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Rt Hon Jeremy Hunt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

12 October 2015

Dear Secretary of State

Thank you for your letter of 8 October.

The view of the BMA's junior doctors committee (JDC) remains that the best outcome for junior doctors is a contract agreed through genuine and meaningful negotiations. This is why we entered negotiations with NHS Employers in early 2013. We recognised that there was a need for a new contract and understood that both parties would need to come to an agreement on the terms for this. We entered negotiations in good faith, and over a year of talks, showed flexibility and a willingness to give serious consideration to alternative pay models.

Unfortunately, we were left with no choice but to withdraw from these negotiations when it became clear that NHS Employers stood in the way of delivering meaningful reforms to the NHS to ensure a safe service for patients and their doctors. NHS Employers consistently ignored our grave concerns about the need for truly effective safeguards on working hours to ensure patient safety and sustainable working patterns for doctors. When you then referred the matter to the Doctors & Dentists Review Body (DDRB), we continued to cooperate fully and submitted detailed evidence outlining our proposals for safe and sustainable solutions to the problems we raised during negotiations.

We were, therefore, disappointed with the DDRB's report, published in July 2015, which adopted almost wholesale the recommendations made by NHS Employers, without addressing our concerns. Despite this, we were keen to explore the possibility of re-

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entering negotiations to work together towards a new contract. However, with the threat of a contract imposition if we did not agree to negotiations based on the DDRB recommendations, JDC agreed that we could not re-enter talks on this restrictive basis.

We have been completely explicit about the key concrete assurances we would need in order to re-enter negotiations. You state in your letter that you have given a 'set of unequivocal assurances'. However, while you allude to a number of key issues, we feel that there is still a lack of clarity in several areas and that at present, we do not yet have the concrete assurances we asked for.

Our first concrete assurance centres on the withdrawal of the threat to impose a new contract. Your letter makes no mention of this, so we continue to seek urgent clarification from you as to whether the Government still intends to persist with its timetable for the imposition of a new contract.

We fully understand that there are always likely to be conflicting positions during negotiations, however we do need your explicit reassurance that our proposals stand a realistic chance of being accepted and included in any future contract. Throughout our talks, we have been clear what we would like to see achieved:

- **Pay for all work done.** We welcome the commitment in your letter that where junior doctors have to undertake clinical work for the needs of the service, they will be compensated appropriately for this.
- **Proper hours safeguards protecting patients and their doctors.** We welcome the fact that you have given your 'absolute guarantee' that doctors will not be forced to work unsafe hours. We would assume that the teeth in the safeguards will be contractual.
- **Proper recognition of unsocial hours as premium time.** The DDRB recommended an increase in the number of plain time hours – currently 7am-7pm Monday to Friday. Your assurance in this regard is that nights and Sundays will continue to attract unsocial hours payments – which represents no improvement on the recommendation made by the DDRB. It remains our position that work on Saturdays and late evenings cannot be considered as exactly the same as daytime on a weekday.
- **No disadvantage for those working unsocial hours compared to the current system.** You mention that you intend to use 'flexible pay premia' to support recruitment into shortage specialties, but our concern is that those specialties which require a higher level of intensity during unsocial hours will, in fact, see a reduction in remuneration as a result of these proposals. Yet, these are the very specialties which are essential for the delivery of a safe, seven day NHS.

You state that the average pay for juniors will not reduce, and the great majority of junior doctors will be at least 'as well paid' as they are now – which, by definition, means that some junior doctors will receive a pay cut. You have told the press that you 'don't want to see any junior doctor have their pay cut'. Can we clarify that this represents your guarantee that this will not happen?

- **No disadvantage for those working less than full time and taking parental leave.**
The proposals to change the way junior doctors are paid through the course of their training would see trainees, who currently go through up to 11 levels of training, put into just six pay grades. This means that the critical experience which junior doctors gain through training would not be recognised. This will discourage those already in training from undertaking research or retraining in a more suitable specialty, which we believe will be to the long-term detriment of the NHS.

Doctors who wish to have families and/or have caring responsibilities may be discouraged from entering medical training because of the financial worries of taking time out for maternity leave or to work part time. Whilst we welcome your willingness, and accept your offer, to look at supporting work life balance, we believe that this can only be achieved through contractual protections and, again, we seek your clear assurance to this commitment.

Your speech of 16 July has had a damaging effect on relations between the Government and the medical profession. It also seems directly at odds with your more recent comments recognising junior doctors as dedicated professionals who are the backbone of the NHS providing the best quality care for their patients.

I have spoken to many junior doctors across the country, who are telling me that they are becoming increasingly disillusioned and I believe this may have an impact on the career choices they are making in the UK and globally. Our concern is that this puts in jeopardy your manifesto commitment to deliver a seven day NHS.

Our aim has always been to achieve a contract that is safe for patients, junior doctors and the NHS. If you will offer us clear assurances on our reasonable needs for a safe contract, we would be in a position to enter negotiations on the number of other areas that would achieve our combined stated aim. Our priority as doctors is how we can deliver the best NHS for future generations.

I look forward to hearing from you.



Dr Johann Malawana
BMA junior doctors committee chair