Junior doctor committee  
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**Sarah Hallett**

**Junior doctor committee chair**

It has been an extraordinary privilege to represent junior doctors in a year where you have gone - and continue to go - so far above and beyond.

The impact of the COVID-19 pandemic has been brutal. It has tested us as a profession in ways that were hitherto unknown. It has affected all aspects of our personal and professional lives, whether we have been treating Covid patients, supporting and comforting families in challenging circumstances, shielding due to high-risk clinical environments, or working in specialties which have borne the vast indirect impact of this public health crisis.

For junior doctors, the burden shouldered has been immense. Data from the NHS Staff Survey shows that when compared with all medical staff, comparatively more junior doctors have worked on COVID wards or been redeployed to unfamiliar areas, and fewer have been able to work remotely.

Finding time to study has been near-impossible, educational activities have been interrupted, and career progress for many has been disrupted. And the pressure we’re all facing won’t relent as we begin to tackle the daunting NHS backlog.

Research by the BMA shows that the pandemic has left 42% of junior doctors with symptoms of depression, anxiety and burnout, while 60% say their levels of fatigue are higher than normal. The effects of the pandemic on junior doctors’ wellbeing will be felt for years to come.

In spite of all of this, we have put our patients first, and we - like the rest of the profession - have done indescribably important work in the most terrible and relentless of circumstances.

Unfortunately however, our sacrifices have been ignored by ministers.

For this year’s pay round, the Government announced a 3% pay uplift for medical staff in England, but excluded junior doctors from this, as well as GP principles and many SAS doctors. This is despite our extraordinary efforts throughout the pandemic.

Junior doctors in England will instead receive a lower uplift of 2%, because of being partway through a multiyear pay deal. This pay deal was agreed at member referendum as part of contract negotiations, long before the pandemic. The deal also included a clause to allow the uplifts to be reviewed, which we repeatedly requested this year; these requests were ignored.

The government likewise ignored the DDRB's clear directive that the contributions of those in multi-year pay deals must be recognised, despite claiming to have accepted the recommendations of the DDRB in full. The DDRB report notes that ‘ensuring a sense of value and motivation is maintained is particularly important’; by failing to recognise our vital role in tackling the pressures our country has faced, the government will undoubtedly do lasting damage to junior doctor morale.

We must also be clear that the wider 3% pay ‘rise’ for other NHS staff is not good enough either; it is lower than inflation predictions and does nothing to acknowledge the significant efforts of all NHS staff over the past 18 months. It falls significantly below what the BMA had called for as part of our Fairness for the Frontline campaign, which demanded that the Government give junior doctors a significant pay rise in recognition of our efforts. This pay award should be acknowledged for what it is – another real-terms pay cut.

Nevertheless, by refusing to award even the additional 1% to junior doctors above their multi-year pay deal, ministers have shown complete disregard for the enormous contributions of junior doctors.

Indeed, this year’s junior doctor conference, held after submissions to this year’s DDRB pay round, clearly demonstrated the strength of feeling on the issue of pay. Delegates voted in favour of a policy that will, going forward, see the BMA lobbying for a 15% pay uplift for junior doctors in future pay rounds, in order to begin to address the 23% real-terms decline in the estimated take-home pay of the average junior doctor in England from 2008/09 to 2019/20.

This year’s pay award represented an opportunity for ministers to recognise the sacrifices and the contributions we have made – and continue to make – by responding to our call for a significant pay uplift for all doctors.

For junior doctors in England, they chose to offer no such recognition. We have therefore recently surveyed all junior doctor members working in England on their response to the pay award, and to gauge their thoughts on the actions they want to take now. The results of this survey will inform the Junior Doctors Committee (JDC) when deciding how we respond to this pay offer as we redouble our efforts in our campaign for fairness for the frontline.

Now, more than ever, there should be no doubting the importance of our collective voice as a trade union.

This has been an exceptionally difficult year.

But despite this, reflecting on our key achievements, as representatives of junior doctors, we have lots to be proud of.

We have fought hard throughout this session, to improve the safety of rota practices during times of pandemic surge, to ensure that they did not breach our contracts. We have challenged redeployments happening against guidance, and held national organisations to account when making decisions affecting our members. We've fought for fair pay, with several local wins that have only happened because of the efforts of our vital reps and staff. Our lobbying across the four nations has ensured that vital annual leave days could either be carried over, or else paid. Without the work of the BMA, these days would have been lost.

We launched a junior doctor wellbeing checklist to support your wellbeing. This tool helps you, alongside local BMA reps, to audit your trust and push for better support.

We have worked with other branch of practices to tackle unsafe working, on timely access to vital COVID vaccines for staff, and for adequate and safe PPE and risk assessments. This work is our raison d'être as a trade union, and it continues at pace while the effects of the pandemic are still felt.

We as a committee have also made strides in improving the democratic accountability and representativeness of JDC. We still have a way to go yet, but these have been important steps, and I’m proud that we continue to lead the way in the Association on these matters.

In England, we published version nine of the junior doctor contract in April, to fully implement hard won contractual improvements; the benefits of this – ranging from improved pay for weekends, to an extra nodal pay point - will now be felt by junior doctors across the country.

As a result, we have since reconvened the joint negotiating committee with NHS Employers, and are getting straight to work in identifying the issues you face in your daily working lives and pursuing further improvements to your terms and conditions. We will be establishing working groups looking at issues around annual leave, improving the provisions for doctors working non-resident on call shifts, parity of pay for GP trainees and, crucially, health and wellbeing support for junior doctors.

Our colleagues in the devolved nations are also working hard to improve the working lives of junior doctors in Scotland, Wales and Northern Ireland.

The Welsh junior doctors committee continues to work with Welsh Government and NHS Wales Employers on reform of the junior doctor contract. I am pleased to report that the negotiating team is making good progress, and talks will continue throughout 2021.

Both the Welsh junior doctors committee and the Northern Ireland junior doctors committee have been continuing to roll out the implementation of a single lead employer in Wales and Northern Ireland for all hospital-based trainees; both should be completed by the end of 2021.

This is addition to work on finalising and implementing their own Fatigue & Facilities Charters, which outline simple steps that can be taken to improve facilities and reduce fatigue.

The Scottish junior doctors committee and Scottish Government/employers have agreed to a 3 for 2 deal, converting two days public holiday to three days annual leave for junior doctors in Scotland.

They have also reached agreement that supporting work-life balance should be given greater priority when rotas are being designed and from August last year, junior doctors will be notified at least six weeks in advance where any period of fixed leave remains in rotas. It is intended that junior doctors having to take their annual leave in set weeks becomes the exception.

This is just the tip of the iceberg with regards to their work, and you can find more information about this in the written reports of their respective councils.

Throughout the pandemic we have had meetings with the Department of Health and Social Care, statutory education bodies, employers, regulators and the Academy of Medical Royal Colleges. Through these relationships we have achieved vital progress.

We gave a voice to junior doctors who raised significant concerns about new recruitment processes and mitigated against some of the problematic aspects of these changes.

For several years, JDC have lobbied for a no-fault outcome for doctors who have not been able to achieve competencies for their ARCP end of year assessments, for reasons beyond their control.

This year, through work with the GMC and the deans, our reps have been involved in the development of the Outcome 10, allowing doctors to progress through training, and ensuring progression and access to higher pay points - could still be facilitated despite the pandemic.

With regards to training recovery, we have been clear that due to the variable impacts of the pandemic, training requirements would vary between specialties, across regions and even between different individuals in the same workplace, and that a bespoke approach would be essential. Health Education England’s subsequent emphasis on an individualised approach has therefore been very positive, along with the specific funding negotiated to facilitate this at a Trust level. We continue to feed into these discussions both nationally and locally.

Furthermore, after lobbying by the JDC, and successful pilots over recent years, we are delighted to see the commitment now made by Health Education England to roll out flexible, less than full time training to all junior doctors across all specialties. Over the next two years, as it is rolled out, trainees in England will no longer need to meet specific criteria to qualify for the right to work LTFT.

The events of the last year have been like nothing that any of us have experienced before. And yet we know that the NHS was understaffed, and it was underfunded for years before this pandemic. Burnout and low morale have been realities of daily life for many doctors   
for years.

We must see action from organisations like the NHS, the statutory education bodies and the government, to work with us to put in place real, practical, support to deal with the issues affecting our morale, our training and our wellbeing.

We need fair pay that recognises the sacrifices and the contributions we have made – and continue to make.

That means clear political and institutional will, and a commitment to provide the resources needed for genuine change.

This last year has indeed been exceptionally difficult.

But the hardships and the horrors we have faced have been more than matched by the compassion, dedication and skill of junior doctors across all specialties and all around the country.

That compassion, dedication and skill cannot be forgotten and it must not be taken for granted.

Thank you.