Why contract negotiations for junior doctors in the UK have stalled

October 2014

About the BMA
The British Medical Association (BMA) is an apolitical professional association and independent trade union, representing doctors and medical students from all branches of medicine across the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000 which continues to grow every year.

Background
Negotiations for a new contract for junior doctors started between the BMA and NHS Employers, acting on behalf of the Government, in June 2013. The negotiation directly affects all doctors and dentists in approved postgraduate training programmes in the UK.

In entering these negotiations and throughout the talks, the BMA’s aim was to reach agreement on a contract that would:

- improve patient safety
- improve the quality of patient care
- protect junior doctors from burnout by introducing safer working hours
- provide better training for junior doctors.

The Government stated that as part of the negotiation there was to be no increase in the total pay for junior doctors and subsequently there was to be a move away from the current system of pay progression.

However, talks stalled because the Government thought it was more important to push through short-sighted cost cutting measures which remove key safeguards on safe working hours at the expense of patient safety and sustainable working patterns for doctors.

Safer working hours
In 2014, no junior doctor should be working shift patterns which leave them feeling exhausted compromising patient safety. To tackle this, we wanted to ensure that there were robust and meaningful limits to the number of consecutive night shifts a junior doctor can work, as well as the total number of hours undertaken per seven day period. We felt these to be reasonable objectives.

The current contract was agreed in 2000. Since then, the Working Time Regulations have come into force, putting a 48-hour limit on the average number of hours that can be worked per week. These average working hours are calculated over a “reference period”, which for most workers in the UK is 17 weeks. However, for doctors in training the “reference period” lasts 26 weeks, meaning that many junior doctors still regularly find themselves working long shifts right after night and working some weeks where the number of hours worked can be up to 90.

Through the negotiation, the Government sought to abandon key safeguards from the current banting system which was designed to prevent doctors working excessive hours regardless of the consequences.

Training for junior doctors
One of our aims was to ensure that time for training and development for junior doctors was protected and enhanced, ensuring that junior doctors get the training that they need. This is vitally important to ensure that the next generation of doctors is highly skilled and equipped to deal with the rising pressure on the NHS. High quality training will deliver a better and safer NHS in the long run but is too often sacrificed to meet short-term demand.

We made some progress on a system called ‘work scheduling’ which would provide junior doctors with details of their training opportunities allowing them to hold employers to account. We are disappointed that the employers were not willing to incorporate a robust review mechanism to this process which, if implemented, would have made the system fairer and more transparent for all.

Adequate work life balance
The BMA wanted the new contract to address important quality of life issues. We wanted minimum contractual standards covering the provision of advance rota information but the Government refused to put this into the contract.

Junior doctors also asked for modest guarantees so they would have enough notice about where their next placement will be, allowing them the time needed to plan their personal and family life. With rotations for junior doctors changing up to every three months this is of vital importance to juniors.

Some junior doctors are also contracted to take fixed periods of annual leave which means employers decide when a doctor is allowed to take time off. We sought an end to this practice as it is restrictive, unfair and seriously impinges on junior doctors’ lives outside the hospital.

A better pay model
The current model of pay involves a banding supplement, which recognises the effect of intense, long and anti-social working hours, calculated as a percentage of basic salary. The failure by employers to provide information about banding payments prior to commencement in post can make it difficult for junior doctors to calculate exactly how much they should be getting paid.

To support negotiation on pay distribution, data on hours being worked by doctors in training was collected. The process took longer than expected and as a result, the BMA was unable to make considered decisions about how current monies should be redistributed. We have made it clear to the Government that we cannot commit to changes without understanding what the impact would be. The Government were pushing to increase the number of unsocial hours worked without proper consideration of safe and sustainable working patterns. The Government’s proposals risked disincentivising specialties with intensive out of hours commitments, such as emergency medicine, further exacerbating existing recruitment difficulties.

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Our priorities for a new contract were simple; safe working hours, protected training time, fair and transparent pay and rotas which respect the right to a life outside work. Instead of working with us to achieve this, the Government’s obsession with saving money at the expense of patient care and their failure to provide guarantees on safe working patterns have resulted in a missed opportunity to agree a contract which protects patient safety and a generation of young doctors from burnout.

We remain prepared to continue negotiations, because we believe it is possible to reach agreement if sufficient data is made available, but cannot proceed in attempts to agree a contract which risks removing key safeguards on hours at the expense of patient safety and sustainable working patterns for doctors.

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