

Armed forces committee: report to ARM 2020

It has been a busy year for the AFC (armed forces committee). The committee has been working on a detailed workplan consisting of 17 objectives, however ten key areas have been prioritised and an update on each of these areas has been provided below.

Trade union recognition for civilian doctors employed by the MoD

One of the key achievements for our members this year was the AFC's successful application to the CAC (Central Arbitration Committee) for formal recognition for collective bargaining rights for civilian doctors employed by the MoD (Ministry of Defence). Despite having negotiated on behalf of civilian doctors for many years, last year the AFC was forced to go to the CAC, which arbitrates disputes relating to the statutory recognition of trade unions, following two refusals by the MoD to formally recognise the BMA's status. We worked tirelessly with colleagues from across the BMA to achieve this outcome for civilian doctors.

This is an important victory for the AFC and our members, reflecting our commitment to continuing to negotiate and fight for better terms and working conditions on behalf of all doctors. The AFC looks forward to continuing to represent our civilian doctors in the armed forces and working with the MoD in the future.

CMPs working at SMO level

As reported at last year's ARM, in November 2018 negotiations with the MoD were completed to uplift the pay of CMPs (civilian medical practitioners) who worked at a SMO (senior medical officer) level but were not being remunerated for this extra responsibility as their uniformed counterparts were. This year, the resulting uplift was agreed as follows:

- 20 per cent for CMPs filling the role of SMO in a MTF (Medical Treatment Facility) with other accredited military or civilian practitioners.
- 10 per cent for CMPs with no other accredited military or civilian medical practitioners in their MTF.
- CMPs who have left the MoD since the 1 April 2018 who fall under the above two categories will be treated in the same manner as those who are still serving.
- CMPs who have been claiming the 5 per cent Supervisory Allowance, will no longer be eligible to claim an allowance, and the allowance was made defunct in June 2020. The supervisory allowance will not be clawed back, however back dated pay will be adjusted accordingly i.e. reduced by 5 per cent for those in receipt of the allowance.



CMP overtime and on-call working arrangements during COVID-19

In light of the demanding situation facing the NHS and DMS (Defence Medical Services), in April we developed a temporary policy to facilitate CMPs being able to support the national effort and take on additional work on a voluntary basis, without being negatively impacted. The details of this policy include agreements on rates for on-call rotas, overtime, travel expenses and working pattern changes. Through this negotiation, the AFC was able to get a voluntary system in place to enable CMPs to support colleagues in the NHS and help deal with the increased demands that COVID-19 has created.

Pensions

Pensions taxation remains one of the AFC's top priorities. The effect of the taxation on pensions continues to be the most pressing issue that many of our members face. The lack of flexibility in the AFPS (Armed Forces Pension Scheme) is leading senior medical officers to leave the DMS, contributing to the retention crisis in the armed forces. While the impact on the NHS has become an issue in the press and in Parliament over the past year, we are ensuring that the armed forces voice continues to be heard in campaigning plans across the association and we continue to be represented on the BMA pensions committee.

In the latter part of 2019, several major events occurred in this area. First, the NHS consulted on new pension flexibilities. Second, Scotland and Wales indicated that all those who leave the NHSPS (NHS Pension Scheme) due to taxation will enjoy 'recycling', i.e. they will be able to retain the employer's contribution as additional pay. Third, the Government announced that NHS clinicians (initially just in England, but with others now beginning to follow suit) will, in effect, have the AA (Annual Allowance) charge paid for them for the 2019/20 financial year. Service personnel were already severely disadvantaged by the interaction of the AA charge and our non-contributory scheme. These announcements mean that there is now a huge disparity.

The AFC has made a considerable contribution to BMA campaigning on this subject. The chair of Council wrote to the Chancellor on behalf of the AFC in December pointing out that it was unacceptable that this differential treatment continues: a situation in which military doctors must pay a tax which their civilian colleagues can avoid or have paid for them is a clear breach of the Armed Forces Covenant.

In the March 2020 budget, the chancellor announced a key change in pension taxation, which will see the two tapered annual allowance thresholds each being raised by £90,000. While changes to pension taxation announced in the budget were welcomed, they fall short of the fundamental reform for which the BMA has been arguing. The BMA has briefed stakeholders including MPs about the breach of the Armed Forces Covenant and the BMA continues to make the case for further pensions reform with considerable contribution from the AFC.

MODO retention bonus overpayments

Earlier this year it came to light that there had been an overpayment of the MODO (medical and dental officer) retention bonus, ranging from £860 to £51,427. The impact of these overpayments is being experienced by those MODOs who were moved from the AFPS 05 to the AFPS 15 pension scheme. A large number of our members were contacted by the DBS (Defence Business Services) notifying them of action to recover these overpayments from their pay with less than 28 days' notice. These actions would have placed undue and unnecessary pressure on our affected members. Last year, we took legal advice and wrote to the MoD advising that we would be prepared to take legal action on behalf of any of our members that saw pay deducted as a result of the recovery of the overpayments and asked for the MoD to halt recovery efforts.

After continued correspondence with the MoD, we are very pleased that the MoD has recently indicated that recovery of the overpayments will not be pursued during the COVID-19 crisis. AFRPB (armed forces pay review body)

The AFC and BDA (British Dental Association) submitted a joint written memorandum of evidence to the AFPRB in October 2019 and participated in an oral evidence session in February 2020.

In these submissions the AFC highlighted its concern that recent government interference in the AFPRB process and years of sub-inflationary recommendations have equated to real terms pay cuts, which have eroded the confidence of the profession in the independence of the AFPRB. The AFC also noted its disappointment over the Government's decision to ignore the 2017 AFPRB recommendation for a 2.9 per cent uplift to be consolidated and instead apply a 2 per cent increase to pay (implemented in September 2018 salaries, backdated to 1 April 2018) and a 0.9 per cent non-consolidated one-off payment (implemented later in 2018, also backdated to 1 April 2018).

The recommendations from AFC to the AFPRB included:

- The AFPRB must start addressing the long-term decline in doctors' pay through its recommendations.
- The value of military Clinical Excellence Awards and legacy Distinction Awards should be uplifted in line with the pay uplift.
- No comparison between the AFPS and NHSPS should be made until the terms of the schemes and the taxes to which they are subjected have achieved long-term stability.
- The AFPRB should call upon the Government to ensure that members of the armed forces enjoy the same flexibility to avoid pension taxation without loss of remuneration as their civilian colleagues in the public and private sectors.
- Members of the AFPS affected by the annual allowance and lifetime allowance charge should be offered advice in line with that available to members of the Civil Service Pension Scheme.
- The Office of Manpower Economics should work with the BMA, BDA, DMS and other interested groups to achieve a shared understanding of the issues generated by pension taxation. Government should then work with these groups to reform the annual allowance, including the removal of the taper.
- The MoD must undertake an intensive recruitment strategy that factors in improved pay and non-remuneration issues to address the severe shortages in the DMS workforce.
- The DMS should improve its work on discrimination and bullying and harassment in the workplace with the intention of eradicating these practices.
- The DMS should undertake a programme aimed at improving job satisfaction that encompasses remuneration and non-financial factors.
- The AFPRB should endorse our proposal of revising the way the daily rate of reservists is calculated.
- The AFPRB should accept the conclusions of the DMS, BMA and BDA joint recommendations on pay comparators for DMS GMPs.

On 21 July, the AFPRB published its report making recommendations for armed forces remuneration and charges, and the Government outlined which of the recommendations it would be implementing. We were pleased that the AFPRB had agreed with some of the recommendations from our submission, such as that a comparison between the AFPS and NHSPS should not be made until the terms of the schemes and the taxes to which they are subjected have achieved long-term stability, however we were disappointed that they did not support other recommendations such as an uplift to military Clinical Excellence Awards and legacy Distinction Awards. We note that the Government agreed to the AFPRB's recommendation for a 2 per cent increase in base pay for all ranks within the MODO cadre and a 2.5 per cent increase in GMP and GDP Trainer Pay and Associate Trainer Pay.

DMS IT system provision

As reported at last year's ARM, the poor performance of the DMS' IT system continues to be a key area of concern for armed forces members. As was the case last year, members continue to report little or no faith in the IT system and concern that IT issues are seriously impacting on patient safety as well as undermining the perceived professionalism of clinicians. While the MoD is continuing to look into the issues and minor developments have taken place, such as the launch of a user experience reporting tool, we regret that a solution is yet to be found and we are continuing to regularly liaise with the MoD on these issues.

Indemnity for locums

Last session, AFC identified that GPs locuming for the MoD would not be covered by the new NHS indemnity scheme or the MoD indemnity scheme, posing a severe risk to the ability of the MoD to recruit and retain doctors to provide locum cover. Last year, the Acting Surgeon General confirmed that the MoD would provide locum GPs with indemnity against claims of clinical negligence in England and Wales. We are pleased to confirm that in October 2019, the Director General confirmed that MOD would provide the same for GP locums in Scotland and Northern Ireland.

Gagging order

At last year's ARM, we reported that the MoD had expressed concern that the AFC had engaged with the national media and it had written to the AFC chair emphasising its opinion that no reservist officer, even in the exercise of his/her civilian duties could 'engage with the press' or with any 'persons associated with the press' nor could s/he express 'any opinion on any government or military matters'. This opinion was accompanied by the promise of disciplinary action with the possibility of Court Martial. A satisfactory resolution is yet to be reached on this issue and therefore we regret that AFC members' ability to freely express their views continues to be substantially limited.

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