Background

Each year the BMA submits evidence to the DDRB (Review Body on Doctors’ and Dentists’ Remuneration), on matters relating to doctors’ pay, morale, recruitment and retention. The DDRB is a nationally independent public body which advises Government on rates of pay for doctors and dentists. In recent years, the BMA has been very concerned with the ability of DDRB to serve its original purpose as Government interference in the process through remit letters and the cap on public sector pay, have affected DDRB’s ability to act independently.

TheDDRBandoriginallycreatedfollowingarecommendationoftheRoyalCommissiononDoctors’andDentists’Remunerationin1960. TheRoyalCommissionwassetupaftera decade of government resistance to honour or explore pay increases for doctors. The Royal Commission recommended that a Review Body was necessary in order to give the medical profession ‘some assurance that their standards of living will not be depressed by arbitrary government action’, as well as achieving the settlement of remuneration without public dispute. The view expressed by the Royal Commission was that this procedure will ‘give the profession a valuable safeguard. Their remuneration will be determined, in practice, by a group of independent persons of standing and authority not committed to the government’s point of view.’

Between 1963 and 1970 the Review Body produced 12 reports, of which the recommendations of the first 11 reports were accepted in full by the government. When in 1970 the government declined to implement DDRB’s recommendations in full, halving the award recommended for career grade doctors, all members of the Review Body resigned, as the failure of the government to implement the recommendation of the DDRB was perceived to fundamentally undermine the operation of the Review Body process.

When the DDRB was reconstituted in November 1970, the then government gave an undertaking that it ‘would be an independent body whose recommendations would not be subject to reference to any other body and would not be rejected or modified by the government unless there were obviously compelling reasons for doing so’. Alongside this, new PRBs (pay review bodies) were also created for the armed forces, senior civil servants and judiciary. PRBs now cover approximately half of the workers in the public sector. With the extension of PRBs’ remit, there has also been an increase in government control over the recommendations of review bodies, as well as their implementation.

a Royal Commission on Doctors’ and Dentists’ Remuneration Report (1957-1960)
2018/19 pay round

The 2018/19 DDRB pay round was once again very poorly coordinated. Government submitted evidence outside the agreed deadlines and as a result there was a significant delay in announcing the uplifts.

The BMA stressed in its written and oral evidence submissions that years of below inflation increases have equated to significant real terms cuts in doctors’ pay, with consultants having seen their pay being cut by 19% since 2008. When taken together with multiple other financial changes such as the reduction in CEA spending and tax in pensions which has disproportionately hit consultants the stark nature of the reduction in doctors’ income is all too apparent.

At the same time, pay settlements in the wider economy run at 60% higher than doctors’ awards and consultants in the UK are paid significantly less compared to their international counterparts, both in the EU and internationally.

Pay cuts have had a damaging impact not only on doctors’ living standards but also on their morale, recruitment and retention. Chronic shortages and rota gaps across the NHS force consultants to work longer hours and more intensely than ever and to act down to cover their junior colleagues.

As a result, the consultant workforce feels deprofessionalised, disengaged and demoralised. Many of our consultant members have been reporting consistently unmanageable workloads, which not only affect their wellbeing but can also have a negative impact on the quality of care patients receive.

We believe that doctors should be treated at least in line with the wider economy and therefore asked DDRB for a recommendation of:

– RPI, plus £800 or 2 per cent (whichever is greater); and
– a mechanism to address the real terms cuts in doctors pay.

Annual pay review from DDRB

Taking all evidence into consideration DDRB recommended in its 46th report:

– a 2% increase to the national salary scales for consultants in the UK
– a 2% increase in the value of Clinical Excellence Awards, Distinction Awards and Discretionary Points increase.

Government announcement for England

On 24 July the Government announced its pay deal for doctors and, in doing so, ignored the recommendations from the DDRB. The Government announced for consultants:

– a 1.5% increase to basic pay from October 2018
– the value of both national and local clinical excellence awards (CEAs) to be frozen
– 0.5% of pay bill to be targeted on the new system of performance pay to increase the amount available for performance pay awards from 2019/20. Employers will be able to choose to use the 0.25% of funding available in 2018/19 as transitional funding to manage the costs of running the required CEA round this year or to invest it additionally should they choose to do so.
What this means for consultants in England

Apart from the fact that the UK Government chose to decline the DDRB’s recommendation and opted again for a below-inflationary uplift, the decision to not backdate pay means that this is less than a 0.75% uplift in average pay, or an average weekly uplift of £6.10 after tax. This is less than the 1% increase consultants have been receiving in previous years and, therefore, the real terms pay cut that consultants will suffer this year will be worse than when the pay cap was in place. What is more, it seems that the award to consultants is the lowest among all public sector workers.

We have yet to receive clarity on whether trusts can choose to use the CEA funding to pay for transition rather than using it to uplift the value of awards. What is clear is that the DDRB suggested that a 2% uplift should apply to CEAs but the Government’s response was that the value of existing awards would be frozen and that 0.5% of the pay bill would be allocated to employers to increase the funding available for new awards from 2019/20, with half that amount this year solely to fund employers’ obligation to run awards rounds that are your contractual entitlement.

What the BMA is doing

Following the announcement the BMA immediately issued a statement and Chaand Nagpaul, BMA Chair of Council, wrote to the Secretary of State for Health and Social Care to convey the anger of the profession for the UK Government’s decision to award a sub-inflation increase and then halve its value by not backdating it.

We also wrote to the DDRB to explain how the UK Government’s actions further diminish the confidence of the profession in the process and asked the Review Body to reinstate its independence and challenge the UK Government for the fact that the award unfairly will not be backdated to April 2018 for most doctors.

We are now in the process of reviewing our relationship with the UK Government and the DDRB regarding pay. To help us inform our strategy we surveyed our members in England about the fairness of the pay uplift and the recommendations of the DDRB.

The results of the survey show that:

- The vast majority of the consultants reported that the pay announcement by the Government was highly or somewhat unacceptable (95.3%).
- Half of the consultants surveyed reported that the pay recommendation from the DDRB was highly or somewhat unacceptable.
- As a result of the offer, the vast majority of respondents stated that the value they feel working as a doctor in the NHS was reduced (91.6%).
- Similarly, as a result of the offer, the majority of respondents stated that their level of morale has worsened (88.6%).

The BMA wrote to the DDRB and the UK Government, and issued a position statement with the BDA (British Dental Association) asking for fundamental reform of the pay review process for doctors, on the basis of the following principles:

1. Restitution of the DDRB’s independence and return to its original purpose.
2. Revision of its terms of reference to narrow the DDRB’s focus purely on pay uplifts rather than making recommendations on wider contractual matters.
3. Clear timetables for submission of evidence and publications of the report, and an undertaking that government(s) must not fetter the parameters of the DDRB’s recommendations.
4. Re-establishment of the undertaking that government(s) will respect and implement the DDRB’s recommendations.

Finally, the BMA has been meeting with the Secretary of State and his team to press the case for a better, fairer pay settlement for consultants.
What applies to other doctors in England

The DDRB makes recommendations for all doctors. This year’s recommendations and Government decision for the other Branches of Practice are outlined below.

<table>
<thead>
<tr>
<th></th>
<th>DDRB recommendation</th>
<th>UK Government decision</th>
<th>Average weekly uplift after tax(^b)</th>
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<tbody>
<tr>
<td>SAS doctors</td>
<td>3.5% pay uplift</td>
<td>3% pay uplift from October 2018</td>
<td>£11.42</td>
</tr>
<tr>
<td>Junior doctors</td>
<td>2% pay uplift</td>
<td>2% pay uplift from October 2018</td>
<td>£5.62</td>
</tr>
<tr>
<td>GPs</td>
<td>4% pay uplift</td>
<td>A further 1% to the value of the GP remuneration and practice staff expenses through the GP contract, supplementing the 1% already paid from April 2018 and making a 2% uplift in all; this will be backdated to 1 April 2018.</td>
<td>Not applicable</td>
</tr>
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Government announcement for Scotland

The Scottish Government announced its pay award for doctors in Scotland, which will be backdated to 1 April 2018, at the following rates:

- 3% increase to the national salary scales for all doctors who earn below £80,000 (full-time equivalent)
- 3% increase to medical practice staff pay and an uplift of 3% for non-staff expenses
- £1,600 for medical staff earning above £80,000 (full-time equivalent)
- 3% for all junior doctors
- 3% for all Specialty Doctors and Associate Specialists who earn below £80,000 (full-time equivalent)
- 3% for all salaried General Medical Practitioners who earn below £80,000 (full-time equivalent)
- Distinction Awards and Discretionary Points remain frozen

Read our statement.

Government announcement for Wales

The Welsh Government announced its pay award for doctors in Wales, which will be backdated to 1 April 2018 and is in line with the DDRB recommendations, at the following rates:

- A two per cent base increase for salaried doctors (including Clinical Excellence Awards) and dentists, salaried General Medical Practitioners (GMPs) and independent contractor GMPs (net of expenses)
- An increase in the GMPs trainers’ grant and rate for GMP appraisers of two per cent
- An additional two per cent for independent contractor GMPs (net of expenses), salaried GMPs and to the GMP trainers’ grant and the GMP appraisers’ rate
- An additional 1.5% for SAS doctors

Read our statement.

\(^b\) These are what the uplift look like over 12 months, rather than what individual pay checks will increase on average for the second half of the financial year, based on latest pay figures from 2016/17.
**Further resources**

Rob Harwood, BMA Chair of Consultants Committee: