Junior doctor contracts in England

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1. Summary

On 11 February 2016 the Health Secretary Jeremy Hunt announced he would proceed with the introduction of a new contract for junior doctors, as he said a negotiated solution with the BMA was not realistically possible. The new contract will be implemented for new junior doctors, and those junior doctors changing roles, from 3 August 2016. Jeremy Hunt told the Commons:

“Along with other senior NHS leaders and supported by NHS Employers, NHS England, NHS Improvement, the NHS Confederation and NHS Providers, [chief negotiator Sir David Dalton] has asked me to end the uncertainty for the service by proceeding with the introduction of a new contract that he and his colleagues consider safer for patients and fair and reasonable for junior doctors. I have therefore today decided to do that.”

The BMA is opposed to the imposition of the new contract and has already led a number of days of industrial action against what it describes as a flawed contract. The Chair of the BMA Junior Doctors Committee, Dr Johann Malawana said:

“…junior doctors cannot and will not accept a contract that is bad for the future of patient care, the profession and the NHS as a whole, and we will consider all options open to us.”

On 23 February the BMA announced plans for three 48-hour “emergency care only” strikes, starting at 8am on 9 March, 6 April and 26 April. On 23 March the BMA announced that the industrial action scheduled to start on 26 April will change from 48-hour emergency care only to a full withdrawal of labour by junior doctors between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April (18 hours in total). The BMA has also issued proceedings to launch a judicial review challenging the lawfulness of the health secretary’s decision to impose the new junior doctor contract.

On 31 March NHS Employers published the final junior doctors’ contract, setting out the terms and conditions of service to be imposed from August. The Department of Health also published an equality impact assessment and family test.

While opinion differs as to how close the BMA and NHS Employers were to an agreed settlement, it appears a key sticking point in the final stages of negotiations was the question of unsocial hours premiums for work on Saturdays. Jeremy Hunt’s statement to Parliament on 11 February set out the Government’s rationale for the introduction of a new contract for junior doctors. He said that while the Government had made some concessions on Saturday pay premiums, the new contract would help hospitals afford additional weekend rostering. He said that the latest offer from NHS Employers would mean junior doctors working

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1 HC Deb 11 February 2016 c1763
2 BMA, Contract imposition ‘a total failure’, 11 February 2016
3 BMA launches legal action against junior doctors’ contract, Guardian, 31 March 2016
4 NHS Employers, Junior doctors’ full contract published, 31 March 2016
on one in four or more Saturdays would receive a 30% pay premium. He also said that the new contract would give doctors a basic pay rise of 13.5% (NHS Employers’ previous offer had been an 11% increase) to compensate for the reduced number of unsocial hours for which premiums would be paid.\(^5\) Responding for the BMA, Dr Johann Malawana has said: “If the government wants more seven-day services then, quite simply, it needs more doctors, nurses and support staff, and the extra investment necessary to deliver them.”\(^6\)

The negotiations only relate to the junior doctor contract in England. The Scottish Government has repeated assurances to the BMA made in August 2015 that it will not be seeking to impose any new arrangements on trainees in Scotland. In September 2015, Welsh Government officials issued a statement to BMA Cymru Wales indicating that they will retain the current junior doctor contract in Wales. The Northern Ireland health minister, Simon Hamilton, has said he would like to develop a negotiated solution for Northern Ireland.\(^7\)

See the further reading section of this briefing for coverage of the most recent developments.

\(^5\) [HC Deb 11 February 2016 c1763](https://www.thsg.gov.uk/hcdeb/2016-02-11/clas-dh-hospital-sbed/)
\(^7\) BMA, [Impact of contract negotiations across the UK](https://www.bma.org.uk/documents/impact-of-contract-negotiations-across-the-uk) [accessed 24 February 2016]
2. The proposed changes

The current junior doctor contract

Full time junior doctors’ pay consists of a basic salary for the standard 40 hours worked in a week, plus a variable supplement to reflect how many more hours are being worked on average, the type of working pattern, the frequency of extra duty and the antisocial nature of the working arrangements. Full details of total salaries for doctors in full time training are available to download in the NHS Employers 2015-2016 pay circular including:

- banding supplements
- total salaries for trainees working less than 40 hours a week
- less than full time (LTFT) trainees pay arrangements

The BMA website also provides guidance on junior doctor pay.

A new contract for junior doctors would mean an increase in basic pay to compensate for the reduced number of unsocial hours for which premiums would be paid. This would see an extension of plain time working further into the evenings on weekdays, and to day-time on Saturdays. It would replace the current banding system, where pay supplements are based on an assessment of the length and unsocial timing of contracted work. Instead the new junior doctor contract would introduce proportionate payments for additional hours worked. A premium rate would be paid (in addition to the standard hourly rate) for hours worked in unsocial hours periods.

The new junior doctor contract would also end time based incremental progression pay. Increases to basic pay would instead be determined by changes in level of responsibility as doctors progress through training.

NHS Employers state that contact changes will:

- Enhance the quality and quantity of training opportunities.
- Provide a higher basic rate of pay.
- Provide proportionate payment for additional hours worked.

The new contract would be cost neutral, with the exception of a higher employer pension contribution related to increasing basic pay for junior doctors, which was approved by the Department of Health as an allowable cost during the negotiation phase.  

The final contract announced on 11 February 2016

NHS Employers has produced a summary of the final contract announced by the Government on 11 February, which compares this to the current contract, and the offer made by NHS Employers in November 2015. This document confirmed the new contract will increase to basic pay of 13.5% (NHS Employers’ previous offer had been an 11% increase) to compensate for the reduced number of unsocial hours for which premiums would be paid.

Key measures on working hours in the new contract include:

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8 NHS Employers website
9 NHS Employers, summary of the new junior doctors’ contract, February 2016
• Reduction in the definition of ‘safe hours’ from 91 to 72-hours in any seven-day period.
• Maximum average 48-hour working week – down from 56-hours under the current contract.
• Maximum of four consecutive night shifts - down from seven currently.
• Maximum of five consecutive long shifts – down from seven currently.

To further address concerns about unsafe working the NHS Employers contract summary sets out plans for a new ‘guardian of safe working” at each NHS hospital trust. The guardian would have the authority to impose fines for breaches to agreed working hours, which will be invested in educational resources and facilities for trainees. NHS Employers also confirmed additional measures about training, pay progression and pay incentives to support recruitment to certain specialities.

The new junior doctor contract would see an extension of plain time working further into the evenings and on Saturdays. This would see the period when doctors are paid at a standard rate change from 7am to 7pm between Monday and Friday to 7am to 9pm. On Saturdays it would introduce plain-time working from 7am to 5pm on Saturdays (the November 2015 offer had proposed standard-rates applied until 10pm on weekdays and 7pm on Saturdays10). The final contract announced on 11 February 2016 also included a premium of 30% for Saturday ‘plain time’ working, if a junior doctor works one in four or more weekends.

The BBC News website provides the following useful graphic, showing current rates for unsocial hours, the Government’s final offer and a BMA proposal:

![Junior doctors' rates for unsocial hours](image)

Source: NHS Employers

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10 Junior doctors’ contract: the new offer, NHS Employers, 4 November 2015
A seven day NHS?

The Government has said it has a duty to make sure contracts are designed in a way which makes it as easy as possible for hospitals to organise their resources to maximise patient safety across every day of the week.11

While emergency services are provided 24/7 and it is acknowledged that junior doctors, and most consultants, already work at weekends, the Government has committed to ensure that patients get the same high quality, safe care on a Saturday and Sunday as they do on a week day.

The Government have said that seven day services are needed to address higher hospital mortality rates for patients admitted to hospital at the weekend. In a speech in May 201512, the Prime Minister quoted a report published in 2012 which found that mortality rates for patients admitted to hospital on a Sunday can be 16% higher than on a Wednesday.13

The Government has made a specific commitment that patients will receive the hospital care they need seven days a week by 2020.14 For GP services, the Government has committed that by the end of the 2015/16 financial year, 18 million patients will have access to a GP at mornings, evenings and weekends, which will be extended to everyone by the end of this Parliament in 2020.15

Improving weekend care requires more than just ensuring greater presence of senior clinical decision makers. The Government has said it also addressing issues such as access to weekend diagnostic services, provision of out of hospital care to facilitate weekend discharges, and adequate staffing cover amongst other clinical groups.

The BMA has sought further clarification from Ministers on their plans for seven day services, in particular they have asked for more detail on which services are expected to be delivered seven days a week.16

The King’s Fund have supported the Government’s aims but ask how the NHS can provide extended services without additional funding, and without impacting on weekday services:

“A seven-day NHS is the right ambition but will be difficult to deliver. As the war of words with the BMA indicates, significant challenges will need to be to overcome to ensure sufficient staff are available at weekends. There is also the question about how it will be paid for. The £8 billion increase in the NHS budget the government has pledged by 2020 is the bare minimum needed to maintain standards of care and will not cover the additional costs associated with a seven-day NHS.”17

Links to the 8 UK studies into ‘the weekend effect’ on patient outcomes and mortality, referred to in statements by the Secretary of State for Health can be found on the Department of Health website.

11 Government response to e-petition, To debate a vote of no confidence in Health Secretary the Right Hon Jeremy Hunt
12 Gov.uk, PM on plans for a seven-day NHS, 18 May 2015; see for example NHS Choices, Sunday hospital admissions ‘a bigger risk’, February 2012; see also: speech by Health Secretary Jeremy Hunt to King’s Fund, Making healthcare more human-centred and not system-centred, 16 July 2015
13 Use of this statistic has been questioned as the research did not look into whether the higher mortality risk was due to the way the NHS is run at weekends (BMJ, Is the UK government right that seven day working in hospitals would save 6000 lives a year?, 5 September 2015); for an account of the most recent evidence see: BMJ, Increased mortality associated with weekend hospital admission: a case for expanded seven day services?, 5 September 2015. See also BBC News, Junior doctors' row: Hunt’s 6,000 deaths claim ‘was unverified’, 24 February 2016
15 Gov.uk, PM on plans for a seven-day NHS, 18 May 2015
16 BMA, Prime minister: show doctors your plan for seven-day services, 30 August 2015
17 King’s fund, Our response to Jeremy Hunt’s 25-year vision for the NHS, 16 July 2015
3. Background to the new contract

The current junior doctor contract was introduced in 2000 and sought to improve working conditions for junior doctors by decreasing hours and ensuring minimum rest breaks. The Government has described the current contracts as “outdated” and “unfair” and introduced and started scoping work to change the contract in 2011. The Government and NHS Employers have stated that their key aims are to improve patient outcomes across the week and to reward greater responsibility and professional competence.

In 2013 NHS Employers and the BMA agreed “heads of terms” (HoT) to achieve a new contract for junior doctors. The HoT set out a framework for negotiation on the design of a new contract and covered working hours, pay, quality of life and training. Later in 2013 the Department of Health, with the other UK health departments, mandated NHS Employers to begin negotiations with the BMA on changes to the junior doctor contract, and the consultant contract. This specified that revised contracts must be broadly cost neutral.

Negotiations between NHS Employers and the BMA junior doctors committee stalled in October 2014. The BMA expressed a number of concerns about the proposed contract changes, including concerns that doctors' welfare and patient safety are not being sufficiently considered by NHS Employers.

After progress with the negotiations stalled, the Health Secretary asked the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) and the NHS Pay Review Body (NHS PRB) for their observations on the progress made in the negotiations. In particular the DDRB was asked to make recommendations about how contract reform support the delivery of seven day services.

The DDRB’s report on Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week was published in July 2015. Ministers’ responded that they were pleased that the DDRB had endorsed the key principles proposed by the Government and NHS Employers.

In July 2015, the Health Secretary set a deadline of mid-September for the BMA to re-enter negotiations. The Government also confirmed its intention to impose the new junior doctor contract in time for the new intake in August 2016, if a negotiated settlement was not reached.

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19 NHS Employers website: medical contract reform
20 Written statement, Reports of Review Body on Doctors’ and Dentists’ Remuneration and NHS Pay 16 July 2015, HCWS114. See also DDRB recommendations - analysis for juniors, BMA
The BMA response in September 2015

The BMA junior doctors committee decided not to re-enter negotiations by the Government’s September deadline; the Chair of the BMA Council Dr Mark Porter said:

In the face of proposals from the UK Government which amount to imposition in all but name, the UK junior doctors committee has decided not to re-enter contract negotiations.

The BMA believes that the changes currently being proposed are unsafe for patients, unfair to doctors and undermine the future of the NHS.

This is the time for doctors to stand together as one profession and unite in defence of doctors’ working lives so that we can continue to provide safe, high-quality care for all our patients.21

The BMA junior doctors committee expressed a number of concerns about the new contract22, and called on the Government to withdraw its proposals for change.23 In particular, the BMA had concerns that:

• the replacement of the banding system will lead to a significant cut in overall pay for many junior doctors24;

• that the extension of plain time working to evenings and Saturdays will have an unfair impact on specialities that require more work at these times25;

• that changes will lead to increasing numbers of doctors leaving the NHS at a time when it already faces significant recruitment and retention challenges.26

The presidents of 11 Royal Colleges have also written to the Health Secretary, to raise concerns about the potential impact of the new junior doctor contract on recruitment and retention.27

Industrial action and ACAS negotiation

On 26 September 2015 the BMA announced it would ballot junior doctors on industrial action. The results of the ballot were announced on 19 November 2015: 98% supported strike action (based on turnout of 76%).

During the ballot a detailed offer for a new contract was published by NHS Employers, on 4 November 201528; this offer was rejected by the

21 BMA, Junior and consultant contract negotiations, [accessed 9 September 2015]
22 Ibid.
23 BMA, Junior doctors reject government’s heavy handed attempts to force through a new contract without meaningful negotiations, 13 August 2015
24 Guardian, Junior doctors condemn new contract they say could cut pay by 40%, 18 September 2015
25 BBC, What is the junior doctors row about?, 29 September 2015
26 Guardian, Thousands of NHS doctors apply to be able to work abroad amid contract changes, 25 September 2015
27 Guardian, Junior doctor contracts are threat to NHS, warn Royal Colleges, 24 September 2015
28 Junior doctors’ contract: the new offer, NHS Employers, 4 November 2015; and Written Statement to Parliament: Junior doctors’ contract, Rt Hon Jeremy Hunt MP, 4 November 2015
BMA. Concessions in the November offer included plain-time working ending at 7pm on Saturdays instead of 10pm, and pay protection until 2019.

The BMA had planned for junior doctors to provide emergency care only on 1 December 2015, and for a full walk-out from 8am to 5pm on 8 and 16 December. The BMA also called for the involvement of the Advisory, Conciliation and Arbitration Service (ACAS) and talks between the BMA, NHS Employers and the Department of Health began on 26 November. An agreement was reached on 30 November for the BMA to suspend its planned industrial action, and for the Department of Health to temporarily suspend implementation of a contract without agreement. In a statement to the House of Commons on 30 November 2015 the Health Secretary Jeremy Hunt announced a potential agreement to “allow a time limited period during which negotiations can take place, and during which the BMA agrees to suspend strike action and the government agrees not to proceed unilaterally with implementing a new contract”.

On 30 November ACAS published a statement from the BMA, NHS Employers and the Department of Health, setting out the terms of the agreement to return to time-limited negotiations. This also notes that the timeframe for the BMA to commence any industrial action, should the negotiations break-down, has been extended to 13 January 2016:

“Following productive talks under the auspices of ACAS, the BMA, NHS Employers and the Department of Health are all agreed that a return to direct and meaningful negotiations in relation to a new contract for junior doctors is the right way forward. We intend to reach a collaborative agreement, working in partnership to produce a new contract for junior doctors, recognising their central role in patient care and the future of the NHS. All parties are committed to reaching an agreement that improves safety for patients and doctors and therefore NHS Employers have agreed to extend the timeframe for the BMA to commence any industrial action by four weeks to 13 January 2016 at 5pm, to allow negotiations to progress. Within that timetable, the BMA agrees to temporarily suspend its proposed strike action and the Department of Health agrees similarly to temporarily suspend implementation of a contract without agreement.

All parties acknowledge that they share responsibility for the safety of patients and junior doctors, which must be paramount. In reaching this agreement to return to negotiations the BMA acknowledge the wish of NHS Employers and the Department of Health to agree and implement a new contract without undue delay. All sides wish to achieve a contractual framework that provides fair reward and a safe working environment for junior doctors throughout the week.”

An ACAS memorandum set out further detail on the basis on which the parties would try to progress the agreement to return to negotiation

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29 BMA presses ahead with juniors’ ballot, BMA, 5 November 2015
30 HC Deb 30 November 2015 c32
31 ACAS, Agreement between BMA, DH and NHS Employers, 30 November 2015
and confirmed that the NHS Employer offer published on 4 November 2015 would be the basis for further negotiation.

A further offer was made by NHS Employers on 4 January 2016. The revised offer included additional measures to address concerns from junior doctors about potentially unsafe working hours. These included the establishment of “safe working guardians” at each hospital trust. This was rejected by the BMA, and it gave notice of industrial action on the following dates:

- 8am Tuesday 12 January to 8am Wednesday 13 January (emergency care only)
- 8am Tuesday 26 January to 8am Thursday 28 January (emergency care only)
- 8am to 5pm Wednesday 10 February (full withdrawal of labour)

The BMA and NHS Employers issued statements in early January, setting out their views on how the negotiations had progressed, and the issues on which they could not reach agreement (see page 10). Following the “emergency only” industrial action on 12 January both sides returned to ACAS to continue talks and the BMA called off the 48 hour “emergency only” industrial action planned for 26 to 28 January. After further talks broke down on 1 February 2016 the BMA announced that the strike planned for 10 February would provide for junior doctors to provide emergency care but would run for 24 hours, from 8am 10 February to 8am 11 February.

The final contract announced in February 2016

On 11 February 2016 the Health Secretary told the Commons a negotiated solution was not realistically possible and as a result the Government would proceed with the introduction of a new contract for junior doctors. The new contract will be implemented for new junior doctors and those junior doctors changing roles from 3 August 2016. Jeremy Hunt told the Commons:

“All along with other senior NHS leaders and supported by NHS Employers, NHS England, NHS Improvement, the NHS Confederation and NHS Providers, [chief negotiator Sir David Dalton] has asked me to end the uncertainty for the service by proceeding with the introduction of a new contract that he and his colleagues consider safer for patients and fair and reasonable for junior doctors. I have therefore today decided to do that.” 32

He said the negotiating process had also uncovered some “wider and more deep-seated issues relating to junior doctors’ morale” and announced a government review to address wider concerns from doctors.

The Shadow Health Secretary, Heidi Alexander, responded that Jeremy Hunt had failed to convince junior doctors and the public of his grounds for change:

Everyone, including the BMA, agrees with the need to reform the current contract, but hardly anyone thinks the need to do that is

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32 HC Deb 11 February 2016 c1763
so urgent that it justifies imposition, and all the chaos that will bring.\textsuperscript{33}

The Chair of the BMA Junior Doctors Committee, Dr Johann Malawana responded that:

“...junior doctors cannot and will not accept a contract that is bad for the future of patient care, the profession and the NHS as a whole, and we will consider all options open to us.”\textsuperscript{34}

On 23 February 2016 the BMA announced plans for three 48-hour “emergency cover only” strikes, starting at 8am on 9 March, 6 April and 26 April. On 23 March the BMA announced that the industrial action scheduled to start on 26 April will change from 48-hour emergency care only to a full withdrawal of labour by junior doctors between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April (18 hours in total).\textsuperscript{35} The BMA has also launched a judicial review challenging the lawfulness of the health secretary’s decision to impose the contract. The BMA state that their legal challenge is based “on the government’s failure to pay due regard to the equalities impact prior to imposition.”\textsuperscript{36}

Section 2 of this briefing sets out some of the key measures in the final contract announced in February 2016 and NHS Employers summary of the new junior doctors’ contract includes further guidance on the phased implementation of the contract from August 2016.

Further information on junior doctor contract negotiations can be found on the Department of Health, NHS Employers and BMA websites. The further reading section of this briefing also provides links to coverage of the most recent developments.

### Commons debate on e-petition

On Monday 14 September 2015, the House of Commons debated the underlying issue behind an e-petition which called for Parliament “To debate a vote of no confidence in Health Secretary the Right Hon Jeremy Hunt”; the debate was on the motion, “That this House has considered the e-petition relating to contracts and conditions in the NHS”.

Further information on the debate on NHS contracts recommended by the Petitions Committee:

- [Hansard: Read the transcript of the e-petition debate](#)
- [House of Commons Library debate pack: Contracts and conditions in the NHS](#)

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\textsuperscript{33} HC Deb 11 February 2016, c1765
\textsuperscript{34} BMA, Contract imposition ‘a total failure’, 11 February 2016
\textsuperscript{35} BMA website
\textsuperscript{36} BMA, BMA launches legal challenge to contract, 31 March 2016
Proposed changes to the consultant contact

On the 11 September 2015, the BMA announced that it had re-entered negotiations with NHS Employers about changes to consultant contracts in England. The negotiations concluded in December 2015 and an amended contract offer is expected to be put to a vote by consultants. Detail on the implementation of the changes to the consultant contract was provided by the Health Secretary in July 2015:

Whilst we remain prepared to discuss a staged approach to changes for consultants, as recommended by the DDRB, we would be seeking immediate removal of the consultant opt-out, early implementation of new terms for new consultants from April 2016 (moving existing consultants across by 2017) …. We will also introduce a new performance pay scheme, replacing the outdated local clinical excellence awards so that we reward those doctors who are making the greatest contribution to patient care – the DDRB recommends that these be termed ‘awards for achieving excellence’. I will consult on removal of the current local scheme in the autumn, alongside proposals for a reformed National Clinical Excellence Award Scheme based on the recommendations previously made by the DDRB. We will be mindful of the importance of recognising those doctors who have national leadership roles in the NHS and the substantial contribution made by clinical academics.

While much attention has focussed on the proposal to remove the consultant “opt-out”, which allows senior doctors to refuse to work non-emergency work in the evenings, at nights and at weekends, there are a number of other changes. In particular, there are proposals to reform performance pay, and to extend plain time into evenings and to Saturdays, along similar lines to those proposed for junior doctors. Although a Freedom of Information request by the BMJ found that only one percent of consultants had opted out of weekend work the pay review bodies observed that the right of consultants to opt out of non-emergency work in the evenings and at weekends is a contractual barrier to the delivery of seven day services.

The DDRB stated that “the role of consultant presence at weekends to make a difference to patient outcomes is accepted”. It was noted that this is a contractual protection which is enjoyed by no other NHS professionals or by any other areas of the public sector workforce. DDRB said “In our view, the current ‘opt-out’ clause in the consultant contract is not an appropriate provision in an NHS which aspires to continue to improve patient care with genuinely seven-day services, and on that basis, we endorse the case for its removal from the contract.” The DDRB also noted that the removal of the consultant opt-out clause is an opportunity to smooth the transition between the junior doctor grade, which is routinely rostered for weekend working, and the consultant grade, which can choose whether to be rostered or not. The DDRB also supported the introduction of a new performance pay scheme, replacing local clinical excellence awards (CEAs) and noted that the value of national CEAs will need further consideration.

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37 BMA, Contract changes, 11 September 2015; see also “Negotiations begin over compulsory weekend work for consultants”, BBC, 11 September 2015
38 Written statement, Reports of Review Body on Doctors’ and Dentists’ Remuneration and NHS Pay 16 July 2015, HCWS114; Oral statement on NHS Reform, HC Deb 16 Jul 2015 598 cc1099-1119
39 Details of the BMJ FoI request can be found here.
40 Review Body on Doctors’ and Dentists’ Remuneration, Contract reform for consultants and doctors & dentists in training – supporting healthcare services seven days a week, Executive summary, xii
41 Ibid., Executive summary, viii
Contracts for other NHS staff

The NHS PRB looked at the implications of seven day services for the NHS “Agenda for Change” pay system, which covers nurses and other non-medical staff, and concluded that the Agenda for Change pay system was not a barrier to the delivery of seven day services. However, it noted that more work should be undertaken to understand in more detail how services might be delivered in the future.42

The NHS PRB observed that there is a case for some adjustment to unsocial hours pay, for example, extending plain time working further into the evening and noted the move, in some sectors, to plain time working on Saturdays. The report said that in the view of the Department of Health and NHS Employers the cost of the unsocial hours premia makes the delivery of seven-day services prohibitive. The NHS PRB also noted that any changes to unsociable hours premia should be part of wider reform to the Agenda for Change system, as if done in isolation, it could risk the morale and motivation of staff.

The NHSPRB said that the areas of agreement between the parties “should provide a positive basis for future discussions and progress on the expansion of seven-day services”. NHS Trade Unions representing Agenda for Change staff entered into talks on contract reform earlier this year, and have agreed to a timetable seeing change beginning to be implemented from April 2016.43

NHS Employers and the NHS pay review bodies

NHS Employers is part of the NHS Confederation charity and provides a voice for employers in national policy decisions. It leads on national pay negotiations for the Government and NHS hospital trusts and other NHS organisations.

Pay for the vast majority of NHS staff is based upon the recommendations of two independent pay review bodies: the Review Body on Doctors’ and Dentists’ Remuneration (DDRB) and the NHS Pay Review Body (NHSPRB), which covers nurses and other non-medical healthcare professionals, as well as administrative and ancillary staff (senior NHS managers are covered by the Senior Salaries Review Body).

The DDRB was appointed in 1971 and makes recommendations on the remuneration of doctors and dentists taking any part in the NHS across the UK. The NHSPRB makes recommendations on the remuneration of all NHS staff paid under Agenda for Change in England, and for non-medical staff employed in the NHS across the UK (comprising just under 1.5 million workers). The review bodies make recommendations to the Prime Minister, the Secretary of State for Health, and Ministers of the Scottish Government, the Welsh Assembly Government and the Northern Ireland Executive. They receive evidence on pay and related issues from the Governments, NHS Employers and staff organisations and also conduct their own research.

In reaching its recommendations, the DDRB has regard to the following considerations:

- the need to recruit, retain and motivate doctors and dentists;
- regional/local variations in labour markets and their effects on the recruitment and retention of doctors and dentists;
- the funds available to the Health Departments as set out in the Government’s Departmental Expenditure Limits;
- the Government’s inflation target;
- the overall strategy that the NHS should place patients at the heart of all it does and the mechanisms by which that is to be achieved.

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42 NHS Pay Review Body, Enabling the delivery of healthcare services every day of the week – the implications for Agenda for Change, July 2015, Cm 9107

43 Written statement, 16 July 2015, HCWS114
4. Further reading

Junior doctors’ contract and equality analysis are published, *British Medical Journal*, 31 March 2016


Doctors' leaders urge ministers and medics to 'step back from brink', *Guardian*, 29 April 2016

Junior doctors escalate industrial action to all-out strike next month, the *Guardian*, 23 March 2016


Junior doctors set to hold more strikes, *BBC*, 23 February 2016

Hospital trusts threatened with cuts if they refuse to impose new contracts, *The Guardian*, 17 February 2016

Hospitals may refuse to impose Jeremy Hunt’s new contract on junior doctors, *The Guardian*, 12 February 2016

We will fight contract imposition, says BMA, *BBC*, 11 February 2016


How much are junior doctors paid, and why are they threatening to strike?, *Telegraph*, 11 January 2016


Junior doctors' strike: what do the experts think?, Telegraph, 4 January 2016

Junior doctors' strikes are off - but thousands of operations will still be cancelled, Telegraph, 1 December 2015

Jeremy Hunt and junior doctors begin talks at Acas to avert strikes, Guardian, 26 November 2015

Junior doctors row: 98% vote in favour of strikes, BBC, 19 November 2015

What is the junior doctors row about?, BBC, 4 November 2015

Junior doctors rebuff Jeremy Hunt over contract negotiations, Guardian, 12 October 2015

Junior doctors contract row: an explainer, Guardian, 28 September 2015

Jeremy Hunt Trying to 'Take on' Junior Doctors Is Precisely the Wrong Approach, Huffington Post blog post by Shadow Health Secretary, Heidi Alexander MP, 25 September 2015

NHS chief has common sense on his side on seven-day working, Guardian, 8 September 2015

Jeremy Hunt: Doctors 'must work weekends', BBC, 16 July 2015

Jeremy Hunt heralds NHS 'Reformation' as he heads for showdown with doctors, Guardian, 16 July 2015

Library briefings:
General Practice in England (published 9 September 2015)
This briefing paper provides general background on NHS primary medical services provided by GPs in England, including an overview of changes to GP contracts and funding.
The structure of the NHS in England (published 1 June 2015)
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