undertake work which is urgent and/or emergency care. They will not undertake any clinical care which can safely be postponed to another day.

3. If members normally work on the day or days when action is called they must report to their workplaces as usual and be available to perform urgent and/or emergency care. Members must remain at their workplaces during their normal working hours, unless they have agreed some other arrangement with their employer (such as being on call from home).

4. The BMA’s dispute is with the government rather than directly with NHS employers, but the intention of taking industrial action is to have an impact.

5. Doctors being at their workplace will help to assure patient safety by making certain that enough doctors are available for urgent and emergency care if needed. This will also promote solidarity by providing support for the doctors who cannot take action that day because they are on call or scheduled to undertake urgent or emergency duties, and will help allay public concern about the absence of doctors.

6. Any member who does not report to his/her workplace as usual will be acting outside the scope of the action called by the BMA and runs the risk of disciplinary action or even dismissal by their employer.

7. Although members not engaged in urgent or emergency care are free to pass the time as they please (as long as they remain at their workplace and available to undertake urgent and/or emergency care if required), the BMA strongly recommends doing something which is a positive use of time, supporting colleagues or engaging in any planned activities to raise awareness of the dispute.