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*The Junior Doctors' Dispute 1975*

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THE HISTORICAL SETTING

Britain's sterling was the world's reserve currency until after the Second World War. In 1967 the unthinkable happened... the Labour government devalued sterling by 14%. Ted Heath's Conservative government was in power from 1970 to 1974 but industrial action by the coal miners brought the country to a standstill and a three-day week was instigated to conserve electricity and, for the same reason, television companies were required to cease broadcasting at 10.30pm<sup>1</sup>. Hospitals continued to work normally throughout the three-day week thus providing no relief for the overworked junior doctors, many of whom were expected to put in more than one hundred hours a week.

In 1974 there were two general elections in the United Kingdom. In February no party won an overall majority but in October the Labour party, led by Harold Wilson, won by three seats. In London the IRA were busy bombing innocent victims.

THE NATIONAL HEALTH SERVICE

Throughout 1974 and 1975 storm clouds were gathering for the NHS. The angry red queen, Barbara Castle, was firmly in charge of the Department of Health and Social Security (DHSS). As it says in the authorized biography of her life Barbara Castle's

‘..final act on the Westminster stage was her boldest, her most political and her least successful.’<sup>2</sup>

She set out to improve on Bevan’s NHS by taking on the doctors in two major disputes. The one that she set most store by was the Paybed Dispute but simultaneously she found herself and the country embroiled in a dispute with the junior doctors.



Figure 1 the angry red Queen: Barbara Castle  
(The image was provided by the copyright holder for use in the Cotton Town digitisation project)

### CASTLE’S OPPONENTS

Her major opponents were Mr. (later Sir) Anthony Grabham chairman of the consultants’ committee of the British Medical Association (BMA) and Elinor Kapp of the Junior Hospital Doctors’ Association (JHDA). About Grabham, Barbara Castle wrote in her diary that there was ‘no doubting Grabham’s mood of barely restrained viciousness’ and ‘with Grabham they had a fanatic in charge.’<sup>3</sup> Writing about the softly spoken and very reasonable Dr. Kapp of the JHDA, Castle called her ‘their militant chairman.’<sup>3</sup>

## CASTLE'S ALLIES

Castle's allies included:

- The Unions
- The Labour party, especially David Owen and Jack Straw
- The battling Granny
- Some members of the Junior Committee of the BMA

The Unions were very left wing. The most powerful union leader in the 1970s was Jack Jones, General Secretary of the TGWU. After Jones died in 2009, Christopher Andrew's official history of MI5 confirmed that Jones was knowingly a KGB agent. <sup>4</sup>

David Owen (now the Right Honourable the Lord Owen) was Minister of State for Health from July 1974.

Jack Straw, a Labour councillor for Islington in 1975, had previously been an extremely left wing NUS president (69-71) and before that had been branded a "troublemaker acting with malice aforethought" by the Foreign Office having disrupted a student trip to Chile. <sup>5</sup>

The battling Granny was the name given by the press to Medical Secretary Mrs Esther Brookstone, local steward of the National Union of Public Employees (NUPE) at the new Charing Cross hospital. As an old communist who had worked for Harry Pollit, the Communist Party of Great Britain (CPGB) General Secretary, she brought the hospital to a standstill against private beds on the 15th floor. Harry Pollit always supported Stalin. Pre-war Castle had entertained Pollit. Also we must consider Michael Foot, Secretary of State for Employment in 1975 and later leader of the Labour Party. Foot received money regularly from the KGB 'for the Tribune' and was considered by the KGB to be an agent or confidential contact. <sup>6</sup>

In 1974 the junior doctors had pressed for a forty hour contract

with overtime in line with normal practice for other employees. This led to the Junior Doctors' Dispute.

The junior doctors wanted a new contract because working night and day as a junior doctor was becoming almost unbearable for many of them. This had not previously been the case. My father-in-law remembered his time as a houseman with a nostalgic fondness. He had worked unpaid and lived-in but there were no cardiac arrest bleeps, few drips, little work at night and a good mess atmosphere. In comparison I worked 120 hours a week, covered casualty at night, never had an undisturbed night in the first six months I was working and considered myself lucky to get an hour of continuous sleep. And to cap it all the administration were trying to close the Doctors' Mess.

Junior doctors were entitled to claim at "time plus a quarter" after eighty hours. But many consultants would not sign the Extra Duty Award (EDA) forms. So Juniors wanted a contract that did not require payment to be claimed in that way. Barbara Castle agreed to a forty hours contract so in early 1975 the BMA signed for the contract unpriced. On January 8th 1975 Barbara Castle met the Junior Doctors from the BMA. She wrote in her diary... "The junior hospital doctors turn out to be nice, young, reasonable chaps" and "they would go to the Review Body arguing for a hefty overtime rate, while we would go and argue for a modest one."<sup>3</sup> But secretly she had decided to take unfair advantage of the junior doctors' good nature. She was heard in the corridors of power saying "I will take the Junior Hospital Doctors to the cleaners." (Conversation relayed to the author in early 1975 by a civil servant<sup>7</sup>).

Meanwhile Barbara Castle was very ambitious and was particularly keen to stay on the National Executive of the Labour party and to be the darling of the Labour movement. To do this Castle needed to keep the unions and the TUC on her side. This,

she believed, would prove to the party faithful how true she was to left wing ideals. COHSE and NUPE, the public service unions, wanted to get rid of the paybeds. Thus for doctrinaire reasons Castle had become determined to rid the NHS of paybeds, come what may <sup>2,3</sup>.

Castle's official were appalled at the idea because of the cost implications. They would lose somewhere between 25 and 50 million pounds on a budget of £3.3billion ... at a time when inflation had hit 26.9%!

COHSE and NUPE agreed to stick to the Government's pay policy if the Pay Beds bill was introduced. BUT ... the TUC would not agree that more money could be spent on the junior hospital doctors' contract.

That sets the scene. Having heard the Castle quote about junior doctors from a civil servant I realised that the new contract would prove to be a problem.

## THE PRICING

Indeed, when the junior's contract was priced it was dire:

- 40 hours for basic salary
- 4 hours free (thus automatically turning it into a 44 hour contract)
- From 44 hours most juniors would be on 10% of the basic salary hourly rate
- A few would be on 30% of the basic salary hourly rate
- One third of doctors would lose money and the effect would be the opposite to that intended by the medical negotiators...it would be cheaper to employ fewer doctors for longer hours since working the juniors even harder carried no financial penalty.



Figure 2 The author's Sinclair Calculator

I immediately joined the BMA and the JHDA, became a BMA local representative and treasurer of the JHDA.

I then sat with my Sinclair calculator and worked through all the figures becoming convinced that the intention was to actually save money from the doctors' pay budget.

This I announced to the press but it was roundly refuted by the BMA as well as by the Labour Government. The DHSS surprisingly offered an audit of doctors' pay but this was rejected by the BMA.

I was taken down to the Houses of Parliament to lobby my MP. Instead I saw David Owen and impressed on him that the Junior Doctors were being treated unfairly and it would lead to a long period of industrial action.

According to the Castle Diaries the BMA met Barbara Castle on 20th Oct 1975.<sup>3</sup>

The representatives of the Junior Doctors were Mander, Ford and

Bell.

Mander told Castle that the detriment situation was unacceptable. Junior Doctors around the country would not tolerate having their pay cut. Ford, according to the diaries, was 'clearly desperately anxious for a settlement'<sup>3</sup>, Grabham was 'obviously annoyed at the rapport which was building between (Barbara Castle) and the juniors.'<sup>3</sup>

Castle wrote about the meeting 'Not too bad at all. Ford and Bell are clearly doing their best for us, though we learned (later) that Mander ...resigned'<sup>3</sup>

Elinor Kapp of the JHDA accepted the offer of an audit but the DHSS then refused to do it and put a D notice on doctors' pay stating that it was against national security for the press to write about it!

At this point doctors voted through the JHDA for industrial action. This would consist of forty hours work to rule or even complete walk out depending on the hospital involved. Barbara Castle and the BMA both flatly refused to meet Elinor Kapp and the JHDA.

'Elinor Kapp and her militant men of the JHDA have continued to let off fireworks at the fringe of all this, furious because the BMA won't agree to include them in negotiations'<sup>3</sup>.

At this point I was invited to talk to the London School of Economics Current Affairs meeting.

## THE LONDON SCHOOL OF ECONOMICS

Doctors were perceived by the left wing as being resolutely conservative. The LSE was not going to be an easy place to put our case.

I prepared a poster. On one side it stated:

*Not a penny less, Not an hour more  
1926, Miners' strike and General Strike*

On the other side the message was very similar:

*Not a penny less. Not an hour more  
Junior Doctors' Dispute 1975*

The attendees at the LSE Current Affairs meeting found it hard to understand that I was referring to 10% or 30% of time rate not time rate plus 10%. After overcoming that difficulty three post grad students were assigned to help me. The role of the JHDA and the ongoing dispute became the subject matter of their theses.

- Bernard Casey
- Alan Cave
- Peter Martin

Many meetings were held at the LSE resulting in political and media pressure on the government.

Now the Consultants started a work to rule over the Paybeds dispute joining the Juniors who were still working to rule over their contract dispute.

The JHDA were finally allowed to meet officials of the DHSS and the Department agreed to hold the audit.

The audit agreed that the figure had been wrong leading to some mirth in political circles. Barbara Castle was now under considerable strain and was becoming the butt of jokes in the media.



**Castle to Wilson: ‘Oh silly me! I got my sums wrong about the doctors’ pay! I shall tell them that I can’t count’**

**Wilson (aside): ‘I’ve already told them she doesn’t count’**

*Sun Cartoon December 1975*

But the extra money was not sufficient to get rid of the detriment problem. At this point the LSE suggested that the number of hours worked by doctors might be presented as fewer than originally calculated thus allowing more pay per hour. The sum of money would thus be divided by a smaller figure as in the simple equation below.

$$\text{Pay per hour} = \frac{\text{Sum of money}}{\text{Number of hours}}$$

When the contract was re-priced the 4 hour free period was removed, the 10% level was removed and 30% was agreed for all overtime.

The result was that the doctors’ overtime did not cost the £10m secretly planned, nor the £12m the DHSS had stated publicly, or even the £14.2m from the audit or £18m, I believed had previously been spent. The sum spent was £30.5million in the first year alone. This increase from the planned £10m to £30.5m would be equivalent to at least £200 to £300 million in today’s money.

## CONCLUSION

The doctors' disputes broke the career of Barbara Castle and Margaret Thatcher became the first female prime minister, not the angry red queen. Industrial action served to show the serious intent of the doctors and the fact that we still looked after emergencies kept the public on our side. The media were important in creating pressure on the Government and the LSE were very helpful behind the scenes.

It is doubtful that industrial action alone would have persuaded the DHSS to pay doctors more since the NHS did not run like any normal business. Cancelling work just saved money in the NHS of 1975. Careful analysis of the figures was very important. The junior doctors are again in dispute with the Government, this time a Conservative one. Once again the Government want poorly paid doctors to work longer and more antisocial hours for no more pay and in some cases for less. It is a mistake on the part of the Conservatives to enter into such a fight with a group of people who are so admired by the public.

The junior doctors would be sensible to find out whether or not working to rule or striking costs the hospitals money. The system is now run differently and the withdrawal of some elective work may create greater pressure on the management than other work. Alternatively if it is not costing the NHS money when the doctors' withdraw their labour it might actually be better to insist on doing the work and doing so to the best of their ability in line with all of the GMC guidelines. This "working perfectly" could be much more expensive to the NHS and thus put more pressure on Government. The junior doctors may require assistance in working out the best way of doing this and also how to present themselves to the public. Perhaps the LSE will help again?

In the meantime the Government should consider that the real problem with the NHS right now is not the lack of 24 hour cover, the doctors already provide that. The pressing conundrum is how to renegotiate the Private Finance Initiative (PFI) contracts that are bleeding the hospitals dry. These are the fault of Blair and Brown but Cameron has to deal with them. They were never in the best interests of the NHS or the people of the UK and unless the contracts are altered many of the hospitals will soon move completely into the ownership of the PFI private business partners. That would, indeed, spell the end of the NHS.

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