

Medical & Dental Joint Local Negotiating Committee Constitution & Term of Reference (MD13)

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Equality and Inclusion Officer.

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Date of Issue:	Oct 2023	Next Review Date:	August 2025
Version:	2	Last Review Date:	June 2023
Author:	Medical Workforce Service		
Directorate:	People Directorate		
Approval Route			
Approved By:		Date Approved:	
JLNC		March 2017	
Staff Side Chair, BMA Regional Officer & Medical HR Manager		May 2017	
JLNC		May 2019	
JLNC		August 2021	
JLNC		Oct 2023	
Links or overlaps with other policies:			

Amendment History

Issue	Date	Reason for Change	Authorised
1	March 2017	New Policy Template. Addition of section 1, 5 7 11 and change of name to JLNC	JLNC
1.1	May 2017	Change to wording at 7.2, plus addition of JDRC representative on staff side.	BMA Full Time Officer Chair JLNC Medical HR Manager
1.2	May 2019	General review - change to front page equality details	JLNC
1.3	August 2021	2-year review – changes to job titles and move to quarterly meetings	JLNC
2	Oct 2023	General review - changes to job titles. Change to Staff Side Membership to increase from 4 to 7 Consultants one of which is DME. 3 to 4 SAS	JLNC

Rapid Equality Impact Assessment

Policy Title (and number)		JLNC Terms of Reference		Version and Date		V2 Oct 2025	
Policy Author		Medical Workforce Service					
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.							
Who may be affected by this document?							
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
Could the policy treat people from protected groups less favorably than the general population?							
PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below							
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population? (substance misuse; teenage mums; carers ¹ ; travellers ² ; homeless ³ ; convictions; social isolation ⁴ ; refugees)						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Please provide details for each protected group where you have indicated 'Yes'.							
VISION AND VALUES: Policies must aim to remove unintentional barriers and promote inclusion							
Is inclusive language ⁵ used throughout?						Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>	
Are the services outlined in the policy fully accessible ⁶ ?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Does the policy encourage individualised and person-centered care?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
Could there be an adverse impact on an individual's independence or autonomy ⁷ ?						Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>	
EXTERNAL FACTORS							
Is the policy a result of national legislation which cannot be modified in any way?						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
What is the reason for writing this policy? (Is it a result in a change of legislation/ national research?)							
Details the constitution and terms of reference for the Trust's Medical and Dental staff's Joint Local Negotiating Committee.							
Who was consulted when drafting this policy?							
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>		Protected Groups (including Trust Equality Groups)		<input type="checkbox"/>	
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state...		<input type="checkbox"/>	
What were the recommendations/suggestions?							
Does this document require a service redesign or substantial amendments to an existing process? PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
ACTION PLAN: Please list all actions identified to address any impacts							
Action				Person responsible		Completion date	

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1 Policy Statement

- 1.1 Torbay and South Devon NHS Foundation Trust (TSDFT) and all Trade Unions and Professional Bodies recognize that it is mutually beneficial to work in partnership to achieve good employee relations.
- 1.2 To this end, TSDFT will encourage its staff to join the appropriate Trades Unions and Professional Bodies.

2 Purpose

- 2.1 This policy details the constitution and terms of reference for the Trust's Medical and Dental staff's Joint Local Negotiating Committee constituted in accordance with the Trust's Trade Union Recognition Agreement.

3 Scope

- 3.1 This policy applies to all Medical & Dental staff employed by Torbay & South Devon NHS Foundation Trust, together with those on a joint contract with the organisation and another employer.

4 Equality and Diversity Statement

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

5 Roles and Responsibilities

5.1 Trust Management:

- Are responsible for ensuring all managers are aware of this policy and comply with its terms.
- The Medical Workforce Service shall be responsible for coordination of all JLNC meetings and the production of all agenda papers and minutes.

5.2 Staff representatives:

- Shall be responsible for ensuring they are aware of and comply with the terms of this policy.
- Ensure they submit any agenda items and papers in a timely manner prior to the meeting.

6 Remit

- 6.1 The remit of the TSDFT JLNC is to provide a forum for:
- (i) Negotiation - on terms and conditions of service relating to Medical and Dental staff employed by the Trust. Doctors and Dentists salaries are subject to the recommendations of the Doctors and Dentists Review Body and therefore, will not form any part of these negotiations
 - (ii) Consultation and discussion on issues of relevance and concern to Medical and Dental staff.
 - (iii) The promotion of good employee relations and improvement in the quality of working life for Medical staff.
 - (iv) Information – keeping each side fully informed of all relevant matters.
 - (v) Doctors who work in the community and have no other representation
- 6.2 The Committee shall not deal with individual grievances, disciplinary or other individual matters which shall be subject to the Trust's agreed procedure.
- 6.3 Day to day Speciality/Care Group operational issues will also be outside the scope of the Committee.

7 Constitution and General Principles

- 7.1 TSDFT JLNC will be constituted from Management and accredited staff representatives of Torbay and South Devon NHS Foundation Trust (TSDFT).
- 7.2 Medical Staff representatives will be selected from accredited representatives of the Trade Union/Professional Association formally recognised by TSDFT for the purposes of collective bargaining on behalf of medical and dental staff.

Management Side

A non-Executive Director (Chair)
Chief Executive
Chief People Officer
Chief Finance Officer
Chief Medical Officer
Chief Operating Officer
Care Group Director
Associate Director Care Groups
Head of Medical Workforce Service

Medical Staff Side

7 Consultant Members elected through the Medical Staffing Committee (MSC)
4 SAS Doctors elected through their Staff Committee
1 of the above positions will include the Director of Medical Education
3 Doctors in Training accredited representatives one of which will be a member of the Junior Doctors Representative Committee (JDRC)).

- 7.3 Nominated deputies should attend meetings when members are not available.
- 7.4 Membership of both sides can, by agreement, be varied particularly in relation to the issues being negotiated or discussed.
- 7.5 Management Side: Exceptionally, deputies who would have delegated authority could be appointed to Management Side members.
- 7.6 Medical Staff Side: Exceptionally deputies who have delegated authority could be appointed by the appropriate staff Committee.
- 7.7 All members of the Committee must be employees of the Trust, or of the local NHS health community.
- 7.8 Others may be co-opted, as and when required, to provide specialist help and advice with the prior agreement of the Chairman. This will include the Chairman of CMSC, the Assistant Director of People and BMA Industrial Relations Officer for the South West. Such agreement shall not be unreasonably withheld.
- 7.9 The initial tenure for this committee is three years for medical staff side representatives. Re-election of medical staff side committee members will be undertaken by the appropriate Staff Committee, by a ballot process. Representatives will be allowed paid time off to attend meetings.
- 7.10 The management side recognises the need to consult in a meaningful way. It will be the aim of both sides to negotiate agreements, but it is recognised that both sides will also need at times to obtain agreement from, in the Trust case, the Trust Board and in the Medical Staff Sides case, the appropriate professional committee.
- 7.11 The Medical Staff Side will be guided by its core principles as detailed in Appendix 1.
- 7.12 The Head of Medical Workforce Service will act as the joint secretary to the group and in this role will be responsible, together with the Secretary for the Medical Staff Side (referred to in the minutes of meetings as the Medical and Dental side Chair), for convening meetings, organising agendas and recording and agreeing minutes.

8 Frequency of Meetings

- 8.1 Meetings of the Joint Local Negotiating Committee will normally be held quarterly. Extraordinary meetings can be held at the discretion of the Chairman. Minutes will be taken of each meeting and agreed by the joint Secretaries and Chairman before issue.

- 8.2 Where possible fourteen days' notice (i.e. ten working days) shall be given of any matter intended to be raised at the meeting, to the Medical Workforce Service so that the item can be properly included on the agenda. All documents to be discussed at the meeting should where possible be circulated with the agenda at least a week prior to the meeting.

9 Quorum

- 9.1 For a meeting to be quorate there must be a minimum of five members of the Medical Staff and two Executive Directors (or Deputy). ~~The Chairman must also be present or a designated deputy as agreed by the committee.~~

10 Interpretation, Variation & Termination

- 10.1 Any disputes concerning the interpretation of the Constitution and Terms of Reference shall be referred to the joint Secretaries in the first instance. In the event of a failure to agree, the matter will be referred to the Trust Board for resolution, and may be referred to ACAS for conciliation.
- 10.2 There shall be no variation to this Constitution and Terms of Reference, except by joint agreement.
- 10.3 The terms in this Constitution and Terms of Reference are not legally binding and can only be terminated by either side giving six months' notice in writing to the Chairman.

11 Maintaining Good Employee Relations

- 11.1 Both sides agree that it is in their mutual interest to observe a sound negotiating agreement by which all issues arising between them can be considered and resolved.

12 Awareness

- 12.1 Advice and support will be provided by the Medical Workforce Service to support adherence to this policy.
- 12.2 The Medical Workforce Service will raise awareness of this policy through the publication of information on ICON.

13 Contact Details

- 13.1 Any queries regarding this policy should be directed to the Medical Workforce Service.

- Sdhct.medicalhr@nhs.net

14 Monitoring, Audit and Review Procedures

- 14.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Medical Workforce Service unless legislative changes determine otherwise.

15 Appendix 1 – Core Principles for JLNC Staff Side Negotiators

In acting on behalf of the medical staff at Torbay & South Devon NHS Foundation Trust, the JLNC Staff side negotiators will ensure the following agreed core principles are followed.

If any local agreement could, in the view of the JLNC Staff side representatives, cause a significant breach of one of these principles and further negotiation is not possible, then it will be referred to the Medical Staff Committee for discussion and consultation with the whole medical staff group including SAS and junior doctors as appropriate.

- All agreements must be assessed against their impact on patient care and should aim to improve quality of care – either directly by enabling more effective working practices, or indirectly by improving morale, working conditions and professionalism.
- National terms and conditions should be upheld. Where changes in national terms are agreed, these will consolidate or improve on these provisions at a local level.
- An individual's legal or contractual rights must not be compromised or waived.
- Doctors carry the final clinical responsibility for their patients. As a result of this unique responsibility, the terms and conditions for doctors are different from other staff groups and these differences must be recognised.
- There must be an assessment of the impact of a local agreement on all medical staff groups.
- The training and experience of doctors should be enhanced by local agreements.
- Doctors have a responsibility to the whole population of the area they serve and any agreement needs to assess the impact on the whole health community.
- Agreements should, wherever possible, improve working conditions and enhance the “work – life” balance.
- Irrespective of grade, doctors pursuing the above principles should not be discriminated against or disadvantaged in any way.