JUNIOR DOCTORS’ CONTRACT: FACTSHEET

Where we are now
— The current New Deal contract is not working as well as it could and needs to be refreshed to further enshrine patient and doctor safety, and to improve the training experience of juniors.
— The current contract does not support proper professional engagement with junior doctors.
— A large proportion of junior doctor earnings remains variable, leading to unpredictable employer costs and unacceptable variations in individual earnings.

Key drivers for reform
— The BMA, DDRB and employers have been pressing for contract reform for several years.
— A new contract must support high-quality care by applying the highest standards of excellence and professionalism to enable junior doctors and their employers to meet their shared responsibilities to patients. Importantly for junior doctors it means making every moment count for their training and development.
— Pay and reward must reflect fairly the responsibility level of the junior doctor and the level of competences they apply at any given time in their development.
— Future pay progression should be based on stages of training and actual progression to the next level of responsibility, on taking up a position at that level.

Timeline of events
— December 2012 – Scoping study published urging new juniors’ contract talks.
— June 2013 – Heads of Terms for negotiation of a new juniors’ contract agreed between NHS Employers and the BMA JDC.
— October 2013 – Formal negotiations begin between NHS Employers and JDC.
— 16 October 2014 – BMA withdraws from negotiations before end date.
— 31 October 2014 – Independent Doctors’ and Dentists’ Review Body (DDRB) asked to make recommendations on new contractual arrangements for juniors.
— November/December 2014 – All parties submit evidence to DDRB.
— August 2015 – JDC decides against re-entering negotiations.
What happens next

— The Secretary of State for Health in England has asked us to prepare a new contract for August 2016.
— There are large areas of the contract that have yet to be decided, specifically around pay, as detailed modelling is needed to calibrate the different aspects of the new system and ensure it costs no more or less than now.
— We are working to an extremely tight timescale. Employers will need to be trained on the new arrangements before introducing them, and we want to let employers and juniors know what the new arrangements will be as soon as possible.

Details still to be discussed

The JDC decided against returning to negotiations. The DDRB recommended that the final detail should be the subject of negotiation between the parties. Specifically, NHS Employers wanted to discuss with the BMA:
— what the rate of basic pay should be
— what the out-of-hours periods should be
— the number of different pay nodes/levels of training
— the mechanism for work reviews.

The parameters we need to work within

— Improve patient safety through doctor safety and improve the quality of training.
— A fair pay system.
— Cost neutrality – government has said there is no additional money.
— Government requirement to abolish time-served pay progression in the public sector, including for junior doctors.
— Contract must be based on DDRB recommendations.

The challenges

Designing a pay system which simultaneously:
— increases basic pay
— rewards and incentivises out-of-hours work with a premium rate
— ensures that trainees can be recruited to shortage specialties.
We need to do this all with the same pot of money that is spent on the current system.

The benefits

— Improved patient safety through improved doctor safety.
— Better safeguards.
— A contract for training.
— Reward based on your hours and when you work them.
— Increases in basic pay and less variable pay, providing greater certainty around earnings.
— A non-adversarial system.
— A proper national framework for GP trainees in practice placements.
— Contractual safeguards to enhance statutory protections, including an absolute weekly working limit of 72 hours in any seven-day period; no shift to exceed 13 hours; limits on consecutive long shifts, nights and on-call periods.