

PAY RESTORATION NOW

A guide to winning the junior doctor pay campaign in Northern Ireland



STICK TOGETHER. STRIKE TOGETHER. WIN TOGETHER.



Introduction

You're reading this guide because you are a junior doctor or ally who wants to help us to win our pay restoration campaign in Northern Ireland. Our ballot will open on 8 January 2024 until 19 February 2024, so we now have a window to make sure we get a high turnout and a resounding YES! We know if we have strong support in the ballot this will translate to a strong showing on the picket lines as well.

We are looking for support from junior doctors across Northern Ireland so you could be:

- a newly or recently recruited BMA member
- a long-standing but previously not very active BMA member
- an LNC (local negotiating committee) rep
- a NIJDC committee member
- existing active rep.

Or maybe you are none of the above, but just curious about how you can help us to win the campaign for pay restoration. Whoever you are, we need people like you, and we hope this guide will empower you to contribute to this hugely significant campaign.

We also hope the things you will learn from this guide and from the campaign will help you in other ways in the future. We want to use this campaign as a foundation on which to build effective workplace representation for junior doctors, wherever they work.

While the BMA is leading this campaign for pay restoration, we recognise that our power comes from doctors themselves – from you – organising together with the support of our brilliant staff to get a better deal. Our aim is to help you do this as effectively as we can, so get in touch if there is something you need.



Why are we balloting?

When we compare the pay of junior doctors in Northern Ireland with Retail Price Index (RPI) **pay has been eroded by 30.7% since 2008-09.**



The 2023 DDRB recommendation of a 6% pay uplift, plus £1,250, will not be awarded in Northern Ireland due to a decision by the permanent secretary based on the budget available.

Junior doctors in Northern Ireland feel undervalued, underpaid, overworked, and lacking in training opportunities. Our basic pay is the lowest in the UK.

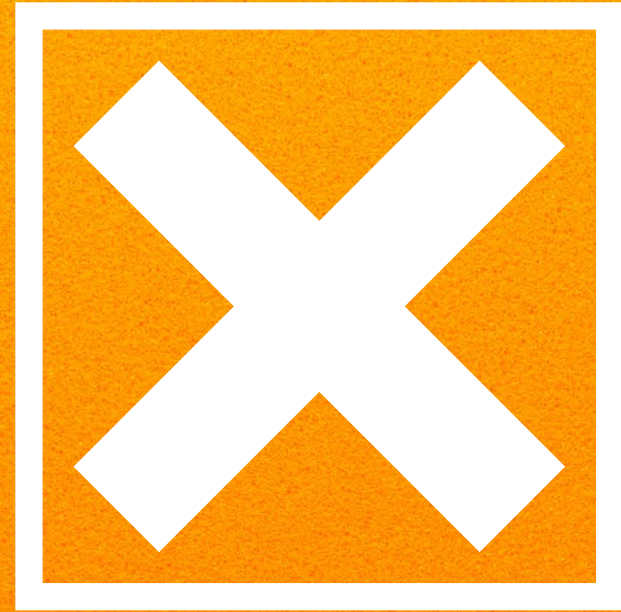
Pay erosion isn't just affecting junior doctors. It also affects the health service in Northern Ireland. Sub-inflationary pay increases have meant it is now less attractive to work and train in Northern Ireland.

We are calling on the Department of Health, the Secretary of State for Northern Ireland, and our Assembly to fix pay for junior doctors.

This means:

- An immediate substantial above inflation pay rise for junior doctors in Northern Ireland to stem the workforce crisis.
- A commitment to full pay restoration for junior doctors in Northern Ireland.

From the survey we did in summer 2023 we know that you also have many concerns about training, rotas and your contract. We are working to address those issues alongside this pay campaign.



How will we win the ballot?

We will win the ballot if we get enough people engaged with the campaign and we get a majority voting YES!

Understanding ballot basics

1. Strike action is when employees withdraw their labour. Unions can only organise strikes legally if they have won support for the action in a postal ballot.
2. We are seeking full pay restoration for junior doctors who have seen their pay fall by more than 30% since 2008. We have met with the Department of Health, but they said they were not able to meet our demands, therefore our strike ballot begins on 8 January 2024.
3. Every member who we believe is eligible to vote will be sent a ballot paper to the address we have for them on our database. The envelope in which the ballot paper will arrive has been designed to stand out.
4. By law the ballot must be run by an independent scrutineer. BMA uses a company called Civica, and they have responsibility for ensuring that ballots are sent out; replacements and new ballots are issued; and that once the ballot closes the vote is counted properly.





Turnout – winning is not enough

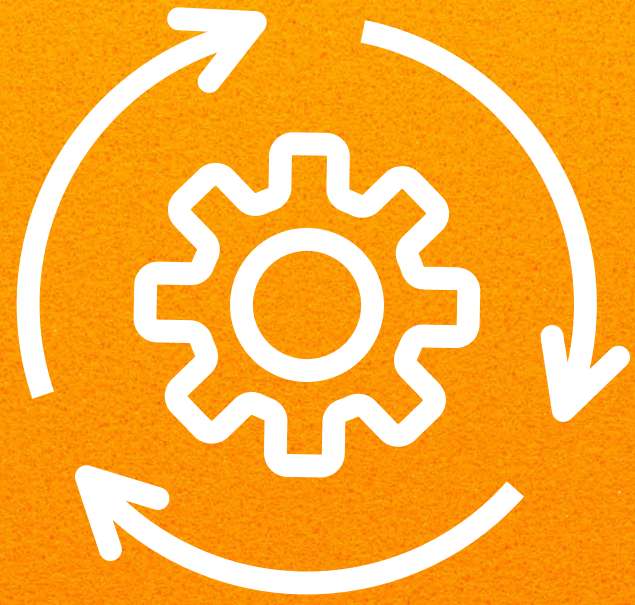
Unlike the rest of the UK, we do not need a 50% turnout in the ballot for it to pass. But this is not a reason to rest on our laurels! If we don't get a high turnout of members voting YES, we will leave ourselves open to criticism that junior doctors are not really that unhappy and don't really want to take action.

Our job as reps and activists is to ensure we get a huge turnout so that decision makers know we are serious about taking strike action.

While there will be activity by BMA centrally to support the ballot, research shows that it is regular, local contact between and among junior doctors that makes the difference. With every single vote counting, whatever you can do – big or small – will make a difference.

To make sure we have a high turnout, we first need to organise ourselves. NIJDC reps are already working on the campaign in their workplaces, setting up events and speaking to their colleagues (members and non-members) to inform them about the need to strike and critically to remind them to vote before the ballot ends.

But we need as much support as we can to make sure we get into every workplace and speak to every junior doctor. If you know who your NIJDC rep is speak to them, if you don't get in touch and we can connect you with them or give you the support you need to organise your own event/talk or advise you in how you can support the ballot.



Activity drives turnout – how ballots really work

Most strike ballots follow the same trajectory:

- an initial period of high-volume voting often by our most enthusiastic members;
- a middle period of smaller turnout ‘spikes’ when those who need reminding to vote or who have been undecided return their ballots;
- and a final period of high volume ‘last minute’ voting from people who have left it late.

Thinking about your department or immediate workplace you can probably identify people who support the campaign and who are likely to fall into all three of these categories! The key to the ballot campaign is to make sure we are focused on maximising the vote from each of the three groups.

So, for efforts to help build support, cut the ballot roughly into three periods of two weeks each and give each period a broad theme as above.

EARLY ON you are looking to focus on the fact that the ballot has opened; to remind people of what the campaign is about; tell them to look out for the ballot in the post; and encourage them to post it back quickly.

IN THE MIDDLE as well as continuing to remind members to vote you want to be dealing with any common worries or concerns that people have and helping members get replacement papers etc.

TOWARDS THE END you want to be 100% focused on reminding members to vote before it is too late. In this final period, it is important to focus on turnout – ‘we need your vote’.

As you can see the key early task in the plan is to ask members to establish who has and hasn’t voted in their department and beyond and then feedback and keep following this up.

You can support this activity with communication, meetings etc but we need this intelligence on the ground to know how well we are doing.

You can report to the [BMA regional organiser](#) or anyone from NIJDC.



Talking to colleagues

Getting the message right

This is the hard bit. If you've read this far it's clear you already understand the need for pay restoration.

However, the key to winning any industrial action campaign is to persuade not just those who are already supportive but to focus on the undecided.

To begin, you should develop a 'core narrative' that summarises your arguments (perhaps use the '10 key facts' below format as a basis) and explains why junior doctors at your workplace should support the campaign, building in as much local flavour as you can.

This narrative:

- explains the problem clearly
- specifies what our objectives are
- describes how you address the problem, in language that will make sense to junior doctors in this workplace, especially those who are not yet campaign supporters
- explains the impact that winning the campaign will have, and how it solves the problem.

Once you have written your narrative, it is crucial to use it consistently.





Ten key messages

Here are 10 messages to share with your junior doctor colleagues, whether they are BMA members or not.

You can use these points as the basis for a talk to colleagues or an induction presentation to potential new members, or just as a way of opening conversations, either in person, on social media, or by email.



They are intended to demonstrate that the BMA is serious about this campaign, that we are fighting hard for junior doctors, that we need to grow the union if we want to become stronger, and that the only way to have a say in this campaign is to be in the union.

- 1** If you are a junior doctor, the BMA is your union – we are the only voice recognised to negotiate nationally with Government and locally with your trust on your pay and conditions at work.
- 2** During the height of the COVID crisis it was the BMA that fought for proper PPE and better safety procedures for junior doctors who moved mountains to look after their patients.
- 3** Junior doctors have been short-changed by the supposedly independent DDRB (Doctors and Dentists Review Body) (the doctors and dentists pay review body) for years, and our pay is now worth 30% less than it was in 2008.
- 4** The BMA is fighting hard for a better deal – NIJDC continues to call on the Department of Health to commit to an above inflation pay award this year and work with us towards full pay restoration.
- 5** Across the UK the BMA already has more than 50,000 junior doctor members, but to make our voice even stronger we need you to join if you haven't already, and to tell your friends and colleagues to join too!

- 6 Pressure on junior doctors is higher than ever and with the huge waiting lists in Northern Ireland we are working in a system under extreme pressure, and this is reflected in our rotas and our poor training experiences. Nothing will get better if we don't stand up for ourselves.
- 7 Trade unions like the BMA protect their members at work. Last year our staff and reps dealt with 21,000 individual cases across the UK where employers had not treated junior doctors fairly.
- 8 To get access to individual advice and representation, you need to **join the BMA** before – not after – you have a problem, so don't leave it until it's too late!
- 9 Junior doctors can join the BMA at a discounted rate starting from as little as **£10.08 a month**. IMG (International Medical Graduates) doctors new to the UK get their first year of membership **free**.
- 10 We don't just want new members; we want active members who want to help the BMA grow stronger and win a better deal for junior doctors.





Tips for one-to-one communication

Frame the debate

A winning campaign must frame the discussion effectively. Use our '10 facts' as a basis for your approach and make your conversation locally relevant.

Move the middle

The priority is to persuade undecided doctors; they will determine the success or otherwise of the campaign.

Be consistent

An effective message is the clear, convincing, and consistently repeated reason why colleagues should support the pay restoration campaign, vote 'yes', etc. It's the basis for every leaflet, conversation and all other communications.

Emphasis one-on-one contacts

The best method of message delivery is one-on-one conversations, wherever possible. Use leaflets and social media to amplify, not replace, face-to-face communication.

Put yourself out front

The most effective materials include quotes from people whom the undecided might know, such as local reps or activists.

Don't 'sell' the BMA

Don't promote the union as a service or a product, such as 'here is what the BMA will do for you'. Use inclusive language like, 'We're organising with the BMA to win respect and a voice at work.'

Be clear, but don't be aggressive

Again, the aim of your communication is to persuade the as yet undecided, and to address what is stopping them supporting the campaign.



Engaging with the undecided

Winning ballots depends on 'moving the middle', ie those who are undecided. We know there will be core supporters who will vote YES, and we know there are people who will never vote yes. So, the main area to focus on is the people in the middle.

Now you have your narrative, you can use it to engage with those who have not yet made up their mind or who are sceptical about our pay restoration campaign. If you meet junior doctors who are not immediately enthusiastic, don't write them off – ask them why, and then think about how you can adapt your script to deal with objections.

Common objections might be:

- I don't like the BMA
- I don't think the campaign will succeed
- We have no government, what's the point
- I don't want to lose pay
- The demand is too militant/not militant enough
- I don't like strikes
- I will get whatever you achieve anyway, so why be involved
- I'm new and I'm worried I will get in trouble

Think about how you could address each of these queries. Contact us for our FAQ guidance to help and let us know about any other questions you are not able to answer.



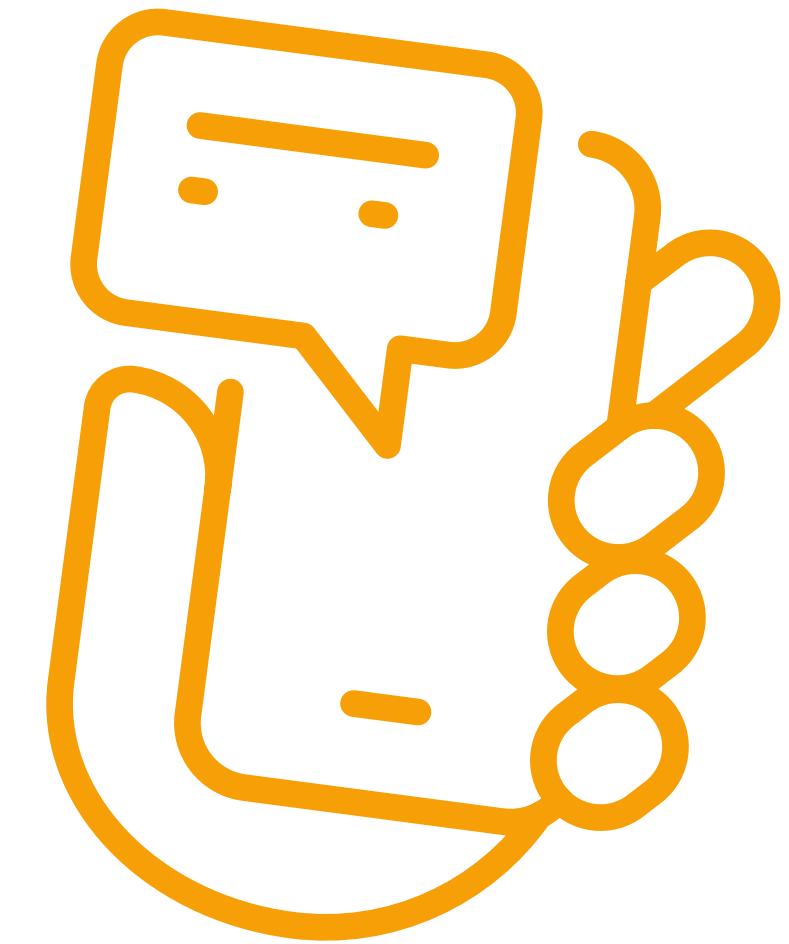


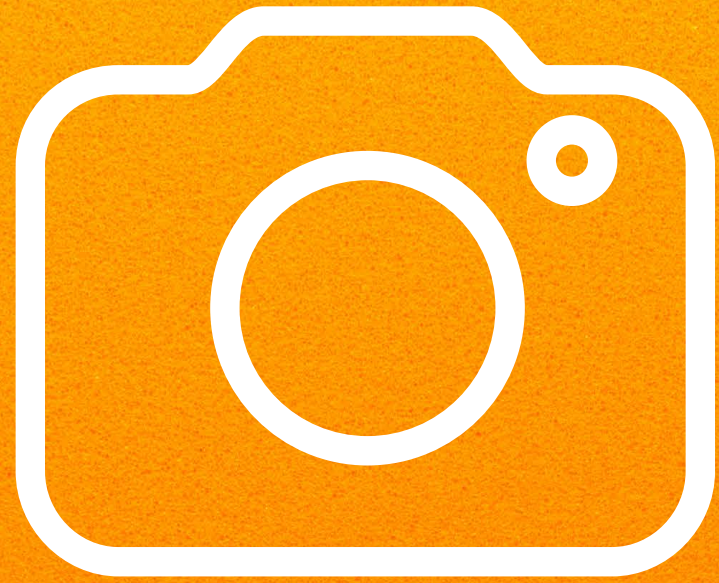
After the ballot it is too late to wonder ‘what if’...

Every piece of local and national activity you and colleagues do helps create the conditions for a big turnout. For many members, remembering to vote is just one of a hundred things they must do. Our job is to make it as difficult as possible for them to forget to vote by creating an effective barrage of communication during the ballot period.

Ultimately, how well we do will depend on you and your colleagues. Research shows that after the initial excitement of week one, the spikes tend to be caused by local or national activity/communications so you should find as many ways to remind people locally on as many different platforms as you are able. Here are a few of the more obvious ways in which you can talk about the ballot:

- 1-2-1 conversations (these make all the difference)
- mass emails from BMA and 1-2-1 emails from you direct to colleagues
- department or trust wide meetings
- WhatsApp, Twitter, Facebook, Instagram – share BMA content or create your own
- leafleting outside and posters inside your workplace.





Make voting visible

In all your communications, encourage members to proudly share the fact that they have voted. They can do this simply by telling colleagues and encouraging them to vote or – even better – by posting a picture of themselves on twitter etc posting the ballot back and sharing with others.

Similarly, when you hold meetings or have sessions with groups of doctors, ask members to share if they have voted; and if they are happy to say why they voted. Then ask those who have voted to return to their department and ask others to do the same. Discussion with your peers is powerful so make use of this key group to encourage others to return their ballot.

Lost ballots, new ballots and late ballots...

Speedily identifying members who have lost their ballots is critical. After a week of the ballot, to allow for the postal system, we will open a replacement ballot procedure. This is for people who are eligible to vote but who have not received their ballot or have mislaid it. When you meet people in this category you should ask them to email doctorspayni@bma.org.uk to get a replacement. If you are talking to non-members encourage them to join now to guarantee they get a ballot. There will be a cut-off date by which they will need to have joined to be able to vote.

As the ballot comes to a close, we will be asking every member to have returned their ballot by 13 February. This is the last 'safe' day to post your ballot and be certain it will be counted. Members who unfortunately miss this deadline for any reason should still keep posting their ballots right up to 17 February – there is no loss from trying and it might make all the difference!

By the end of the campaign, if we are doing it right, members should be on the cusp of being sick of being reminded to vote or to encourage others – once they get to that stage, we will know that the ballot is widely known about, and that members are likely to remember to vote.



Final tips to get over the line

Finally, here are a few final tips to help get you over the line:

- Ensure that any events you run are focused on (1) voting and (2) dealing with objections.
- If members are reluctant to vote, find out why and address their issues in your communications and update NIJDC so we can see where reluctance is coming from so we can try and address it.
- Given the limited time available, it usually pays to keep it simple. Give activists and supporters simple, achievable jobs initially such as: contact everyone in your department; ask them if they have voted and report back via WhatsApp.

This ‘job giving and reporting back’ should be the primary use for the established WhatsApp groups, driving engagement and encouraging members to take on small jobs that lift turnout.

When you encounter enthusiastic voters, never miss the opportunity to give them simple jobs to do (could they WhatsApp colleagues to find out if they have voted) and ask them to let you know how they got on.

- Throughout the campaign members making objections are doing us a great service by telling us what others may be thinking! If you encounter more than one person who says they are concerned about an issue, put together a communication aimed at addressing or engaging with

their worry and ping it out locally. If you have an objection that you cannot respond to, speak to your NIJDC rep or contact the **Regional Organiser**.

- Do try to go to the places and speak to the people you are most worried about, not just those who you know and feel comfortable talking with.
- Make people feel like part of a winning team, in your comms and 1-2-1 conversations tell members about the numbers who have already let you know they have voted and ask them to add their name to the list.
- Have an early warning system for your activists so that the first person to get their ballot paper tells others it has arrived – this will

enable you to time your initial local communications and activity for when members are receiving their papers – encouraging members to vote as soon as possible.

- Make voting feel like something to be undertaken with pride, encourage members to share pictures of themselves posting their vote on social media but also with friends and colleagues.
- Reminding people to vote is fine – please don't be embarrassed to do this on repeat. If they say they have already voted, thank them and quickly ask them to contact others to encourage them.

- Members are your main focus – only they can vote but if you encounter enthusiastic non-members make sure you have our join weblink to hand.



We will add new members to the ballot on several occasions during the voting period meaning they will get ballot paper.

- Have as an easy reference the method to get a replacement ballot so you can share it with members. People who seek a replacement are more likely to be motivated to vote – especially if you check up on them a few days later.
- Enlist the help of supportive consultants or SAS staff – could their support for the ballot help swing a department behind action?
- Lastly, keep going right until the final possible time to post votes – focus on how it will feel if we win the vote but miss turnout narrowly.

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