Discussion paper on pay and the DDRB
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Overview and key conclusions

There is a considerable concern amongst hospital consultants – as well as other branches of practice and wider public sector professions – regarding the serious erosion of the purchasing power of our pay since the financial crash of 2007-2008.

Doctors have seen their pay in real terms decrease markedly in the last decade – over much of that time a policy of public pay restraint has been in place. The Government has restricted the scope of the DDRB and has delayed or not passed on pay increases, using the excuse of the general economic good.

A very similar situation was in existence in the 1950s following the setting up of the NHS within the background of post war austerity. This led to the formation of the Royal Commission on Doctors' and Dentists' Remuneration (1957-1960). The Commission was established after a decade of acrimonious discussions with the Government over pay. These resulted from significant tensions as a consequence of recommendations by Sir Will Spens, who chaired the 1947 committee on consultants’ and specialists’ remuneration. This led to a series of battles with the department of health, leading up to the eventual setting up of the Royal Commission.

Earlier this year was the 60th anniversary of the warrant for the Royal Commission on Doctors' and Dentists Pay. The document, finally produced in 1960 after three years' work remains prescient and in many respects chimes with our current position.

Key points from the document underline this, from the initial aim to ‘avoid the recurrent disputes about remuneration which have bedevilled relations between the medical and dental professions and Government for many years’ to two other important assertions:

- Doctors' and dentists' pay should not be used as a regulator of the national economy, it must not be held back for fear that others might follow
- Their [doctors' and dentists'] remuneration will be determined, in practice, by a group of independent persons of standing and authority and not committed to the Government's point of view

It's interesting to note in addition to this the make-up of the original pay review body which included a lord, an economist and a judge who served on the Nuremberg trials. Comparing those with the current incumbents leads to concerns over the backgrounds of those currently in place particularly in respect of their respective independence and objectivity.

From this historical perspective much of the what is happening currently in terms of the treatment of doctors' pay by government, the setup and members of the DDRB, the concept of 'letters of remit' fly in the face of the original findings of the Royal Commission.

Should we bring pressure to bear to return to the original DDRB principles and thereby ensure fair treatment of doctors in terms of cost of living pay increases? This is all the more important to consider given the rising rate of inflation we are likely to experience over the next few years, along with stated government policy of a continued public sector pay restraint.

Over the past decade, inflation increased by 23.6%, average weekly earnings in the same period increased in cash terms by 22.2%, GDP increased in real terms by 9% above inflation, yet over the same period the government has awarded consultants cumulative pay increases of just 6% before inflation. The implication of this is that average annual earnings for consultants have fallen in real terms by 9.4%. [BMA data on file].

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a April 2007/08 – March 2016/17
b Office for National Statistics, (2017). CPIH All Items Index
e Consultants at the top of the pay scale (i.e. those ineligible to receive annual incremental uplifts) received 1% non-consolidated payments in 2014/15, 2015/16 and 2016/17
From the documents and evidence below this we can draw some conclusions:

- Doctors salaries have not kept pace with the general economy or comparator professionals
- Review body pay proposals have not been acted upon by government either in full or in a timely way
- Up front 'remit' letters were never part of the original recommendations and work against the DDRB taking a fair approach to pay for doctors. These should be submitted by Government as evidence rather than instructions
- The review body members do not fit the original criteria
- The review body members are quite largely from spheres such as ex NHS HR management, NHS CEO roles; there are concerns that these roles may colour the perspectives of those members and bring into question the true independence of the review body. Many review body members have backgrounds which would be helpful as expert submissions from the employers and government perspective but may not be suitable to be independent assessors of broad evidence

From reviewing these documents it seems clear that the original concept of the DDRB was sound but it and the mechanism has deviated from those principles very widely in recent history.
Documents and evidence

1. Annual evidence provided to the DDRB by the BMA 2016

Taken from current BMA submission to the DDRB – see weblink.

Summary of key points of BMA Evidence

- The BMA is submitting evidence for the whole of the UK, and is seeking a common recommendation for all doctors, though we note an increasing divergence between the four constituent UK nations. We ask that DDRB continues to assert its independence to make a full set of recommendations, irrespective of any remit that a constituent health department might seek to impose.

- We are disappointed that DDRB again chose not to make recommendations around GP gross earnings. While we managed to negotiate an uplift for England last year and will apply the same broad methodology this year, this was not the case for the devolved nations. In the case of Wales, this led to average GP earnings again falling in cash and real terms last year. We hope our approach will form the basis for DDRB to feel able to resume this role from next year.

- We are similarly disappointed that DDRB again only felt able to recommend an uplift in line with the public sector pay policy as set out in the Chief Secretary to the Treasury’s remit letter, which is well below comparable wage inflation in the wider economy. We have significant concerns that the continuation of this policy will mean that future DDRB recommendations will follow a similar pattern, lending credence to the impression that DDRB is no longer acting independently.

- We are not proposing a specific figure for the 2017/18 pay award, but we argue that doctors should be treated in line with the wider economy, where pay settlements continue to run at higher than the public sector pay policy cap, at around 2% currently.

- We do not support targeted recommendations to address location or specialty recruitment issues, and we do not wish DDRB to pursue its suggestion of applying funds to different approaches than pay to alleviating pressures – unless there was a substantial increase to the overall funding availability. We do however note that previous DDRB recommendations around distinction awards in Scotland, GP earnings in Wales, and clinical excellence awards in Northern Ireland, have not been implemented by the respective governments.

- It is not possible to know when, where and in what exact form a new contract for consultants (in England and potentially Northern Ireland) might be put in place, but this will not be before October 2017 at the earliest, so we request that DDRB should make its recommendations on the basis of the current contracts in each respective nation of the UK.

- There is ongoing dispute around the imposition of a new junior doctors contract in England, but even should the phased introduction and implementation in England proceed, there will be significant numbers of junior doctors on the existing contract for some years. Moreover, the other UK nations are not threatened by imposition as in England, so we are asking DDRB to make recommendations across the UK on the basis of the existing contracts.

- In light of the ongoing contractual issues for consultants and junior doctors in England, increasing contract divergence for GPs across the UK, and the overarching issue of health being a devolved matter, we request that DDRB schedules a separate oral evidence session for the parts of our submission relating to devolved national evidence.

- We were disappointed at the failure to follow a fair and transparent process last year, with national governments seemingly able to submit their evidence and remit letters well beyond DDRB deadlines, with no consequences to them but creating difficulties for those parties like the BMA who did adhere to the timetable, and whose evidence was therefore visible to governments before they submitted theirs.
– We appreciate DDRB’s helpful steer on data requirements, but we note that the Review Body has now requested much of this information in several of its previous reports, so we question whether parties are actually able to provide the requested information, and whether DDRB could therefore commission its own research to fill key gaps. We have tried to identify data gaps that would be helpful to the BMA and DDRB if these could be filled

– In particular, we note a lack of consistent and comprehensive data around vacancies and rota gaps for all staff groups across the whole of the UK, and linked to this the use of locums to fill these shortages. We note continuing shortages in the specialties of emergency medicine, psychiatry, radiology, and general practice

– The financial distress of the NHS, and the lack of credible plans to increase capacity will further worsen recruitment and retention issues, and create real concerns around the health and wellbeing of the remaining doctors as a result of their increased yet unrecognised workload, and their lack of time and empowerment to be able contribute to sustainable solutions

– We note the remit letter from England asks DDRB for observations around salaried GPs. We believe there is a significant lack of data currently available around sessional GPs (salaried and locum) on which to base any firm recommendations, for example around pay ranges, and how GPs choose to take a partnership, salaried or locums post. We request that DDRB considers who is able to provide what data with a view to a more in-depth analysis in next year’s pay round

– In general, we note there is a lack of data around how doctors choose their career paths, both in terms of specialty and location, but also in terms of choice between a permanent role or locum position. We hypothesise that the increased attractiveness of a locum role reflects the seeming low value and ever-increasing unrecognised workload of permanent positions. The recent moves to advertise SAS doctor roles at the closed Associate Specialist grade are also a reflection of this recruitment and retention issue
2. Representative External Economic Data

See appendix A.

Economic summary

The above demonstrates that over the past ten years, prices have increased 23%, average weekly earnings for the population have increased by 21.2% and real GDP has increased by 9%. However consultants have been awarded just a 6% pay increase before inflation, meaning average annual earnings have fallen in real terms by 9.4%.

3. Recruitment and retention

RCP survey in March 2017 highlights workload, morale, and patient safety concerns:

Overall, 82% of physicians who responded said that they believed the workforce was demoralised, and 84% said that they were experiencing staff shortages across their team. Less than half of the physicians (47%) said that they believed that doctors in their trust were confident about speaking up about concerns.
4. What did the Royal Commission of 1957-1960 Find?

It is suggested that all of the text is worth reading rather than just the highlighted sections. Much of the original document is concerned with data gathering for the various BoP and dentists. The quotes are representative from the document and not partial.

See appendix B for scans of the original Royal Commission document.

Summary of Important Points Made by the 1957-60 Royal Commission

1. First aim [is] to avoid the recurrent disputes about remuneration which have bedevilled relations between the medical and dental professions and Government for many years... They do nothing to promote the smooth running of the national health service (1960!).

2. Second aim to give these two professions, most of whose members derive the greater part of their livelihood from the NHS some assurance that their living standards will not be depressed by arbitrary Government action.

3. Doctors and dentists pay should not be used as a regulator of the national economy, it must not be held back for fear that others might follow.

4. 'It may sometimes be expedient to avoid increasing expenditure on the remuneration of people paid from public funds; it may be tempting to describe this as economic necessity or in the national interest. While clearly the Government of the day must govern, doctors and dentists must have confidence that their remuneration will be settled on a just basis.'

5. [Government should] Set up an advisory committee.

6. Members must have the standing and reputation to command the confidence of the profession, Government and public.

7. Members of the review body should be appointed by the Government after consultation with representatives of the medical and dental profession.

8. It should consist of a chairman and six other members, all of whom should be persons of eminence and authority.

9. Should be able to bring a wide variety of experience and wisdom to bear on the problems involved and should not be regarded as representatives of any interest.

10. Their [doctors and dentists] remuneration will be determined, in practice, by a group of independent persons of standing and authority and not committed to the Government's point of view.

11. Now that the majority of earnings come from the state via a monopoly employer, doctors and dentists remuneration should be settled principally although not exclusively by external comparison.

12. Factors which would always be relevant are changes in the cost of living, the movement of earnings in other professions and the quality and quantity of recruitment in all professions.

13. Earnings should not be governed by short term supply and demand.

14. Recommendations of the review body should only very rarely and for the most obviously compelling reasons be rejected.

15. Prompt action by Government on each report is essential.
5. Mandate for action

The original heads of terms of the current 2003 consultant contract negotiations specified that the BMA would be taking continued, separate action, regarding the defects in the current DDR8 mechanism;

**Other Issues**

27. The parties have noted that BMA's concerns about the independent pay review process and that they intend to lobby government simultaneously on matters such as the setting of the Doctors' and Dentists' Review Body's remit in any given year.

From the policy book:

<table>
<thead>
<tr>
<th>1796.</th>
<th>That this meeting, in respect of the DDRB:</th>
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<tbody>
<tr>
<td></td>
<td>i) believes it is no longer fit for purpose;</td>
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<td></td>
<td>ii) calls for a just and equitable medical pay mechanism that has the confidence of all parties;</td>
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<tr>
<td></td>
<td>iii) believes that a period of enhanced pay growth is required to restore NHS pay levels constrained since 2008, using a benchmark of 2% growth above inflation.</td>
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<tr>
<td></td>
<td>(2016)</td>
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<table>
<thead>
<tr>
<th>1797.</th>
<th>That this meeting believes that the BMA should demand restitution of a powerful, independent pay review body.</th>
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<tr>
<td></td>
<td>(2015)</td>
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</table>
Appendix A – Economic Data

Mean increase in pay for general population (not corrected for prices/inflation) circa 21.4% increase between 2007/08 and 2016/17:

Figure 1: Average weekly earnings

In real terms this means that wages were about 1.5% lower in March 2017 than in March 2007.

<table>
<thead>
<tr>
<th>% Change from previous year</th>
<th>RPI k</th>
<th>CPIH</th>
<th>ASHE l</th>
<th>Pay increase to consultants awarded by government (%)</th>
<th>AWE (regular pay, cash terms) m</th>
<th>AWE (regular pay, 2015 prices)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007/08</td>
<td>4.1</td>
<td>2.3</td>
<td>1.7</td>
<td>1.5</td>
<td>4.2</td>
<td>1.9</td>
</tr>
<tr>
<td>2008/09</td>
<td>3.0</td>
<td>3.6</td>
<td>-0.4</td>
<td>2.2</td>
<td>3.3</td>
<td>-0.4</td>
</tr>
<tr>
<td>2009/10</td>
<td>0.5</td>
<td>1.8</td>
<td>-1.6</td>
<td>1.5</td>
<td>1.6</td>
<td>-0.2</td>
</tr>
<tr>
<td>2010/11</td>
<td>5.0</td>
<td>2.8</td>
<td>-3.9</td>
<td>0.0</td>
<td>1.9</td>
<td>-0.8</td>
</tr>
<tr>
<td>2011/12</td>
<td>4.8</td>
<td>3.7</td>
<td>1.4</td>
<td>0.0</td>
<td>1.8</td>
<td>-1.9</td>
</tr>
<tr>
<td>2012/13</td>
<td>3.1</td>
<td>2.4</td>
<td>-0.2</td>
<td>0.0</td>
<td>1.4</td>
<td>-0.9</td>
</tr>
<tr>
<td>2013/14</td>
<td>2.9</td>
<td>2.1</td>
<td>-1.6</td>
<td>1.0</td>
<td>1.1</td>
<td>-1.1</td>
</tr>
<tr>
<td>2014/15</td>
<td>2.0</td>
<td>1.1</td>
<td>1.9</td>
<td>0.0</td>
<td>1.5</td>
<td>0.3</td>
</tr>
<tr>
<td>2015/16</td>
<td>1.1</td>
<td>0.4</td>
<td>1.9</td>
<td>0.0</td>
<td>2.3</td>
<td>1.9</td>
</tr>
<tr>
<td>2016/17</td>
<td>2.1</td>
<td>1.4</td>
<td>0.0</td>
<td>2.3</td>
<td>0.9</td>
<td></td>
</tr>
<tr>
<td>% change, 2007/08-2016/17</td>
<td>31.1%</td>
<td>23.6</td>
<td>-0.8</td>
<td>6.2%</td>
<td>22.2%</td>
<td>-1.6%</td>
</tr>
</tbody>
</table>

i ONS, Average Weekly Earnings
k Office for National Statistics, (2017). RPI All Items Index, CPIH All Items Index
The following charts show that consultant pay has increase at a much slower rate than inflation, which in turn led to a fall in real terms of over 9.4% between 2008/09 and 2015/16 in mean annual earnings for consultants.

**Figure 2: Consultant pay increases and inflation**

![Chart showing percent change from previous year for CPIH, RPIH, and Consultant award over financial years 2007/08 to 2016/17.]

**Figure 3: Consultant mean annual earnings, 2015/16 prices**

![Chart showing cash terms and real terms for consultant earnings over financial years 2008/09 to 2015/16.]

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\(n\) ONS, *Gross Domestic Product: chained volume measures*

\(o\) Deflated using ONS GDP deflators at market prices: March 2017. Earnings data only available from 2008/09 to 2015/16.
How do consultant's salaries compare to those of similar professions?

Figure 4: Estimated total earnings for newly qualified consultants and comparator professions

How is general economy faring?

Figure 5: Real GDP

The above represents a GDP increase of circa 9% between 2007/08 and 2016/17 when adjusted for inflation (CPI).

p Department of Health, (2009, 2012, 2013, 2016, 2017). Review Body on Doctors' and Dentists' Remuneration Reports, 38th, 40th, 41st, 44th, 45th. Figures are rough estimates derived from charts published by the DDRB so should be treated with appropriate caution

q ONS, Gross Domestic Product: chained volume measures
Appendix B – Royal Commission on Doctors' and Dentists Pay 1957-60

Introduction

CHAPTER I
INTRODUCTION

1. Our appointment was announced in Parliament by the Prime Minister in February 1957 and our Royal Warrant of appointment was subsequently delivered in March 1957.

2. Our labours began against a background of controversy and it was not certain at the outset how far we could count upon the co-operation of the medical and dental professions in pursuing our investigation. It became evident that many doctors had serious misgivings about the scope of our enquiry and feared, in effect, that we should be obliged in making our recommendations about levels of pay to take account only of those factors which were specifically mentioned in our terms of reference. In order, therefore, to reassure those whose co-operation in our work was so desirable, we issued a public statement in interpretation of our terms of reference, directed particularly to dispelling a number of misconceptions which had come to our attention. This was issued on 12th April 1957 and was in the following terms:

"In view of doubts cast on the interpretation of the terms of reference, the Royal Commission have given urgent consideration to this matter, and think it may be convenient if they announce publicly how they have decided to proceed. They have shown this statement to the sponsoring Ministers, and they understand that it is wholly consistent with the intentions formed by the Government when advising the appointment of the Royal Commission.

(1) The Spens reports and the Danckwerts award will be studied by the Commission, and also the reports of any other Commissions and Committees in so far as they are relevant to the circumstances of the medical
and dental professions and to the relationship of those professions to the community as a whole.

(2) The Commission will bear in mind the need for maintaining a proper level of recruitment to the medical and dental professions in competition with other callings, and will consider evidence as to conditions imposed by the nature of the work.

(3) The phrase 'other professions' will be interpreted widely so as not to exclude, for example, science and other graduates in industry at all levels.

(4) The Commission are not asked to recommend remuneration for doctors and dentists employed by local authorities; but these doctors and dentists are among the 'other members of the medical and dental professions' on whose remuneration evidence will be received for purposes of comparison.

(5) 'Other connected occupations' cover a wide range of persons, including on the one hand hospital administrators, and on the other, nurses and medical auxiliaries, whose remuneration will be considered with special reference to differentials.

(6) The Commission will in the light of all this and any other relevant evidence recommend such 'current levels of remuneration' as appear to the Commission to be justified.

(7) The Commission's duty to recommend current levels of remuneration calls for recommendations covering, for example, average incomes and the desirable spread between extremes; but it does not call for the construction of detailed schemes of distribution.

(8) After consideration of the desirable current levels of remuneration for doctors and dentists, the Commission will consider whether, and if so what, arrangements should be made to keep that remuneration under review."

8. The context in which we have made our enquiries is that of a National Health Service, a service intended to be available to the whole nation; if the nation wants the benefits it must accept the cost, and provide the means to ascertain the facts and to do financial justice, neither less nor more, to those who work in that service.

13. We recommend the setting up of a Review Body, somewhat similar to the Advisory Committee on the Higher Civil Service, to watch the levels and spread of medical and dental remuneration, and to make recommendations to the Prime Minister. The main task of this Body will be the exercise of the faculty of good judgment, and it must be composed of individuals whose standing and reputation will command the confidence of the professions, the Government, and the public. It must be regarded as a better judge than either the Government or the representatives of the professions as to what the levels and spread of medical and dental remuneration should be.

14. While the Government cannot abrogate its functions and responsibility for ultimate decisions, we are insistent that the recommendations of the Review Body must only very rarely and for most obviously compelling reasons be rejected.
15. We attach special importance to prompt action by the Government in dealing with any recommendations that may be made by the Review Body. In both professions there has been a lack of faith that the Government will act speedily, and a widespread conviction that this is due to deliberate delaying tactics. Nothing will restore confidence between the professions and the Government more than experience of really prompt action on the recommendations of the Review Body.

16. Now that the vast majority of their earnings come from the state, a monopoly employer for practical purposes, doctors and dentists should have their remuneration settled by external comparison, principally, though not necessarily exclusively, with professional men and others with a university background in other walks of life in Great Britain.

17. In deciding where doctors and dentists should stand at any one time in relation to members of other professions, regard should be paid among other matters to the general trend of recruitment in quality and quantity, and to the relative status of the medical and dental professions and of other occupations in other countries.

18. Earnings ought not to be determined by short term supply and demand. The level of demand is artificial and is easily increased or reduced by Government action, whereas the supply of skilled people cannot be quickly adjusted.

19. Rather different is the question of the long term relationship between the recruitment and supply of doctors and dentists, and the growing needs of other sections of the community for the services of university graduates. Recruitment is an important factor, and in this field both professions have been the subject of Departmental enquiries. The Willink Committee found that there were prospects of more than enough doctors; they did not suggest—nor do we propose—that attempts should be made to alter the level of recruitment by adjusting remuneration. Apart from recommending a review of certain aspects of the remuneration structure the McNair Committee did not propose—nor do we—that the general level of earnings of dentists, already very substantially increased since before the war by comparison with almost any other profession, should be yet further increased in order to obtain a greater supply.

28. Doctors and dentists in the public service should not be used as a regulator of the national economy. Their earnings should not be prevented from rising because of a fear that others might follow.

29. This does not mean that we consider that either doctors or dentists should ever have a fixed place in a changing world. Over the years, in this country and in others, the financial position held by doctors or dentists may rise in relation to some and fall in relation to others, and in relation to each other, for various reasons including the maintenance of a proper balance of recruitment between these and other professions.
Review Machinery DD RC 1960

403. The first is the avoidance of the recurrent disputes about remuneration which have bedevilled relations between the medical and dental professions and the Government for many years. Whatever the rights or wrongs of these disputes, they do nothing to promote the smooth working of the National Health Service.

404. The second aim is to give these two professions, most of whose members derive the greater part of their livelihood from the National Health Service, some assurance that their standards of living will not be depressed by arbitrary Government action. It may sometimes be expedient to avoid increased expenditure on the remuneration of people paid from public funds; it may be tempting to describe this as an economic necessity or in the national interest. While clearly the Government of the day must govern, doctors and dentists must have some confidence that their remuneration will be settled on a just basis. Hitherto, many doctors and dentists have regarded

POSSIBLE TYPES OF REVIEW MACHINERY FOR THE FUTURE

411. We have considered the following five possible ways in which medical and dental remuneration could in future be kept under review:

(a) Direct negotiation between the Health Departments and the medical and dental organisations.

(b) Negotiation through Whitley Councils.

(c) Arbitration in cases of unresolved dispute.

(d) The use of a formula of some kind by reference to which remuneration could be more or less automatically adjusted in changing circumstances.

(e) The establishment of an advisory body composed of persons of standing to make recommendations to the Government about doctors’ and dentists’ pay.

The first three are methods used at present. The third is not an alternative to the others, but an arrangement used along with (a) or (b).

A STANDING REVIEW BODY

426. Having considered the various arrangements set out above, we have reached two conclusions.

427. The first is that the existing arrangements for negotiation in respect of the doctors and dentists with whom we are concerned are generally adequate for the consideration and settlement of minor matters, and we recommend that they continue to be used for this purpose. There is some evidence, however, that the Whitley Committee for the hospital service
428. The second conclusion is that none of the four methods considered above is adequate for dealing with major matters. We have decided that the most appropriate form of machinery would be the appointment of a Standing Review Body of eminent persons of experience in various fields of national life to keep medical and dental remuneration under review and to make recommendations about that remuneration to the Prime Minister.

APPOINTMENT AND COMPOSITION

430. The members of the Review Body should be appointed by the Government after consultation with representatives of the medical and dental professions. It should consist of a Chairman and six other members, all of whom should be persons of eminence and authority. They should be selected as individuals able to bring a wide variety of experience and wisdom to bear on the problems involved and should not be regarded as the representatives of any interest. No members of the medical or dental professions should be included. The Chairman should be able to devote a substantial part of his time to the work of the Review Body, and in order to secure a man of the right calibre the Government might have to pay him a substantial sum.

TERMS OF REFERENCE

431. We recommend that the terms of reference should be:

“To advise the Prime Minister on the remuneration of doctors and dentists taking any part in the National Health Service.”

We do not think it desirable to define exactly the factors of which the Review Body should take account in making its recommendations. It would be presumptuous on our part, after recommending the appointment of persons of eminence and authority, to seek to tie their hands for years ahead in circumstances of which we are not at present aware. While it should be left to them to decide which factors might be relevant at any particular time and the weight to be attached to them, we expect that three factors which would always be relevant would be changes in the cost of living, the movement of earnings in other professions, and the quality and quantity of recruitment in all professions.

PROCEDURE

432. We consider that the deliberations of the Review Body should be conducted in private in order to avoid the appearance of arbitration between two opposing points of view. We would expect that normally the Review Body itself would initiate consideration of possible changes in remuneration and then make its recommendations to the Government. The Government may, however, on occasion wish to take the initiative, and in these circumstances would ask the Body for its advice. While its function will be to advise the Government, and therefore only the Government ought to have the right formally to approach it, the Government ought to give the professions a firm undertaking that they would always pass to the Body any views or representations which either of the professions might make.
GENERAL COMMENT

436. It is inherent in these proposals that the Review Body will be advisory only and that the Government would be free to reject its recommendations. It might be said that this does not, in fact, achieve the aim, to which we attach great importance, of giving the medical and dental professions confidence that their remuneration would not be determined by considerations of political convenience. The adoption of our proposals would not, it is true, give an absolute assurance, but we do not think it reasonable to suggest that the Government should be asked formally to abrogate its functions completely in a matter of this kind. But we believe that seven people such as we have in mind will make recommendations of such weight and authority that the Government will be able, and indeed feel bound, to accept them. This procedure will in fact, therefore, give the professions 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. In the interests of preserving confidence and goodwill it is moreover essential that the Government should give its decision on the Body’s recommendations very quickly, and we recommend that the Government and the professions explore together means of minimising the time between receipt of a recommendation and its implementation.
Much follows on various grades pay recommendations. Little is meaningful. But the following is interesting:

(c) For the years 1960, 1961 and 1962 the number of awards paid and their value on a whole-time basis should be as follows, irrespective of the total number of consultants eligible (paragraph 234):

100 A Plus awards of £4,000.
300 A awards of £3,000.
800 B awards of £1,750.
1,600 C awards of £750.
At the time there were 7,000 consultants in the NHS.

**REVIEW MACHINERY (CHAPTER X)**

(42) The present negotiating machinery should continue to be used for the settlement of minor matters concerning remuneration. The two sides of the Whitley Committee for the hospital service should jointly consider what action might be taken to improve its procedure (paragraph 427).

(43) The present machinery should no longer be used for the consideration of major issues. We recommend the appointment of a standing Review Body consisting of seven independent persons of eminence and experience to advise the Prime Minister about the “remuneration of doctors and dentists taking any part in the National Health Service” (paragraphs 428 to 430).

(44) While it is for the Review Body to decide which factors might be relevant at any particular time to fixing remuneration, and the weight to be attached to them, we would expect that three factors which would always be relevant would be changes in the cost of living, the movement of earnings in other professions and the quality and quantity of recruitment in all professions (paragraph 431).

(45) The Review Body should make recommendations on its own initiative or when requested by the Government or by the professions through the Government (paragraph 432).

(46) It should concern itself only with matters of major importance. On minor matters there should be no appeal from existing negotiating machinery to the Review Body (paragraphs 434 and 435).

(47) In order that the Body should have adequate information about the earnings of members of the medical and dental and other professions, the Board of Inland Revenue should collect and make available to the Review Body such information about professional earnings as that Body may require and the information should be published to the extent that the Body may determine (paragraph 449).
References


3 OECD: https://data.oecd.org/healthstat/life-expectancy-at-birth.htm#indicator-chart

4 OECD: https://data.oecd.org/healthstat/deaths-from-cancer.htm#indicator-chart


6 OECD: http://stats.oecd.org/Index.aspx?DataSetCode=SNA_TABLE1

7 https://data.gov.uk/data-request/nhs-hospital-stay


9 England: http://content.digital.nhs.uk/catalogue/PUB21772
Northern Ireland: http://www.hscbusiness.hscni.net/services/1804.htm
Scotland: http://www.isdscotland.org/Health-Topics/General-Practice/Workforce-and-Practice-Populations/Workforce/