

Mr Joe Chattin
Interim Chief Executive Officer
Hospital Consultants and Specialists Association
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20 June 2019

Dear Mr. Chattin,

Junior doctor contract review

I write to clarify and correct a number of inaccurate statements made in the HCSA's statement and analysis of the junior doctor contract review. Given the significance of the referendum, I would urge you to publicly share the information provided in this letter so that junior doctors can make a fully informed decision on a matter of crucial importance for years to come.

Turning first to the pay deal, I am afraid I disagree with your assessment that the risks of this long-term deal outweigh any benefits negotiated elsewhere in the agreement. After a decade of derisory recommendations by the DDRB and the one per cent pay cap, this pay deal guarantees at least a 2 per cent pay rise for 4 years for junior doctors while retaining the option to seek more if inflation increases.

But it is vital that we don't look at pay in isolation. The BMA has negotiated nearly 60 individual new concessions, including new enhanced shared parental leave, £10m in new investment for facilities linked to the adoption of our fatigue and facilities charter, and an additional £90m investment to fund a number of contractual improvements. This clearly amounts to a range of benefits and improvements for our junior doctor colleagues.

Furthermore, the recent publication of the draft Equality Impact Assessment (EIA) on the proposed changes to the contract addresses the concerns you raise regarding 'serious equalities issues' within the 2016 contract. In particular, I would like to draw your attention to the section in the assessment, which states that:

'Overall, the new proposals should further advance equality of opportunity for those working less than full time, the majority of whom are women or doctors with disabilities. Other additional recent or forthcoming changes – the introduction of occupational pay for shared parental leave and the forthcoming recommendations of the independent review of the gender pay gap – will also assist in advancing equality of opportunity by gender.'

The changes secured as part of the contract review will clearly yield benefits for our members.

I would have to question your assertion that you have national recognition to negotiate on behalf of junior doctors but were excluded from these negotiations. Your junior doctor membership, which is in the low hundreds is nowhere near high enough to appropriately represent this group in national negotiations.



I do note however that one substantial gain from this review process has been the introduction of enhanced shared parental leave for junior doctors as well as improved access to maternity and adoption leave, and new child bereavement leave rights. These were secured via the NHS staff council of which the HCSA is a member – yet the BMA were the only medical union who were involved in these negotiations.

Turning to exception reporting, the BMA believes the HCSA's concerns about exception reporting are unfounded. I have to disagree with your assessment that the current system is broken and is not leading to meaningful change on the ground for junior doctors. Your assertion that exception reporting does not work because many have been submitted without leading to immediate change belies a lack of understanding of the process: sometimes a report should lead to rota changes but other times it may be a one-off situation where a trainee needs to claim pay for the extra hours they have had to work. A trust with lots of reports is far less worrying than a trust with none as it shows that trainees are confident in speaking up when there are understaffing issues at their workplace.

Exception reporting is a system still in its infancy, having only been in place for all junior doctors for two years. This system has huge potential and is already leading to positive developments, but more time must be given for this system to become embedded and more must be done by employers to encourage juniors to use it.

You have expressed concern that we have negotiated the introduction of performance related pay, which again belies a lack of understanding of this contract. The move towards pay that is individualised rather than averaged across the rota, and offering pay protection for trainees who re-train in another specialty, are both improvements that our tens of thousands of junior doctors have told us they want and are in no way linked to performance related pay.

When taken as a whole, the BMA has secured significant improvements to the pay, conditions and training opportunities for junior doctors across the NHS in England.

Should junior doctor members in England vote yes, these changes can be implemented as soon as possible. The £90m of additional funding will be secured, pay uplifts will be guaranteed and the BMA will have a process for negotiating on further areas of concern. The no vote that you are advocating will leave junior doctors with none of these improvements and will mean they remain on the contract unfairly imposed in 2016.

This is a crucial moment for our profession and I hope that you will now offer your support to these changes that will benefit junior doctors in England now and in the future.

Yours sincerely

Raj Jethwa
Director of Policy