Consultant and Junior Doctor Contract Negotiations

July 2015

Note: This paper is intended as background information for the media. It is not intended as a comprehensive BMA policy paper

Background

Negotiations between the BMA and NHS Employers on new consultants and junior doctors' contracts began in October 2013, providing the first opportunity to negotiate these contracts for 13 years. By comparison, the GP contract is negotiated annually.

Why change existing contracts?

To ensure consultant and junior doctor contracts are response to patient needs.

To ensure consultant and junior doctor contracts are fair to doctors, protecting against long or unsafe working patterns, and are affordable for employers.

To ensure consultant and junior doctor contracts continue to attract, motivate and retain the right number and mix of doctors to meet future patient need.

What were the main areas for discussion?

Below are some of the issues which were discussed in both sets of talks. Full details on these and other issues are outlined in the draft heads of terms which you read here for consultants and here for junior doctors.

Seven-day services

The BMA supports more seven-day services in NHS hospitals and has been calling on the government to set out its plans for staffing and funding. Facilitating more seven-day services to meet patients’ needs while protecting safe and healthy working patterns for doctors is key. Looking at issues relating to the scheduling of services during Premium Time*, such as rates of pay, minimum rest periods and the resourcing of other services essential to providing a seven-day service (for example ensuring there are enough nurses and other clinical and administrative staff, as well as community care, to provide services during evenings and weekends).

*Premium Time is after 7pm and before 7am during weekdays and at any time during weekends

Pay Progression

Examining possible new pay progression arrangements, ensuring pay structures reward, motivate and retain staff.
Other issues

Consultant talks also covered the importance of prioritising investment in urgent and emergency care to ensure patients have access to the same high quality of care seven days a week, the need for more robust data on what is needed to deliver seven-day services safety and sustainably and possible changes to Clinical Excellence Awards, which acknowledge excellence in the delivery of care which directly benefits patients. More information on these issues is available [here](#).

Junior doctor talks also covered the importance of protecting and enshrining time for training, which is not covered by the current contract, the need for better working patterns, a fairer system of pay and advance notice about where and when a junior doctor’s next work placement will be. More information on these issues is available [here](#).

Current state of talks

In October 2014 contract negotiations stalled after the BMA raised concerns that safety for patients and doctors was not being adequately addressed during discussions.

Subsequently, the UK government asked the DDRB (Doctors’ and Dentists’ Review Body) - the independent organisation which considers the pay for doctors and dentists - to consider all evidence relating to both sets of contract negotiations in England, and make recommendations by July 2015.

In December 2014 this decision was followed by the Welsh and Northern Irish governments who also referred their consultant and junior doctor contracts to the DDRB, and Scotland who referred only their junior doctor contracts to the review body.

Why did the talks stall?

*This is an overview of why talks stalled, a more detailed explanation is available [here](#).*

The BMA was concerned that appropriate safeguards on safe working hours and rest time between shifts were not being addressed. These are important as they directly affect the quality of patient care and safety.

Talks also stalled due to the lack of credible evidence available to underpin the changes being proposed by NHS Employers. The BMA was concerned that a drive to deliver more seven-day services was politically rather than clinically led and repeatedly asked the government to explain how they would safety staff and resource an expansion of services, without compromising quality of care and safe working hours for staff.

In the absence of robust data, the BMA was being asked to sign up in the dark to changes that could have a huge impact on patient safety, doctors’ welfare and the sustainability of the NHS, without fully understanding what the effect of these changes would be.

Next steps

The BMA and other stakeholders submitted evidence to the DDRB at the end of December. The BMA’s submission is available online [here](#).

In July 2015 the DDRB published its report. At the same time health secretary Jeremy Hunt announced, in a speech, that he would be giving the BMA six weeks to return to negotiations over the removal of schedule 3, paragraph 6 from the consultant contract.

In response, Dr Mark Porter, BMA council chair said:
“Doctors care for patients and understand their needs, and have been clear in their support for more seven-day hospital services. We have repeatedly called on the government to outline how they will fund and staff them. And yet we are still no closer to finding out how the health secretary will pay for more weekend care or how he will ensure there isn’t a reduction in mid-week services?

“It is positive that the DDRB has recognised the potential impact of these proposals on the working lives of doctors and that ‘one size will not fit all’, and we hope that the government does the same.

“However, the DDRB’s comments that it is unclear about how these changes could be made without further resource highlights how the health secretary’s ultimatum is nothing more than headline grabbing rhetoric. He has chosen to dodge the hard choices and announce something that makes a great speech but does little to put in place the resources the NHS really needs.

“Just adding an extra doctor to a ward will make no real difference if the support needed is not there. On the BBC the health secretary admitted as much, yet he continues to make no mention of the extra nurses, diagnostic staff, porters, admin staff – the list goes on – that would be needed to deliver the same high level standard of care patients deserve seven days a week.

“We have been clear that we would be willing to work with the health secretary to better improve services. So today is nothing more than a cynical attack on doctors and an attempt to negotiate through press release rather than offering to sit down and discuss constructively with the very people who are delivering seven-day services for patients and who he expects to deliver these further changes.

“If the health secretary really wants to put patient care first and foremost then he should work with those who spend each day doing just that as well as putting in place the proper funding for emergency care, rather than sniping from the sidelines and issuing artificial deadlines. Patients deserve no less.”