What does the contract mean for me?

The new contract will be fairer for you. Pay will be more predictable and less variable. You will be paid for actual work done, with an increase in basic pensionable pay, pay for additional hours, enhanced rates for unsocial hours, on-call availability supplements, and (where appropriate) flexible pay premia.

It will be safer – for you and for patients – with new, improved limits on working hours and a strong system of contractual safeguards for ensuring that hours and working patterns are safe and are as agreed. A work schedule will set out your working pattern; it will be reviewed regularly with your educational supervisor and you can also request a review through exception reporting if your working pattern varies significantly and consistently. Your employer will be contractually obliged to take action where needed. There will be a robust process for this, and external scrutiny by independent bodies.

It will be better for your training. Your work schedule will be personalised, taking account of your training needs and setting out the learning opportunities that the post will provide.

Why is this being brought in now?

There has been consensus since 2008 that the current contract needs to change – it is no longer fit for purpose. Our scoping study in 2011 set this out and proposed principles for a new contract. The BMA agreed to discuss this, and this led to jointly agreed Heads of Terms for negotiations (2013). Negotiations began in October 2013, but the BMA walked away just before the conclusion of negotiations in October 2014 – at that point, the Government asked the independent Review Body on Doctors’ and Dentists’ Remuneration to make recommendations. The DDRB’s report in July 2015 made recommendations, suggesting these be the basis for further negotiations – and the offer takes account of those. The BMA has refused to return to the table – but we continue to encourage them to do so.

What does this mean for my pay?

Average earnings will remain the same.

Pay will be more predictable and less variable. Instead of banding payments, you will be paid for actual work done, with an average increase of 11% in basic pensionable pay; additional pay for additional hours; enhanced rates for unsocial hours; on-call availability supplements, and (where appropriate) flexible pay premia.

Around three quarters will see an increase in pay and the rest will be protected. The exception to this is those who currently receive up to a 100% salary boost as compensation for working unsafe hours. Instead, new contractual safeguards will ensure they are not required to work unsafe hours at all.

Are junior doctors getting a pay cut?

No. The contract will see basic pay go up whilst average earnings are maintained across the junior doctor workforce. During transition, you will either remain paid under the existing payment arrangements (but with the new terms and conditions applying to how your work is organised – eg work schedules and reviews) if you are in the later stages of training; or you will have protection of your current pay as a cash value minimum below which your pay will not fall (and might be higher).
Payment/protection will be up to the limit of band 2A (80%), the highest level to which pay can be protected under the current contract.

The Government has guaranteed that the junior doctors’ paybill will not be reduced.

**Why are automatic pay increases every year (incremental progression) ending?**

Time-based increments are inherently unfair, awarding increases even where a junior fails to progress through training, or is absent.

Pay progression in future will be linked to promotion to posts with higher levels of responsibility, having established competencies through training to work at that higher level. This is also consistent with the GMC’s aim to make progression through training programmes competence-based rather than time-served.

**What is a pay premia and what is the amount?**

Pay premia will be used in a range of circumstances. Where paid, they will be payable to those trainees for the duration of that eligible training programme.

A premium of £8,200 per annum will apply for GP trainees in the practice placements that are part of GP vocational training – this is to ensure continued parity with earnings in the hospital setting.

Premia will be used for hard-to-fill training programmes. They will apply to Emergency Medicine (at ST4 and above) and to Psychiatry (at ST1 and above) at £1,500 per annum.

Premia will apply to ensure pay protection for those who choose to retrain in or switch to hard-to-fill training programmes – set at a level to offset any loss of salary.

Doctors who take time out of normal stages of medical training to complete agreed training, research or postgraduate qualifications and return to medical training will receive flexible pay premia to ensure they continue to be paid fairly compared to those who remain on the normal training programme.

I’ve already calculated my pay on a different pay calculator, is this correct?

No. The pay calculators published by the BMA and others are not accurate. The pay calculator designed by NHS Employers is based on the Department of Health’s offer and provides a correct estimation of earnings in the new system.

**How do I work out my pay under this new offer?**

We have designed a pay calculator based on the Department of Health’s contract offer, which provides details of how to convert pay in the current system into the new system. We have done this by taking into consideration the indicative level of basic pay in the new system, pay for additional hours, unsocial hours enhancements, on-call availability allowances, the workings of the flexible pay premia, and transitional arrangements. This does not take non-salary benefits into account.

**Will the new contract apply to me if I am already in training/already in specialty training?**

Yes, the new contract will apply to all doctors and dentists in training. Transitional arrangements will mean that some doctors are entitled to pay protection, whereas some will remain on the existing
pay system but move across to the new terms and conditions for all other purposes. See pay premia above.

**Can I have a look at the new terms and conditions?**
In NHS Employers’ evidence submission to DDRB we provided a draft set of terms and conditions and a model contract. This was based on the draft schedules that we had been discussing throughout negotiations with the JDC. The Full Terms and Conditions of Service will be published in early 2016.

**How will the contract change the hours I work?**

The Working Time Regulations (WTR) provides strict rules on hours worked and rest periods. All employers and employees must comply with the Working Time Regulations, although individuals can opt out of the WTR but the employer cannot ask them to do so. This position will be the same in the new contract as it is in the current contract. Contractual hours under the new system will be between 40 and 48, as they are under the current system. However, under the new system, weekly hours will be limited to 72, down from 91 in the current system. In addition, the new system will not allow more than four night shifts to be worked consecutively, abolishing the week of nights possible in the current system. Also, the contract would introduce a limit of five long days in a row, a maximum shift length of 13 hours and a limit of 56 on the average weekly hours that a junior can work if they have opted out of the WTR.

Patient safety is at the heart of the new contract. If doctors find that they are working more hours than their working pattern states, there will be a reporting mechanism which allows trainees to report exceptions where his/her work varies significantly from that in the work schedule either in hours worked and/or the agreed working pattern. Junior doctors will be able to request a review of their work schedule, which their employer will have to carry out according to contract requirements.

**How can doctors be protected from excess hours if there will no longer be a financial penalty for employers?**

The system of exception reporting will ensure that all significant departures from planned working hours are recorded; and work schedule reviews will have to take place where this happens consistently. The employer or junior can request a work schedule review. The DDRB has asked for annual reports on the outcome of employee-triggered reviews.

NHS Employers want to ensure that this process has ‘teeth’ to reassure juniors that unsafe hours will not be agreed or tolerated. As well as reports to the DDRB, reports will go to HEE. In exceptional circumstances, the Postgraduate Dean (on behalf of HEE) can recommend to the GMC that approval to train is withdrawn from the post(s).

Alongside this, the Government is announcing plans to better support doctors to raise concerns if employers breach limits on safe working hours, with new legal protection. The Government is working with the CQC to add the working hours and service delivery of junior doctors within its inspection programme on how trusts manage their medical workforce to deliver safe quality care for patients.

**I am concerned that breaks are being cut, why is this?**

The break system in the current contract is a result of the banding system. As the banding system
will not be a feature of the new contract, keeping these break arrangements would be an anomaly. However junior doctors will still get paid breaks which are more generous in duration than the Working Time Regulation specify.

**Will shift patterns change under the new system?**
It is difficult to say how employers will choose to organise their services to best meet patient need and the training of junior doctors. However, we do know that some working patterns will have to be redesigned - for example those with weeks of nights - because these kinds of working patterns will breach the contractual rules in the new contract on working hours.

**What will plain time look like under the new contract?**

The proposals do not remove pay for unsocial hours. Work done in unsocial hours will be paid at an enhanced rate. There will be an extension of the hours classed as plain time, offset by an increase in basic pay. Doctors will receive time and a half for any hours worked Monday to Sunday between 10pm and 7am; and time and a third for any hours worked between 7pm and 10pm on Saturday, and 7am-10pm on Sunday.

The extension of plain time was in the mandate for negotiations that the BMA Junior Doctors’ Committee agreed to in October 2013 upon entering formal negotiations. This was a Government requirement of the negotiations, of which the BMA was fully aware.

**Why can’t you sit down and negotiate with the BMA?**
Our preference is always to achieve a collective agreement. We had been working in partnership with the BMA Junior Doctors’ Committee since late 2012 when talks originally began on a new contract. We jointly agreed Heads of Terms for negotiation with the JDC and came to many agreements during the formal negotiation period, which started in October 2013. The JDC walked away from negotiations in October 2014 and has refused to return. The Government has therefore had to ask NHS Employers to prepare a new contract offer for doctors and dentists in training without the formal involvement of the BMA.