

## Back to the future: reflections on being a junior doctor again

The junior doctors' strike has meant that consultants and other senior colleagues went back to the wards to support them and to treat patients. Anisur Rahman reflects on his first day back on the wards and considers the implications of the strike and why it must be resolved quickly and fairly.

For the first time in 23 years I went to work as a junior doctor. Like my consultant colleagues, I had volunteered to take over the junior doctors' duties during the strike.

I was paired with one of the other rheumatology professors – coincidentally we had been specialist registrars together a quarter of a century before. There was a great sense of camaraderie among the consultants working the wards. We had a WhatsApp group so that referrals and requests for consults were dealt with quickly and efficiently. Compared to many consultants, I don't think I did very much. I didn't do a night shift, or emergency care. I covered rheumatology, not the busiest of inpatient specialties. I did not have to do any procedures either and I only did one day, 9 am–5 pm. But, even so, I was glad to support the patients and my junior doctor colleagues in this way, and these are some things I learned:

1. The nurses were patient, helpful and brilliant. They really supported us through what would otherwise have been a much more difficult day.
2. My hospital has electronic records and everything is done on computers. I really wish I had learned to touch type
3. Ninety per cent of what I did was communication – with patients, other doctors and nurses – and communication is so much easier when everyone is polite and helpful. Which was the case, all day. I would like to believe that it is always like this, but maybe it was so good because this was a group of consultants talking to each other. Perhaps this is a lesson that we can take forward. If we make referrals ourselves rather than delegating to juniors, things might sometimes work better. Perhaps I can use this reflection in thinking about how I respond to junior doctors from other teams who call me for advice in future.
4. I was taking the calls from switchboard that usually go to the specialist registrars. Some callers seemed almost embarrassed – 'I'm really sorry to bother you with this...'. But it was not hard to say, 'no problem, how can I help?' Politeness costs nothing.
5. I started at 9 am and by almost 2 pm was wondering where all the time had gone. As junior doctors will tell you, administrative tasks can take a very long time – discharge planning and documentation in particular. Although, I may have got a little carried away – one of my compositions was less a discharge summary, more a short novel.
6. The patients that I saw were aware of the strike and supportive of it. This may have been because they have seen at first hand how hard junior doctors work, and I guess they were benefiting from quick decisions being made by senior doctors.
7. I believe that my colleagues and I, like consultants all over the country, did an effective job in keeping the service going through the strike.
8. However, this is not sustainable. We cannot keep removing large numbers of consultants from their usual duties because no-one can be in two places at once. Every time this happens, other things that those consultants should have been doing will necessarily not be done – for example clinics and theatre lists will have been cancelled – which will affect waiting times that are already too long. There has to be a political solution and the government will have to negotiate with the junior doctors and address their concerns. I was a junior doctor myself from 1988 to 2000 and since becoming a consultant, I have taught thousands of medical students and worked with hundred of junior doctors. My

Anisur Rahman<sup>1</sup>

Author details can be found at the end of this article

Correspondence to:

Anisur Rahman;  
anisur.rahman@ucl.ac.uk

How to cite this article:

Rahman A. Back to the future: reflections on being a junior doctor again. *Br J Hosp Med.* 2023. <https://doi.org/10.12968/hmed.2023.0098>

experience is that junior doctors have never been as demoralised or felt as undervalued as they do now – and that saddens me.

9. It is worth remembering that the junior doctors who are on strike are largely the same people who saw the NHS through the coronavirus pandemic. What they did then was rightly lauded as being inspirational, so it does not seem unreasonable to me that they feel that they deserve to be treated better now.

If we can't keep doing this, then how does this industrial action end? I don't pretend to know, and the junior doctors on the picket line to whom I spoke didn't know either. Some people have questioned why this strike appears to be about pay. Would higher salaries make things better? It seems hard for the public to accept doctors as a group who are underpaid, despite evidence of the real-terms pay cuts that they have endured.

I have no role in politics or the strike. The little that I did was to support it by turning up to work as a junior doctor, and my views are only my own. But I reflect that in recent years I have been seeing newly qualified doctors with huge accumulated debt from tuition fees and a salary that doesn't enable them to pay this debt off. I consider whether a talented 16-year-old from a poor family would even consider going into medicine under those circumstances and whether we, as a nation, can afford to cut medicine off from that supply of talented individuals.

I know that working as a junior doctor was always challenging, and I faced those challenges myself, but my salary was enough to cover housing, childcare and other necessities of life. And I had no student debt. For these reasons, I understand why junior doctors are doing what they are doing. I genuinely believe that, as for nurses, if this issue of being undervalued is not addressed then young doctors will continue voting with their feet. They will leave medicine or leave the NHS and that will not help anyone. Rota gaps will proliferate and life for the doctors who remain will become even harder.

So, I hope and pray for a fair and rapid solution. We all need these junior doctors.

### Author details

<sup>1</sup>Department of Rheumatology, University College London, London, UK