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Dr. Johann Malawana Chair, Junior Doctors' Committee British Medical Association BMA House Tavistock Square London WC1H 9JP

Dear Dr. Malawana,

Today in the House of Commons I am giving a firm guarantee on behalf of the Government that no junior doctor will see their pay cut compared to their current contract.

When we met privately on 30 September I indicated that this could be the outcome of a negotiated settlement, and this builds on the commitments I made in my letter to you of 8 October, which of course remain.

As the Junior Doctors' Committee moves towards a ballot of its members, I will be setting out the full details of the Government's contractual offer to junior doctors in the coming days. However, I sincerely hope that on the basis of these assurances you will reconsider your refusal to enter negotiations.

It is deeply regrettable that so many of your members still believe that pay cuts in the order of 30 or 40 per cent are on the table. I am told that the pay calculator on the BMA website which implied this has now been withdrawn, but to date there has been no attempt to correct the misinformation and fear which quite understandably spread as a result.

I emphasise again that I want the new contract to improve patient safety including by better supporting a seven day NHS. Within this, nights and

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Sundays will continue to attract unsocial hours payments, and I would be pleased to discuss in negotiations how far plain time working extends on Saturdays.

I continue to believe that our ambition for the NHS to be the safest healthcare system in the world is underpinned by reducing, not increasing, the number of hours junior doctors work each week. The new contract will mean no junior is required to work more than an average of 48 hours per week, with tougher limits on unsafe hours including a new maximum working week of 72 hours, and a new maximum shift pattern of four consecutive night shifts and five long day shifts, compared with the current contract which permits more than 90 hours a week, 7 consecutive night shifts and 6 long day shifts.

So the idea that this contract would herald a return to the long hours of the past could not be further from the truth. In fact, it is the current contract which provides a perverse incentive for juniors to work unsafe hours by paying those who breach safe hours up to 100% of their basic pay.

As you know, my overriding aim in pursuing these contractual changes is to improve patient safety by dealing with the 'weekend effect' in our hospitals. I know that doctors share this aim of delivering the safest, most compassionate care possible.

I invite you once again to come back to the table to negotiate a contract that rewards doctors fairly and that has safe care at its heart. My door is always open.

JEREMY HUNT