Background

The Review Body on Doctors’ and Dentists’ Remuneration (DDRB) was originally created be an independent public body which advises Government on rates of pay for doctors and dentists. Each year the BMA and other stakeholders submit evidence to the DDRB on matters relating to doctors’ pay, morale, recruitment and retention. The panel then make recommendations to Government on whether a pay rise should be awarded that year, such as to keep in line with inflation, or to try to improve recruitment and retention, or not.

In recent years, the BMA has become very concerned with the ability of the DDRB to serve its original purpose as it has allowed Government interference in the process by only making recommendations within the scope of Government spending caps or freezes on public sector pay. Most recently the DDRB has also made direct recommendations to change parts of the 2016 Terms and Conditions of Service without agreement from the BMA.

The DDRB was originally created following a recommendation of the Royal Commission on Doctors’ and Dentists’ Remuneration in 1960.a The Royal Commission was set up after a 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)
Recent years

All branches of practice have, over recent years, come to have a problematic relationship with the DDRB due to consecutive recommendations that equate to real terms pay cuts. For junior doctors the situation is further exacerbated by the DDRB’s interference with their contracts of employment.

In 2015 DDRB was asked to step outside its usual remit of pay to make recommendations on a new junior doctor contract. The report was clearly heavily biased in favour of employers – 22 of the 23 recommendations were lifted exactly from the employers’ evidence submission. The report and the rhetoric that followed infuriated junior doctors and was a significant trigger for the industrial dispute that followed. More recently the DDRB has made recommendations to instigate a new Flexible Pay Premium (FPP), after Health Education England identified Histopathology as slightly under recruited, without any attempt to agree this with the BMA (who negotiate terms and conditions of service (TCS) on behalf of all Junior Doctors).

What is more, government interference in the process has meant that the DDRB has been for a number of years recommending uplifts in line with the public sector pay policies as set out in remit letters. As a result, doctors have seen the biggest fall (-22.5%) in median real gross hourly earnings out of the ten pay review body occupations.

We are also concerned that the DDRB allows parties to ignore the agreed timetables, leading to the Governments having access to our evidence long before they submit their own. It is essential that the DDRB agrees a timetable with all parties that everyone is committed to.

2018/19 pay round

The evidence gathering and evaluation which determined the 2018/19 pay recommendation 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 junior doctors having seen their pay being cut by over 21% since 2008, when at the same time, pay settlements in the wider economy run at 60% higher than doctors’ awards.

We also noted that we do not support further targeted recommendations (such as Flexible Pay Premia) to address location or specialty recruitment issues, and we re-iterated our request to the DDRB to support our call for a long-term comprehensive workforce strategy in order to address shortcomings relating to inadequate workforce planning.

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

- RPI (3.5% in Aug 2018), 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

After taking evidence into consideration, the DDRB recommended in its 46th report:
- A 2% increase to the national salary scales for junior doctors in the UK
- That the flexible pay premia included in the junior doctors’ contract in England increase by 2%.

Additionally, DDRB clearly overstepped its remit and interfered in contractual issues by supporting in its report the introduction of a new specialty premia for histopathology. The DDRB also stated its intention to review existing flexible pay premia, with the prospect of expanding their scope into incentives for recruitment to certain regions. They did this despite recognising they had not received any evidence of efficacy and without seeking or gaining agreement with the BMA.

Government announcement for England

On 24 July the UK Government announced its pay deal for all doctors and, in doing so, ignored the recommendations from the DDRB, and reversed its commitment not to alter the existing 2016 TCS without agreement with the BMA. For junior doctors the announcement was:
- A 2% increase in basic pay for junior doctors and the value of the flexible pay premia; which with the lack of backdating equates to 1% increase.
- Introduction of a flexible pay premium for doctors on training programmes in histopathology of the same value as that currently provided for doctors on training programmes in emergency medicine and psychiatry.
- Apply these uplifts from October 2018 - mid way through the 2018/19 financial year.

What this means for junior doctors in England

A 2% increase on basic pay for junior doctors from October 2018 amounts to a pay freeze from April 2018 to October 2018, therefore resulting in an overall pay increase of only 1%, far below that of inflation over the course of the year, which is yet another cut in junior doctors real earnings. This translates to an average weekly uplift for junior doctors of £5.62 after tax.

Against the backdrop of the significant cuts to their real terms pay, junior doctors face significant increases in their cost of living. For example, tuition fees are now up to £9,000 per year, meaning many junior doctors come out of university with high levels of debt; house price increases over the past two decades have outstripped earnings growth and general inflation to a point where the ratio between the average salary and house prices has more than doubled. In addition, junior doctors have to cope with the ever increasing, mandatory costs of training involved in College enrolment fees, examination costs and GMC (General Medical Council) fees. The below inflation increases combined with the increasing costs of training exam fees and indemnity, means that the junior doctors’ income will decrease even more than the figures on pay suggest.
What the BMA is doing

Following the announcement the BMA immediately issued a statement and Dr Chaand Nagpaul, Chair of the BMA’s 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.

Dr Jeeves Wijesuriya, BMA Junior Doctors’ Committee Chair, further expressed the frustration of junior doctors with the derisory uplift, the inadequate DDRB recommendations and the continual overreach of their remit in a blog. These concerns were also raised with the Secretary of State, and Jeeves outlined what would become the JDC position - that Enough is Enough and we must not allow the current DDRB to continue to recommend sub-inflation pay cuts, or make changes beyond their remit in pay to contractual terms and conditions.

The BMA also wrote to the DDRB to explain how the DDRBs inadequate recommendations further diminish the confidence of the profession in the process and asked the Review Body to reinstate its independence and return to its original remit without interfering in contractual matters. This echoed concerns about a lack of independence leading to inadequate award which the BMA had similarly raised in 2017.

The BMA surveyed 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 junior doctors (93.4%) surveyed reported that the pay announcement by the Government was highly or somewhat unacceptable.
- More than half of the junior doctors (52.5%) surveyed reported that the pay recommendation from the DDRB was highly or somewhat unacceptable.
- As a result of the offer, the vast majority of the junior doctors stated that the value they feel working as a doctor in the NHS was reduced (88.5%).
- Similarly, as a result of the offer, the majority of respondents stated that their level of morale has worsened (84.5%).

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 JDC has been consulting with members via regional JDCs in August the JDC executive confirmed its disappointment with the inflammatory recommendations of the 46th DDRB report and the Government’s subsequent derisory pay award for doctors and dentists. It called on BMA Council who are coordinating the Association-wide response to withdraw as an Association from the DDRB process in its current form.

Following Council’s first meeting in early September, The BMA wrote to the DDRB and the UK Government, and issued a position statement with the BDA (British Dental Association) demanding fundamental reform of the pay review process for doctors, on the basis of the following principles:

1. Restoration of the DDRB’s independence and return to its original purpose.
2. Revision of its terms of reference to clarify the DDRB’s focus purely on annual 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 be allowed to limit the parameters of the DDRB’s recommendations.
4. Re-establishment of the undertaking that government(s) will respect and implement the DDRB’s recommendations.

This letter made clear that failure to make the required changes would lead to BMA Council considering any further engagement or participation in the DDRB process.

Separately, we have continued to work with the Secretary of State and his team to lay the groundwork for our 2018 contract review in which we are lobbying and negotiating for improvements to the Terms and Conditions of service in line with our members’ priorities.
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 tax¹</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>Consultants</td>
<td>2% pay uplift</td>
<td>1.5% pay uplift from October 2018</td>
<td>£6.10</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>
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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 (Juniors, SAS, Salaried GP, or Consultant) who earn below £80,000 (full-time equivalent)
- 3% increase to General Practice medical staff pay and an uplift of 3% for non-staff expenses
- £1,600 uplift per year for medical staff earning above £80,000 (full-time equivalent)
- Distinction Awards and Discretionary Points remain frozen

This award mirrors that negotiated directly by the Agenda for Change Unions and severely punishes all consultants except those on the first point of the pay scale, as well as many SAS doctors. It remains below inflation (RPI 3.5% Aug 2018) and significantly below the BMA’s ask of the DDRB. Read BMA Scotland’s statement here.

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.

Northern Ireland lacks the requisite sitting government at present to make a pay award, and as such none has been announced. Members in NI can keep track of events which affect them directly at the BMA Northern Ireland’s JDC web page here.