



Revue Française de Civilisation Britannique

French Journal of British Studies

XXIV-3 | 2019

The NHS at Seventy: Framing Health Policy in Britain

Interview with an NHS speciality registrar

Louise Dalingwater



Electronic version

URL: <http://journals.openedition.org/rfcb/4160>

DOI: 10.4000/rfcb.4160

ISSN: 2429-4373

Publisher

CRECIB - Centre de recherche et d'études en civilisation britannique

Electronic reference

Louise Dalingwater, « Interview with an NHS speciality registrar », *Revue Française de Civilisation Britannique* [Online], XXIV-3 | 2019, Online since 29 August 2019, connection on 04 September 2019.

URL : <http://journals.openedition.org/rfcb/4160> ; DOI : 10.4000/rfcb.4160

This text was automatically generated on 4 September 2019.



Revue française de civilisation britannique est mis à disposition selon les termes de la licence Creative Commons Attribution - Pas d'Utilisation Commerciale - Pas de Modification 4.0 International.

Interview with an NHS speciality registrar

Louise Dalingwater

LD: How many years have you been working for the NHS and why did you choose this profession?

- 1 A: Nine years. I chose this profession because I enjoyed studying and learning about biological science, as well as the human interaction and contact that being a doctor gives you.

LD: How do you find the working conditions/generally working life?

- 2 A: Much better now that I am a registrar.¹ There was a lot of administrative and amanuensis work² when I was an SHO (Senior House Officer, that is, the grade below registrar). My working hours are generally as they are set out in the rota, apart from an hour or two here or there. I certainly don't have much to complain about compared to some colleagues in other specialties or locations, or indeed professions.

LD: Do you engage in private services/or are you encouraged to engage in private health care service alongside the public provision and what are your views on this?

- 3 A: I am unable to work in the private sector as I am not a consultant. I think that private work helps relieve some of the waiting list pressures. For example, the waiting time for seeing a consultant for one of my patients was 18 months.

LD: You mention that waiting lists are a major issue and that privatisation might solve that. Could you perhaps elaborate on the waiting list issue and other issues that you think are actually preventing you from doing your job: that is providing quality health care, free at the point of use on an equitable basis?

- 4 A: Waiting lists are a major issue. I know that it affects various specialties, especially surgery where the solution has been to stop doing certain operations, though to be fair this may be the ones that are not very evidence-based or at least do not have strong evidence bases. As I mentioned below there was 18 months waiting lists in one of the DGHs (district general hospital) I was working in. There is a specialist clinic in London that has a two-year waiting list. People who, say, have their own business, cannot wait that long for operations, effective treatment of their conditions etc. so for them going private keeps their business afloat. However, this is not within the ethos of the NHS so purely NHS doctors would not acknowledge this as a good reason. Some specialties don't really have a private option, like emergency medicine, for example.
- 5 I think there is this massive fear that the NHS will get privatised and end up like the US system in its most extreme form prior to the affordable care act changes (not enough money, and no treatment for non-acute conditions). However, it is already partially privatised anyway but not in that sense and it would be realistic to admit that to survive in an increasingly ageing population, with more and more people surviving with ever increasing chronic conditions the NHS simply cannot cope without massive cash injections. So it may have to adapt more along the continental system with people contributing if they can afford it and obviously someone who is unemployed with no money would not have to pay anything. It would be career suicide to state this (hence the anonymity!) but I don't see how the NHS can cope without lots more investment. But of course, if there is a shift in budgeting, then fine let's keep the NHS going as it is. But without a massive swing in budget, it will not be able to deliver effective care, and there will be lawsuits galore, people switching professions, loss of confidence and general decline. I know that historically this has never come close to happening.

LD: Apart from these pressures, how do you view the changing environment within the NHS? Have you noticed changes since you started working for the NHS?

- 6 A: I have noticed that we as doctors spend more and more time doing administrative work, which was not the case several years ago. I think doctors have become more fearful of patients complaining or suing them and think very much in medico-legal terms of what they are doing, but in a defensive manner.

LD: How do you see yourself evolving within this organisation?

- 7 A: I see myself becoming a consultant, most probably away from the main teaching hospitals, primarily doing general clinical work.

LD: Do you have anything else that you feel might be relevant to our special issue on the 70 years of the NHS?

- 8 A: I think it is the main thing that holds the country together, and if it was to go (which is highly unlikely, but then so was Brexit a couple of years ago), there would be a palpable social fragmentation.
-

NOTES

1. In the UK, medical graduates begin their career as “junior doctors” and carry out a two-year work training programme. A speciality registrar (StR) has completed his or her two-year training but must still complete some training in his or her specialty to become a consultant.
 2. Documenting the medical notes for another doctor.
-

AUTHOR

LOUISE DALINGWATER

Professeur, Sorbonne Université