Junior doctors contract update
Where are we now?

On Saturday 26 September, the BMA junior doctors committee agreed to ballot for industrial action. In order to re-enter negotiations we demand that the Government and NHS Employers withdraw the threat to impose a new contract, and provide the following concrete assurances:

– Proper recognition of unsocial hours as premium time
– No disadvantage for those working unsocial hours compared to current system
– No disadvantage for those working less than full time and taking parental leave compared to the current system
– Pay for all work done
– Proper hours safeguards protecting patients and their doctors
Under new proposals for junior doctors, 9pm on Saturday is worth the same as 9am on Tuesday.

**Proposed standard hours**
- **60 HOURS**
  - Current standard hours: 7am - 7pm Monday - Friday
- **90 HOURS**
  - Proposed standard hours: 7am - 10pm Monday - Saturday

**Increase in standard hours**: +30

**Reduction in hours eligible for a premium pay rate**: -27%

Get involved. Tell us your story.
#juniorscontract communities.bma.org.uk
ARE LONG UNSAFE HOURS COMING BACK FOR JUNIORS?

Pre 2000 junior doctors routinely worked...

UNSAFE HOURS

- Banding recognised long, anti-social hours
- A robust system of monitoring
- Financial incentive on trusts to make hours safer and more humane

THE DDRB RECOMMENDATIONS WILL REMOVE THESE SAFEGUARDS

Get involved. Tell us your story.
#juniorscontract communities.bma.org.uk
54% of doctors to be penalised when taking time out of training

THE DDRB SAYS YOUR PAY SHOULD NO LONGER KEEP UP WITH COLLEAGUES

THE BMA SAYS
- No penalty for study that saves lives
- No penalty on having babies
- No penalty on transferring experience

ATTACKING PAY PROGRESSION IS DESTROYING DIVERSITY

Get involved. Tell us your story.

#juniorscontract communities.bma.org.uk
In order to return to negotiations the BMA would have needed to accept all of the DDRB recommendations. Therefore on 13 August, the JDC stated that we were not prepared to re-enter negotiations. Since then we have received overwhelming support and confidence from junior doctors (both members and non-members).

The government pressed ahead with its plans to impose a new contract in August 2016, and the BMA junior doctors committee met and discussed its options at length.
The overarching priority:

To have a contract which ensures junior doctors work safely and are fairly remunerated for the work they do.

Taking all the views, options and the strength of feeling into account, the JDC decided that the only possible way forward is to ballot for industrial action.

The JDC did not take this decision lightly and are aware of the implications, but the imperative remains that the contract needs to be safe for doctors and safe for patients.

Since announcing this, we have received hundreds of messages of support from members (both junior and other doctors), our membership numbers have increased significantly, and many junior doctors attended a rally at the cancelled NHS Employers regional meeting on contracts in London.
JDC considered some alternatives but reluctantly agreed that there were no viable options available at this time.

If the government plan to impose a contract that is not safe and not fair, and will only negotiate if we agree to the DDRB recommendations, then the JDC has no choice but to robustly resist imposition.

Industrial action can be seen as a drastic measure but we hope that this shows the government that the JDC are serious. This is not an empty threat... if the government do not provide the concrete assurances we need, we will move to a ballot.
Since announcing our decision to ballot members for industrial action, the Secretary of State met with the JDC Chair to discuss how to ‘make progress’ on a new contract, while NHS Employers cancelled their planned events.

We were unable to make progress as he could not provide the assurances we need.

Reminder of the assurances: **must withdraw the threat to impose a new contract**

- Proper recognition of antisocial hours as premium time
- No disadvantage for those working antisocial hours compared to current system
- No disadvantage for those working less than full time and taking parental leave compared to the current system.
- Pay for all work done
- Proper hours safeguards protecting patients and their doctors
What’s next?

In the meantime:

– we are working up our plans for balloting members
– we are attending the rallies that have been arranged in lieu of the NHS Employers events
– we are talking to the media and explaining our decision
– we are gaining support from more doctors and from the public
– we are talking to the Royal Colleges and other organisations who have expressed support
– we are preparing resources for junior doctors
The Right Honorable Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London, SW1A 2NS

18th September 2015

Dear Mr Hunt

We write as presidents of our respective medical royal colleges to express our very great concern regarding the proposals for the new employment contracts of doctors in training.

The proposals represent a real and immediate threat to the current stated priorities of the NHS, namely recruitment and retention of front line staff and the provision of services across seven days.

The consequences of the recent announcements have wide ranging implications on the future of medicine and patient care as a whole. If we are to strive to deliver innovative models of care, expand the delivery of care across seven days, increase NHS efficiency and continue to lead the world in innovation and research, we must support and value the people who are going to deliver this.

As currently proposed the new contracts would regard most evening and weekend work as normal time. This would act as a disincentive to recruitment in posts that involve substantial evening and weekend shifts, as well as diminishing the morale of those doctors already working in challenging conditions.

Amongst other consequences which are surely unintended, the proposed new contract would introduce financial disincentives for doctors who seek to gain additional experience prior to entering training in diagnostic specialties. Individuals may further encounter barriers to undertaking research thereby depriving patients of the advantages inherent in such experience. This is in direct contradiction to the spirit of the Shape of Training review which seeks to introduce greater flexibility in medical training.

The ability of the NHS to recruit and especially to retain medical staff in front line services is already well documented. The proposed contract will further
exacerbate this retention and recruitment challenge. We must find ways to attract doctors to these areas of care, not drive them away.

We would urge the government to create the conditions where both NHS Employers and the BMA can reopen dialogue and constructively work towards a contract that supports staff to deliver the best care for patients.

Whilst we recognise the current financial envelope, we would expect both parties to bring forward proposals which equitably address the needs of patients and support recruitment and retention to all medical careers.

Failure to do so will regrettably demoralise our current workforce and leave providers ever more reliant on locum and agency staff.

Yours sincerely

Dr Clifford Mann
President of the Royal College of Emergency Medicine

Signed on behalf of:

Dr Anna Batchelor, President of the Faculty of Intensive Care Medicine
Dr Liam Brennan, President of the Royal College of Anaesthetists
Prof Jane Dacre President of the Royal College of Physicians
Dr Suzy Lishman, President of the Royal College of Pathologists
Prof Carrie MacEwen, President of the Royal College of Ophthalmologists
Dr Clifford Mann, President of the Royal College of Emergency Medicine
Dr Giles Maskell, President of the Royal College of Radiologists
Prof Neena Modi, President of the Royal College of Paediatrics and Child Health
Mr David Richmond, President of the Royal College of Obstetrics and Gynaecology
Sir Simon Wessely, President of the Royal College of Psychiatrists
Some questions we can answer now

(we will continue to provide more answers when we have them)

– When will the ballot take place?

Ballots will be sent out in the coming weeks, and you will be kept informed about exactly when this is happening and the deadline for returning them. In the meantime, we need you to make sure your information on our database is up to date, showing your current employer, and your current postal address.

– How will the ballot take place?

The law requires that we use a postal ballot. However, we will make sure to notify members by email to expect their ballots through the post, and we will remind by email about the deadline for returning them.

– Who will be balloted?

The ballot will involve junior doctors in England, and any industrial action taken would involve this same group. Details about how action would apply in different specialties will be announced in due course. We will keep you updated on this.

– What form will IA take?

There is limited information we can share due to the legalities involved, but we will keep members updated about these decisions when we are able.
How can you keep updated/get involved?

- Follow the updates: bma.org.uk/working-for-change/in-depth-junior-and-consultant-contract
- Make sure your information on our database is up to date
- Follow and re-tweet us: @theBMA
- Send us your thoughts, opinions and ideas: jdcchair@bma.org.uk
- Follow/like us on Facebook
- Keep an eye out for more on what we are doing, in regular emails from the JDC Chair
- Attend regional meetings
- Encourage more junior doctors to join the BMA