BMA Northern Ireland is calling on the Health Minister not to impose a contract on junior doctors here but to protect patients by ensuring junior doctors are treated fairly so they can continue to deliver high quality and safe care to their patients.

Background information

BMA is the trade union and professional body for all doctors. We are the voice of the profession and have responsibility for negotiating pay and conditions of service at both a national and local level.

What is a junior doctor?

A junior doctor is someone who has graduated with a medical degree and who continues to train until such time as they become a GP, a Specialty Doctor or a Consultant. This training period can last from a minimum of five years post graduate, up to ten years or more before becoming a Consultant. This period can be further extended if the doctor does less than full time training eg. if taking study leave for completing a PhD or taking maternity leave.

How the junior contract negotiations unfolded

Since July 2013, the BMA JDC (Junior Doctors Committee) and the respective health departments across the UK agreed to enter into formal negotiations on a new contract for junior doctors. The last junior doctor contract came into effect in December 2000.

After a series of talks, the negotiations stalled as the Government failed to agree to fundamental safeguarding measures that would protect patient safety and doctors’ welfare.

- The pay review body, the DDRB (Doctors and Dentists Review Body) were asked to make recommendations on the junior doctor contract. BMA submitted evidence to this. The report was submitted in July 2015.
- BMA believe that the recommendations by the DDRB were not acceptable and the Government would only re-enter negotiations if we accepted the recommendations. JDC decided not to re-enter contract negotiations as they believed this was not real negotiation and members had made it clear that they were not prepared to accept these recommendations due to concerns over patient safety and doctors’ wellbeing.
Reasons why BMA did not re-enter negotiations

- **Junior doctors told us the recommendations are not acceptable**
  Over 99% of the 4,500 doctors in training who responded to a BMA poll told us that the recommendations are not acceptable and so we cannot accept them as the baseline for any new negotiations. On 13 August 2015, JDC decided not to re-enter contract negotiations for a number of reasons including:

- **The erosion of the current contract would be unsafe for patients and doctors**
  The current system protects patients and doctors through a banding system which protects the amount of time a junior doctors works. The proposed contract would remove the banding system and simply tell employers to follow the law on working time regulations which provide weaker protections than the current contract does. Additionally, breaks during shifts would be reduced to just 20 minutes every six hours.

- **Medicine should be a profession for all**
  No one should be put off becoming a doctor because of their gender or their personal circumstances. The Government believe that trainees’ pay should no longer be protected if they choose to have a baby, if they need to train less than full time, or to re-train in a new specialty. In fact, under these recommendations, the only reason someone may receive some pay protection (in the form of a flexible pay premium) would be if their employer determines their experience to be valuable to the service. This would disincentivise people, especially women, from becoming doctors possibly leading to further staff shortages across the NHS.

- **Certain specialties would be affected more than others**
  Some specialties would be hit by a number of different areas of the new contract. For example, trainees working in psychiatry – a shortage specialty - would be hit by the hours-based system, the pay progression system and the removal of the entitlement to undertake fee-paid work. Also the removal of the GP training supplement would mean GP trainees would be paid less than their hospital counterparts. Such examples cause real concern and would exacerbate the shortages in certain specialties.

The English Government has now decided to impose a contract on junior doctors working in England from August 2016 whilst both Scotland and Wales have decided not to make an imposition. A decision has yet to be made in Northern Ireland.

The BMA is clear that what the Government is proposing is unacceptable. In order to get the BMA back around the table it is vital that the Government reverses its position on the DDRB’s recommendations that would:

- Remove vital safeguards which discourage employers from making junior doctors work dangerously long hours, and in doing so protect both patient and doctor safety
- Extend routine working hours from 60 per week to 90. It is unacceptable that working 9pm on a Saturday is viewed the same as working 9am on a Tuesday
- See pay no longer matching with the experience junior doctors’ gain through their training.

Junior doctors work across all specialties, 7 days a week. They deliver a significant proportion of care delivered on a daily basis to patients across Northern Ireland and the health and social care system could not function without them.
Imposing a contract would have significant repercussions for patient safety, doctors’ well being and morale and could impact on choices junior doctors make about their professional future working in Northern Ireland.

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