Junior doctor contract wish list

The junior doctor contract is out of date, but how could potential negotiations improve it?

Helen Jaques asks some of the trainees at this year’s BMA Annual Representatives Meeting

The current junior doctor contract—which covers all doctors in training, including GP trainees and academic and public health doctors—was agreed years ago in 2000. Although this contract achieved its main goal of reducing the average hours worked by trainees, NHS Employers’ recent “scoping report” went so far as to brand it “not fit for purpose,” prompting the government to call for the junior doctor contract to be renegotiated.1

NHS Employers, on behalf of the government, and the BMA have since held preliminary talks on the junior doctor contract and have thrashed out “heads of terms” that outline what any potential negotiations might cover.2 3 The key areas on the table are work planning, hours, and pay, with work-life balance, time for training, leave, and professional costs all getting a mention.

Most junior doctors will agree that their current contract is far from ideal, and the trainees at the BMA’s Annual Representative Meeting in Edinburgh last month were no exception. BMJ Careers hears from several representatives at the meeting about the problems with the current contract and how new terms and conditions might solve them.

Monitoring of hours

Employers keep tabs on the hours worked by junior doctors by collecting detailed diaries for a two week period twice a year. The information from these monitoring exercises is used to work out what sort of unsocial hours doctors are working and thus the banding supplement they should be paid.

This is all well and good, says Zoe Greaves, a foundation year 2 doctor in Middlesbrough. But some employers do not get a sufficiently high return rate to monitor their doctors’ hours properly. “In the trust where I am working at the moment, the medical rota in particular hasn’t been successfully monitored for several years,” she says. “This means that [for] all the jobs we’re working at the moment, no one has any idea whether they’re correctly banded or not.”

Asking doctors to clock in and out of work is one approach that has been put forward to improve monitoring of trainees’ hours, but some doctors feel that this method might depersonalise medicine, says Greaves. A better option might be for any new junior doctor contract to have financial penalties for trusts that don’t monitor hours properly, she suggests.

Pay for hours worked

Another problem with this system of keeping track of junior doctor hours is that some trainees feel pressurised to under-report the hours they’re working, says Tom Berry, a surgical trainee in Glasgow. “Banding was deliberately punitive to encourage hours to be kept down,” he explains. “If a couple of [doctors] during a two week monitoring period were to exceed their hours or not get their breaks, everyone in that rota would get paid a huge increase in their banding and the hospital would have costs for that.” If junior doctors are bullied or pressurised into not reporting their hours correctly they can end up underpaid, he cautions.

One option that could be introduced by a new contract would be a system of exception reporting for junior doctor hours, he suggests. Under this system, doctors would have a base salary to pay them for the hours they’re supposed to work, and they would get paid on top of that at a higher rate for any extra hours. “But it’s complicated because we get paid a different amount for out of hours than we do for lunchtime on a Monday, and all those kind of things need to be taken into account,” he adds.

Dangerous hours

Junior doctor hours are not only monitored to determine banding, but they are also recorded to monitor compliance with the European Working Time Directive (EWTD), which limits doctors’ hours to 48 a week. For EWTD monitoring, working hours are tracked over a period of 26 weeks and an average calculated. This approach means that doctors can still work up to 90 hours in one week, providing that they work a sufficiently low number of hours in subsequent weeks to keep their average hours down.

This is a huge problem for doctors on hospital rotations, says GP trainee Jamie Green. “I think it is wrong that junior doctors are being burnt out by inappropriate numbers of night shifts in a row,” he says. “The existing system, although it was a huge step forward, has still allowed what I consider to be dangerous working hours, dangerous for the doctors and also dangerous for our patients.”

Once GP trainees reach their GP rotation, things become more stable and junior doctors work a five day week, says Green. But GP trainees need to book in out of hours shifts on top of that, “which means that sometimes we will be working a day shift followed by an evening shift on the out of hours service.” Introducing some form of rota system for out of hours responsibilities would be one way any new contract could fix this problem, he says.

Pay fluctuations

For Anish Amlani, a specialty trainee year 1 in neurosurgery in London, pay fluctuations are the biggest problem with the current junior doctor contract.