

TO: All Junior Doctors in England

12 February 2016

Dear Doctor

Junior Doctors' Contract

The NHS and the BMA have known for many years that the contract for doctors in training needed reform. To state the obvious, this has not been an easy or straightforward task, with feelings of frustration on both sides. This note outlines the current position.

NHS Employers met with Johann Malawana, Chair of the BMA JDC and Mark Porter, Chair of the BMA Council on 9 February and put to them an improved final offer. They were asked to support this offer and Sir David Dalton indicated that he was willing to present the offer personally to the Junior Doctors' Committee at its full meeting on 20 February in the hope that it would then be put forward for members to vote. The offer was rejected by the BMA on 10 February. This was a clear indication of stalemate with no realistic prospect of agreement. The Secretary of State has decided that the NHS must now introduce a new contract, without the agreement of the BMA, from August 2016.

NHS Employers had hoped that the BMA could support an improved position. This proposed contract has benefited greatly from the input of the BMA and we have been able to make substantial progress over the last eight weeks on the vast majority of the negotiated issues of the contract. We have agreed additional safeguards in terms of safety, assured support for training, as well as agreed an approach to incremental pay which the BMA has supported to address your concerns.

You will know though that the substantive outstanding issues with the BMA focused on issues associated with pay, and most notably unsocial hours' payments. In that respect the attached document describes the improved offer:

- 50 per cent premium every day for hours worked between 9pm – 7am
- 30 per cent premium for hours worked on Sundays between 7am – 9pm and Saturdays 5pm – 9pm
- 30 per cent premium on Saturday between 7am – 5pm if any shift starting on a Saturday is worked 1:4 or more frequently
- availability supplement payable for on-call duty at the rate of 10 per cent if rostered 1:4 or more frequently, and 5 per cent of basic salary if less frequently. ST1-2 to receive percentage rate equivalent to ST3-7 salary.

Throughout the discussions between NHS Employers and the BMA, both parties have maintained that a settlement should protect the safety and welfare of doctors in training and enable a safe and effective service for the NHS. Both parties have acknowledged that there are underlying issues which, over a number of years, have created the conditions for doctors in training to feel a high level of discontent. NHS Employers is pleased that the strong recommendation that an urgent review of these long-standing concerns should be established, has been accepted. This can make meaningful recommendations to improve the welfare and morale of trainees and must ensure that the voices of junior doctors are directly and personally heard.

Much has been said about how the proposed contract supports safe working practices and safe patient care. NHS Employers has confirmed that the proposed contract would provide further enhanced safeguards for protecting trainees from excessive hours worked and consecutive long shift patterns, for example:

- No doctor will ever be rostered consecutive weekends.
- The maximum number of consecutive nights will be reduced from 7 to 4.
- The maximum number of consecutive long days will be reduced from 7 to 5.
- The maximum number of consecutive days will be reduced from 12 to 8.
- There will be a 48 hour limit of 48 hours per week, worked on average over 26 weeks, and an absolute contractual limit of 56 hours where a trainee has opted out of working time Directive.
- A new role of 'Guardian' within every Trust, who will provide safeguards against excessive working hours in every workplace and the Guardian will have the authority to impose fines on an employer for breaches to agreements in the contract.

These go further than the arrangements within the current contract and were supported by the BMA in the interests of safe working practices of trainees.

There has been much comment in news media about the extent to which the contract supports the NHS commitment to provide safe and reliable care across seven days of the week. The NHS and foundation trusts are committed to make progress in achieving delivery of the agreed [Clinical Standards](#) which focus on the care to be provided (timely assessment, effective clinical decision making and proper handover) for patients requiring emergency and urgent care, and also those in-patients who require regular review. Doctors in training already provide a significant level of service across all hours of the day and it is likely that the additional service which will be required of them will be comparatively smaller than that required from other staff. Nevertheless, as the workforce grows then increased numbers will enable supplementary deployment. It is reaffirmed that the contract makes no requirement for trainees to work additional weekends and it is not designed to dilute the numbers of staff working over Monday to Friday. The contract is designed to future proof the NHS for the next decade so that the costs of deploying additionally employed staff are not prohibitive to achieving the agreed NHS Clinical Standards of safe and reliable care every day of the week.

As you will see from the summary offer document, the new contract will be introduced by employers in a phased manner over 12 months from August 2016 and it is expected that implementation would be completed by August 2017. The new Guardian role will however be introduced in every trust in England from August 2016. Further details of the contract will be shared with you over the next month, as soon as they are finalised.

Yours sincerely



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Chief Executive
NHS Employers