Background

Each year the BMA submits evidence to the DDRB, on matters relating to doctors’ pay, morale, recruitment and retention. The DDRB is an 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 the DDRB to serve its original purpose as government interference in the process through remit letter and the cap in public sector pay, have affected DDRB’s ability to act independently.

The DDRB was originally created following a recommendation of the Royal Commission on Doctors’ and Dentists’ Remuneration in 1960. 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.
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 GPs having seen their pay being cut by approximately 20% since 2008. As a result, out of the ten pay review body occupations doctors have seen the biggest fall in median real gross hourly earnings. This confirms that government policies over the past decade have unfairly punished doctors by reducing significantly their real terms pay. At the same time, pay settlements in the wider economy run at 60% higher than doctors’ awards.

Annual pay review from DDRB

The DDRB has acknowledged the concerns raised in our written and oral evidence submissions specifically regarding GP workforce issues and the need for greater outputs from training, overseas recruitment and improving the retention of existing GPs.

The report noted that despite the commitment in England to increase the number of GPs by 5,000, the full-time equivalent number of doctors working in general practice in England has fallen since 2015. Furthermore, overseas recruitment is unlikely to be helped by the uncertainty surrounding the UK’s exit from the EU and the recent difficulty that some potential employers had with obtaining certificates of sponsorship which allow them to employ GPs from overseas.

The DDRB expressed its concern about the increasing numbers of GPs in England saying they were likely to leave direct patient care in the next 5 years and the vast majority reporting considerable or high pressure from increasing workloads. They noted that all these factors make traditional GP career paths, like practice ownership, less attractive, which is concerning given the renewed emphasis being placed on the role of the GP in addressing demand for health services and delivering productivity improvements.

The DDRB recommendations for GPs were:

- An overall 4% increase in pay for independent contractor GPs, net of expense (the minimum 2% increase for all doctors plus a further 2% for independent contractor GPs)
- An overall 4% increase to the minimum and maximum of the salary range of salaried GPs (the minimum 2% increase for all doctors plus a further 2% for salaried GPs)
- An overall 4% increase to the GP trainers’ grant and rate for GP appraisers (the minimum 2% for all doctors plus a further 2% for the GP trainers’ grant and the rate for GP appraisers)

For this pay round the DDRB again made a recommendation net of expenses and so this recommendation does not account for non-GP pay or other practice expenses.
**Government announcement for England**

On 24 July the Government in England announced its pay deal for all doctors and, in doing so, reduced the recommendations from the DDRB. The announcement for GPs was:

- 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.
- The recommended minimum and maximum pay scales for salaried GPs will be uplifted by 2%; this will be effective as of 1 October 2018.
- The GP trainer grant and GP appraiser fees will be increased by 3% and the same approach for clinical educators pay; this will be effective as of 1 October 2018.
- The potential for an additional 1% to be added to the baseline, to be paid from 2019/20 conditional on contract reform, through a multi-year agreement from 2019/20. This would be in addition to the funding envelope for the contract negotiation for 2019/20 onwards. This would be reflected in respect of GP remuneration, practice staff expenses and the recommended minimum and maximum pay scales for salaried GPs.

**What this means for GPs and general practice in England**

**Independent contractor GPs**

General practice will receive an additional £61.5m into global sum, for the extra 1% for GP and staff pay. We previously recommended practices pass on the 1% secured through negotiations and so this extra 1% should now be passed on to staff, backdated to 1 April 2018.

The effect of this uplift is to increase the overall uplift from £256m to £317m, therefore adding an additional £1.04 to global sum, bringing global sum up to £88.96. While this is more than secured in previous years (£238m for 2017/18 and £220m for 2016/17) this is still significantly short of the DDRB recommendations.

The above uplifts do not account for the 3% uplift to the trainers grant and appraisers fees (from October 2018). It also does not account for the additional 1% promised from 1 April 2019 contingent on reaching agreement in the next round of negotiations.

**Salaried GPs**

The minimum and maximum of the pay range for salaried GPs will be uplifted by 2%, which will be effective from 1 April 2018.

**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 Government’s decision to ignore DDRB’s recommendations. We also wrote to the DDRB to ask the Review Body to reinstate its independence and challenge the UK Government for ignoring its recommendations and not backdating elements of the pay award. Richard Vautrey, chair of the BMA GP committee, has also met with the Secretary of State to discuss GPs’ serious concerns.

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 majority of GPs (86.9%) surveyed reported that the pay announcement by the Government was highly or somewhat unacceptable.
- The majority of GPs (66.4%) surveyed believed the DDRB award would have been acceptable however one in four of the GPs (24.4%) 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 (83.9%).
- Similarly, as a result of the offer, the majority of the GPs stated that their level of morale has worsened (80%).
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, and with NHS England, to seek a better outcome for GPs and their practices.

**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>Branch</th>
<th>DDRB recommendation</th>
<th>UK Government decision</th>
<th>Average weekly uplift after tax(^b)</th>
</tr>
</thead>
<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>Consultants</td>
<td>2% pay uplift</td>
<td>1.5% uplift from October 2018</td>
<td>£6.10</td>
</tr>
</tbody>
</table>

**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.

\(^b\) These are what the uplift look like over 12months, 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.
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.

Further resources

www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-england/gp-contract-agreement-england