

## Junior doctors committee: report to ARM 2022 audio transcript

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My name is Dr Sarah Hallett, and on behalf of myself and my co-chair Dr Mike Kemp, this is the UK junior doctors committee report for the 2022 BMA Annual Representatives Meeting.

It has been another turbulent year for our profession. Whether in general practice, hospital wards or in the community, our working lives continue to be significantly impacted by Covid-19.

As junior doctors, our training and development continues to take a back seat as we do what is needed to care for our patients.

A [recent BMA survey](#) found that more than 6 in 10 doctors were suffering from stress and work-related anxiety, with two fifths saying their mental health was worse now than before the pandemic.

The pandemic and backlog have created an environment of chronic stress. Excessive workloads have been normalised by continuously requiring overstretched staff to fill gaps that should not exist.

Despite the fact that mental health issues are consistently the highest single category of sickness absence, 7 in 10 doctors told us they would feel less comfortable applying for sick leave for mental health reasons.

In response to our conference policy, JDC is developing a tool to ensure junior doctors are aware of their contractual rights around taking leave for mental health sickness reasons as well as providing information and myth busting around fitness to practice thresholds.

We have also written to NHS Employers, to call upon them to explicitly state in their local sickness absence policies that doctors are within their rights to take days off for their mental health. Alongside this we continue to advertise and disseminate the [wellbeing checklist](#) to

standardise wellbeing provisions for junior doctors, with a view to audit and hold employers to account.

Three years ago, our membership voted with an overwhelming majority to accept a new contract deal for junior doctors in England. It was a tremendously difficult period - the negotiations and the dispute were turbulent. But in the end we reached an agreement that delivered genuine, tangible, progress for junior doctors' terms and conditions and in our training. These changes finally reached completion in April, with the [fifth nodal point fully implemented](#), with an additional £7200 of basic pay per year for those at ST6 and above.

Recently we've secured yet more substantial agreements with the Department of Health and Social Care on behalf of members. Junior doctors in England who have faced delays to their training as a result of the sacrifices they have made in responding to the pandemic will now be [compensated for the delay by starting further along the consultant pay scale](#) - an agreement that could be worth £30k over the course of a doctor's career for a trainee delayed by a year.

We have also responded to doctors' concerns about the [end of section one transitional pay protection](#), agreeing an extension that protects these members from facing a significant financial cliff edge in August.

We are undertaking a significant piece of work to [secure better protection for pregnant doctors who work shift patterns](#). We have recently ensured that [doctors who take parental leave are not forced to cover on-call shifts from during the period of annual leave accrued during their period away from the workplace](#), protecting against undue stress and unsafe working patterns during their return to work.

As well as delivering important, incremental change for our members, our representatives and member relations staff have continued the most essential work we do as a union - representing and defending our members on the ground and in their workplaces. When faced once again with employers attempting to disregard our hard-won rights the BMA was there by members' sides ensuring their safety was maintained and they were rewarded for their sacrifices.

As junior doctors, training is fundamental to our working lives. With the impact of COVID, the JDC has been working with statutory education bodies, royal colleges, trainee representative groups and the GMC to mitigate the effects of the pandemic on our training.

In particular we've worked closely with the education bodies to input into their training recovery plans to ensure we get training back on track - we are clear that without training today, there will be no medical workforce tomorrow. This has resulted in [HEE securing an additional £30 million from the government for trainers and trainees to use to catch up on competencies.](#)

Furthermore, commitments made before the pandemic will be coming to fruition; from August 2022 [all trainees in postgraduate medical specialties will have the opportunity to apply to train LTFT Category 3 where junior doctors no longer need to give a reason for working flexibly.](#)

Our colleagues in the devolved nations are also working hard to improve the working lives of junior doctors.

In Scotland, the wellbeing of junior doctors and the pressures faced across the country have been a key priority for [SJDC](#), and they have been gaining significant traction, with articles across many of the major media outlets. Their wellbeing report and results of a snap rota survey generated national media coverage, and the chair of SJDC has met with the Scottish Cabinet Secretary, to press for better working conditions.

When the Scottish government unilaterally suspended rota monitoring, it was the intervention of SJDC that ensured that these [vital safety mechanisms were reinstated](#). SJDC is also making headway on earlier release and educational approval of rotas through joint work with the Scottish government, NHS boards and NHS Education for Scotland. SJDC have also just [secured agreement to curb the number of shifts longer than ten hours in any given seven days to four such shifts](#); a huge improvement to the working lives of junior doctors in Scotland.

In Wales, [WJDC](#) are now in the final stages of [contract talks with NHS Wales Employers and the Welsh Government](#). They have also been reviewing study leave and working with stakeholders on a single lead employer for hospital trainees across Wales. This year will additionally see a pilot for a revised travel and relocation policy, which doubles the maximum allowance that can be claimed.

Despite the challenges associated with the political situation in Northern Ireland, [NIJDC](#) has continued to make gains and stand up for the rights of junior doctors. This year, they have developed a [Northern Ireland specific version of the fatigue and facilities charter](#), which will ensure that junior doctors have access to good quality rest facilities, no matter what time of

the day or night they are working. They've also launched a campaign to promote and value the work of junior doctors, with a particular focus on the impact that COVID has had on training opportunities.

In England the contract review negotiations for junior doctors guaranteed a minimum 2% increase each year for four years - enshrining annual uplifts higher than those seen since 2008. However, the contract was agreed before the pandemic started and when inflation was well below two per cent. The agreement crucially included a clause that would allow the pay agreement to be reviewed should circumstances change ... and circumstances have changed.

[Last July the Government chose to exclude junior doctors from the full 3% pay uplift.](#) Even the pay review body agreed with us. But it says everything you need to know about the fairness of that process that the government ignored them as well. We therefore withdrew from the DDRB process for junior doctors in England. This system is not fit for purpose and these pay awards do not reflect our value.

[The BMA has calculated that the estimated take-home pay for the average junior doctor in England has declined by 22.4 per cent in real terms between 2008 and 2021.](#)

It is clear that after many years of undervaluing doctors, despite all we have given, that we will stand for this no longer.

There is a palpable change in the atmosphere and a growing sense of frustration and urgency in the opinions of our junior doctor members on the ground, that has been building across the last few months.

History repeating itself could yet be avoidable for the government. But the Secretary of State for Health and Social Care won't even meet with us.

Junior doctors who weren't previously politically active, are not just joining their trade union but getting involved, standing for positions, bringing new ideas and perspectives, with a common goal: improving all of our terms and conditions and our working lives.

This is an exciting time to be part of our trade union. That growing momentum, building on the efforts of our representatives throughout the country, means that more junior doctors than ever are running in our elections, and are keen to deliver change.

That momentum must be felt throughout the country - that is why we have relaunched our [pay campaign](#), with a focus on building from the grassroots and at a local level.

We've produced materials to ensure all junior doctors understand the erosion that their pay has suffered, and we are building a network of hundreds of activists across the country- to help us prepare for potential industrial action in early 2023.

Our members have also now sent thousands of letters to MPs with our pay ask for this year, as set by our members at conference last year.

A junior doctor is not worth a quarter less today than they were in 2008. [JDC is now calling for full pay restoration for junior doctors in England](#). We have put this government on notice, and we will not be ignored any longer.

**Dr Sarah Hallett and Dr Mike Kemp**

Junior doctors committee co-chairs