The Scottish government must improve its pay offer to junior doctors

If retention of staff is a shared goal, then the Scottish government must reconsider its pay offer to junior doctors, writes Hugh Pearson

Hugh Pearson deputy chair of the BMA Scottish Junior Doctors Committee and foundation year 2 doctor

Scottish junior doctors have voted to reject the offer of a 14.5% consolidated pay increase over a two year period made by the Scottish government, with a clear majority of 71.1%.1

The Scottish BMA Junior Doctors Committee remains determined to achieve full pay restoration to 2008 levels within five years. The percentage of real terms pay loss for junior doctors in Scotland now stands at 28.5%. Had this offer been accepted, the deficit would have been reduced to 26.5%.1

Rejection of this offer is neither a failure nor a success for BMA Scotland or the Scottish government. It is simply an indication that—in the eyes of most junior doctors—the current offer is inadequate compensation for the work they do.

Throughout the negotiations with Michael Matheson, cabinet secretary for NHS Recovery, Health and Social Care, the shared aim of BMA Scotland and the Scottish government has been “to make NHS Scotland the employer of choice by recognising the contribution and value of junior doctors and dentists in training, supporting retention and therefore improving outcomes for the public.”2

The resounding rejection of this offer indicates that the strength of feeling among our membership and the necessary ambition needed for a path forward has been misjudged. This offer has not sufficiently recognised the contribution of junior doctors and would not have solved our workforce retention crisis.

The government has so far seen our dispute in the context of their resolved dispute with the Agenda for Change (AFC) Unions in Scotland, where their offer of an average 14.5% wage increase was accepted.3 The Scottish government refused to negotiate with us before the conclusion of the AFC dispute. When they came to the table they presented us with an identical solution, despite the different concerns and context in which we balloted for industrial action.

To the Scottish government, their rejected offer partially tackles current inflationary pressures, while providing a commitment to reform the “process” of pay bargaining in the future.

But the aim of doctors in this dispute is to create a credible path towards full pay restoration that secures the future of public medicine in Scotland and ends the practise of eroding doctors pay to subsidise wider health budgets.

Doctors entered this dispute having experienced a much greater degree of pay erosion over the past 15 years than most other public and private sector workers.4 Doctors see this dispute not as a two year process of bargaining with the government over an inflationary spike, but as a fight for the future and security of the profession. For younger doctors in particular, full pay restoration is the necessary step to convince them to work in Scotland. The dispute is as much about confronting the principle that our work is not worth a quarter less than our colleagues in 2008 as it is about receiving a sufficient percentage pay increase for this year.

As such, unlike many other recent public sector negotiations, our dispute will not be solved with a pay offer that only accommodates for the impact of current inflationary pressures on the cost of living—particularly if that offer itself is below inflation. We need a bespoke solution for a unique situation. The rejection of the 14.5% offer marks an important milestone in demonstrating this to the Scottish government and wider public.

The Scottish government will need to provide an offer that directly confronts the principles of pay restoration and is specific about the ways in which this will be achieved. That may mean looking further outside of existing public sector pay commitments for this year and beyond. This is justified by the huge discrepancy of pay erosion that doctors have experienced in comparison with other workers, along with the urgency of the retention crisis we face. We can help them find solutions, but they will need to engage with an open mind. Ignoring the core of this dispute will not move us further forward.

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