I know colleagues across the House will want to join me in thanking junior doctors for the valuable work they do for patients across the NHS. [Hon. Members: "Hear, hear."] I hope that they will look very carefully at the improvements in the offer, with a 13.5% increase in the basic rate and the very important safeguard that will discourage over-rostering at weekends by giving them premium rates if they have to work more than, or including, one in four weekends. I hope the BMA will also recognise and welcome the very important appointment of Professor Dame Sue Bailey to lead an inquiry into all the other aspects that lead to discontent with junior doctors. I wonder if the Secretary of State agrees that what we now need is to move forward in a positive spirit that brings this dispute to an end, takes the temperature down and recognises that we all want the same thing: safety for patients.

The Secretary of State for Health

I thank my hon. Friend for her very constructive comments. She is right. A 13.5% increase in basic pay is very significant, because, unlike overtime and premium pay, it is pensionable. It will help when applying for a mortgage and will mean more money on maternity leave. I think it will be much better for junior doctors.

The review that Dame Sue Bailey is doing, which was much-derided by the Opposition when I mentioned it in my statement, is actually very significant. One of the things that has gone wrong in training is that since the implementation of the European working time directive, we have moved away from the old "firm" system, which would mean that junior doctors were assigned to a consultant, who they would see on a regular basis and who was able to coach them on a continuous basis over weeks and months. That has been lost and many people think that that has led to much lower morale. We want to see what we can do to sort that out.

Finally, I want to echo what my hon. Friend said about going forward in a positive and constructive spirit. When, as a Government, we took the decision to proceed with implementing new contracts, we had the choice of many different routes, because, essentially, we can decide exactly what to choose. We have chosen to implement the contract recommended by NHS chief executives as being fair and reasonable. That is different from our original position. We have moved a considerable distance on most of the major issues, but it is what the NHS thinks is a fair and reasonable contract and we need to move forward.