BMA and NHS leaders call on government to engage with arbitration service to end junior doctors’ pay dispute

Abi Rimmer

The NHS Confederation and BMA have called on the government to agree to the Advisory, Conciliation and Arbitration Service (Acas) facilitating or initiating talks on junior doctors’ pay.

The Department of Health and Social Care for England said it had been engaging with Acas during the dispute and was open to considering whether there was a role for it to play.

Junior doctors are currently undertaking a 96 hour walkout that will end at 6.59 am on Saturday 15 April. They are calling for “pay restoration,” meaning the reversal of their estimated 26% real terms cut in pay since 2008-09. The BMA said this would require a 35.3% pay rise, costing the government around £1.65bn this financial year.

On 12 April the BMA called on the government to agree to Acas either facilitating talks or helping both parties to reach an agreement on the terms and conditions of engagement for talks to go ahead.

The BMA’s chair of council, Philip Banfield, said, “It takes both sides of a dispute to want to find a solution and we urge the health secretary to show the same willingness that we have and make himself available and open to talks facilitated by Acas.”

In response, a health department spokesperson said that it had been engaging with Acas during the dispute and remained open to considering whether there was a role for it to play. “But our position remains that the junior doctors council needs to significantly reduce its demand for a 35% pay increase and pause [strike] action for formal talks to begin and that will not change,” they added.

Matthew Taylor, chief executive of the NHS Confederation, which represents NHS organisations, also called on both sides to engage with Acas to help bring the current industrial action to an end for the sake of patients. “We are now in the middle of the second round of industrial action by junior doctors, and while members are telling us that the NHS is holding firm the full impact will not be known straight away,” he said.

“NHS staff are doing all they can to minimise disruption, but with junior doctors making up nearly two fifths of an already understaffed workforce, they are understandably worried about the further impact this walkout will have on their services.”

Acas chief executive, Susan Clewes, said that the organisation had a team of experts who were well prepared and ready to help in the dispute. “Acas has decades of experience in resolving disputes, and we helped the various parties involved in the 2016 junior doctors’ dispute,” she said.

Derogation

The news comes after it emerged that the BMA revoked an agreement it had made with a hospital in Somerset to allow some junior doctors to pause their strike action and return to work. On Tuesday 11 April the union said that it had agreed to a derogation to allow seven junior doctors to voluntarily return to work in the emergency department and acute medicine department of Weston General Hospital on that day and the following day.

The BMA said that the move was due to “poor planning by local management,” which had left the departments exposed. “Protecting patient safety during strikes has always been a priority to the BMA,” the union said.

However, on Wednesday 12 April the BMA said it had revoked the derogation granted to Weston General Hospital because it had become apparent that both the BMA and NHS England had been “misled over the level of staffing cover.”

“Either local management were unaware they had sufficient senior cover, or they deliberately misled us,” the BMA said.

It added that it would be asking NHS England to explore any potential probity issues. “We granted a derogation in good faith, and it is incredibly disappointing to see this abused in this way,” the BMA said. “We are grateful to our consultant and SAS [specialist, associate specialist, and specialty doctor] colleagues for their hard work providing cover during the strikes.”

Under its guidance on industrial action the BMA may agree for junior doctors to return to work if there is a “major casualty event.” In this instance a trust would need to urgently contact NHS England.

“If NHS England agree that the situation may justify asking junior doctors to return to work, such request will be submitted to the BMA for urgent consideration,” the guidance states.

In a statement Eugine Yafele, chief executive of University Hospitals Bristol and Weston NHS Foundation Trust, said that when it applied for the derogation the organisation provided information to the BMA that “accurately reflected” its concerns about risks to patients’ safety. “These concerns were supported by consultants providing cover,” he said.

“As part of our established operational planning for periods of industrial action we’ve been exploring all avenues for ensuring sufficient cover for key services over the course of the week, as well as each day responding to unplanned absences. In doing so, we are very grateful to colleagues who have stepped in.
to provide medical cover, which has made the difference in ensuring that we have sufficient staffing without ultimately having had to draw on the derogations.”

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