**Requested Information**

My questions relate to the implementation of the new Junior Doctor’s Contract.

1) Is the trust on course to implement the new contract in August 2016?

2) What steps the trust has taken to discuss with junior doctors working within it or under lead employer arrangements about the implementation of the contract and the perspective of trainees?

3) Has the trust advertised/is planning to advertise for the new guardian role(s)? If so please supply further information about the job specification, essential requirements and person specification.

In addition I would be grateful if you could provide any materials pertaining to the implementation of the new contract within your trust. This should include but not be limited to

4) New rota designs (with comparisons from before)

5) Any modelling relating to the effects for the trust (including cost impact, levels of staffing across the week, impact upon training)

6) Details of any plans to change services offered in order to implement 7 day services as a result of this contract change.

7) Any correspondence from or to NHS employers, Health Education England or the local deanery regarding contract implementation.

**Response**

1) The Royal Cornwall Hospitals NHS Trust (RCHT) has suspended work on preparing for the introduction of the Junior Doctor’s contract published on 31 March 2016 until the results of the British Medical Association’s (BMA) referendum (due 6 July) as agreed

2) The RCHT has not taken any steps to discuss with Junior Doctors the implementation of the new contract (see the response above)

3) The Trust has advertised the post of Guardian of Safe Working Hours. The job description and personal specification is as per the national guidance

4) RCHT does not hold any recorded information in response to your request on the changes required for the implementation of the new junior doctor’s contract, as it is still working through the changes required

5) RCHT does not hold any recorded information in response to your request. RCHT is unclear of what the costs of implementation may be until the Trust receives the details of information from NHS employers and the referendum has been held

Steve Rowe, Freedom of Information Officer

Review Date: 2019
6) There are currently no plans to change services at RCHT to implement 7 day services as a result of this contract change. RCHT will be working through all implications as per the national guidance.

7) Please refer to Appendix 1 for emails, dated 12\textsuperscript{th} February 2016 to 27\textsuperscript{th} May 2016, regarding contract implementation, also please refer to a previous Freedom of Information request \textsuperscript{FOI 1297} April 2016 for e-mails received by the Trust dated 15\textsuperscript{th} February 2016.
From: D M  
Sent: 12/02/2016 17:18  
To: K J  
Subject: Junior doctors - summary of the new contract 2016

Dear colleague,

Further to my email yesterday about the junior doctors’ contract, I wanted to let you know that we have now published the summary of the new contract on our website and updated the FAQs.

I have also written to every junior doctor in England today setting out the key points of the new contract, which can be found on the junior doctors’ web pages.

I am also sending this to medical directors so that they are aware of the content of the new contract. I would be grateful if you could share the contract booklet with as many of your junior doctors as possible.

Yours sincerely,

D M

Chief Executive, NHS Employers
Dear colleague,

I wanted to drop you a quick note to alert you to a number of resources that we have made available to help you and your colleagues deal with any queries that are being raised by your junior doctors on the details of their new contract. I am also writing to medical directors to ensure that they know that these materials are available as well.

Firstly, a revised pay calculator has been published this morning. This has been amended to reflect the progress that was made with the BMA and these include:

- A revised nodal pay point structure
- Payment for all work done, with an enhanced rate of pay for hours worked in excess of safe working limits
- 50 per cent premium every day for hours worked between 9pm – 7am
- 30 per cent premium for hours worked on Sundays between 7am – 9pm and Saturdays 5pm – 9pm
- 30 per cent premium on Saturday between 7am – 5pm if any shift starting on a Saturday is worked 1:4 or more frequently
- Availability supplement payable for on-call duty at the rate of 10 per cent if rostered 1:4 or more frequently, and 5 per cent of basic salary if less frequently. ST1-2 to receive percentage rate equivalent to ST3-7 salary.

We have also produced an ‘at a glance’ guide to the new contract. You may find it useful to share this with your junior doctor colleagues so that they have a better understanding of the new contract.

I am sure you will appreciate that it is difficult to address each individual question from the junior doctor workforce but we recognise that we do need to try and provide as much information as we can. To that end, we will be holding the first of our Facebook chats for junior doctors on Monday between 17.30pm – 18.30pm. Please feel free to share this information with them.

We also recognise the need to support colleagues in HR and medical staffing teams and we will be alerting them to details of regular webinars and face-to-face briefing sessions shortly.
I will be hosting the first in a series of webinars on Thursday 25 February between 12.30 – 1.30pm. These webinars will give you an opportunity to ask more detailed technical questions about the contract and its implementation.

Bookings are now open for the regional face-to-face briefing meetings. The morning will be for HR and Medical Directors and the afternoon sessions are for your medical staffing leads (we will be contacting them directly with booking details).

| How to implement the junior doctors’ contract event |
| --- | --- | --- | --- |
| Audience: HRDs and Medical Directors |  |
| London | Wednesday 9 March | 10am-1pm | Book your place |
| Manchester | Friday 11 March | 10am-1pm | Book your place |
| Birmingham | Monday 14 March | 10am-1pm | Book your place |
| Exeter | Wednesday 16 March | 10am-1pm | Book your place |

Our frequently asked questions are updated daily and published on our website at [www.nhsemployers.org/juniordoctors](http://www.nhsemployers.org/juniordoctors)

I hope that you have found this update useful.

Yours sincerely

D M

Chief Executive, NHS Employers
Dear colleague

Regrettably, the first of the BMA’s new periods of industrial action takes place this week. Junior doctors will continue to provide emergency care during this 48-hour period and NHS Employers will continue to support you to help you minimise the impact on patients.

Industrial action planning

We will be operating a communications centre from 7am to 9pm on Wednesday 9 and Thursday 10 March. This will be staffed by colleagues from our employment relations team, national engagement service and communications team. You can contact the centre for advice on

Colleagues from our national engagement service, who are based regionally, will also be on hand. Their contact details are set out below:

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Capsticks support

Our strategic partners Capsticks, will continue to provide a helpline for trusts who need advice on employment law matters. This will operate from 7am to 10pm on Wednesday 9 and Thursday 10 March.

The number to dial during normal office hours (9am to 5.30pm) on Wednesday 9 and Thursday 10 March is. During out-of-office hours please use one of the numbers below.

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Information to help with your contingency planning can be found on our industrial action web pages.

Engagement events

As mentioned in previous correspondence we are hosting a number of face-to-face events over the coming weeks.

The morning sessions will be for HR and medical directors (or a suitable representative) and the afternoon sessions are for your medical staffing leads. If you have not booked your place I would urge you to do this as soon as possible, as places are filling up fast.

<table>
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We will also continue to host weekly webinars. These webinars give you an opportunity to ask more detailed technical questions about the contract and its implementation. The next webinar is scheduled to take place on Tuesday 10 March 2.30 to 3.30pm, see our events page with the webinar details.

And finally, M D, NHS national director for patient safety, wrote an open letter on the relationship between patient safety and the new contract for junior doctors at the end of last week. This letter clearly sets out the reasons why this new contract is fair and safe and I urge you to share this with your junior doctors, consultants and wider NHS colleagues.

I hope that you have found this update useful. If you have any questions, or feel that there is anything else we could be doing to help support you during this period of industrial action, please feel free to contact me at

Yours sincerely

Chief Executive, NHS Employers
Dear Colleague

I wanted to let you know as a matter of urgency that the BMA has just announced the dates of further industrial action for junior doctors, to take place in March and April.

There will be three separate 48-hour periods of industrial action:

- 8am on Wednesday 9 March to 8am on Friday 11 March
- 8am on Wednesday 6 April to 8am on Friday 8 April
- 8am on Tuesday 26 April to 8am on Thursday 28 April

Over each of these 48-hour periods, junior doctors will offer emergency care only.

Please share this information with your medical directors as you work together to minimise the impact of this industrial action on your patients.

Information to help your contingency planning is still available on our industrial action web pages, and we will continue to review and expand this information over the coming days to help you prepare. NHS England will operate as previously, in relation to planning for the days of action.

The BMA has also announced that it will launch a judicial review to seek to overturn the decision to impose the new junior doctor contract. The BMA is stating a link to the Public Sector Equality Duty.

I will continue to keep you updated as this develops and we will be working on additional resources to support you, but if there is anything else we can do to help your preparations feel free to contact me at

Kind regards

Chief Executive
NHS Employers
Dear Colleague

Yesterday in Newcastle my colleagues and I completed the last of the five face-to-face engagement events to discuss the junior doctors' contract implementation.

Across all the events I had the opportunity to speak to close to 400 HR professionals and medical workforce leaders. I would encourage you to continue to support these colleagues to ensure that the finalised junior doctors' contract is implemented from August 2016.

To assist you, please find below a link to the Powerpoint slide deck that was used during the course of the day (this includes the slides from both the morning and afternoon session). This pack was adapted during the course of the events to take on board feedback from Trusts and FTs, and may be slightly different to the version that was shared with you at the event.

You will note from the slides that the details of the contract are being finalised, and I hope to be able to share the final contract with you shortly.

Powerpoint slide pack

You will be able to download the Powerpoint slide deck here. The link will open a Wetransfer page in your web browser, and a download arrow and button will appear, click download to retrieve the slide pack.

Please note: This download is only available for the next seven days. If you need to access this document after the seven days please email the relevant contact from our national engagement service.

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Webinars

Although the face-to-face engagement events have now come to an end, we are continuing to host webinars for HR and medical directors. The next webinar will take place on Thursday 24 March,

We will also be scheduling webinars for your medical staffing leads once the details of the contact are shared with you.

If you have any comments, or there are any additional resources that would support you, please email me at

Yours sincerely

Chief Executive, NHS Employers
From: D M  
Sent: 23 March 2016 15:26  
To: K J  
Subject: Escalated junior doctor strikes  

Dear Colleague

I wanted to let you know as a matter of urgency that the BMA has just announced that it will escalate the industrial action planned for 26 and 27 April to remove emergency cover. Details of the updated industrial action days are:

- 6 to 8 April 2016  
  Emergency care only between 8am on Wednesday 6 April and 8am on Friday 8 April (48 hours)
- 26 to 28 April 2016  
  Full withdrawal of labour between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April (20 hours in total)

Please share this information with your medical directors as you work together to minimise the impact of this industrial action on your patients.

Information to help your contingency planning is still available on our industrial action web pages, and we will continue to review and expand this information over the coming days to help you prepare. NHS England will operate as previously, in relation to planning for the days of action.

I will continue to keep you updated as this develops and we will be working on additional resources to support you, but if there is anything else we can do to help your preparations feel free to contact me at

Kind regards,

Chief Executive, NHS Employers
Dear Colleague,

We have published today (31 March) the terms and conditions of service (TCS) and pay circular for the new 2016 doctors in training contract, which will take effect from August 2016. The TCS set out the details of the contractual terms that will ensure safe working hours for doctors in training, alongside an improved system of pay and reward. The TCS have been reviewed by the Secretary of State for Health in line with the various statutory duties that he had and, in particular, his Public Sector Equality Duty. All junior doctors will be sent a link to the TCS document and the Department of Health will publish the details of the Secretary of State’s consideration.<https://www.gov.uk/government/publications/junior-doctors-contract-equality-analysis-and-family-test>

As a result of Mr Hunt’s consideration, some improvements have been made to the November 2015 offer put to doctors, and to the positions reached with the BMA Junior Doctors Committee in February:

- Previously, the proposal was that all staff, full time and less than full time, would have three years of transitional protection. The final contract describes that doctors who are less than full time or who take approved time out of programme will have three ‘full’ years of protection (so, for example, a doctor working on a 0.5 WTE basis throughout transition would have six actual years of pay protection).

- Previously, doctors who were absent on maternity leave or careers leave on 31 October 2015 (the base date for pay protection) would be protected based on their last salary before they went on maternity leave. They will now have protection calculated as if they were at work on 31st October 2015.

- Doctors working less than full time will be able to access Saturday intensity payments (SIPs) on a pro-rated basis during the transitional period described in the contract. For example, this means a doctor working on a 0.5 WTE contract would receive the payment when they work one Saturday in eight. Doctors will also receive on-call availability payments on a pro-rated basis.
Doctors who have to change specialty because of a disability will receive pay protection on the same basis as someone who changes to a shortage specialty.

I also enclose some further documents to assist you and your teams with the implementation of the contract:

- Implementation guidance (including a model principal statement).
- A letter to be used to confirm the outcome of consultative meetings.
- A communications toolkit [http://www.nhsemployers.org/~media/Employers/Documents/Communications%20toolkit.pdf].
- A powerpoint slide deck for consultative meetings with your junior doctors. You will be able to download the powerpoint slide deck here [https://we.tl/c1PUhe1tHE]. The link will open a Wetransfer page in your web browser, and a download arrow and button will appear, click download to retrieve the slide pack.

Please note: This download is only available for the next seven days. If you need to access this document after the seven days please email the relevant contact from our national engagement service.

A summary of our documents and events, mapped against the implementation timeline set by NHS Improvement, is set out below in annex A.

We will publishing further resources for employers during the early part of April, and these will include guidance on discharging your organisation’s Public Sector Equality Duty, as well as specific guidance and advice for lead employers (and host organisations) and for employers of general practice trainees.

Dr K M from NHS Improvement is writing separately to trust and FT medical directors advising on the assurance that Boards will wish to seek regarding the implementation of the new contract. This appears to be in line with the expectations we discussed at the roadshow events, and I am sure you will be discussing with medical director colleagues how this can be taken forward with your Board.

I am very mindful of the huge amount of work that is being undertaken by medical staffing colleagues to prepare for these new arrangements. I want to place on record my sincere thanks for all their efforts and for the helpful questions and comments that have been offered to us since negotiations with the BMA broke down in February 2016. I also want to thank my colleagues at Allocate Software, Skills for Health and ESR for all the work they have been doing to prepare revised systems that reflect the requirements of the new contract.

I know from talking with colleagues that arrangements are being made to ensure effective implementation of the new contract. Central to this is the appointment in every employer of a guardian of safe working. Full details of this are included in the attached document, but it has been a subject of much questioning at our roadshow events and when I’ve met with employers, since we agreed its creation with the BMA in November 2015:

- It is acknowledged that the creation of a role with a remit for only one relatively small part of the workforce appears disproportionate, particularly given the interest of the CQC in the experience of all staff. Nonetheless, we must accept that junior doctors have been describing significant concerns
regarding their hours of work and the guardian role provides a way in which they can be reassured about our commitment to safe working conditions.

- The role is designed to be independent and credible, and to complement the work of the director of medical education. Indeed, the likely source for guardian post-holders is probably among educationalists (though you don’t have to appoint a doctor necessarily).

- It is not intended that the guardian would involve themselves in every rota or exception report. Rather, they will audit rotas and concerns, identifying risks and recommending improvements. They will be involved in the later stages of reviewing individual concerns, but they should reasonably expect the majority of queries to be resolved at departmental level.

- The guardian will have discretion to spend income generated from financial penalties. Some organisations are considering convening a panel to advise the guardian on such spending, and the guardian will want to ensure that they do establish and maintain effective relationships with junior doctor representatives in their organisation.

The recruitment of guardians should now start straight away, and I look forward to welcoming guardian post-holders to a national event for them on 26 July 2016 in London, details of which we will publish shortly.

I know that the decision to implement this contract without the agreement of the BMA Junior Doctors Committee remains a source of concern for your Boards. I would want to assure them that the contract:

- is a safe and fair one, designed to safeguard hours of work and ensure doctors are paid for all the work they do

- honours agreements reached with the BMA during our discussions with them from November 2015 to February 2016

- includes the offer made by Sir David Dalton and I to the BMA on 9 February 2016, regarding payment for frequent Saturday working and availability for non-resident on call.

In the coming days we will be running a contract helpdesk service to answer any queries you might have about the TCS and its implementation and this can be accessed via In addition, our regularly updated frequently asked questions (FAQs) are available on the NHS Employers website [http://www.nhsemployers.org/your-workforce/need-to-know/junior-doctors-contract/faqs].

Thank you for your continued support.

Chief Executive, NHS Employers

Annex A

Implementation timeline detailing products and events

Milestone

Milestone completion date
Supporting product/activity

Product published date

Post commencing in August 2016

Consultation with existing doctors regarding new rotas

April

Factsheets inc:
- Pay
- Safety
- Training

Available

August rotas reworked

April 2016
- Guide to safe working hours

Available

August work schedules completed

May 2016
- Work schedule template
- Implementation guidance

Available

Pay assessed for all work schedules

31 May 2016
- Generic work schedule template
- Software providers new contract systems

Available

Available for rotas/pay April

Deadline employers to offer jobs to doctors for August and provide:
- generic work schedules incorporating departmental rota, doctor’s slot, pay, on call
- model contract
- template offer letter

8 June 2016
As above, plus
- template covering letter

4 April

Guardian to be appointed

July 2016
- Job description
- Person specification
- Section guide guardian
- National Guardian of Safe Working Hours conference*

Available

Available

31 March

26 July
*bookings from 2 May

Exception reporting mechanism in place

July 2016
- TCS

Available

Work schedule reviews system in place

July 2016
- TCS

Available

Personalised work schedules created in consultation and updated

August 2016 onwards
- TCS

Available

Please note: Where there are lead employer arrangements, the host employer is required to re-design the rota and complete the work schedule, and ensure this is communicated within reasonable timeframes.
Dear colleague,

The second of the BMA’s planned period of industrial action takes place this week. Junior doctors will continue to provide emergency care during this 48-hour period and NHS Employers will continue to support you to help you minimise the impact on patients.

Industrial action planning

We will be operating a communications centre from 7am to 9pm on Wednesday 6 and Thursday 7 April. This will be staffed by colleagues from our employment relations team, national engagement service and communications team. You can contact the centre for advice on.

Colleagues from our national engagement service, who are based regionally, will also be on hand. Their contact details are set out below:

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The number to dial during normal office hours (9am to 5.30pm) on Wednesday 6 and Thursday 7 March is. During out-of-office hours please use one of the numbers below.

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Information to help with your contingency planning can be found on our industrial action web pages.

If you have any questions, or feel that there is anything else we could be doing to help support you during this period of industrial action, please feel free to contact me at

Yours sincerely Chief Executive, NHS Employers
Please find below an email that was sent to trust and FT chief executives.

Dear colleague

Last Thursday (31 March) the Department of Health published its equality analysis (EA) and family test for the new junior doctors' contract.

Since the publication, there has been considerable debate on the subject and a number of colleagues have approached me to respond to the reports that the new contract discriminates against women. I wanted to write to you, as chief executives and senior leaders in the service, to provide some additional information that may clarify the points raised in the equality analysis and assist you in responding to any concerns being raised by your medical colleagues, board members or others.

Central to the concerns about the new contract is that less-than-full-time trainees often take longer to complete their training and become GPs or consultants, and that women form the greatest proportion of these part-time trainees.

The key concern relating to the contract is the move away from automatic annual increments, a move which is in common with the government's policy for the public sector. In the current arrangements, doctors who take longer to complete their training receive automatic incremental pay progression without increasing their responsibility. This is a benefit that the Secretary of State acknowledged is removed from the new contract. In our negotiations with the BMA they proposed - and we accepted - an altered pay structure which, in simple terms, ‘front-loads’ payments at the key transition stages for doctors as they move through their training and career path. This, the BMA argued, would mitigate the impact of the move away from annual increments, reducing the impact of the loss of the present benefit to doctors who take longer to complete their training.

As a result of considering the equality assessment in accordance with duties and obligations, including the Public Sector Equality Duties under the Equality Act, the Secretary of State asked for a number of changes to the contract to improve the new arrangements for less-than-full-time staff:

- Previously, the proposal was that all staff, full time and part time, would have three years of transitional protection. Now, doctors who are part time or who take some types of approved time out of programme, will have three ‘full’ years of protection. For example, a doctor working part time on a 0.6 whole-time equivalent basis throughout transition would have five actual years of pay protection.
- Doctors working part time should be able to access Saturday intensity payments (SIPs) on a pro rata basis. This means that while a full-time doctor receives a SIP when they work one Saturday in four or more, a part-time worker working for instance on a 50 per cent contract would receive the payment when they work one Saturday in eight.
- Doctors working part time will similarly receive on-call availability payments on a pro rata basis.

There was also an alteration made to the way in which maternity leave was viewed in relation to protection. Previously, doctors who were absent on maternity leave or carers leave on 31 October 2015 (the base date for pay protection) would be protected based on their last salary before they went on maternity leave. They will now have protection calculated as if they had not taken leave, so
protection will be based on the salary they would have had on 31 October 2015 (which will normally be treated as the salary they return to).

Mr H recognised that there may be an impact on some women as a result of moving to the new contract. This is not the same thing as the contract being discriminatory or illegal. It is the impact of moving from one system that has previously given some women an advantage in pay terms, to a system that removes this advantage but still maintains equal pay for work of equal value.

It’s worth noting that that 90 per cent of this contract was agreed with the BMA, and as the BMA’s own lawyers’ have advised in the legal advice shared in the HSJ on 04 April, nothing in the new contract is discriminatory.

I hope that you have found this update useful, if you have any questions, please feel free to contact me at

Yours sincerely

Chief Executive, NHS Employers
Dear colleague

I thought it would be useful to write to you with an update on the latest developments on the junior doctors’ contract, Agenda for Change pay scales and the consultants’ contract.

Since the publication of the junior doctors’ contract terms and conditions of service (TCS) on 31 March, there has been much debate on the content of the TCS and on the escalated industrial action due to take place on 26 and 27 April.

Senior figures from across the NHS have called on junior doctors to reconsider withdrawing all emergency care and there have been calls for a return to negotiations. Over the last three years the government has continually tried to negotiate a solution but the BMA has walked away from talks twice. There is only one issue outstanding – Saturday pay – which the BMA have refused to discuss on countless occasions, for this reason I am of the personal opinion that we have reached a point where further discussions will be not be productive.

Junior doctors’ helpdesk

For the past two weeks NHS Employers has been running a helpdesk to answer individual questions on the junior doctors’ contract. During this period we have answered over 370 questions from individual junior doctors on various topics including pay, pay protection and working hours.

The number of queries we were receiving to the helpdesk have now reduced significantly and we have closed down the helpdesk. This allows us time to focus our attention on supporting you to implement the new contract and we are encouraging junior doctors to speak to their employers directly if they have any questions.

I appreciate that you may receive questions that you are unable to answer and we will be updating our FAQs (as needed) to support you. Alternatively, you can contact us directly through our usual mail box.

We are also in discussion with Health Education England to look at the possibility of opening the helpdesk once again in May when you issue your F1 junior doctors with their contract. I will provide further details on this once it is confirmed.

Agenda for Change pay band 1 – incremental dates and the 2015/16 pay deal

A number of employers, as well as the trade unions nationally, have raised questions about whether the 2015/16 AfC pay deal could lead to a possible ‘leap frogging’ situations for those on Band 1, when incremental pay point one was removed last year. To support employers in dealing with this issue, the NHS Staff Council has drafted a new question and answer which addresses these concerns. For further information visit our website.

Consultants’ contract

And finally, negotiations on the consultant contract reforms ended in recent weeks. Both NHS Employers and the BMA have reported the outcome of the negotiations to the health minister for his consideration. I will provide a further update as soon as the outcome of these considerations is known.
I hope that you have found this update useful, if you have any questions, please feel free to contact me at

Yours sincerely

Chief Executive, NHS Employers
From: D M  
Sent: 20 April 2016 09:43  
To: K J  
Subject: Junior doctors’ industrial action planning

Dear colleague,

The last period of the BMA’s current round of industrial action takes place next week. As you know, this will see an escalation of previous action. For the first time the NHS will see junior doctors withdrawing full labour, including emergency care, between the hours of 8am and 5pm on Tuesday 26 and Wednesday 27 April (18 hours in total).

NHS England has confirmed that there will be no national exemptions being applied. If your trust has a specific issue and wishes to seek exemption, providing you can confirm that you have taken all appropriate action, NHS England will approach the BMA on your behalf.

Today, the GMC has issued guidance to doctors in the event of full industrial action, this includes a request for all doctors considering taking part in the strike action to consider the implications it will have on patients.

Industrial action planning

To help support you during this unprecedented period of industrial action, we will be operating a communications centre from 7am to 9pm on Tuesday 26 and Wednesday 27 April. This will be staffed by colleagues from our employment relations team, national engagement service and communications team. You can contact the centre for advice on.

Colleagues from our national engagement service, who are based regionally, will also be on hand. Their contact details are set out below:

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Capsticks support

Our strategic partners Capsticks, will also continue to provide a helpline for trusts who need advice on employment law matters. The helpline is open to help respond to your queries now and will operate from 7am to 10pm on Tuesday 26 and Wednesday 27 April.

The number to dial during normal office hours (9am to 5.30pm) on Tuesday 26 and Wednesday 27 March is. During out-of-office hours please use one of the numbers below.

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Information to help with your contingency planning and any on the day issues can be found on our industrial action web pages.

If you have any questions, or feel that there is anything else we could be doing to help support you during this period of industrial action, please feel free to contact me.

Yours sincerely

DM
Chief Executive, NHS Employers
Dear colleague

Last week saw the first ever full withdrawal of labour in the NHS. It is extremely disappointing that the introduction of what I believe is a fairer, safer contract has led to this action, but how well the service coped is testament to the hard work and effective planning that you and your colleagues have undertaken.

Although we cannot predict what action the BMA will take next, NHS Employers are continuing to develop new resources to support you with implementation of the contract. The new resources include a public sector equality duty guidance (PSED) that provides information that will help you consider your local equality obligations under the Equality Act 2010.

Local obligations need to be considered prior to the introduction of the new contract in August 2016. I hope that you find this guidance useful, if you have any questions please email them to

Aside from the PSED guidance, we have also added the following resources to our website:

- Guidance for lead employers and host organisations
  - Model contract for lead employers
  - Guidance for employers on how to contract non-training grade junior doctors
  - Guidance for GP practices employing GP specialty trainees
  - Making the 2016/17 offer info sheet.

And finally, I would like to take this opportunity to provide a few additional details on the guardian for safe working hour’s event. The event is due to take place on the 26 July in central London. It will be an opportunity for guardians to gain a better understanding of their role, ask any questions and to network with fellow guardians.

I will provide further details on the event in the coming weeks.

I hope that you have found this update useful, if you have any questions, please feel free to contact me at

Yours sincerely

Chief Executive, NHS Employers
Dear colleague

You will be aware that the Secretary of State has indicated his willingness to pause the unilateral implementation of the junior doctors contract to enable talks with the BMA. I await final confirmation that the BMA and the Department of Health have been able to agree to resume these talks, but like you very much hope that we can pick up where we left off in February and resolve this dispute.

I wrote to you earlier this week highlighting our new local guidance on the Public Sector Equality Duty and the junior doctors contract. I now understand from colleagues that trusts have started to receive a letter from Capital Law (the BMA’s legal advisors) asking trusts about their local implementation plans.

Although NHS Employers cannot offer advice on how to respond, I would draw your attention again to the guidance I issued on Tuesday. We have asked our legal advisors Capsticks to liaise with other legal firms that offer advice to NHS organisations to discuss a response. My advice therefore is to make contact with your local legal advisors with regards to a response.

I thought that you would also be interested to know that Dr M has today written to Local Negotiating Committee (LNC) chairs across England asking them to support the creation of the new Guardian role, whilst making clear the continued opposition to the imposition of the contract. He makes clear I believe that:

- the role is an important element of protecting doctors interests and is therefore to be seen as separate from the imposition
- BMA members should consider applying for the role
- LNCS should participate in the appointment process.

This is a welcome development and there is also guidance to support you in developing this role on our website. We would also of course encourage you to continue your discussions with junior doctor colleagues around local rota design.

A reminder that we are also delivering an event for the new Guardians on 26 July at the Grange Tower Bridge Hotel, London. Full details will be available shortly and I will of course let you know when the bookings are open.

I hope that you have found this update useful, if you have any questions, please feel free to contact me at

Yours sincerely

Chief Executive, NHS Employers
Dear colleague,

**Breaking news**: ACAS has issued a statement on the junior doctors' talks.

Please see our [website](#) for further information.

Best wishes,

Chief Executive NHS Employers
Dear colleague,

B B of Acas has today confirmed the agreement between the BMA, NHS Employers and the Secretary of State of negotiated terms that, subject to a referendum of relevant BMA members, form the basis for a new contract in 2016. This is a massively positive development and I am hugely grateful to S B of the AoMRC for her intervention two weeks ago, which allowed a return to talks.

Over the past ten days both parties have resolved the outstanding issues taken forward from previous discussions, finalised and confirmed areas already agreed, and developed further measures that address the wider concerns of junior doctors. These are covered in the summary of the agreement. You will note that the agreement includes:

- a new approach to pay and reward
- actions to support equality dimensions of the contract
- refinements to previous rota rules
- improvements to flexible pay premia (FPP) and other terms
- clarification of the role of the guardian
- commitments from HEE and GMC.

I would like to thank D D and B B for their contribution to the success of these talks. Given the support of the BMA JDC for this package, I am hopeful that it will command the support of BMA members.

The last period of dispute has been painful for all sides, and we must hope that over time we can restore the confidence of our colleagues. I look forward to working with J M and E M and their colleagues at the BMA as we move forward, and know you will support efforts locally to improve relations with junior doctors and their unions.

Best wishes

Chief Executive NHS Employers
Dear colleague,

We have today published (27 May) the terms and conditions of service (TCS) and indicative pay summary that, subject to the outcome of the upcoming BMA referendum, would form the basis for a new contract in 2016.

To accompany the updated TCS, the Department of Health has now also published an equality statement as part of their public sector equality duty (PSED) responsibilities.

The updated TCS is reflective of the agreement that was made during our discussions with the BMA at the recent Acas-led negotiations. As I described previously, some of the key improvements that have been made to the March 2016 contract offer, include:

- amendments to pay and reward
- actions to support equality dimensions of the contract
- refinements to previous rota rules
- improvements to flexible pay premia (FPP) and other terms
- clarification of the role of the guardian
- commitments from HEE including on deployment, governance and period of grace
- commitment from the GMC to develop mutual recognition of curricula.

Alongside the TCS we have also published new FAQs and an updated job description for the guardian for safe working role. We will be publishing additional resources over the coming weeks, and this will include guidance on local PSED responsibilities and specific aspects of the proposed new contract.

Next steps

On 20 May, K M from NHS Improvement wrote to HR and medical directors asking that you continue to suspend work on preparing for the introduction (from 3 August 2016) of the contract published on 31 March 2016. Although you must suspend work until the results of the BMA’s referendum (due 6 July), I am aware that a number of you are keen to know what offer to make for August appointments. We are taking legal advice on this issue and discussing it with the BMA junior doctors’ committee (JDC). Further guidance will be issued next week.

The recruitment of guardians for safe working should of course continue and I am pleased to confirm that this can now be progressed with the full support of the BMA JDC. We will be holding a national event for the guardian post-holders on 26 July 2016 in central London. I will share booking details with you in the next couple of weeks.

Supporting junior doctors

The BMA has already begun engaging with their members on the detail of the agreement and the proposed TCS. They have published a set of FAQs for junior doctors which you may be interested to read and to share with your medical workforce. A series of roadshows delivered by the BMA will take place in June, I would be grateful if you could support the BMA to deliver these and encourage and support your doctors in training to attend these important events.
We will be hosting a series of webinars for you in the coming weeks, further details will be available shortly.

Please do also let us know of any questions or concerns that your junior doctor colleagues are discussing with you: we all share the hope that the contract offer will be supported in the upcoming referendum.

I hope that you have found this update useful, if you have any questions please do not hesitate to contact me at

Kind regards

Chief Executive, NHS Employers