
PFC Chairman's report 2017

Chairman RB

I start by paying tribute my predecessor John Canning for his ten years work as chairman of PFC since 2006. John is not standing for the committee again. Also, I would like to thank Jonathan Longley our new Committee Secretary who with great competence has picked up an extremely broad ranging brief since Christmas.

Thank you both.

Because of a late start to the session in December and then purdah we have only had a 17 week business year.

The committee is undertaking a thoroughgoing review of the areas of our scope of work. Drivers for this include for example

- changing contractual arrangements such as collaborative fees
- inflation is beginning to take hold again

Such a scenario requires a much more dynamic approach to professional fee setting and review.

The committee will time-shift its annual work plan work to present the percentage increase to the January Council meeting to meet an April

1st implementation date. This year our recommendation has been to increase fees by 4% as professional inflation for many other reasons tends to run ahead of general inflation.

Doctor's services are scarce and in huge demand. Successive government policy is that doctors are in a marketplace just like anyone else. Philosophically therefore, if we are in the marketplace, market forces must apply and we should not feel embarrassed and be backwards in coming forwards to increase our fees. The labourer is worthy of their hire.

In 2004 we had to cease publication of parts of the Fee Guidance notes consequent upon introduction of the Competition Act in 2004. The Competition Act is inherently a good thing **for normal commercial enterprise** however medicine and medical practice in general **is not a normal commercial enterprise particularly in general practice**. The competition act assumes that there IS a market place and yet if a form has to be completed by a specific doctor then how can there be a market place?

There are several impending areas of major legislation which very significantly impact upon doctors namely GDPR set for implementation next May and new death certification procedures in England and Wales for implementation next October. Both involve large amounts of work for which at present doctors will not be allowed to charge.

As doctors we have to tackle these issues directly because unlike other entities doctors cannot build costs of compliance into our general professional pricing structures because prices for medical services are frequently fixed by the government and the doctor. We cannot find ourselves in the position where individual members of the medical profession are forced to undertake statutory work at a personal loss.

IF we have not been over interpreting the Competition Act then it is time to invoke the Modern Slavery Act upon the government. It cannot be right that a doctor is compelled to work at their own expense for a third party at a personal loss which they cannot recover.

We are reviewing guidance to doctors on how to calculate their fees and also reviewing all the historical data on fees which we possess going back to 1995 to identify where the current fees lie compared with where they would have been had the DDRB continued its previous practice of recommending increases such as for the collaborative fees and also comparing them with where they should be taking into account the retail price index. This is a significant piece of work and forms part of our strategic review meeting scheduled for early September.

Areas of work tackled within the last year include

- taxi driver medicals which are now more complex following the implementation of European driver licensing directive No.3
- Assisting the police in the execution of their duty the details of which were posted on the BMA website as recently as last Thursday. I am pleased to report that most police authorities have accepted our viewpoint and are relying upon our guidance

Firearms Licencing

RB will remember that last year we had a firearms licensing crisis. Since then together with the GPC we have had meetings with the Home Office and representatives of the Chiefs of police (what used to be called ACPO) and come to a reasonable modus operandi although we have still not solved definitively the issue of flagging notes and will make a joint approach to the Home Office. I have made it utterly clear that doctors are not prepared to accept any system which would leave any blame or liability to them were for any reason a flagging system fail.

Work continues on this area. We **have** achieved the principle that the firearms licence applicant must pay for medical evidence and not expect the doctor to subsidise the production of a report for the police in respect of firearms licensing.

We **MUST** break societal governmental and corporate expectations that doctors' services are free or in some way discounted simply because the NHS itself is rightly free. The areas of work overseen by PFC are essentially work in the commercial environment and is NOT about the direct clinical care of a patient. Such work must stand on its

own feet economically without cross subsidy from other areas of activity and this is particularly important as much of this work is done outside normal working hours in the doctor's own time. Pleas of no budget do not make another parties problem my problem and when deployed are simply economic emotional blackmail upon doctors and must not be entertained.

Doctors are not charities and each of us decides which charities we will willingly and voluntarily support on a personal level. It is my privilege to waive my fee where I judge that to be appropriate. It is no other persons right to expect exercise of or assume that privilege. People must expect to pay for doctors' services like any other service.

Chairman I move