

# BMA Scotland Pay Evidence 2024-25 Junior Doctors

## Approach to junior doctor pay - 2024-25

Junior doctors in Scotland will not submit evidence to the DDRB (Review Body on Doctors' and Dentists' Remuneration) for this pay round - 2024-25. Instead, BMA Scotland will directly negotiate with the Scottish Government to determine junior doctor pay for the next three financial years – these discussions are expected to begin late February 2024. This is unlike any previous year and is the direct result of the BMA's extensive negotiations with the Scottish Government on behalf of junior doctors and dentists in training in Scotland, to end over a decade of sub-inflationary pay awards and to forge a path to restore the erosion of junior doctor pay since 2008/09.

The pay offer made by Scottish Government for 2023/24 (**Table 1**), following direct pay negotiations between BMA and Scottish Government last year, was conclusively accepted by junior doctors in Scotland - 81.54% voting in favour of the offer, with 71.24% turnout, and saw a pay uplift of 12.4% for 2023/24 for junior doctors and dentists in training in Scotland.<sup>1</sup> This ended the BMA Scottish junior doctors committee (SJDC) formal dispute with the Scottish Government over junior doctor pay for 2022/23, following strong mandate from the ballot of junior doctors in Scotland voting in favour for strike action.<sup>2</sup> There is now an established process for the BMA to negotiate directly with the Scottish Government junior doctor pay for this year and subsequent years, and to agree a new Pay Review mechanism to enable a path to achieve pay restoration and to prevent erosion of junior doctor pay recurring in the future.

### 2023/24 negotiated pay offer

The agreed negotiated statement, between BMA, Scottish Government, and NHS Scotland employers, recognises this and commits Government to working with doctors to restore junior doctor pay and prevent pay erosion from recurring in the future. By agreeing to address the way junior doctor pay has been cut, and setting out a clear mechanism for doing so, the Government is making a welcomed commitment to ensuring that pay for Junior Doctors in Scotland is restored. This is the commitment that BMA SJDC will be holding government accountable to in ongoing discussions, to continue to make real movement toward restoring junior doctor pay.

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<sup>1</sup> [BMA Scotland: Junior doctors in Scotland vote to accept Scottish Government pay offer. - BMA media centre - BMA](#)

<sup>2</sup> [Scottish junior doctors vote for strike action \(home.blog\)](#)

**Table 1****JUNIOR DOCTOR AND DENTISTS IN TRAINING PAY AND CONTRACT REFORM – 2023/24 TO 2025/26**

After a decade of UK Government austerity, pay of Junior Doctors and Dentists in Training has been subject to restraint over a number of years. It is clear this has resulted in significant erosion of pay for Junior Doctors since 2008/09.

To address this we are proposing a deal which contains the following interlinked components:

- A single year pay uplift in 2023/24 of 12.4% for NHS Scotland Junior Doctors and Dentists in Training.
- For 2024/25, 2025/26 and 2026/27 a guaranteed minimum uplift of inflation for the financial year to which that pay deal relates. In consideration of inflation, due regard will be given to both CPI and RPI. This ensures no further pay erosion. Moreover, all parties recognise this represents a floor for these years and commit to further talks in each financial year with the aim of agreeing an uplift that is substantial enough in real terms to make credible progress on the path towards pay restoration.
- Agreement to enter full contract negotiations from Autumn 2023 with implementation by April 2026 with the aim of improving the working and training experience of Junior Doctors and Dentists in Training in Scotland. As part of these negotiations we expect to agree a new Pay Review mechanism which, coupled with contract reform, will enable us to reach a mutually agreeable path to achieve pay restoration and prevent erosion recurring in the future.

Our shared aim is to resolve the significant pay erosion junior doctors have experienced since 2008 and deliver a modernised and improved contract for Junior Doctors and Dentists in Training to ensure that NHS Scotland remains the place of choice to work and train. This will support recruitment, retention and wellbeing of the workforce, thereby improving outcomes for the patients of NHS Scotland.

As per the agreed negotiated statement (above), there is an unprecedented commitment that inflation will be guaranteed as the floor for each round of ongoing negotiation on junior doctor pay and that “due regard will be given to both CPI and RPI” measures of inflation - that is Consumer price index (CPI) and Retail price index (RPI). How exactly the minimum inflationary uplift is set each year will be determined in agreement between BMA SJDC and Scottish Government. The BMA SJDC will continue to measure pay erosion based on RPI – as the inflationary measure used to inflate many costs our members experience in the real economy and to be the best available measure to reflect the living

costs of working people in Scotland, which is why it is the preferred measure of inflation within the trade union movement.<sup>3</sup>

## Key asks of the Scottish Government for the 2024/25 pay award for junior doctors in Scotland

**Inflation has remained very high in the recent period, deepening the significant impact on real terms pay for junior doctors in Scotland. For this year in direct annual pay talks with Scottish Government we expect these to deliver a pay uplift for junior doctors that is substantial enough to make credible progress towards restoring junior doctor pay, with pay restoration being achieved promptly through successive above-inflation annual pay awards.**

As part of the negotiated and agreed statement on pay and contract reform for junior doctors in Scotland (above), the BMA will enter direct in-year pay negotiations with the Scottish Government and employer representatives this year for 2024/25 pay round, and for the next subsequent two years. The agreement reached by BMA with Government ensures a guaranteed minimum uplift of inflation for these years as a floor, with the aim of agreeing a pay uplift in each year which is substantial enough in real terms to make credible progress in addressing long term erosion of junior doctor pay.

The Scottish Government pay offer of 12.4% for 2023/24 for all junior doctors achieved by BMA SJDC negotiations, was accepted by junior doctors, and we expect this to have already begun to reverse the trend of real terms pay erosion since 2008/09.<sup>4</sup> We will know for sure the extent to which the 2023/24 pay award has reduced pay erosion when inflation figures for the financial year are available in April/May, published by the Office for National Statistics.

Continued pay awards above inflation – as promised by the 2023/24 offer – will be required to remain on the path to restoring junior doctor pay. To ensure no further erosion, and to make meaningful progress to restore junior doctor pay, the BMA will be seeking in direct pay negotiations with the Scottish Government this year, an above inflation pay uplift, that continues a credible path to pay restoration.

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<sup>3</sup> <https://www.tuc.org.uk/news/union-leaders-call-rpi-be-renewed-not-scrapped>

<sup>4</sup> [bma-sjdc-consultative-vote-faqs.pdf](https://www.bma-sjdc.org.uk/news/bma-sjdc-consultative-vote-faqs.pdf)

## Pay erosion for junior doctors in Scotland

Junior doctor pay has been subject to significant restraint and sub-inflationary pay awards since 2008/09. This has resulted in significant erosion of pay for junior doctors during this long period, all at a time where increasing demand on doctors with greater patient demand and a doctor workforce within the NHS that remains insufficient to meet ever-increasing demands – this having a fundamentally detrimental impact on the working lives of junior doctors.

The representative examples below, covering the period between 2008/9 and 2022/23, using Retail Price index (RPI) as the measure of inflation, highlight the significant extent of the real terms pay decline in pay for junior doctors. The graphs below demonstrate that doctors have faced unprecedented cut in their average real-term income, which we have showed below in both nominal cash and real terms since 2008/09. (**Figures 1 and 2.**) As noted above, the 12.4% pay award for junior doctors in Scotland last year will we expect to have begun to reverse the real terms pay decline and reduced levels of pay erosion and the extent of this reversal of erosion will be fully assessed soon once April inflation figures are known.

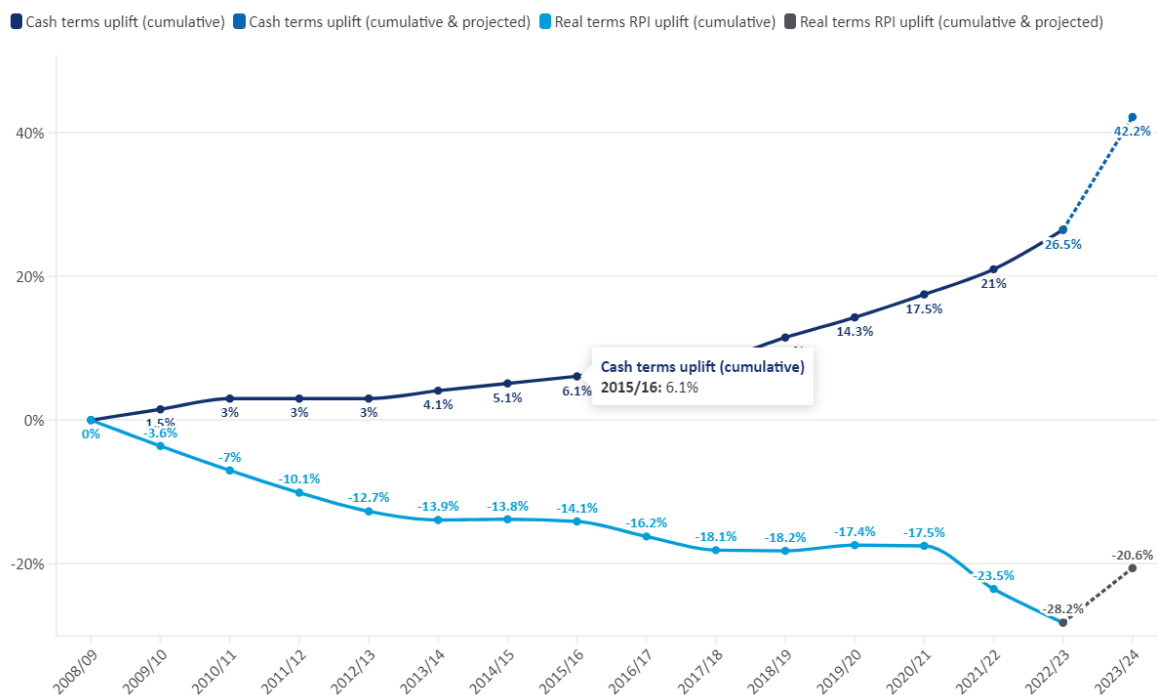
The BMA's latest calculation based on full year inflation figures show that pay awards<sup>5</sup> for junior doctors in Scotland from 2008/09 to have delivered a real terms, as measured by RPI, pay cut of **28.2%** for foundation year (FY) and **28.6%** for specialist registrar (StR) doctors.

Figures 1 and 2 (below) – the pay uplift of 12.4% is expected to be higher than inflation so the degree of pay erosion should reduce – this is included on Figures 1 and 2 by a dashed line.

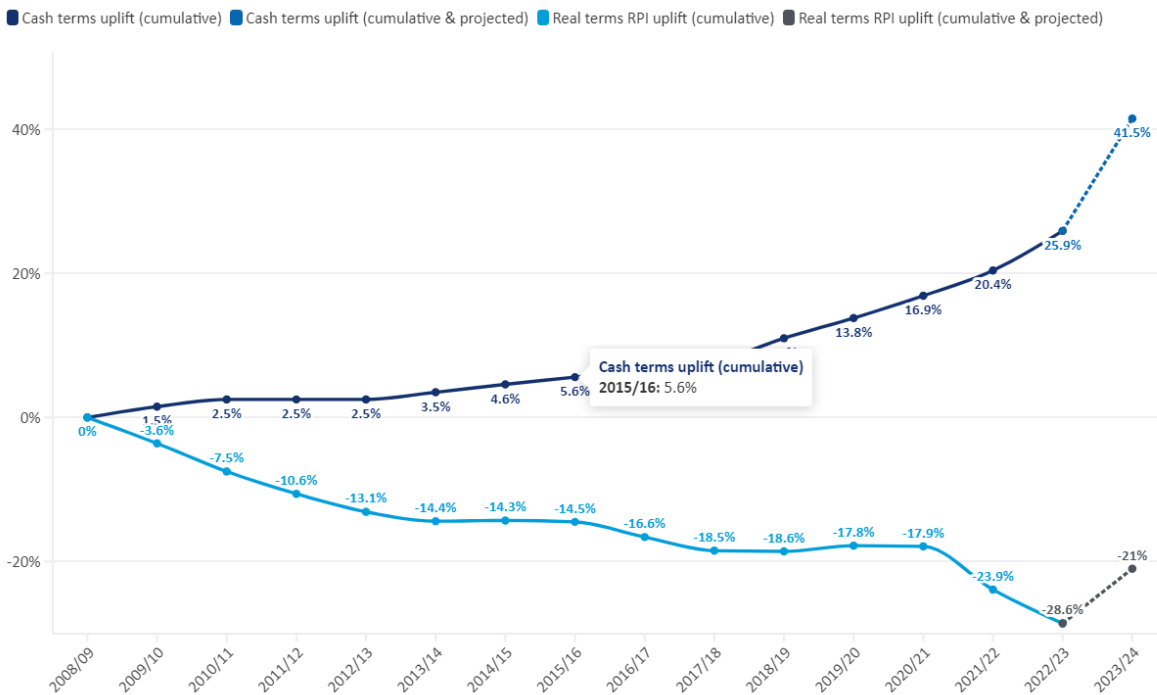
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<sup>5</sup> <https://www.sehd.scot.nhs.uk/> (search: "PCS" in the "Name/Reference" box to retrieve pay circulars)

**Figure 1: Real decline of pay awards for Foundation Year (FY) junior doctors in Scotland**



**Figure 2: Real decline of pay awards for Specialist Registrar (StR) junior doctors in Scotland**



## NHS Scotland pressures and backlog of care

BMA Scotland has recently published analysis of pressures in NHS Scotland – [NHS Scotland under pressure](#).<sup>6</sup> This mirrors other analysis reported by [Audit Scotland](#)<sup>7</sup> on the current pressures faced by the NHS in Scotland.

The NHS in Scotland in this post-pandemic area continues to struggle with continuing backlog of medical care in Scotland, now almost three years since the [Scottish Government's five-year NHS Scotland covid recovery plan](#) was published in 2021.<sup>8</sup> The challenges facing the NHS in Scotland are unprecedented and are having a severe and detrimental impact on the junior and wider medical workforce and the services they deliver. Junior doctors are reporting that stress and burnout are at an all-time high, as services are collapsing, and patient demand cannot be met due to spiralling staff shortages and lack of capacity.

Data from [Public Health Scotland](#)<sup>9</sup> shows that for the quarter ending September 2023, 525,654 patient waits that were still ongoing, this is a marked increase (+2.2%, +11,267) compared to the end of the previous quarter. This statistic shows an upward trend since COVID-19 began to impact on planned care in March 2020. The total waiting list size is now 10.5% higher than at the same date last year and has increased more than two-fold (+269,237) since 31 March 2020.

Large attendance at Accident and Emergency services in NHS in Scotland continue to rise, with just over 129,000 A&E attendances recorded for October 2023. Performance of A&E further demonstrates the system wide pressures.<sup>10</sup> From the summer of 2021 performance against the four-hour standard has dropped below 80% and this has remained at this rate for a prolonged period. In October 2023 performance against the four-hour standard sat as low as 69.7% of those patients who visited A&E seen within four hours.

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<sup>6</sup> [NHS under pressure Scotland \(bma.org.uk\)](#)

<sup>7</sup> [NHS in Scotland 2022 | Audit Scotland \(audit-scotland.gov.uk\)](#)

<sup>8</sup> [NHS Recovery Plan 2021-2026 \(www.gov.scot\)](#)

<sup>9</sup> [Stage of treatment waiting times - Inpatients, day cases and new outpatients quarter ending 30 September 2023 - NHS waiting times - stage of treatment - Publications - Public Health Scotland](#)

<sup>10</sup> [A&E activity and waiting times - Month ending 28 February 2023 - A&E activity and waiting times - Publications - Public Health Scotland](#)

## Junior doctor workforce and workload

High and worsening rates of burnout and fatigue for junior doctors are evident – this reflects the pressures of an overstretched workforce, with excessive workloads, amid existing and widespread staff shortages.

BMA Scotland has continued to highlight the increasing medical workforce challenges facing NHS in Scotland and widespread vacancies across Scotland. [BMA Scotland has developed medical workforce vacancy heatmaps](#) for secondary care to help contextualise the increasing workforce challenge facing NHS in Scotland. <sup>11</sup> Medical locum agency spend remains significant and increasing across NHS Scotland Boards – as evident from figures from NHS Education for Scotland TURAS data<sup>12</sup> - with a total cost of £119.6M across NHS Scotland in the year to 31 March 2023, an increase of 16.8% on 2022. The highest spend on agency locums is in Greater Glasgow & Clyde spending £17.1M – an increase from 12.8M in 2022. Other geographical areas in Scotland reflect significant and increasing agency locum spending. This reflects the NHS in Scotland struggling to deal with vacancies and rota gaps, which are ultimately impacting junior doctors and their education and training experience. The BMA continues to stress the need to fairly remunerate and reward doctors to make recruitment to substantive posts more attractive, which would therefore lead to much needed reduction in locum agency spending.

A [BMA Scotland snap survey](#) <sup>13</sup> revealed that junior doctors in Scotland, and the medical workforce as a whole, are regularly concerned about the “dangerously low” NHS workforce and unsafe levels of medical staffing in their workplace as patient demand continues to soar. Just 1% of those who responded to the survey said they felt their department was well-staffed beyond safe levels – with 80% saying they believe staffing of both doctors and their wider multi-disciplinary support team is either sometimes (49%) or regularly (31%) unsafe.

Furthermore, [the BMA continues to highlight concern](#) <sup>14</sup> on the role and deployment of Anaesthesia Associates (AAs) and Physician Associates (PAs) in NHS Scotland to plug medical vacancies, in the absence of proper medical workforce planning. For junior doctors, [SJDC continues to highlight](#) <sup>15</sup> the

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<sup>11</sup> [Medical workforce heatmaps for Scotland \(bma.org.uk\)](https://www.bma.org.uk/medical-workforce-heatmaps-for-scotland)

<sup>12</sup> <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/05-december-2023-workforce/dashboards/nhs-scotland-workforce/?pageid=10601>

<sup>13</sup> [BMA Scotland: NHS workforce “dangerously low” with patient demand soaring. - BMA media centre - BMA](#)

<sup>14</sup> [PAs/AAs update – our opposition to regulation by the GMC \(home.blog\)](#)

<sup>15</sup> [SJDC update: role and scope of PAs/AAs \(home.blog\)](#)



real concerns on the impact of these roles on their training, losing out on vital opportunities to gain experience, that are instead being provided to PA/AAs. These concerns are only heightened by any expansion in terms of remit and numbers of MAPs (Medical Associate Professions) in NHS in Scotland, as junior doctors are particularly affected. Further serious issues relate to pay when comparing early career doctors with MAPs. MAPs can earn significantly more than foundation year (FY) and some specialty doctors who supervise them. For example, a newly qualified Band 7 Physician Associate will be earning more than some of the registrars supervising them<sup>16</sup>; doctors whose pay surpasses that of a newly employed MAP will have a minimum of 5 years' experience working as a clinician. For a MAP who has spent 5 years working in the NHS, they will be earning more than a doctor with 7 years clinical experience. This is further evidence of how disproportionately poor doctors' remuneration has been in the context of their experience, qualification, and responsibilities.

The BMA's Life a Junior Doctor survey 2023 highlighted that junior doctors were still reporting they feel stressed, burned out, undervalued, and underpaid, with 44% of those that responded stating they had actively looked at opportunities to work abroad. One third of juniors (28.5%) said that they were suffering from stress and burnout, with 42% reporting that they had felt unwell/experienced work-related stress but had not taken any time off. This taken in consideration of a further 25% of junior doctors having experienced significant pressure to work additional hours by their employer.

[Reporting from the GMC](#) similarly shows that almost half (44.9%) of junior doctors in Scotland are now measured to be at moderate or high risk of burnout – an increase on these measures, particularly for those at high risk, since 2022.

Over one third of junior doctors in Scotland have reported that their training is adversely affected because rota gaps are not dealt with appropriately. The same proportion of those junior doctors do not think that rota design optimises their education and development.

The [GMC Training Survey 2023](#)<sup>17</sup> highlights further the workload pressures for junior doctors. 44% of junior doctor respondents in Scotland described the intensity of their work as heavy or very heavy by day – and 37% saying that the same intensity was experienced at night.

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<sup>16</sup> [NHS Scotland | Jobs | Search here for your perfect career - Job Information | Apply for Physician Associates](#)

<sup>17</sup> [National training surveys - GMC \(gmc-uk.org\)](#)

Working under sustained pressure with widespread staff shortages and high levels of burnout, has a negative impact on low levels of morale – almost half (47%) of junior doctors in the afore mentioned BMA Scotland Junior doctor survey said their morale was low or very low.

From the GMC reporting almost, a quarter said that their working pattern made them feel short of sleep when at work. Junior doctor workloads continue to increase, leaving them feeling sleep deprived, yet as we have continued to stress junior doctors continue to be unable to take their required breaks, with inadequate facilities to support this. Rest breaks taken during a shift and the necessarily rest facilities to do so primarily protect the health and safety of patients by protecting the health and safety of staff. Whilst discussions between BMA and Scottish Government have continued to fully implement the recommendations of the Scottish Government's own Expert Working Group report<sup>18</sup>, published in October 2021, aimed at addressing junior doctor fatigue, and which overlap with calls for action within the BMA Scotland Supporting junior doctor wellbeing report<sup>19</sup> <sup>20</sup>published around the same time, the need to address the lack of adequate rest facilities for junior doctors, progress at pace and scale remains, and is required to meet the needs of junior doctors in Scotland.

## Junior doctor recruitment and retention

To highlight here the retention issue for junior doctors in Scotland, where 67% of junior doctors in Scotland have said that they were considering leaving the NHS in Scotland, in a BMA Scotland snap survey in 2023. We know anecdotally and from GMC workforce data reporting<sup>21</sup> that a growing proportion of junior doctors, and following Foundation Year 2 of postgraduate training, are taking time out and leaving the NHS to go work abroad, with places such as Australia and New Zealand the most cited. Whilst for medical training in Scotland NHS Education for Scotland report an overall fill rate of greater than 93%, with many specialties with 100% fill rate, this does not provide a full picture, and we highlight here that there is a downward trend across a number of specialties. <sup>22</sup> There are notable fill rates of concern in some programmes where the number of posts is very small such as Broad-Based Training – and other larger programmes such as Clinical and Medical Oncology, ST4 Emergency Medicine, Geriatrics, Neurology and Palliative Medicine.

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<sup>18</sup> [Junior doctors - 48-hour maximum working week \(without averaging\): expert working group report - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2021/10/Expert-Working-Group-Report-2021.pdf)

<sup>19</sup> [bma-supporting-junior-doctor-wellbeing\\_final-publication-october-2021.pdf](https://www.gov.scot/resources/documents/2021/10/bma-supporting-junior-doctor-wellbeing-final-publication-october-2021.pdf)

<sup>20</sup> [Improving working conditions for junior doctors - gov.scot \(www.gov.scot\)](https://www.gov.scot/resources/documents/2023/01/Improving-working-conditions-for-junior-doctors-2023.pdf)

<sup>21</sup> [Workforce report 2023 \(gmc-uk.org\)](https://www.gmc-uk.org/Workforce-report-2023)

<sup>22</sup> [2023-Recruitment-Data-with-2022-for-comparison FINAL.pdf \(scot.nhs.uk\)](https://www.scot.nhs.uk/2023-Recruitment-Data-with-2022-for-comparison-FINAL.pdf)

## Pensions and taxes

The [changes in contribution rates to the NHS Scotland pension scheme<sup>23</sup>](#), which took effect from October 2023, see a new contribution structure implemented and reform of this structure phased over two years. The new structure sees an increase in contribution rates and retains a tiered system, with some NHS staff paying significantly more per pound of pension accrued than others and the NHS scheme in general having the steepest tiering and highest contribution rates of any public sector scheme. One welcome change made in October 2023 was a move from basing pension contributions on notional whole time equivalent pay to actual annual rate of pay – this is something that the BMA has highlighted for some time and puts an end the unfairness and financial detriment for those choosing to work more flexibly and be employed less than full time.

These pension reforms will have an impact for doctors – any increase in pension contributions is effectively a pay cut for all groups - however for junior doctors those lowest earners the increase in pension contributions rates in October 2023 will adversely impact some of those most early in their training, therefore impacting their total reward package. However, it is noted that conversely there has been a marked improvement for those working less than full time, and this is significant and welcomed. The new rates brought in from 2023 were notably a year behind the change to contribution rates in the rest of the UK, and this delay which meant that for those doctors who worked less than full time, were paying significantly higher contributions. The BMA continues to argue that now all members are part of the 2015 CARE scheme there should be a flat rate of contributions.

Other taxes in Scotland also have the ability to impact on attracting and retaining doctors in Scotland. The six-tier rates of income tax in Scotland mean that for junior doctors, and at all stages of a medical career, doctors will pay more in income tax if they live in Scotland than elsewhere in the UK, with the higher rate of income tax in Scotland applying from £43,663 in Scotland compared to £50,270 in the rest of the UK. Combined with the 12% rate of class 1 national insurance contributions, this would see someone earning between £43,663 and £50,270 in Scotland paying an 'effective rate of tax' of 54% compared to 32% in the rest of the UK. The impact this could have on junior doctor recruitment to Scotland may prove to be significant in time.

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<sup>23</sup> [Pensions – contribution rates update \(home.blog\)](#)