



PAY JUNIOR DOCTORS THEIR WORTH OR WE STRIKE

CLAPS DON'T PAY THE BILLS
WORTH MORE
PAYCUT

Socialist Worker
PAY OUR HEALTH WORKERS STRIKE TO WIN

GETTING WHAT ON BY YOUR PATIENT UNPLEASANT BY YOUR EMPLOYER UNJUST

IS NOT BUILT FOR PURPOSE

MPU
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PAY OUR HEALTH WORKERS STRIKE TO WIN

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OVERWORKED + UNDER PAID

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DOWNING STREET SW1
CITY OF WESTMINSTER

PAY RESTORATION NOW

An activist's guide to winning the campaign

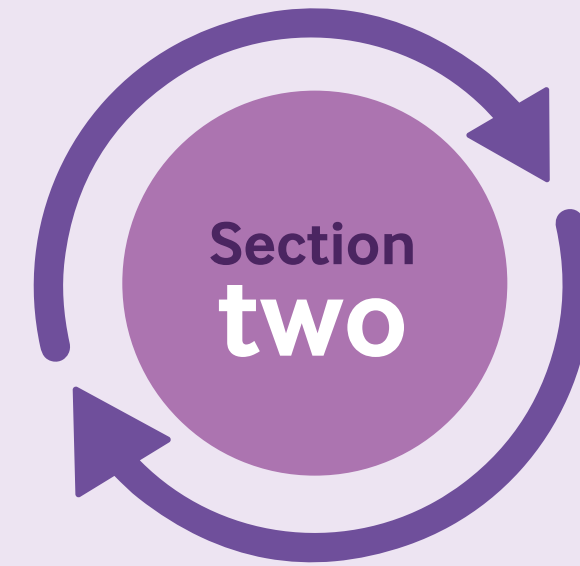
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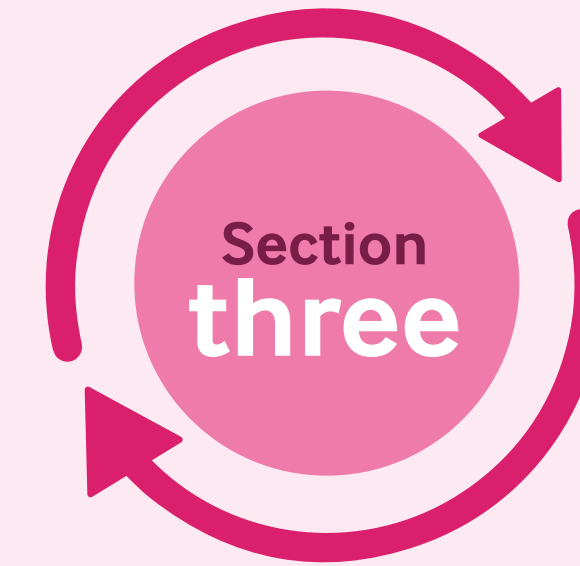
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Introduction

You're reading this guide because you are a junior doctor or ally who wants to help us to win our pay restoration campaign in England.

You could be:

- a newly or recently recruited BMA member
- a long-standing but previously not very active BMA member
- an LNC (local negotiating committee) rep
- a regional junior doctors committee member
- a BMA staff member
- existing active rep.

Or maybe none of the above, but just curious about how you can help us to win the campaign for pay restoration.

Whoever you are, welcome to our new BMA activist community.

We need people like you, and we hope this guide will empower you to contribute to this hugely significant campaign.

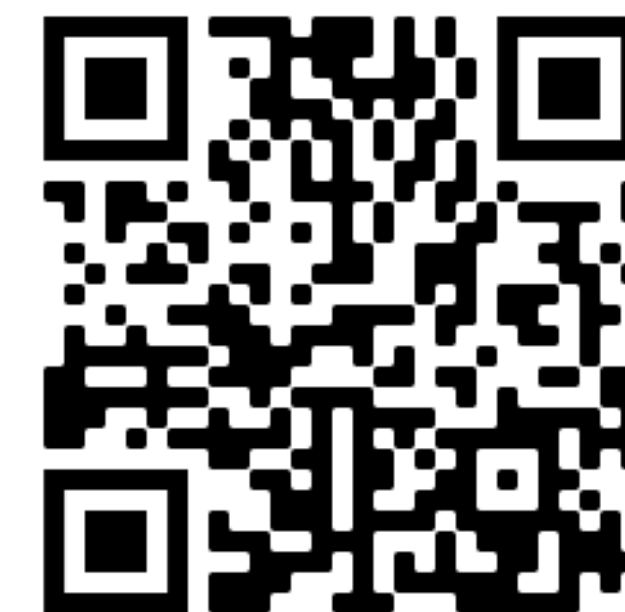
We also hope the things you will learn from this guide and from the campaign will help you in other ways in the future. We want to use this campaign as a foundation on which to build effective workplace representation for junior doctors, wherever they work.

While the BMA is leading this campaign for pay restoration, we recognise that our power comes from doctors themselves – from you – organising together with the support of our brilliant staff to get a better deal.

Our aim is to help you do this as effectively as we can, so get in touch if there is something you need.

Matt Waddup, Director
juniorsaction@bma.org.uk

Share this code to encourage others to sign up as pay activists today



Hello!

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The pay campaigner's job description

On behalf of all junior doctors and the BMA, thank you for your support and commitment to this campaign.

What does a pay restoration campaigner do?

- Help build and be part of a team at your workplace that drives our campaign locally; speak directly to colleagues, grow their understanding of the issues, and increase their commitment to the campaign over time so we're ready to ballot and then to take industrial action when the time comes.
- Share your knowledge – feed back your ideas, questions and suggestions to your regional junior doctors committee and industrial relations officers to help the BMA develop our campaign.
- Recruit new members to the BMA so our voice gets stronger – only BMA members will be able to participate in any strike ballot we hold, and have a say in when and how we strike, how we campaign, and on any offer made by the Government to settle the dispute.
- As the campaign develops, organise locally to increase the turnout in any strike ballot and help organise effective action. It's important that if we ballot, we get a high turnout and a clear mandate from junior doctors to strengthen our negotiating hand, and ensure that any action we take makes an impact.
- Liaise with local BMA LNC representatives and BMA staff to undertake local events, meetings and activities in support of the

campaign, and to test member sentiment.

Our campaign plan is based on a strong partnership between activists and reps in each workplace and BMA staff, with regional junior doctors committees overseeing our activity and giving practical advice.

Everything you need to get started is here, and our campaign support team will be contacting you weekly from September 2022 to share further ideas, give you a helping hand and give us all our best shot at strengthening the BMA as we fight for pay restoration.

Thank you for stepping up.



Using this guide

This is an information resource and planning manual for pay campaigners, whatever their level of experience.

It contains information in four areas:

- **What the campaign is about**
- **How to build your local campaign**
- **Building the union**
- **Campaign resources**

We have tried to include the information you need without overloading you. For the curious, there is a huge amount of information on campaigning and organising online, and if you still can't find the answer to a burning question feel free to email juniorsaction@bma.org.uk

Where possible this guide is designed as short, digestible briefings, which can be picked up and used whenever you need to do something. However, if you have time, please try to read through it at least once so you can see how everything fits together.

This will remain online rather than in print because we will be adding to it as the campaign moves forward, such as if junior doctor activists ask us for a new resource. When we update it, we will let you know in one of our weekly emails.

To support you, we need to hear from you, so please get in touch with your ideas and suggestions: juniorsaction@bma.org.uk



ABOUT THE CAMPAIGN

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What we want

The key fact is that junior doctors' pay has now declined by 26% in its real value since 2008 – this represents a cut of more than a quarter in real terms in take-home pay.

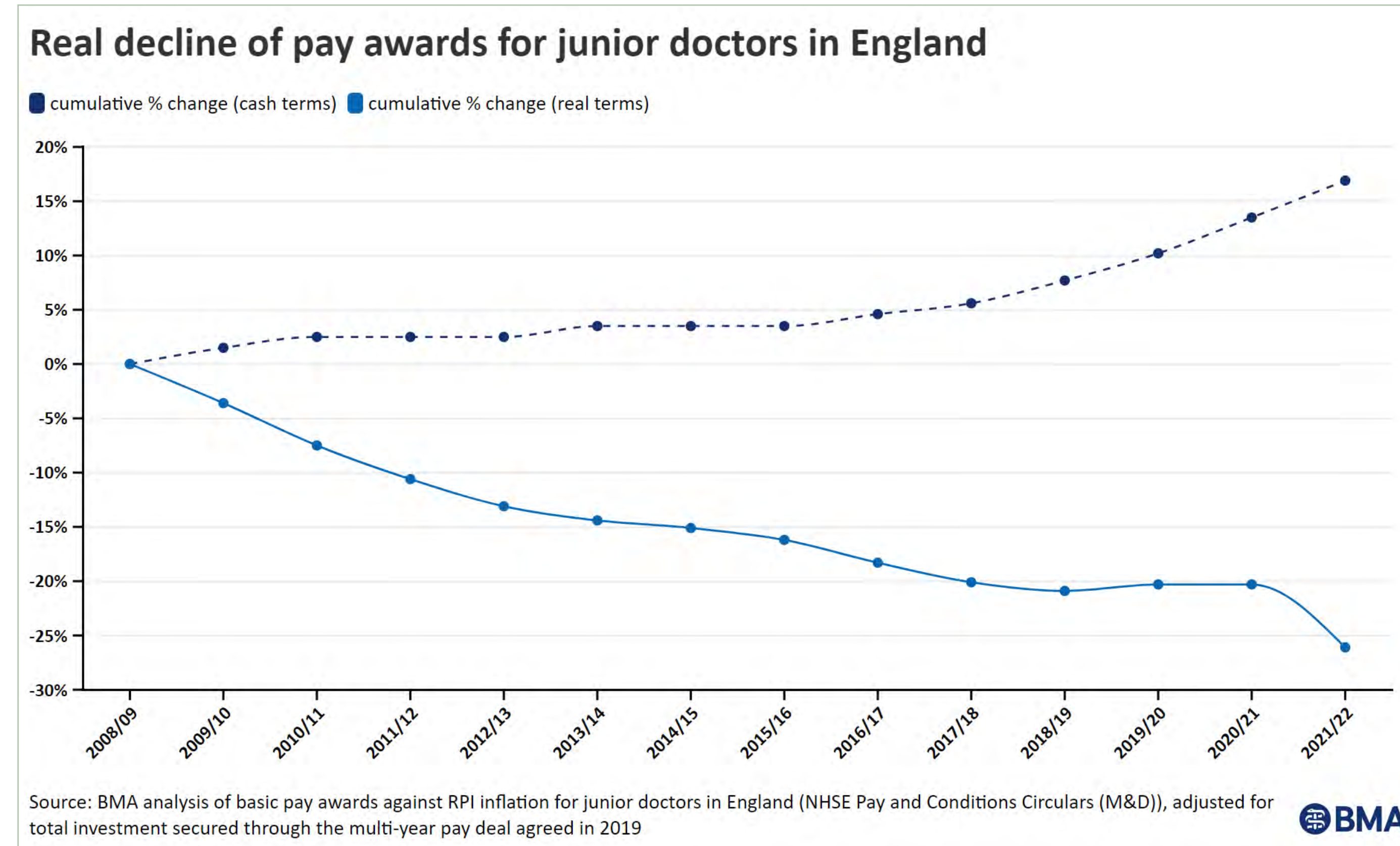
Our ultimate campaign aim is to reverse this trend and achieve full pay restoration.

We believe the UK Government has utterly failed to appreciate the massive contribution that junior doctors made during the COVID crisis, and its dramatic impact upon all of you. Every survey tells us that junior doctors are burned out, and facing a future in an NHS that is increasingly overstretched and underfunded.

Now, with inflation rising rapidly, the BMA believes the case for pay restoration is overwhelming. We have said clearly that if we do not receive a positive response from the Government then we are prepared to ballot members and take industrial action in support of our campaign.



For more detail, this chart is great to copy and share.



It shows the impact of cumulative, below-inflation pay awards upon the real value of junior doctors' pay. The real-terms loss since 2008 is now more than 26%. You can see the gap widening as inflation increases over time, while the value of pay settlements does not keep pace.

More information about the current campaign can be found at: www.bma.org.uk/juniorspay

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Here are 10 messages to share with your junior doctor colleagues, whether they are BMA members or not.

Reps have used these points as the basis for a talk to colleagues or an induction presentation to potential new members, or just as a way of opening conversations, either in person, on social media, or by email.

They are intended to demonstrate that the BMA is serious about this campaign, that we are fighting hard for junior doctors, that we need to grow the union if we want to become stronger, and that the only way to have a say in this campaign is to be in the union.

Messaging 1: Talking to colleagues

1. If you are a junior doctor, the BMA is your union – we are the only voice recognised to negotiate nationally with Government and locally with your trust on your pay and conditions at work
2. During the height of the COVID crisis it was the BMA that fought for proper PPE and better safety procedures for junior doctors who moved mountains to look after their patients
3. Junior doctors have been short-changed by the supposedly independent DDRB (the doctors and dentists pay review body) for years, and our pay is now worth 26% less than it was in 2008
4. The BMA is fighting hard for a better deal – however the Government's failure to make any effort to restore junior doctors' pay has left the BMA with no choice but to seek a ballot of junior doctors in England from around 9 January on taking industrial action
5. Only BMA members will be able to vote in any ballot on whether junior doctors should take industrial action – this could be the most important decision made by junior doctors for decades
6. The BMA already has more than 50,000 junior doctor members, but to make our voice even stronger we need you to join if you haven't already, and to tell your friends and colleagues to join too
7. Trade unions like the BMA protect their members at work. Last year our brilliant staff and reps dealt with 21,000 individual cases where employers had not treated junior doctors fairly
8. To get access to individual advice and representation, you need to join the BMA before – not after – you have a problem, so don't leave it until it's too late
9. Junior doctors can join the BMA at a discounted rate starting from as little as £10 a month
10. We don't just want new members; we want active members who want to help the BMA grow stronger and win a better deal for junior doctors. If you want to become a pay campaigner, talk to us: bma.org.uk/juniorpaycampaigner



You can download a poster version of this text:

<https://www.bma.org.uk/media/5977/ia-ten-facts-every-junior-doctor-should-know-now.pdf>

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A messaging triangle is a simple way of condensing your argument into three powerful and concise points that centre around a unifying theme. This triangle can be used in conversations with patients, the public or people in positions of power and influence.

The triangle helps you answer questions consistently returning to theme in the centre of the triangle. If you are asked about pay – start with message one before stating the central message. If asked about the NHS – start with message two. If you are asked about the Government – use message three. If you can cover off all three sides of the triangle even better.

Please remember, if you are approached by the media to talk about pay restoration, you can contact the BMA media team for support.

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Messaging 2: Talking to patients and the public

2. The Government is ignoring the views of grassroots junior doctors. Only by standing together as a profession can we make ourselves heard:

- Refuses to meet with the BMA
- Has billions to pay for test & trace and private providers – but nothing for NHS workers.
- More members than ever before
- United profession
- Different to 'last time'



1. Junior doctor pay has been cut by 26% since 2008 while workload/ waiting lists are at a record high – junior doctors are not worth a third less than they were.

- Trapped in student debt for years
- Low pay compared to other sectors
- Junior doctors facing real hardship

3. The NHS won't survive if we don't support the workforce:

- Junior doctors facing high levels of burnout
- We risk losing doctors to better paid jobs overseas
- The real threat to safety is the erosion of the NHS



Who do we need to influence?

Effective campaigning starts from understanding who can make the decision to act, to tackle pay restoration.

Ultimately, while the DDRB is nominally independent, when it comes to providing greater financial support for junior doctors, any significant decision will be taken by Westminster – specifically the prime minister and Treasury.

As a union, the BMA can exert pressure, including through industrial action, on the decision makers.

Local and regional levels are hugely important in creating enough pressure on the Government. Influencing them requires us to gain support from stakeholders including BMA members from all branches of practice, politicians, NHS trusts, patients, local businesses, local and national media, MPs, mayors, councillors, and other trade unions.

Influencing will depend on us being able to bring together a local coalition of the key stakeholders in each NHS trust area, including NHS staff, unions, senior staff, local media, local politicians and NHS governing bodies.

This work will stand us in good stead if we need to take industrial action but it is not a substitute for building our own strength as union members through workplace campaigning and recruitment.

LCNs (local negotiating committees), JDFs (junior doctor forums) and RJDCs (regional junior doctors committees), with support from BMA staff and working with our new pay campaigners, will be key to this campaign's success.



BUILDING YOUR LOCAL CAMPAIGN

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Learn the language

When trade unions talk about campaigning and organising, there's a lot of jargon – it's easy to get confused if you're new to it. To explain some of the concepts in our campaign framework:

Power map – who our potential opponents and allies are and what useful connections we have

Mapping – who's who in our immediate workplace and do they (yet) support our campaign

Charting – logging who has participated in campaign events and activities, so we can see how committed they are

Escalation test – sometimes called a structure test, where we ask members to do something (like sign a public petition or attend a meeting) so we can see how well we're doing overall

Putting together a campaign plan

There are **seven** steps pay campaigners should take to ensure their local campaign is effective:

build a team

define your objective

evaluate the current situation

analyse your local influencers and allies

plan activity and set milestones

agree and tailor messages

regularly review

Local campaigns work best when they bring together all those interested in fighting for pay restoration. This can mean local LNC reps, pay campaigners, BMA staff and regional JDC (junior doctors committee) members.

LNC reps are the established BMA representatives in the workplace and have a formal role on the committee

Pay campaigners are grassroots BMA members who have signed up to support our pay restoration campaign

Regional JDC members are representatives who will have a strategic overview of the campaign in their region and monitor what's happening at each main employer and feedback to JDC

BMA staff include industrial relations officers who support each trust, coordinators who provide a regional focus, and membership development managers who support member recruitment.



Build your campaign team

Campaigning is a team game. Your first step is to find others who are prepared to be active members of a campaign team. Every trust has an IRO (industrial relations officer); yours is there not to do the campaigning work for you, but to support you and your colleagues and help you get organised.

In the first instance, we will ask your IRO to make contact with all those who we know want to be active in order to help coordinate the setting up of a local team and give us the best start possible.

To build your team you could:

Ask your LNC chair or IRO to put you in touch with junior doctor reps on the committee

Talk to colleagues in the junior doctor forum and ask them to sign up

Put up posters on the noticeboard asking for volunteers

Ask your IRO to write to all local members who are junior doctors, asking them to help the campaign

Contact your RJDC or IRO for more help or ideas

Talk to colleagues on local whatsapp groups, in teaching sessions and in the workplace

Once a local team has come together, have a meeting so you can work through the 'campaign plan' checklist. Your IRO and other BMA regional staff are happy to advise.



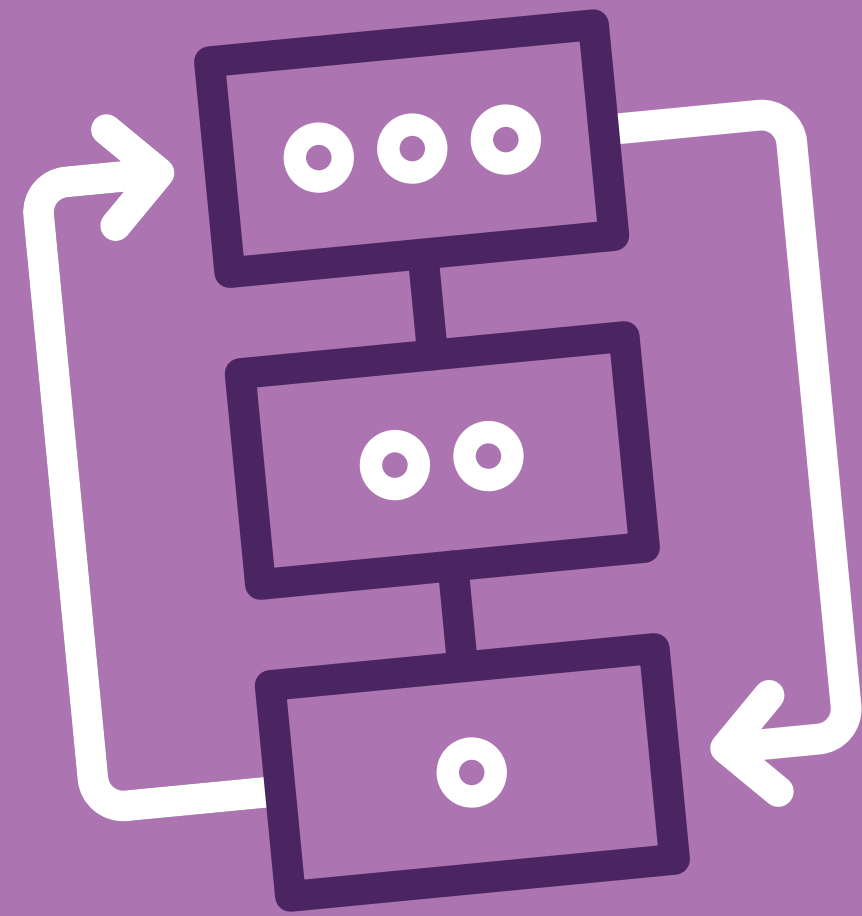
Define your objectives

Before you start, agree as a group of local representatives at trust level what your objective will be. Make it something clear and concrete, not vague.

It goes without saying that your goals should be consistent with the national objectives of reversing pay erosion, calling for Government support and gaining support from others inside and outside the workplace.

A good set of initial, local campaign objectives might be to:

- **achieve 90% support from junior doctors at this workplace for the pay restoration campaign, including for the need to take industrial action if necessary**
- **grow BMA membership among juniors by x% and increase the number of active campaigners by x to build our local power in advance of any industrial action**
- **maximise local turnout and the 'yes to action' vote at higher than 50% in any industrial action ballot**
- **ensure that any subsequent industrial action at this workplace is effective and helps deliver a better deal for junior doctors**



How to get organised

Even the best-run campaigns have to deal with the unexpected. To take it in your stride, you need a structure and a plan that can deal with the ups and downs. The first and most important thing is to delegate responsibility within the campaign team. Your IRO can help you with this if you need it. Thinking about the example objectives from earlier, you might nominate a lead in your team for each of the following:

- **mapping and recruitment**
- **contact with wider BMA**
- **member communications and local media**
- **events and external comms (eg other unions)**

A key task for the local campaign team working with the IROs is to give members tasks which aid the campaign, both small tasks which support our aims and, where possible, bigger roles in certain areas.

In some trusts these roles are already defined, and in smaller trusts the roles may be combined. Where they are not, work with your IRO to make sure the wider membership knows who is doing what. This is particularly important while the union is in a national dispute.

Each item in your campaign plan should have a deadline or timeline, an owner, a clear understanding of what you are trying to achieve, and – if it costs the local group money – a budget. This can be discussed with your trust's IRO.

It is important to regularly review progress against this plan.



Evaluate the climate in your junior doctor community

You will need to assess who in your immediate community can help you achieve your campaign goals. Start by asking these questions:

What is the current discussion on these issues at my workplace?

Who is leading the discussion and are they for or against our pay restoration campaign?

Who else is working on this issue – both for and against us?

What regular or one-off events or opportunities can we use to our advantage? For example, to hand out leaflets, have one-to-one conversations with junior doctors, or publicly raise the BMA's position.

What useful connections does your campaign team have within the workplace, and beyond, and what connections are missing

Ask yourself whether you have good connections with every significant group of staff (eg local IMG networks, LTFT networks, equality strands, etc) and if you haven't, make contact and try to persuade the group leaders to join the campaign group.

In any group of junior doctors, look for the leaders. Who do others go to for advice or look up to? These 'leaders' are not necessarily activists, but their support will be crucial in persuading undecided members to get behind our campaign.



Power mapping

A great way to evaluate the climate at your workplace and the community it's in is for you and your campaign team to power map it. This will help you with the pay restoration campaign, but also more generally with thinking about where the power lies in your hospital or trust.

There are 100 ways to do this, but a good option is to use a version of this diagram:

- ACTIVE OPPOSITION**
- PASSIVE OPPOSITION**
- NEUTRAL**
- PASSIVE ALLIES**
- ACTIVE ALLIES**



Thinking about pay restoration, who in and around your workplace might you fit into one of these five bands?

For example, medical directors, NHS boards, other unions, local MPs, members of the governing bodies, deaneries, business partners, local council, local businesses, medical teaching universities, medical students, local/regional newspapers.

Encourage your team to think about what, if any, connections they have to any of these people. Are there any unexpected connections between some of these people and groups?

Every power map is different, but the golden rule is that if the target you have identified can have a significant impact on whether your campaign succeeds or fails (eg if a local MP agreed to support the pay restoration campaign, would it encourage junior doctors to get behind it too?), then it is worth considering how you might engage them.

If your exercise shows, as is often the case, that outside opinion formers like local press or MPs have significant influence, or that one or two members of the trust governing body have influence and are potentially broadly sympathetic, then that is somewhere to focus your attention.

Building alliances

The more allies in our local and national campaign, the more likely it is to succeed. Think about some of the organisations that featured in your power map, such as:

- **other trade unions**
- **locums or agency doctors**
- **your local trades council**
- **medical pressure groups**
- **local businesses**
- **local politicians**
- **local press.**

Give special focus to relationships with other trade unions. When the chips are down, it is usually their members who will come to support you on the picket line, extend solidarity and help you to win your campaign. Solidarity cuts two ways too – so don't just ask them to support your campaign, find out what their issues are and give them the same support that you want to receive.

Getting the message right

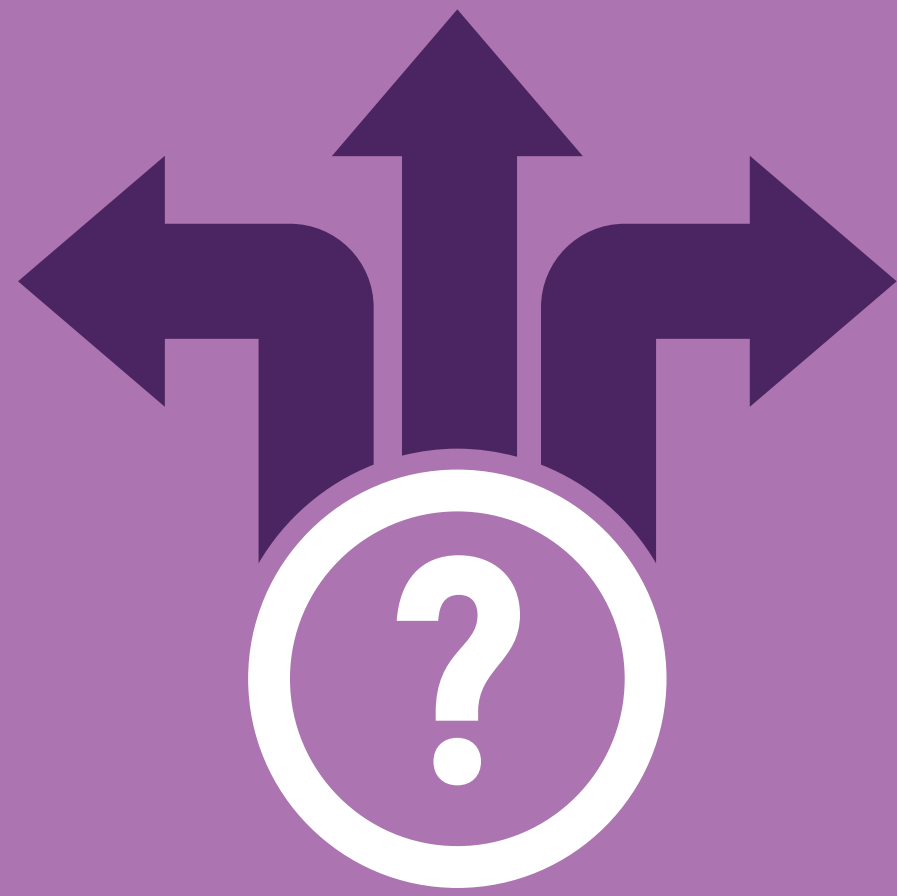
This is the hard bit. As a campaign volunteer, you already understand the case for pay restoration and your position is based on core concepts and principles. However, the key to winning any industrial campaign is to persuade not just those who are already supportive but to focus on the undecided.

To begin, the group should write a short position statement which summarises your arguments (perhaps use the '10 key facts' format as a basis) and explains why junior doctors at this workplace should support the campaign, building in as much local flavour as you can.

This narrative:

- explains the problem clearly
- specifies what our objectives are
- describes how you address the problem, in language that will make sense to junior doctors in this workplace, especially those who are not yet campaign supporters
- explains the impact that winning the campaign will have, and how it solves the problem.

In this campaign, we want to share what different campaign teams do, so please share your narrative statement with us at juniorsaction@bma.org.uk Once you have written your narrative, it is crucial to use it consistently.



Engaging with the undecided

Winning ballots depends on 'moving the middle', ie those who are undecided.

Now you have your narrative, you can use it to engage with those who have not yet made up their mind or who are sceptical about our pay restoration campaign.

If you meet junior doctors who are not immediately enthusiastic, don't write them off – ask them why, and then think about how you can adapt your script to deal with objections.

Common objections might be:

- I don't like the BMA
- I don't think the campaign will succeed
- The demand is too militant/not militant enough
- I don't like strikes
- I will get whatever you achieve anyway, so why be involved
- I'm new and I'm worried I will get in trouble

How might you address each of those objections?



Workplace Mapping, charting and keeping score

The BMA is grateful to Edward Cooper, National Head of Practice for OMS (Organisations and Member Services) Employment at Slater Gordon lawyers for his work in helping to produce this section of the activist pack.

Workplace mapping is about developing a systematic approach to your immediate workplace.

We know that doctor rotations make this a real challenge, and we will do our best centrally and at regional and IRO level to support you.

In an ideal world, you want to build up knowledge of every junior doctor who works at your NHS Trust; whether they are already members of or would like to join the BMA; and what their current position is on our campaign.

The best way to do this is to break down responsibility for each Department or facility in the Trust to a manageable level for one or two members of the BMA campaign group.

While workplace mapping is legitimate trade union business for the BMA and its representatives and is important to the success of our campaign, it involves storing information about both BMA members and non-members and so you need to act in a way consistent with our obligations under GDPR regulations. If any person notifies you that they are a member of another trade union, this should not be noted, and you should only note whether they are a member of the BMA or a non-member.

You can use publicly available data – for example if lists of doctors and their departments are available on your

employer's website, but once collected BMA becomes the data controller for that data, and as such must ensure compliance with the Data Protection legislation when using. Importantly you will need individual doctors' permission to process additional information about them, such as their attitude to the campaign or to the BMA, and you must record their consent including when that consent was given and to whom.

You need to be clear with those you approach about your purpose for seeking the information; and that you will only store it for as long as is required. Whether a member or non-member they should be referred to the BMA's privacy notice which outlines how the BMA handles the data of members and non-members to be found at <https://www.bma.org.uk/privacy-policy>

Workplace Mapping, charting and keeping score

You should always tell those you approach that you are part of the BMA's campaign team, what the purpose of your questions is and ask them if they are content for you to store the information you collect about them in your conversation.

In our more detailed FAQs on this area we suggest an approach as follows:

In practical terms how might a member of a BMA campaign team approach someone they are seeking information from in order to be compliant with GDPR regulations?

You could say something like:

"I am part of the BMA's campaign team. We are collecting information about junior doctors' views on the pay restoration campaign to

measure support for our aims and gain a clear understanding of your concerns. Can I ask (x, y,z) and are you content for me to record your answers to these questions in order to help our campaign. We will destroy any data relating to your answers as soon as the campaign ends, and any information shared with the National BMA about this Trust/workplace will be anonymised so that you will not be identifiable."

If you share petitions or similar campaign tools you should ensure the petition, makes clear that you intend to retain the fact that anybody signs or took part until the end of the campaign when the record of their participation will be deleted.

The information you get from your activity can be held on a spreadsheet or table and should be described

in factual, neutral terms (e.g., not pejorative or rude about someone's attitude to the BMA or our campaign) and kept in a safe and secure place.

You should also use the spreadsheet or table to record the consent provided by an individual for their views relevant to the current campaign to be processed. This record should show that

- a. consent has been provided
- b. to whom the consent was given by the individual concerned
- c. the date consent given
- d. (if not otherwise clear) who is completing the spreadsheet for the individual in question

It is important that it is made clear that you as the BMA rep by recording the person's consent is confirming that they (or if completing the form

Workplace Mapping, charting and keeping score

on behalf of another BMA rep, that another BMA rep) have explained to the individual what data they intended to record and the purpose for its processing and that the data will be destroyed after the campaign has been concluded.

You should also not discuss any individual data the campaign team holds outside of the BMA campaign team, particularly details not already publicly available. Once the information you have collected has served its purpose (e.g. the end of the campaign) you should permanently delete it.

If someone you approach as part of mapping activity says that you cannot store additional information about them then you must not do so. This is particularly important when you are talking to non-members.

Experience tells us that people are more likely to be content for us to hold additional information on them if they are asked by someone they know, preferably who works in their department.

When you report in on the data you hold – for example to IROs or to the RJDC leadership – you should always anonymise your data. The template on Appendix 3 shows you how to do this – by reporting in your numbers in aggregate.

If you have any specific questions about our advice on mapping above please in the first instance contact Matt at juniorsaction@bma.org.uk and we will respond.

In terms of the information you collect itself, being methodical about charting your various interactions

with people is the best way to enable a clear focus on them.

Unions use a range of different codes to identify the various categories of views on a campaign but below is a standard four-category definition of a person's current position.

You can practise this within your immediate department or work environment to get a handle on who fits what category – again making sure you do not hold additional information about them without their permission.

The key to winning is to move as many of those currently marked as '3' upwards as you can.

Workplace Mapping, charting and keeping score

Category definition	Score
Campaign group member or other activist	1
Solid pay restoration supporter and BMA member	2
May have expressed some support Still has concerns or questions	3
Don't support pay restoration and/or hostile to joining the BMA No clear path to persuading them	4

Some schemes use colours but as long as you are clear in deciding how

you, as a campaign group, will apply each category you can do it any way you like. The main thing is not to build a scheme which is so elaborate that no one wants to do it but to work together to build a really good idea of the level of support for our campaign, including a willingness to strike if necessary. The best way to do this is through talking one to one and planning local activity that allows people to show they are on side.

Where access to information held centrally by the BMA is provided to local or regional representatives in order to carry out this work, this will be by prior agreement of the relevant IRO and provided on the following basis:

You may only access data which relates to members within your own workplace or within the constituency

you represent and the personal data accessed may:

- a. only be used for legitimate trade union activities such as membership recruitment, progressing industrial campaigns etc
- b. not be provided to any third party outside of the BMA without express prior permission of the BMA
- c. not be used in relation to any BMA election process or to promote any electoral grouping or campaign

If you are provided with any personal data from the membership database it is your responsibility to ensure that it is stored securely, with appropriate password and other protections. The personal data should be destroyed once the purpose for which it has been provided (the campaign) has ended.

Influencing MPs

Speaking with your local MP face-to-face is a great way to use your influence. Remember your influence comes from living or working in their constituency, so make sure you are clear that you are speaking as a constituent rather than on behalf of the BMA.

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STEP 1: Get in touch with your MP

Finding out who your MP is, and their contact details is simple.

1. [Click here](#) and type in your postcode
2. Your MP will appear below. Click on their profile.
3. Their telephone number and email address will appear.
4. Either give them a ring or send them an email asking to speak with them about junior doctor's pay restoration. If you called, they, or more likely their staff, may speak to you on the spot so make sure you're prepared. If you ask to meet with them, they may recommend you visit their constituency surgery. These are likely to be held on Friday or Saturday but differ for each MP.



Influencing MPs

Congratulations – you've secured a meeting!

It's always a good idea to be clued up on the issue before meeting your MP, just in case they ask you any tricky questions. But remember, this is mainly about your own personal experience, and you're the expert in that! Familiarise yourself with the BMA's campaign for pay restoration for some helpful content and reminders of facts and figures.

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STEP 2: Prepare for the meeting

Your MP is there to listen to you as their constituent. So, the more first-hand experience you can tell them the better. If relevant, you might want to highlight:

- Burnout felt by you and/or your colleagues
- Financial impact of cost-of-living crisis and pay erosion on yourself and your colleagues
- The impact on your work and patient care eg have you considered/are you considering leaving the NHS?

Influencing MPs

The meeting is likely to be short, so try to be as concise as possible. MPs will want to hear why you think they should support pay restoration. They'll also be extremely keen to hear about your real-life experience. There's no need to feel nervous – MPs are accountable to you as their constituent after all!

If you feel comfortable, ask them for a picture at the end that you can use on social. MPs love a photo op.

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STEP 3: In the meeting

The meeting is also an opportunity to make these points:

- 1. Junior doctors' pay is now more than a quarter less than in 2008/09** – For the last two years, the Government has excluded junior doctors in England from pay uplifts granted to other doctors and failed to address years of sub-inflationary pay awards.
- 2. The Government has failed to listen to junior doctors' concerns** – The BMA gave the Government until the end of September to commit to full pay restoration of junior doctors' pay in England. The Government did not respond and the BMA will now ballot junior doctor members for industrial action on 9th January.
- 3. Without fair pay, the NHS will struggle to recruit the doctors it does have** – Junior doctors are facing a future working in an increasingly overstretched healthcare system whilst being saddled with up to £100,000 student debt and worried about how they will meet the rising cost of living. The danger of doctors leaving the NHS for better paid jobs at home or abroad cannot be overstated, which will only exacerbate the current workforce crisis and worsen patient care
- 4. Junior doctors increasingly feel strike action is our only option to protect patient care** – A BMA survey found 83% of responding doctors in England felt that this year's 2% pay award was unacceptable, whilst 72% said they would be prepared to take industrial action if the Government does not commit to full pay restoration.
- 5. The Government have the power to fix this, and they must** – It is still within the Government's gift to stop this from happening by listening to doctors' concerns and agreeing to meet with the BMA to discuss agreeing to a programme of pay restoration.

Influencing MPs

At your meeting, your MP might make counterarguments against pay restoration. We have included below some useful rebuttals to a couple of the points we anticipate could be raised.

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Rebuttals (part one)

The meeting is also an opportunity to make these points:

1. **Argument against pay restoration:** A multi-year agreement for doctors and dentists in training was agreed in 2019. The deal means that all junior doctor pay scales will have increased by 8.2% by the end of the agreement.

Rebuttal: The pay deal agreed in 2019 was in the context of inflation being much lower than the double-digit inflation we have seen this year. Since 2008/09, sub-inflationary pay awards mean junior doctors' pay has in fact fallen by over 25% in real terms. A clause within the **Framework Agreement** for the current multi-year deal also explicitly states that any of the

three parties to the agreement – doctors, government or the DDRB – can unilaterally request a pay recommendation is made.

2. **Argument against pay restoration:** The Review Body on Doctors' and Dentists' Remuneration (DDRBR) has not been asked to make a pay recommendation due to the multi-year agreement in place.

Rebuttal: The Framework Agreement committed to DDRB review of pay uplifts if requested by either party due to exceptional circumstances – a global pandemic and soaring inflation are both exceptional circumstances.

Whilst the DDRB did not make a formal recommendation on junior doctor pay, it did warn against the Government excluding staff on multi-year pay deals from the higher uplift, highlighting the context of rising inflation and unprecedented workforce pressures, and warning that doing so would 'have a significant effect on motivation, affecting retention, productivity, and ultimately patient care'.

Influencing MPs

Here are some more useful rebuttals to arguments that may be made in your meeting.

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Rebuttals (part two)

The meeting is also an opportunity to make these points:

3. Argument against pay

restoration: Patients cannot help being sick, but they are the ones who will suffer most by you taking industrial action. How can that be right?

Rebuttal: If we don't address the crisis we have now then more junior doctors are likely to leave and patient care will suffer even more. As a doctor why would you want to work in an understaffed system, with a quarter less pay and no support.

Whilst patient care will be impacted in the short term, the action we are taking is to protect patient care in the longer term.

We do not take Industrial Action lightly, but we have been left with no choice to get the Government to listen to us and invest in the workforce. We cannot continue to work like this – it is not safe for patients.

4. Argument against pay

restoration: Why are junior doctors calling for pay restoration that is so much higher than current rates of inflation?

Rebuttal: The BMA is calling for a 25%/30% pay rise, which would help restore junior doctors pay back to where it was in 2008, before it has been eroded by inflation and sub-inflationary pay awards. This would ensure junior doctors of today are worth what our colleagues were worth back in 2008.

The BMA's Junior Doctor Committee has been calling on recent Secretary of States for a meeting to discuss how we can get there as quickly as possible, but these requests have so far been ignored.

Influencing MPs

Your MP will want to know how best they can support you and other junior doctors in their constituency, so it is worth having a couple of asks for them.

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Asks for the meeting

Here are things you could ask your MP to do to support junior doctors

- 1. Asking a Parliamentary Question** to challenge the Government on the steps they plan to take to address pay erosion and avoid strike action.
- 2. Raising the issue with the Health Secretary Steve Barclay and Chancellor Jeremy Hunt.** This could include asking the Health Secretary to meet with the BMA's Junior Doctors' Committee to discuss agreeing a programme of pay restoration or why they think a junior doctor is worth 25% less now than in 2008.
- 3. Highlighting the impact of pay erosion on junior doctors in debates in Parliament**
This might include putting in for a backbench debate on the issue themselves. If you are comfortable, you might want to suggest that your MP use your story as an example of the impact pay erosion and the costs of living crisis is having on junior doctors and the NHS.

Influencing MPs

The hard work is over! You raised your voice, and the voice of thousands of doctors, to your MP.

STEP 4: Follow up

What to do next?

- Send your MP a thank you email for meeting with you. This can be a good vehicle to reinforce your top line messaging once again and repeat your asks for them to further raise the issue in parliament and with the Government.
- You could send a follow up invite to visit your place of work and meet your colleagues or if the ballot is successful, let them know of days you will be striking and invite them to show support whilst taking industrial action.
- If you took a photo or a screenshot of your meeting, post it to social media. Be sure to tag them and [@TheBMA](#) in any posts.
- You could also write to the local press about your meeting. MPs read these regularly to get a better grasp on issues important to their constituents.

What else can you do?

Once you've met with your MP, encourage your colleagues to do it too and share this guide with them. Any questions, get in touch with BMA's Public Affairs team: publicaffairs@bma.org.uk

Choosing the right tactics

The list of campaign tactics, before the point that industrial action is reached, is practically endless. Tactics are a means to an end (your objective) and not an end in themselves. They are also useful for demonstrating an escalation of seriousness and can be used to determine how much support you have for the campaign at any one time.

Common tactics include:

- mass meetings locally in trust with junior doctors
- petitions of local BMA members, aimed at the chief executive and asking for their support
- letter writing campaign to local MP or press
- media coverage locally, feeding stories to BMA centrally
- social media campaigns – slogans/ tags/links to BMA pages/what local doctors think, eg can't get mortgages
- writing to influencers
- consultative ballots or surveys
- mass letter-writing to chief executive
- influencer-to-influencer, writing local NHS support groups
- articles or letters in the local press
- picketing or protesting key events
- leafleting the public or at hospital entrances
- social events
- wear a badge day
- briefings
- BMA membership drive
- sign a petition or open letter to support industrial action.

Choosing the right tactics

Lots of these are fun to organise and be part of, but most effective tactics achieve one or more of three things in a campaign:

1. **apply pressure to your targets**
2. **build power among your BMA members**
3. **build leaders among your BMA activists.**

A good place to start is with a straightforward and relatively low-key escalation or structure test – perhaps you could ask junior doctors to wear a badge, attend a campaign meeting, and build up to even more public displays of support like signing a petition to the chief executive or an open letter to the press supporting the campaign.

Whatever you do, you will find that the more active you are, the more you will move the undecided into a positive attitude to the campaign.

It is also important to think about how you escalate your tactics. If you start your campaign with your biggest weapon and it is less effective than you hoped, this can be both demoralising and ineffective – you end up having nowhere to go.

Look at the list and add anything else you can think of, then place them into a rough order. Put those requiring the lowest commitment from members at the top and work your way down to those which require junior doctors to take a more public stance in support of pay restoration.

All these tactics are good in themselves, but crucially they also allow you to measure current sentiment. If you call a meeting on pay restoration and almost the whole department is there, you know you are heading in the right direction.

Whatever tactics you use, focus your ongoing one-to-one discussions with colleagues on them. If you are running a petition, for example, this can be an easy way to determine whether someone is ready to support the campaign or not. Someone who will not sign a petition is unlikely at that stage to take part in industrial action – so what needs to change for them to do this?

Choosing the right tactics

As a campaign team, continue to review the use of these tactics. It is worth charting who attends what and using each tactic you use locally as an escalation (or structure) test.

With some limitation on being able to all meet collectively for drop-in sessions, it may also be helpful to use different platforms to engage more widely, such as WhatsApp, Teams, Skype, webchat or email to reach and engage with members.

Finally, ideas about tactics often look good on paper but are more challenging in practice. You can always seek support from your trust's BMA industrial relations officer. A list of which IRO looks after which trust is on our Rep Support page, www.bma.org.uk/what-we-do/get-involved/get-involved-with-the-bma/supporting-bma-reps

Ask these questions when you're considering your options:

- How do we make sure we have the people and resources?
- How do we make our campaign escalate over time?
- How will we make sure members support our campaign tactics?
- How will we pick campaign actions that require lots of people to be involved?
- Who does each tactic seek to put pressure on?
- How will we make sure they notice?
- What is our plan to identify and bring on new leaders in the campaign?
- How will our campaign tactics escalate our power, our membership and our goals?
- How will we challenge the target with tactics that are outside their normal experience of industrial relations?
- How will we make our campaign tactics inclusive, safe and enjoyable?
- How will we make sure each campaign tactic embodies our values and vision?
- How will we know that our campaign is working?

Setting out what you will do and when

What things must happen in your workplace, and in every workplace where junior doctors are employed, for us to win?

A good way to think about this is to work backwards from the outcome we are seeking. What must happen and in what order?

In Section 4 are a range of resources that can help you achieve this. Every workplace is different, so every campaign plan is different too, but a suggested campaigning framework for a hospital might look something like this:

Simple campaigning model from start to strike							
Preparation		Building support		Building power		Ballot	Industrial action
Establish local team	Map junior doctors	One-to-one conversations 1st drive	Identify blockages/ issues to address	One-to-one conversations 2nd drive	One-to-one conversations 3rd drive	GTVO campaign (contact every member)	Organise an action Committee to oversee and supervise the action
Do internal power map assessment of trust	List initial findings	Chart JD sentiment	Refine messages	Petition to chief executive on strike (would you sign... Escalation test 2)	Chart JD sentiment	One-to-one conversations 4th drive	
	Agree basic strategy	Develop narrative/key message	Hold meetings	Neutralise anti-strike arguments	Escalation test 3 (would you vote to strike?)	Trust level meetings	Run pickets
		Escalation test 1 (would you vote to strike tomorrow?)	Recruitment campaign 1st drive		Public actions	Recruitment campaign 2nd drive (join to vote)	Recruitment campaign 3rd drive (join to vote)
				Update details drive	Update details drive		

You can use this as a basic activity table and add lead names against each activity.



BUILDING THE BMA, BUILDING THE CAMPAIGN

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Involving members

If the union has a clear, forward-looking campaign plan, members will come forward to help. However, it is always worth seeking out volunteers.

When people want to help, try to give them options. The best way to do that is to break jobs down into mini tasks for activists/representatives, such as:

- engaging in one-to-one conversations with members in each department
- seeking feedback on the campaign from each department
- writing letters to management/local MPs/the press
- acting as a union contact for national information and disbursement
- recruiting new members.

You may not know who they are yet, but your trust will be full of members with the kind of skills the BMA desperately needs during this campaign.

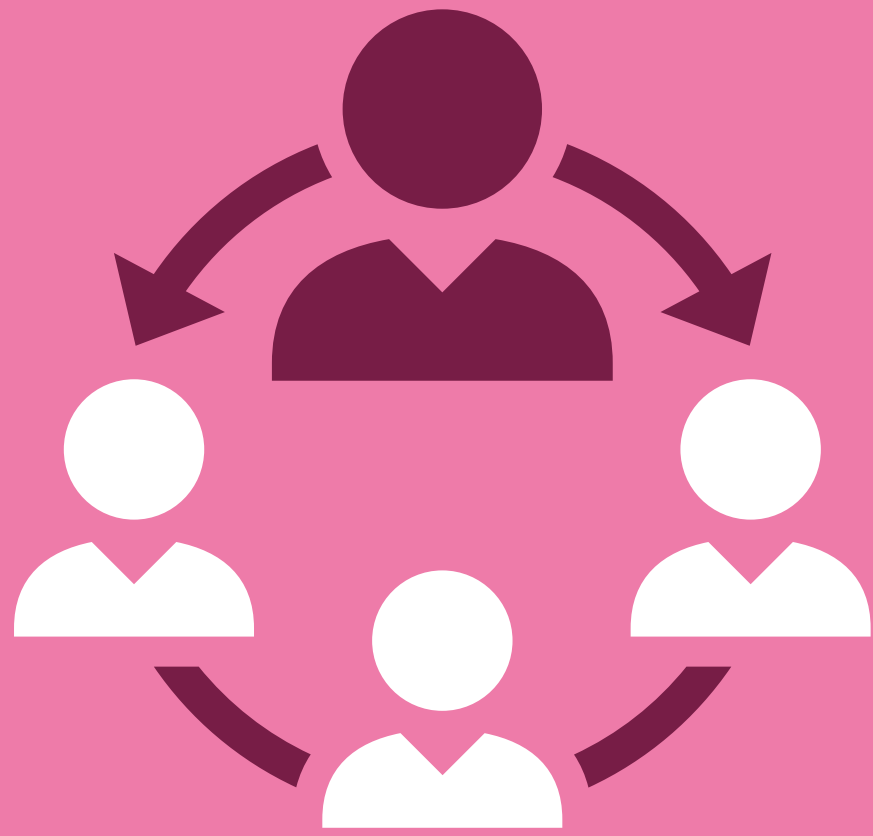
Do any members have expertise that could help push back against issues that disproportionately affect certain groups?

Does someone know how to read and report on financial accounts or analyse data, have communication skills, or a job related to planning? They might be good at acting as a central planner.

Are they also members of local political parties, and know the MP or local councillor well enough to help you lobby?

Do they specialise in medical politics? They might be prepared to help you organise an event about the future of healthcare and the NHS, but with a focus on pay restoration.

The best way to find out is to ask them.



Recruiting new members

The current and ongoing crisis in the NHS has shown the need for the BMA, and while we already have nearly 50,000 junior doctor members, we want and need many more if we are going to win pay restoration in England.

It's everyone's responsibility to engage with their colleagues to ask if they are members and want a say in the campaign, and in the decisions that the union is making.

Typically, recruitment of new members grows when the union is active and visible in the workplace, and particularly when there is a disputed issue locally or nationally. We can use campaigns as a tool to improve our membership and participation in our decision making.

We can also use recruitment campaigns to show that the BMA is central to any campaign for a better deal for doctors.

No other organisation has the resources, capacity or strength to organise in this way. It is the BMA that will undoubtedly make the key decisions in any junior doctors' dispute, and if you want to change it or influence what it does, you need to be a member.

A good overall approach to embedding recruitment into your local campaign is to adopt the five Cs:

Campaign: be clear with members and non-members on our goals and targets.

Contact: be systematic about your contact with non-members, for example with department-level meetings. You may be able to get support through your BMA industrial relations officer with membership lists at trust level, which will help to know who is in the union and who isn't.

Communicate: with all those affected, not just current members.

Credibility: be present, with believable analysis and a campaign people can get involved in.

Commitment: be clear on the medium- and long-term goals of the campaign and the need to build the union locally.

Trade unions and the law: five key points

The law on strike action in the UK is the most restrictive in Europe, and when trade unions fall foul of the law, they and their members can face huge penalties. Here's what pay campaigners need to know about the law:

1. Industrial action can take the form of either 'strike action' or 'action short of a strike'. Strike action always represents a breach of contract, ie a refusal to work
2. Before they can take industrial action, unions need to hold a ballot of members and achieve a majority in favour of action and turnout of at least 50%. In certain circumstances they may even need 40% of all eligible members (whether they vote or not) to support strike action
3. This secret ballot must be postal – it cannot be online. This leads to significant expense for the union and can make it harder to achieve turnout
4. Unions have to take practical steps to ensure they are balloting only those who are entitled to vote, and to supply information to employers in aggregate about where the members they have balloted and/or expect to take action work
5. If unions achieve the legal turnout and get a majority, they are subject to a further set of restrictions, including providing notice of 14 days before commencing industrial action and continuing to serve notice for each subsequent bout of discontinuous action.

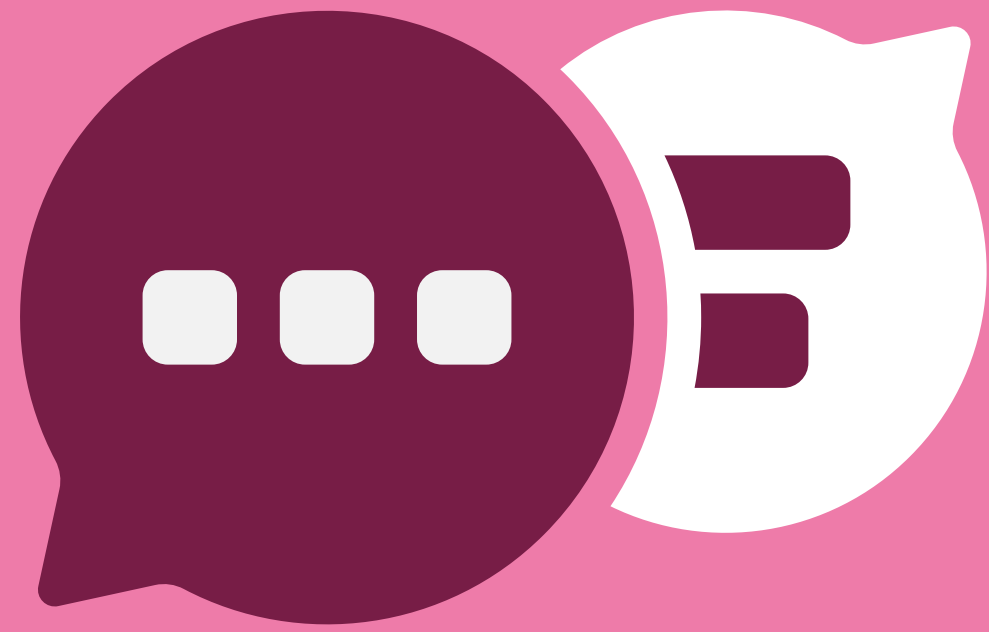
If members see the BMA doing these things locally, they will be more likely to get involved, and if non-members see it, they will be more likely to join.

<https://www.bma.org.uk/media/5977/ia-ten-facts-every-junior-doctor-should-know-now.pdf>

For more on recruitment, see: [Join the BMA](#)

Want to become a representative? [Become a representative](#)

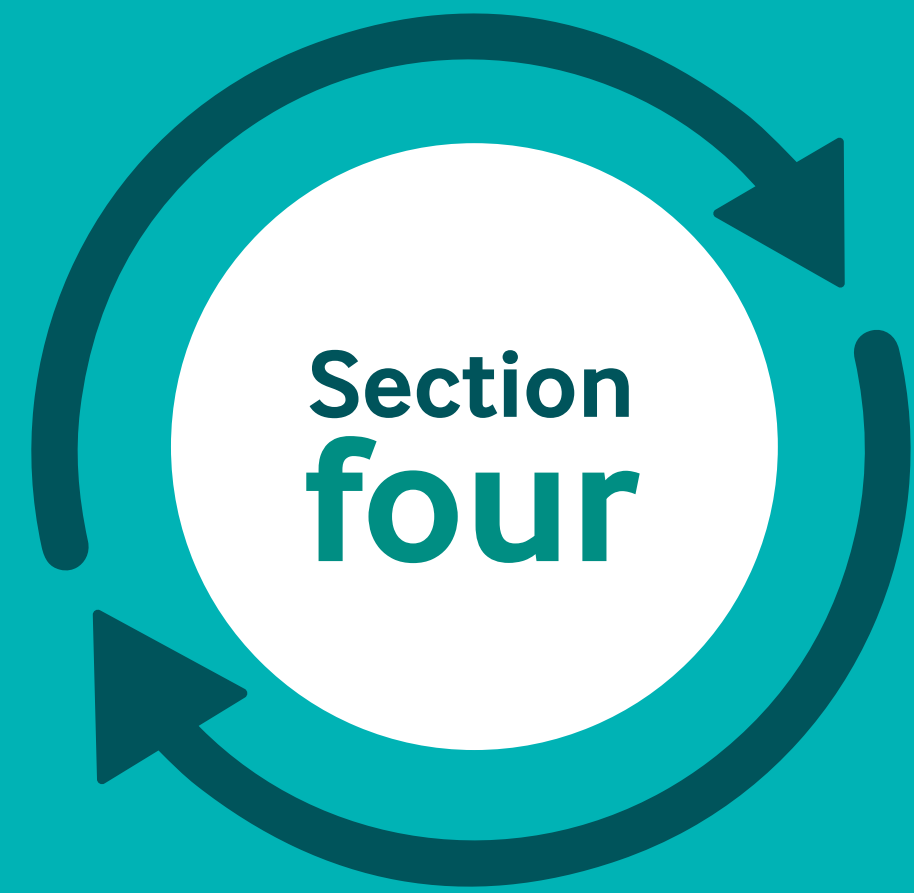
[Supporting BMA reps](#)



It's important that all BMA members know:

- we cannot take action without winning a lawful ballot and beating the thresholds**
- it is crucial that every member ensures their workplace and contact details are up to date**
- forgetting to vote or assuming others will vote 'yes' will reduce turnout in a ballot.**

As a pay campaigner, one message you should always give members is that if they want a voice, they must remain BMA members and keep all their membership details up-to-date



RESOURCES

RESOURCES

This section contains key contacts and resources that you can print off or adapt. Let us know what you use and what you don't.

Junior doctors campaign page – find out the latest on the [campaign](#)

[Reps' hub – order materials and get support](#)

[Join page – send non-members here to sign up](#)

[Find your RJDC – list of RJDC chairs and IROs](#)

BMA Contacts (England)

Member relations director:

Matt at juniorsaction@bma.org.uk

Member recruitment:

Natalie at nfitzpatrick@bma.org.uk



Appendix 1 – Local campaign plan example

This is an example plan (with some fictional commentary) which builds on each section of this campaign guide. It should give you some ideas of your own to work with. There is also a blank template in the 'resources' section.

<p>Campaign objectives</p>	<ul style="list-style-type: none"> – achieve 90% support from junior doctors at this workplace for the pay restoration campaign, including for the need to take industrial action if necessary – grow BMA membership among juniors by x% – increase the number of active campaigners by x to build our local power in advance of any industrial action – build support within and beyond the Trust for the campaign – ensure that any subsequent industrial action at this workplace is effectively managed.
<p>Campaign management</p>	<ul style="list-style-type: none"> – Lead, mapping – Lead, contact with wider BMA – Lead, member communications and media – Lead, events and external comms (eg other unions, etc)
<p>Power map targets</p>	<ul style="list-style-type: none"> – chief executive of trust (hates being in negative stories in press) – local MPs (ex-doctor might be supportive) – local newspaper editor
<p>Power map – influencers (secondary targets)</p>	<ul style="list-style-type: none"> – local newspaper (a member wrote a column for it) – medical director (a member knows her well) – heads of department AMDs (which are members?) – teaching universities (heads of medical schools)

<p>Current climate</p>	<ul style="list-style-type: none"> – head of trust has announced that cannot afford to even pay the 2% DDRB award – JDs angry and worried, some keeping heads down – LNC JD reps have agreed statement supporting pay restoration
<p>Key preparation</p>	<ul style="list-style-type: none"> – map every department – prepare local narrative document
<p>Our tactics (dated and in order of use)</p>	<ul style="list-style-type: none"> – sticker/badge wearing day – petition to head of trust asking them to support pay restoration – schedule regular BMA JD surgeries – collect signatures for open letter to local newspaper – members write to MP, seek meeting – social media campaign on implications for delivery of patient care at the trust and JDs leaving the NHS (work with IROs) – local press release on impact on wider community – joint statement with local trade unions on pay – local online survey – will you take industrial action?
<p>Key milestones/ escalation tests</p>	<ul style="list-style-type: none"> – Open letter to local newspaper – JDs event/meeting – Petition to the trust chief exec – Local online survey
<p>Other member expertise</p>	<ul style="list-style-type: none"> – Finances/data (Member does the Accounts for local charity) accounts) – Tory MP (Member has met through church) – Labour MP (a member is chair of local party)



Appendix 2 – Department mapping and escalation chart – example

Name	BMA member	Attended dept meeting	Signed Petition to chief executive	Supports strike if necessary (if known)	Current Number (1,2,3,4)

Use this to chart who does what and build a score for each member or potential member. This could help you see more clearly who is undecided or opposed, and to think through how you might change their minds. See also the section on page 17 about workplace mapping and how we ask for and hold information we receive as part of our conversations with members.



Appendix 3 – Report form to RJDC and IRO

Departments	% in category 1 or 2 (1=active in campaign; 2=supports campaign inc strike action if necessary)	% undecided/opposed

This form is a quick and easy way to report back to your RJDC and IRO on membership sentiment. Categories 1 and 2 represent those ready to vote 'yes' for industrial action, compared to undecideds or opposed.

Always be clear where you are estimating this rather than using actual data.



Appendix 4 – Tips for one-to-one communication

Frame the debate

A winning campaign must frame the discussion effectively. Use our '10 facts junior doctors should know' as a basis for your approach and make your conversation locally relevant.

Move the middle

The priority is to persuade undecided doctors; they will determine the success or otherwise of the campaign.

Be consistent

An effective message is the clear, convincing, and consistently repeated reason why colleagues should support the pay restoration campaign, vote 'yes', etc. It's the basis for every leaflet, conversation and all other communications.

Emphasise one-on-one contacts

The best method of message delivery is one-on-one conversations, wherever possible. Use leaflets and social media to amplify, not replace, face-to-face communication.

Put yourself out front

The most effective materials include quotes from people whom the undecided might know, such as local reps or activists.

Don't 'sell' the BMA

Don't promote the union as a service or a product, such as 'here is what the BMA will do for you'. Use inclusive language like, 'We're organising with the BMA to win respect and a voice at work.'

Be clear, but don't be aggressive

Again, the aim of your communication is to persuade the as yet undecided, and to address what is stopping them supporting the campaign.



Appendix 5 – Glossary

DDRB – Review Body on Doctors and Dentists Remuneration; advises the government on pay for doctors and dentists

IMG – International medical graduates (doctors who qualified in medicine outside the UK)

IRO – Industrial relations officers, local BMA staff with employment expertise

JDC – Junior doctors committee, comprising elected junior doctor members of the BMA from across the UK

JDF – Junior doctor forum; represents all junior doctors at the trust (or alternate employer)

LNC – Local negotiating committee; comprises locally elected BMA members, The reps negotiate with management on behalf of all medical and dental staff in the local area.

LTFT – Less than full time doctors

Member relations – BMA staff working directly with and for local members

RJDC – Regional junior doctor committees, comprising locally elected junior doctor BMA members

PAY RESTORATION NOW

