

British Medical Association - [Name of Local Negotiating Committee e.g. *Middle England NHS Foundation Trust LNC*]

Heading [Name the issue e.g. Workload, Casualisation, Gender and ethnicity pay gaps, Local clinical excellence awards, Locally employed doctors terms and conditions] - formal heads of claim

1. Introduction

As you will be aware the issue of

[Insert a few brief introductory remarks, possibly showing how a national issue has an impact in the employer in question. If you have a few useful facts, great, but don't worry]

We believe that we have a common interest in improving the contractual terms of employment of staff at [insert employer]. This claim is submitted on behalf of [insert bargaining group, e.g. *Locally Employed Doctors, SAS Doctors, the Consultant body, Junior Doctors or all medical and dental staff*] employed at [insert employer].

2. POINTS OF CLAIM

2.1 Statement of intent

[Not essential but getting statement from management that they are prepared to negotiate over the matter can be very useful; and if they don't then you can feed this back to members, which can also be useful. It is a way of starting a timer].

Our claim is for the Trust senior management, as an initial step to agree a joint statement as which:

[These are examples only]

- Allows for a joint review of working practices;
- Accepts the need for time-limited discussions;
- Negotiates a review of relevant policies and working practices;
- Provides the leadership across the Trust and to commit sufficient resources (people and money) to achieve this objective.

THEN INSERT THE POINTS OF CLAIM YOU WANT MANAGEMENT TO NEGOTIATE. FOR EXAMPLE, IF IT WAS ABOUT LOCALLY EMPLOYED DOCTORS TERMS, THEY MIGHT BE:

2.2 Removing unequal treatment across departments



Our claim is for [Insert employer] to agree steps to end the disparities Locally Employed Doctors experience from different departments, including:

- Ensuring that all Locally Employed Doctors are paid the same for the same levels of expertise and experience across all departments.
- Ensuring all Locally Employed Doctors have equal access to and the same amount of educational supervision across departments.
- Ensuring equal access to paid time and funding for study and professional development opportunities.

2.3 Removing unequal treatment with those on comparable national contract holders

Our claim is for [Insert employer] to agree to end the disparities Locally Employed Doctors suffer by comparison to their colleagues on nationally agreed contract in relation to pay, educational supervision and support, study and professional development opportunities, and, where applicable, exception reporting, by taking the following steps;

- Ensuring Locally Employed Doctors are never remunerated less than an equivalent doctor working on the relevant comparative national contract, including enhancements, for the level of expertise and experience.
- Ensuring educational supervisors are afforded an equal amount of time in their job plans to support Locally Employed Doctors as they receive to support deanery trainees or comparative national contract holders (e.g. specialty doctors).
- Ensuring that all Locally Employed Doctors who work on the same rotas as deanery trainees have access to and are encouraged to utilise the full exception reporting process, including fines.
- Ensuring that all Locally Employed Doctors have equal access to, and amount of, paid time and funding for study and professional development opportunities as their relevant comparator on a national contract, by;
 - Locally Employed Doctors who work on the same rotas as deanery trainees to receive no less than an equivalent deanery trainee in these regards.
 - Locally Employed Doctors operating at a similar level to a consultant, such as locum Consultants, to receive no less than a permanent Consultant employed via the national consultants' contract (2003).
 - Locally Employed Doctors operating at a similar level to an SAS doctor to receive no less than the relevant permanent comparator SAS doctor employed via the national SAS doctors' contracts (2021).

2.4 End career stagnation for Locally Employed Doctors

Our claim is for [Insert employer] to agree to a comprehensive and structured procedure to facilitate career progression and development for Locally Employed Doctors of all grades, experience levels and expertise. We believe this is best achieved through the agreement of a new policy for all medical and dental staff employed at [Insert employer] which;

- Facilitates regular structured discussions between Locally Employed Doctors and their service leaders on their career aspirations with a view to co-creating an individual

career development plan which includes the support management will provide as well as a reasonable timeframe.

- Affords all Locally Employed Doctors the contractual right to move onto a nationally agreed contract for which they meet the necessary criteria.
- Affords Locally Employed Doctors entering nationally agreed contracts time marked pay protection where necessary, to support the transition and retention of medical staff.
- Facilitates a structured discussion and process for Specialty Doctors seeking to access the new Specialist contract, including;
 - An analysis of the current work being undertaken by the Specialty Doctor.
 - The financial implications of losing a Specialty Doctor to another employer and replacing them versus appointing a new doctor at either Specialty Doctor or Specialist level to deliver the lost work.
 - Where the Specialty doctor does not yet meet the criteria, the co-creation of an individual career development plan which includes the support management will provide as well as a reasonable timeframe.
- Provides guidance, information and signposting for any doctors interested in the CESR process.

3. Agreement on provision of specific facilities time

Conducting effective negotiations on improving employment will require a significant commitment of time for the BMA's LNC representatives.

Therefore, in event that additional or extraordinary [insert joint negotiating committee e.g. JLNC] meetings are required to undertake these detailed negotiations, our claim includes a call for agreement on a specific allocation of paid time off to allow our representatives to meaningfully participate in the processes around and within these negotiations.

4. Negotiating forum

The BMA submits this claim as a matter for negotiation. This is a matter pertaining to the pay, terms, and conditions of [insert bargaining group, e.g. Locally Employed Doctors, SAS Doctors, the Consultant body, Junior Doctors or all medical and dental staff] employed at [insert employer]. As such, we request negotiations be held between representatives of the BMA, the LNC and the management via our [insert joint negotiating committee e.g. JLNC]

It is important that the negotiations are conducted in a timely fashion and that our objective should be to reach agreement by the [insert date] with implementation at [insert date].

5. Terms of agreement to be incorporated into [insert employer] policies

The BMA believes that the terms of agreement reached following negotiation should be incorporated into [insert employer]'s policies.

6. Implementation, monitoring and review

The provisions of the agreement reached should be disseminated in a manner that provides for uniform application across [insert employer]. Managers should be fully informed and trained on the provisions of this agreement.

The outcomes and impacts of the agreement should be monitored with findings presented to [insert joint negotiating committee e.g. JLNC] on an annual basis.

The agreement should be reviewed by the [insert joint negotiating committee e.g. JLNC] every [12/24/36/48] months.