To all NHS Trust Chief Executives in England

04 March 2016

We are writing to you on behalf of junior doctors in England about the “Junior Doctors’ Contract - summary of the new 2016 contract”, the outline of the contract which the Secretary of State has said he intends to impose.

The current dispute is highly regrettable for many reasons, but not least for the anxiety and uncertainty that this document, and the Secretary of State’s announcement, has caused the junior doctor workforce. We oppose the imposition of this contract, and have asked the Government to return to meaningful negotiations with us, without the threat of imposition or unrealistic timescales.

Throughout this process, we negotiated constructively and made significant concessions, for example, agreeing to change the pay structure, end banding and give up the right to automatic pay progression, based on time in post and pay protection on changing speciality. It is disappointing that we are now portrayed as the barriers to change that employers want.

The impact of the imposition announcement is that junior doctors are scared, confused and don’t know what the future holds for them. This has been compounded by a flawed online pay calculator that has raised more questions than it managed to answer.

Over the past weeks we, like yourselves, have heard from countless junior doctors expressing concerns about the proposed contract imposition. The contract summary and accompanying calculator has exacerbated the following uncertainties and concerns.

What are our concerns?
The failure to recognise and value the workforce through the imposition of a contract.

The risk of exacerbating recruitment and retention crisis as demoralised and demotivated doctors leave.

The failure to recognise the work junior doctors do throughout the 7 day week. We are not objecting to working weekends; we just want the opportunity cost of doing so to be recognised in pay.

A fixation on junior doctors as the barrier to seven-day services without the government defining what this means or adequately resourcing the whole multi-disciplinary team.

Concerns about training and supervision when working outside of core hours; we want to be part of a supportive team doing work that contributes to our training.

The proposals governing non-resident on call (NROC) availability have not been properly worked out
- The very low availability allowance may contribute to recruitment problems, especially in NROC-heavy specialities like psychiatry
- They don’t reflect how busy NROC can be
- The means by which pay would be estimated for hours worked
Plain Time

- Society still feels weekends are special
- Premium rates are common for weekend and evening work in most sectors
- How would these work for LTFT doctors who may never do enough weekends to get the premium rates? This could make flexible working less attractive.

Locum restrictions

- A lack of clarity about how this would work in practice
- Short notice requests for locums has not been adequately considered
- What grade/specialty would the doctor have to work at?

Pay protection on changing speciality and pay premia

- This is only offered for a handful of shortage specialities.
- £1500 premiums are unlikely to solve recruitment issues, particularly in psychiatry.
- Experience should be recognised as beneficial.
- Concerns over whether academic premia will apply only to ACL/ACF or academic posts, or whether the value of other academic training such as specialty-relevant PHDs or other postgraduate training will be recognised.

Pay and its calculation

- Current junior doctors do not understand how to work out what their pay is likely to be after imposition, or after protection ends in 2019. Many of them – we estimate over 50% - do not follow a straight, continuous path through training. Maternity leave, LTFT working, time out for academic or other training, changes of specialty, or alterations to training mean that it is unclear to many what training or experience will or will not be recognised in the new contract.
- It is also unclear how the transition arrangements and pay protection will apply to those who may have been out of programme or on parental or other leave during the reference period, or whether protection will apply for those taking leave, or stepping out of and back onto the training pathway during the protected period.
- The timeline for imposition also fails to account for different employment practices, such as for those working under a lead employer arrangement and many doctors are unclear how this will affect them.

The Guardian Role

- Joint planning and implementation would have ensured a better start for this vital function.
- There appears to be inadequate support for Trusts and their junior doctors in setting the function up.

Night Shifts

- Improper definition may mean some fatiguing rota patterns persist. A rota that finishes at 1.55am should be a night shift.

We urge you to thoroughly consider these factors, as they should concern you greatly. It is short-sighted and potentially dangerous to have foreshortened what were constructive negotiations. It is unacceptable to impose a new contract on any staff group. It is damaging to be leaving an overstretched and demoralised junior doctor workforce, as well as the current generation of medical students, in the dark about their futures.

This is why so many of both groups are now rethinking whether medicine in the English NHS is the career they want. We would greatly appreciate your help in de-escalating a situation that benefits nobody and encourage the government to work with us to find a sustainable way forward for junior doctors working in the English NHS.

Yours sincerely

Dr Johann Malawana
Chair, BMA junior doctors committee