



Cymru Wales

PAY RESTORATION NOW

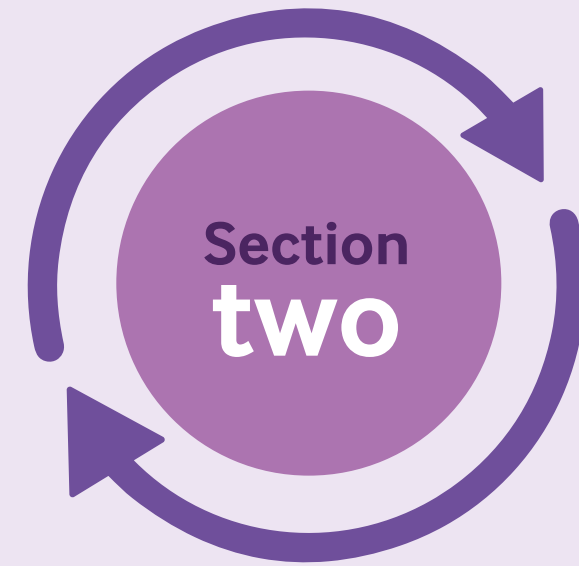
An activist's guide to winning the campaign

#payrestoration

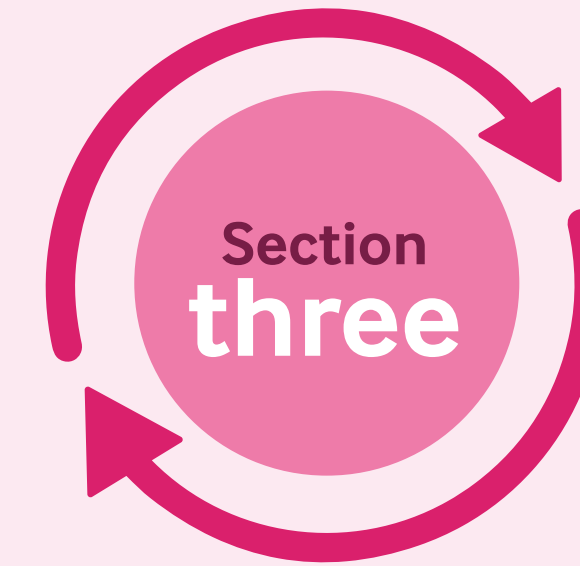
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Hello!

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 Wales.

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 Welsh junior doctor committee member
- a BMA staff member
- existing active rep

Or maybe none of the above, but just curious about how you can help us to win the campaign for pay restoration.

Whoever you are, welcome to our new BMA activist community.

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.

Amna Babiker and Georgie Budd, Welsh junior doctors committee co-chairs.

juniorspaywales@bma.org.uk

Share this code to encourage others to sign up as pay activists today



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The pay activist's job description

On behalf of all junior doctors and the BMA, thank you for your support and commitment to this campaign.

What does a pay restoration activist do?

- Help build and be part of a team at your workplace that drives our campaign locally; speak directly to colleagues, grow their understanding of the issues, and increase their commitment to the campaign over time
- Share your knowledge – feed back your ideas, questions and suggestions to the Welsh junior doctors committee and BMA Cymru Wales team to help develop our campaign.

- Recruit new members to the BMA so our voice gets stronger
- Liaise with local BMA LNC representatives and BMA staff to undertake local events, meetings and activities in support of the campaign, and to test member sentiment.

Our campaign plan is based on a strong partnership between activists and reps in each workplace and BMA staff, with the Welsh junior doctors committee overseeing our activity and giving practical advice.

Everything you need to get started is here, and our campaign support team will email you regularly to share further ideas, give you a helping hand and give us all our best shot at strengthening the BMA as we fight for pay restoration.

Thank you for stepping up.



Using this guide

This is an information resource and planning manual for pay activists, whatever their level of experience.

It contains information in four areas:

- **What the campaign is about**
- **How to build your local campaign**
- **Building the union**
- **Campaign resources**

We have tried to include the information you need without overloading you. For the curious, there is a huge amount of information on campaigning and organising online, and if you still can't find the answer to a burning question feel free to email juniorspaywales@bma.org.uk

Where possible this guide is designed as short, digestible briefings, which can be picked up and used whenever you need to do something. However, if you have time, please try to read through it at least once so you can see how everything fits together.

This will remain online rather than in print because we will be adding to it as the campaign moves forward, such as if junior doctor activists ask us for a new resource. When we update it, we will let you know in one of our regular emails.

To support you, we need to hear from you, so please get in touch with your ideas and suggestions: juniorspaywales@bma.org.uk

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ABOUT THE CAMPAIGN

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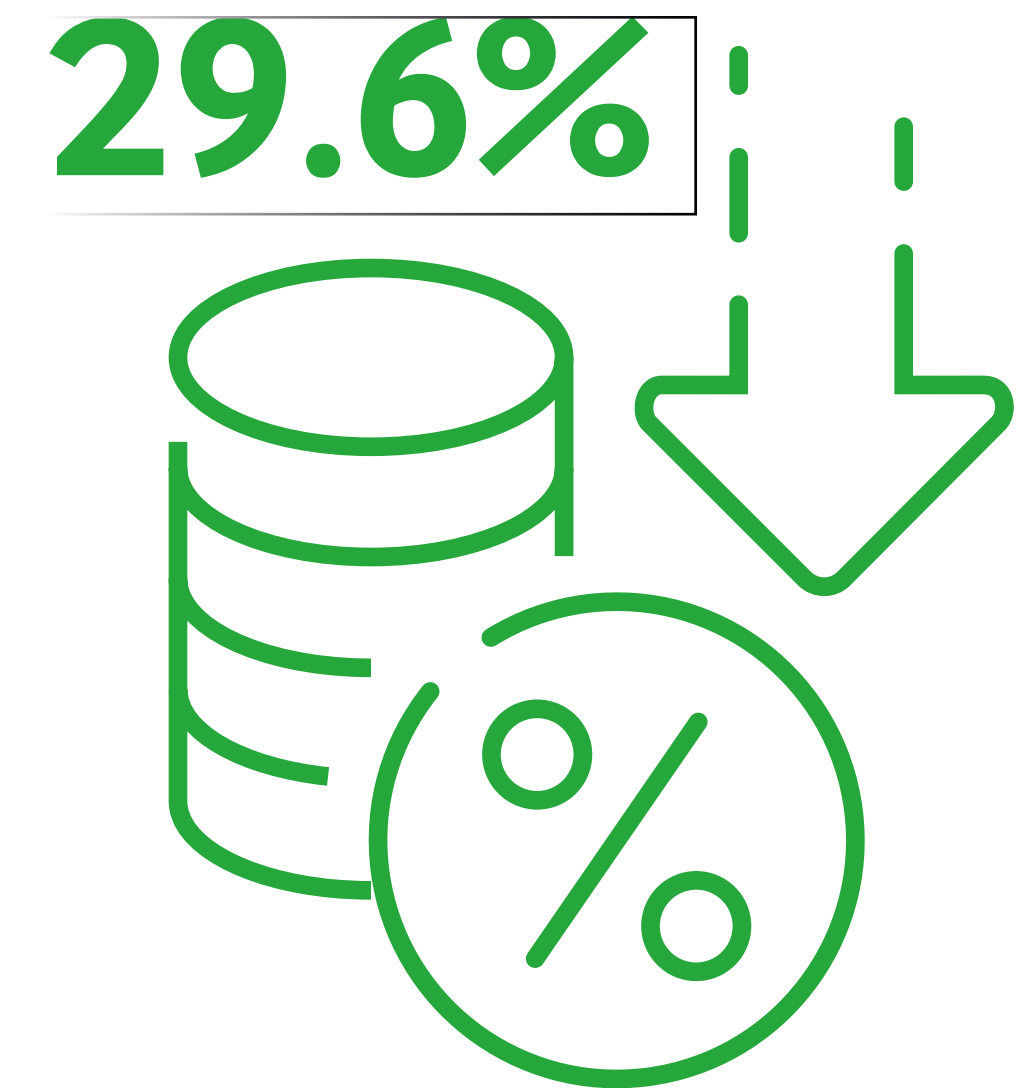
What we want

The key fact is that junior doctors' pay has now declined by 29% in its real value since 2008 – this represents a cut of more than a quarter in real terms in take-home pay.

Our ultimate campaign aim is to reverse this trend and achieve full pay restoration.

We believe the Welsh Government has utterly failed to appreciate the massive contribution that junior doctors make to the NHS in Wales.

With waiting times recently at an all-time high in Wales, now more than ever the value of recruiting and retaining junior doctors is evident. That's why we're fighting for fair pay. That's why we're fighting for full pay restoration.



For more detail, this chart is great to copy and share.

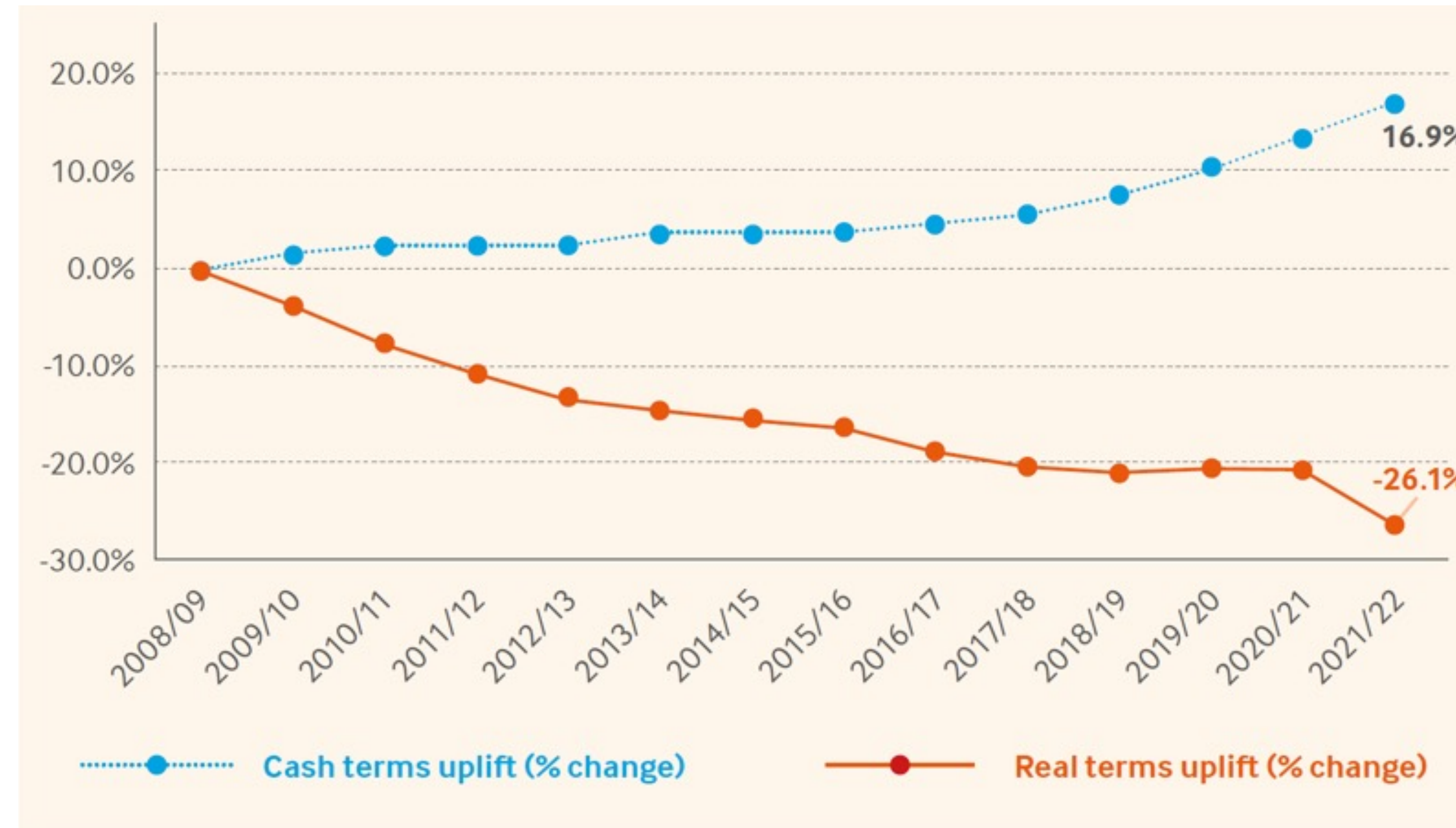


Figure 1— BMA analysis of basic pay awards against RPI inflation for junior doctors in Wales (NHS Wales Pay and Conditions Circulars (M&D))

It shows the impact of cumulative, below-inflation pay awards upon the real value of junior doctors’ pay. The real-terms loss since 2008 is now more than 29%. You can see the gap widening as inflation increases over time, while the value of pay settlements does not keep pace.

More information about the current campaign can be found at: bma.org.uk/JuniorsPayWales

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

Reps have used 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.

Talking to colleagues

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 health board or 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 (the doctors and dentists pay review body) for years, and our pay is now worth 29% less than it was in 2008
4. The BMA is fighting hard for a better deal – our WJDC co-chairs continue to call on the Welsh minister for health and social care to provide a timeline for full pay restoration and, as a first step, to commit to an above inflation pay award for 2023/24.
5. 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 with the number of patients waiting to start treatment nearly three times higher than it was in 2008
7. Trade unions like the BMA protect their members at work. Last year our brilliant staff and reps dealt with 21,000 individual cases 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
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. If you want to become a pay campaigner, talk to us: bma.org.uk/juniorspaywales

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Who do we need to influence?

Effective campaigning starts from understanding who can make the decision to act, to tackle pay restoration.

Ultimately, while the DDRB is nominally independent, when it comes to providing greater financial support for junior doctors, any significant decision will be taken by the Welsh Government – specifically the Minister for Health and Social Services.

As a union, the BMA can exert pressure, including through industrial action, on the decision makers.

Influencing them requires us to gain support from stakeholders including BMA members from all branches of practice, politicians, NHS health boards and trusts, patients, local and national media, Senedd Members, MPs, councillors, and other trade unions.

Influencing will depend on us being able to bring together a local coalition of the key stakeholders in each NHS health board/trust, including NHS staff, unions, senior staff, local media, local politicians and NHS governing bodies.

This work will stand us in good stead if we need to take industrial action but it is not a substitute for building our own strength as union members through workplace campaigning and recruitment.

LNCS (local negotiating committees), JDFs (junior doctor forums) and the Welsh junior doctors committee with support from BMA staff and working with our new pay campaigners, will be key to this campaign's success.

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BUILDING YOUR LOCAL CAMPAIGN

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Learn the language

When trade unions talk about campaigning and organising, there's a lot of jargon – it's easy to get confused if you're new to it. To explain some of the concepts in our campaign framework:

Power map – who our potential opponents and allies are and what useful connections we have

Mapping – who's who in our immediate workplace and do they (yet) support our campaign

Charting – logging who has participated in campaign events and activities, so we can see how committed they are

Escalation test – sometimes called a structure test, where we ask members to do something (like sign a public petition or attend a meeting) so we can see how well we're doing overall

Putting together a campaign plan

There are **seven** steps pay campaigners should take to ensure their local campaign is effective:

build a team

define your objective

evaluate the current situation

analyse your local influencers and allies

plan activity and set milestones

agree and tailor messages

regularly review

Local campaigns work best when they bring together all those interested in fighting for pay restoration. This can mean local LNC reps, pay campaigners, BMA staff and Welsh junior doctors committee members.

Local Negotiating Committee (LNC) reps are the established BMA representatives in the workplace and have a formal role on the committee

Pay activists are grassroots BMA members who have signed up to support our pay restoration campaign

Welsh JDC members are elected representatives who will have a strategic overview of the campaign in Wales and monitor what's happening at each main employer

BMA staff include team members from our member relations, communications and policy and committee services teams.



Build your campaign team

Campaigning is a team game. Your first step is to find others who are prepared to be active members of a campaign team.

In the first instance, a BMA staff member will make contact with all those who we know want to be active in order to help coordinate the setting up of a local team and give us the best start possible.

To build your team you could:

Ask your LNC chair to put you in touch with junior doctor reps on the committee

Talk to colleagues in the junior doctor forum and ask them to sign up

Put up posters on the noticeboard asking for others to sign up as pay activists

Ask the Assistant Secretary responsible for your health board/trust to write to all local members who are junior doctors, asking them to help the campaign

Contact your WJDC reps for more help or ideas

Talk to colleagues on local whatsapp groups, in teaching sessions and in the workplace

Once a local team has come together, have a meeting so you can work through the 'campaign plan' checklist. BMA Cymru Wales staff are happy to advise. Just email us at juniorspaywales@bma.org.uk

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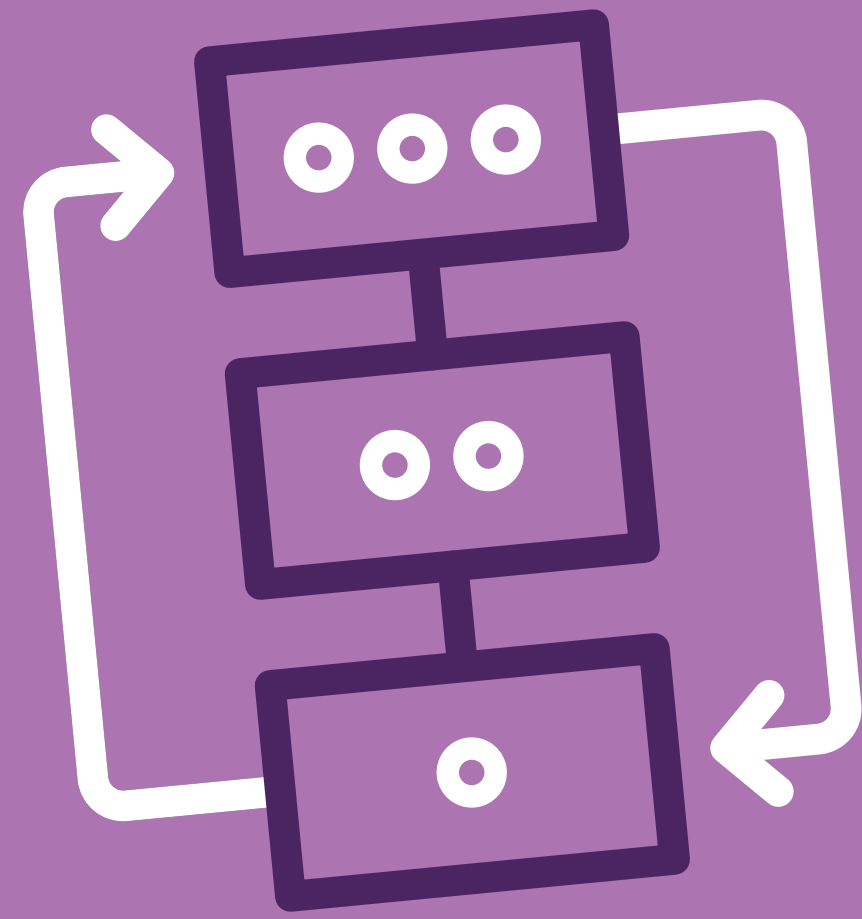
Define your objectives

Before you start, agree as a group of local representatives at a health board/trust level what your objective will be. Make it something clear and concrete, not vague.

It goes without saying that your goals should be consistent with the national objectives of reversing pay erosion, calling for Government support and gaining support from others inside and outside the workplace.

A good set of initial, local campaign objectives might be to:

- **achieve 90% support from junior doctors at this workplace for the pay restoration campaign, including for the need to take industrial action if necessary**
- **grow BMA membership among juniors by x% and increase the number of active campaigners by x to build our local power in the event industrial action is required**
- **maximise local turnout and the 'yes to action' vote at higher than 50% in any industrial action ballot**
- **ensure that any subsequent industrial action, if necessary at this workplace is effective and helps deliver a better deal for junior doctors**



How to get organised

Even the best-run campaigns have to deal with the unexpected. To take it in your stride, you need a structure and a plan that can deal with the ups and downs. The first and most important thing is to delegate responsibility within the campaign team. BMA Cymru Wales staff can help you with this if you need it. Thinking about the example objectives from earlier, you might nominate a lead in your team for each of the following:

- **mapping and recruitment**
- **contact with wider BMA**
- **member communications and local media**
- **events and external comms (eg other unions)**

A key task for the local campaign team is to give members tasks which aid the campaign, both small tasks which support our aims and, where possible, bigger roles in certain areas.

In some health board/trusts these roles are already defined, and in others roles may be combined. Where they are not, work with BMA Cymru Wales staff to make sure the wider membership knows who is doing what. This is particularly important if the union is in a national dispute.

Each item in your campaign plan should have a deadline or timeline, an owner, a clear understanding of what you are trying to achieve, and – if it costs the local group money – a budget. This can be discussed with BMA Cymru Wales Staff.

It is important to regularly review progress against this plan.



Evaluate the climate in your junior doctor community

You will need to assess who in your immediate community can help you achieve your campaign goals. Start by asking these questions:

What is the current discussion on these issues at my workplace?

Who is leading the discussion and are they for or against our pay restoration campaign?

Who else is working on this issue – both for and against us?

What regular or one-off events or opportunities can we use to our advantage? For example, to hand out leaflets, have one-to-one conversations with junior doctors, or publicly raise the BMA's position.

What useful connections does your campaign team have within the workplace, and beyond, and what connections are missing.

Ask yourself whether you have good connections with every significant group of staff (eg local IMG networks, LTFT networks, equality strands, etc) and if you haven't, make contact and try to persuade the group leaders to join the campaign group.

In any group of junior doctors, look for the leaders. Who do others go to for advice or look up to? These 'leaders' are not necessarily activists, but their support will be crucial in persuading undecided members to get behind our campaign.

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Power mapping

A great way to evaluate the climate at your workplace and the community it's in is for you and your campaign team to power map it. This will help you with the pay restoration campaign, but also more generally with thinking about where the power lies in your hospital, health board or trust.

There are 100 ways to do this, but a good option is to use a version of this diagram:

ACTIVE OPPOSITION

PASSIVE OPPOSITION

NEUTRAL

PASSIVE ALLIES

ACTIVE ALLIES



Thinking about pay restoration, who in and around your workplace might you fit into one of these five bands?

For example, medical directors, NHS boards, other unions, local Senedd Members, members of the governing bodies, deaneries, business partners, local council, local businesses, medical teaching universities, medical students, local/regional newspapers.

Encourage your team to think about what, if any, connections they have to any of these people. Are there any unexpected connections between some of these people and groups?

Every power map is different, but the golden rule is that if the target you have identified can have a significant impact on whether your campaign succeeds or fails (eg if a local Member of the Senedd agreed to support the pay restoration campaign, would it encourage junior doctors to get behind it too?), then it is worth considering how you might engage them.

If your exercise shows, as is often the case, that outside opinion formers like local press or Members of the Senedd have significant influence, or that one or two members of the health board/trust governing body have influence and are potentially broadly sympathetic, then that is somewhere to focus your attention.

Building alliances

The more allies in our local and national campaign, the more likely it is to succeed. Think about some of the organisations that featured in your power map, such as:

- **other trade unions**
- **locums or agency doctors**
- **your local trades council**
- **medical pressure groups**
- **local politicians**
- **local press.**

Give special focus to relationships with other trade unions. When the chips are down, it is usually their members who will come to support you on the picket line, extend solidarity and help you to win your campaign. Solidarity cuts two ways too – so don't just ask them to support your campaign, find out what their issues are and give them the same support that you want to receive.

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Getting the message right

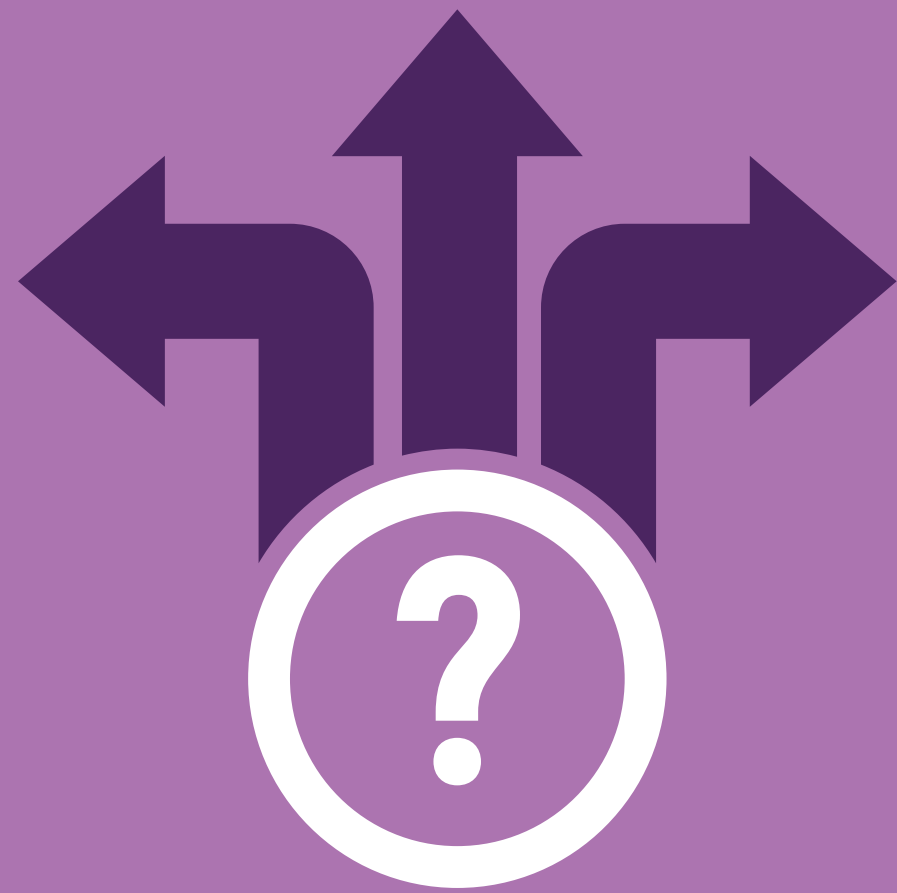
This is the hard bit. As a campaign volunteer, you already understand the case for pay restoration and your position is based on core concepts and principles. However, the key to winning any industrial campaign is to persuade not just those who are already supportive but to focus on the undecided.

To begin, the group should write a short position statement which summarises your arguments (perhaps use the '10 key facts' format as a basis) and explains why junior doctors at this 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.

In this campaign, we want to share what different campaign teams do, so please share your narrative statement with us at juniorspaywales@bma.org.uk. Once you have written your narrative, it is crucial to use it consistently.



Engaging with the undecided

Winning ballots depends on 'moving the middle', ie those who are undecided.

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
- 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

How might you address each of those objections?



Workplace Mapping, charting and keeping score

The BMA is grateful to Edward Cooper, National Head of Practice for OMS (Organisations and Member Services) Employment at Slater Gordon lawyers for his work in helping to produce this section of the activist pack.

Workplace mapping is about developing a systematic approach to your immediate workplace.

We know that doctor rotations make this a real challenge, and we will do our best centrally to support you.

In an ideal world, you want to build up knowledge of every junior doctor who works at your health board/ trust; whether they are already members of or would like to join the BMA; and what their current position is on our campaign.

The best way to do this is to break down responsibility for each Department or facility in the health board/ trust to a manageable level for one or two members of the BMA campaign group.

While workplace mapping is legitimate trade union business for the BMA and its representatives and is important to the success of our campaign, it involves storing information about both BMA members and non- members and so you need to act in a way consistent with our obligations under GDPR regulations. If any person notifies you that they are a member of another trade union, this should not be noted, and you should only note whether they are a member of the BMA or a non-member.

You can use publicly available data – for example if lists of doctors and their departments are available on your employer's website, but once collected BMA becomes the data controller for that data, and as such must ensure compliance with the Data Protection legislation when using it. Importantly, you will need individual doctors' permission to process additional information about them, such as their attitude to the campaign or to the BMA, and you must record their consent including when that consent was given and to whom.

You need to be clear with those you approach about your purpose for seeking the information; and that you will only store it for as long as is required. Whether a member or non-member they should be referred to the BMA's privacy notice which

Workplace Mapping, charting and keeping score

outlines how the BMA handles the data of members and non-members to be found at www.bma.org.uk/privacy-policy. You can contact us on juniorspaywales@bma.org.uk if you're unsure of anything.

You should always tell those you approach that you are part of the BMA's campaign team, what the purpose of your questions is and ask them if they are content for you to store the information you collect about them in your conversation.

In our more detailed FAQs on this area we suggest an approach as follows:

In practical terms how might a member of a BMA campaign team approach someone they are seeking information from in order to be compliant with GDPR regulations?

You could say something like:

"I am part of the BMA's campaign team. We are collecting information about junior doctors' views on the pay restoration campaign to measure support for our aims and gain a clear understanding of your concerns. Can I ask (x, y,z) and are you content for me to record your answers to these questions in order to help our campaign. We will destroy any data relating to your answers as soon as the campaign ends, and any information shared with BMA Cymru Wales about this health board/trust/workplace will be anonymised so that you will not be identifiable."

If you share petitions or similar campaign tools you should ensure the petition, makes clear that you intend to retain the fact that anybody signs or took part until the end of the campaign when the record of their participation will be deleted.

The information you get from your activity can be held on a spreadsheet or table and should be described in factual, neutral terms (e.g. not pejorative or rude about someone's attitude to the BMA or our campaign) and kept in a safe and secure place.

You should also use the spreadsheet or table to record the consent provided by an individual for their views relevant to the current campaign to be processed. This record should show that:

Workplace Mapping, charting and keeping score

- a. consent has been provided
- b. to whom the consent was given by the individual concerned
- c. the date consent given
- d. (if not otherwise clear) who is completing the spreadsheet for the individual in question

It is important that it is made clear that you, as the BMA rep by recording the person's consent, are confirming that they (or if completing the form on behalf of another BMA rep, that another BMA rep) have explained to the individual what data they intended to record and the purpose for its processing and that the data will be destroyed after the campaign has been concluded.

You should also not discuss any individual data the campaign team holds to anyone outside of the BMA campaign team, particularly details

not already publicly available. Once the information you have collected has served its purpose (e.g. the end of the campaign) you should permanently delete it.

If someone you approach as part of mapping activity says that you cannot store additional information about them then you must not do so. This is particularly important when you are talking to non-members.

Experience tells us that people are more likely to be content for us to hold additional information on them if they are asked by someone they know, preferably who works in their department.

When you report in on the data you hold – for example to BMA Cymru Wales staff or to WJDC committee members— you should always

anonymise your data. The template on Appendix 3 shows you how to do this – by reporting in your numbers in aggregate.

If you have any specific questions about our advice on mapping above please in the first instance contact us at juniorspaywales@bma.org.uk and we will respond.

In terms of the information you collect itself, being methodical about charting your various interactions with people is the best way to enable a clear focus on them.

Unions use a range of different codes to identify the various categories of views on a campaign but below is a standard four-category definition of a person's current position.

Workplace Mapping, charting and keeping score

You can practice this within your immediate department or work environment to get a handle on who fits what category – again making sure you do not hold additional information about them without their permission.

The key to winning is to move as many of those currently marked as '3' upwards as you can (see next page).

Category definition	Score
Campaign group member or other activist	1
Solid pay restoration supporter and BMA member	2
May have expressed some support Still has concerns or questions	3
Don't support pay restoration and/or hostile to joining the BMA No clear path to persuading them	4

Some schemes use colours but as long as you are clear in deciding how you, as a campaign group, will apply each category you can do it any way you like. The main thing is not to build a scheme which is so elaborate that no one wants to do it but to work together to build a really good idea of the level of support for our campaign, including a willingness to strike if necessary. The best way to do this is through talking one to one and planning local activity that allows people to show they are on side.

Where access to information held centrally by the BMA is provided to local representatives in order to carry out this work, this will be by prior agreement of BMA Cymru Wales staff and provided on the following basis:

You may only access data which relates to members within your own workplace or within the constituency you represent and the personal data accessed may:

- a. only be used for legitimate trade union activities such as membership recruitment, progressing industrial campaigns etc
- b. not be provided to any third party outside of the BMA without express prior permission of the BMA
- c. not be used in relation to any BMA election process or to promote any electoral grouping or campaign

If you are provided with any personal data from the membership database it is your responsibility to ensure that it is stored securely, with appropriate password and other protections. The personal data should be destroyed once the purpose for which it has been provided (the campaign) has ended.

Choosing the right tactics

The list of campaign tactics, before the point that industrial action is reached, is practically endless. Tactics are a means to an end (your objective) and not an end in themselves. They are also useful for demonstrating an escalation of seriousness and can be used to determine how much support you have for the campaign at any one time.

Common tactics include:

- mass meetings locally in health board/trusts with junior doctors
- petitions of local BMA members, aimed at the NHS Wales chief executive and asking for their support
- letter writing campaign to local MS or press
- media coverage locally, feeding stories to BMA centrally
- social media campaigns – slogans/ tags/links to BMA pages/what local doctors think, eg can't get mortgages
- writing to influencers
- consultative ballots or surveys
- mass letter-writing to NHS Wales chief executive
- influencer-to-influencer, writing local NHS support groups
- articles or letters in the local press
- picketing or protesting key events
- leafleting the public or at hospital entrances
- social events
- wear a badge day ([you can order these here](#))
- briefings
- BMA membership drive
- sign a petition or open letter to support industrial action.

Choosing the right tactics

Lots of these are fun to organise and be part of, but most effective tactics achieve one or more of three things in a campaign:

1. **apply pressure to your targets**
2. **build power among your BMA members**
3. **build leaders among your BMA activists.**

A good place to start is with a straightforward and relatively low-key escalation or structure test – perhaps you could ask junior doctors to wear a badge, attend a campaign meeting, and build up to even more public displays of support like signing a petition to the chief executive or an open letter to the press supporting the campaign.

Whatever you do, you will find that the more active you are, the more you will move the undecided into a positive attitude to the campaign.

It is also important to think about how you escalate your tactics. If you start your campaign with your biggest weapon and it is less effective than you hoped, this can be both demoralising and ineffective – you end up having nowhere to go.

Look at the list and add anything else you can think of, then place them into a rough order. Put those requiring the lowest commitment from members at the top and work your way down to those which require junior doctors to take a more public stance in support of pay restoration.

All these tactics are good in themselves, but crucially they also allow you to measure current sentiment. If you call a meeting on pay restoration and almost the whole department is there, you know you are heading in the right direction.

Whatever tactics you use, focus your ongoing one-to-one discussions with colleagues on them. If you are running a petition, for example, this can be an easy way to determine whether someone is ready to support the campaign or not. Someone who will not sign a petition is unlikely at that stage to take part in industrial action – so what needs to change for them to do this?

Choosing the right tactics

As a campaign team, continue to review the use of these tactics. It is worth charting who attends what and using each tactic you use locally as an escalation (or structure) test.

With some limitation on being able to all meet collectively for drop-in sessions, it may also be helpful to use different platforms to engage more widely, such as WhatsApp, Teams, Skype, webchat or email to reach and engage with members.

Finally, ideas about tactics often look good on paper but are more challenging in practice. You can always seek support from the BMA Cymru Wales team at juniorspaywales@bma.org.uk

Ask these questions when you're considering your options:

- How do we make sure we have the people and resources?
- How do we make our campaign escalate over time?
- How will we make sure members support our campaign tactics?
- How will we pick campaign actions that require lots of people to be involved?
- Who does each tactic seek to put pressure on?
- How will we make sure they notice?
- What is our plan to identify and bring on new leaders in the campaign?
- How will our campaign tactics escalate our power, our membership and our goals?
- How will we challenge the target with tactics that are outside their normal experience of industrial relations?
- How will we make our campaign tactics inclusive, safe and enjoyable?
- How will we make sure each campaign tactic embodies our values and vision?
- How will we know that our campaign is working?

Setting out what you will do and when

What things must happen in your workplace, and in every workplace where junior doctors are employed, for us to win?

A good way to think about this is to work backwards from the outcome we are seeking. What must happen and in what order?

In Section 4 are a range of resources that can help you achieve this. Every workplace is different, so every campaign plan is different too, but a suggested campaigning framework for a hospital might look something like this:

Simple campaigning model from start to strike							
Preparation		Building support		Building power		Ballot	Industrial action
Establish local team	Map junior doctors	One-to-one conversations 1st drive	Identify blockages/ issues to address	One-to-one conversations 2nd drive	One-to-one conversations 3rd drive	GTVO campaign (contact every member)	Organise an action committee to oversee and supervise the action
Do internal power map assessment of trust	List initial findings	Chart JD sentiment	Refine messages	Petition to chief executive on strike (would you sign... Escalation test 2)	Chart JD sentiment	One-to-one conversations 4th drive	
	Agree basic strategy	Develop narrative/key message	Hold meetings	Neutralise anti-strike arguments	Escalation test 3 (would you vote to strike?)	Health board/ trust level meetings	Run pickets
		Escalation test 1 (would you vote to strike tomorrow?)	Recruitment campaign 1st drive		Public actions	Recruitment campaign 2nd drive (join to vote)	Liaise with Health Board/Trust and police
				Update details drive	Update details drive	Recruitment campaign 3rd drive (join to vote)	

You can use this as a basic activity table and add lead names against each activity.



BUILDING THE BMA, BUILDING THE CAMPAIGN

#payrestoration

Involving members

If the union has a clear, forward-looking campaign plan, members will come forward to help. However, it is always worth seeking out volunteers.

When people want to help, try to give them options. The best way to do that is to break jobs down into mini tasks for activists/representatives, such as:

- **engaging in one-to-one conversations with members in each department**
- **seeking feedback on the campaign from each department**
- **writing letters to management/local MSs/the press**
- **acting as a union contact for national information and disbursement**
- **recruiting new members.**

You may not know who they are yet, but your health board/trust will be full of members with the kind of skills the BMA desperately needs during this campaign.

Do any members have expertise that could help push back against issues that disproportionately affect certain groups?

Does someone know how to read and report on financial accounts or analyse data, have communication skills, or a job related to planning? They might be good at acting as a central planner.

Are they also members of local political parties, and know the MSs or local councillors well enough to help you lobby?

Do they specialise in medical politics? They might be prepared to help you organise an event about the future of healthcare and the NHS, but with a focus on pay restoration.

The best way to find out is to ask them.



Recruiting new members

The current and ongoing crisis in the NHS in Wales has shown the need for BMA Cymru Wales, and while we already have over 2,000 junior doctor members, we want and need many more if we are going to win pay restoration in Wales.

It's everyone's responsibility to engage with their colleagues to ask if they are members and want a say in the campaign, and in the decisions that the union is making.

Typically, recruitment of new members grows when the union is active and visible in the workplace, and particularly when there is a disputed issue locally or nationally. We can use campaigns as a tool to improve our membership and participation in our decision making.

We can also use recruitment campaigns to show that BMA Cymru Wales is central to any campaign for a better deal for doctors.

No other organisation has the resources, capacity or strength to organise in this way. It is BMA Cymru Wales that will undoubtedly make the key decisions in any junior doctors' dispute, and if you want to change it or influence what it does, you need to be a member.

A good overall approach to embedding recruitment into your local campaign is to adopt the five Cs:

Campaign: be clear with members and non-members on our goals and targets.

Contact: be systematic about your contact with non-members, for example with department-level meetings. You may be able to get support through the BMA Cymru Wales team with membership lists at health board/trust level, which will help to know who is in the union and who isn't.

Communicate: with all those affected, not just current members.

Credibility: be present, with believable analysis and a campaign people can get involved in.

Commitment: be clear on the medium- and long-term goals of the campaign and the need to build the union locally.

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If members see the BMA doing these things locally, they will be more likely to get involved, and if non-members see it, they will be more likely to join.

For more on recruitment, see:

[Join the BMA](#)

Want to become a representative?

[Become a representative](#)

[Supporting BMA reps](#)

Trade unions and the law: five key points

The law on strike action in the UK is the most restrictive in Europe, and when trade unions fall foul of the law, they and their members can face huge penalties. Whilst in Wales we are not yet at the stage of taking industrial action, this may be required if the Welsh Government is unwilling to commit to a timeline for full pay restoration. It's, therefore, important for pay activists to know the following about the law:

1. Industrial action can take the form of either 'strike action' or 'action short of a strike'. Strike action always represents a breach of contract, ie a refusal to work
2. Before they can take industrial action, unions need to hold a ballot of members and achieve a majority in favour of action and turnout of at least 50%
3. This secret ballot must be postal – it cannot be online. This leads to significant expense for the union and can make it harder to achieve turnout
4. Unions have to take practical steps to ensure they are balloting only those who are entitled to vote, and to supply information to employers in aggregate about where the members they have balloted and/or expect to take action work
5. If unions achieve the legal turnout and get a majority, they are subject to a further set of restrictions, including providing notice of 14 days before commencing industrial action and continuing to serve notice for each subsequent bout of discontinuous action.



RESOURCES

RESOURCES

This section contains key contacts and resources that you can print off or adapt. Let us know what you use and what you don't.

Junior doctors campaign page – find out the latest on the [campaign](#)

[Reps' hub – order materials and get support](#)

[Join page – send non-members here to sign up](#)

BMA Contacts (Wales)

You can contact all teams supporting the campaign for full pay restoration at: Juniorspaywales@bma.org.uk

Communications team:
press.wales@bma.org.uk

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Appendix 1 – Local campaign plan example

This is an example plan (with some fictional commentary) which builds on each section of this campaign guide. It should give you some ideas of your own to work with. There is also a blank template in the 'resources' section.

<p>Campaign objectives</p>	<ul style="list-style-type: none"> – achieve 90% support from junior doctors at this workplace for the pay restoration campaign, including for the need to take industrial action if necessary – grow BMA membership among juniors by x% – increase the number of active campaigners by x to build our local power in advance of any industrial action – build support within and beyond the health board/trust for the campaign ensure that any subsequent industrial action at this workplace is effectively managed.
<p>Campaign management</p>	<ul style="list-style-type: none"> – Lead, mapping – Lead, contact with wider BMA – Lead, member communications and media – Lead, events and external comms (eg other unions, etc)
<p>Power map targets</p>	<ul style="list-style-type: none"> – the health board/trust (hates being in negative stories in press) – local MSs (ex-doctor might be supportive) – local newspaper editor
<p>Power map – influencers (secondary targets)</p>	<ul style="list-style-type: none"> – local newspaper (a member wrote a column for it) – medical director (a member knows her well) – heads of department AMDs (which are members?) – teaching universities (heads of medical schools)

Current climate	<ul style="list-style-type: none"> – JDs angry and worried, some keeping heads down – LNC JD reps have agreed statement supporting pay restoration
Key preparation	<ul style="list-style-type: none"> – map every department – prepare local narrative document
Our tactics (dated and in order of use)	<ul style="list-style-type: none"> – sticker/badge wearing day – petition to head of trust asking them to support pay restoration – schedule regular BMA JD surgeries – collect signatures for open letter to local newspaper – members write to MSs, seek meeting – social media campaign on implications for delivery of patient care at the health board/trust and JDs leaving the NHS (work with IROs) – local press release on impact on wider community – joint statement with local trade unions on pay – local online survey – will you take industrial action?
Key milestones/escalation tests	<ul style="list-style-type: none"> – Open letter to local newspaper – JDs event/meeting – Petition to the health board/trust – Local online survey
Other member expertise	<ul style="list-style-type: none"> – Finances/data (Member does the accounts for local charity) – Tory MS (Member has met through church) – Labour MS (a member is chair of local party)



Appendix 2 – Department mapping and escalation chart – example

Name	BMA member	Attended dept meeting	Signed petition to health board/trust	Supports strike if necessary (if known)	Current Number (1,2,3,4)

Use this to chart who does what and build a score for each member or potential member. This could help you see more clearly who is undecided or opposed, and to think through how you might change their minds. See also the section on page 17 about workplace mapping and how we ask for and hold information we receive as part of our conversations with members.



Appendix 3 – Report form to WJDC and BMA Cymru Wales staff

Departments	% in category 1 or 2 (1=active in campaign; 2=supports campaign inc strike action if necessary)	% undecided/opposed

This form is a quick and easy way to report back to WJDC and BMA Cymru Wales staff on membership sentiment. Categories 1 and 2 represent those ready to vote 'yes' for industrial action, compared to undecideds or opposed.

Always be clear where you are estimating this rather than using actual data.



Appendix 4 – Tips for one-to-one communication

Frame the debate

A winning campaign must frame the discussion effectively. Use our '10 facts junior doctors should know' 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.

Emphasise 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.



Appendix 5 – Glossary

DDRB – Review Body on Doctors and Dentists Remuneration; advises the government on pay for doctors and dentists

IMG – International medical graduates (doctors who qualified in medicine outside the UK)

WJDC – Welsh junior doctors committee, comprising elected junior doctor members of the BMA from across Wales

JDF – Junior doctor forum; represents all junior doctors at the health board/trust (or alternate employer)

LNC – Local negotiating committee; comprises locally elected BMA members. The reps negotiate with management on behalf of all medical and dental staff in the local area.

LTFT – Less than full time doctors

Member relations – BMA staff working directly with and for local members

PAY RESTORATION NOW



Cymru Wales