Professional fees committee
ARM report 2021

The Professional fees committee (PFC) consults and negotiates fees on behalf of all doctors in all four nations on a range of additional work that falls outside their NHS contracts.

The medical profession has been presented with unprecedented challenges during the pandemic; throughout this time, the PFC has continued to represent the BMA and work on all matters relating to non-NHS, non-contractual medical service work. PFC has also collaborated in policy with key stakeholders such as the DVLA, the medical examiner’s office and the DWP. This report outlines an overview of some areas of the enormous range of work undertaken by the committee during the 2020-21 session.

Medical examiners

HM Government has introduced the Health Care Bill before Parliament which will introduce the medical examiner system roll out in primary care in England and Wales, from March 2022. The system already exists in Scotland. We continue to oppose the roll-out as it currently stands and have widespread support from all colleagues who will be impacted by this change. For hospital colleagues this is a different way of working but for colleagues in primary care it is more work for less money and removal of over £20 milliion of practice expenses. The proposed system is culturally insensitive and grossly under resourced as well as being discriminatory between different doctors and their rates of pay as Medical Examiners. We are working with external stakeholders in finding common ground to approach the Government and relay to them the dangers of the roll-out in its current form. We look forward to working with the Health Care Bill Working Group to support all those affected by the new system, particularly medical colleagues currently working as Crematorium Medical Referees, who have been heartlessly over-looked and ignored by the Government during this entire process.

Fit notes

The government is planning to extend the authority to sign fit notes to a wide range of professionals such as OTs and physiotherapists by the end of October 2021. PFC believes these proposals are open to abuse and likely to leave doctors still in the position of having to produce evidence to the DWP for activities and certification of which they had no primary part. The BMA does not support GPs signing fit notes and we continue to call for patients to be able to self-certify.

Professional fees calculator

The PFC continues to work with product development and other relevant BMA teams on the calculator. It is hoped it will be rolled out in the next session.

Firearms licensing

The tragic recent events in Plymouth highlight the need for firearms licensing reform. PFC has been working for over 7 years with 2 ministries across 4 nations, 43 constabularies, all BoPs and the firearms lobby to achieve an acceptable robust and workable solution. Our policy is absolutely clear:

1. the responsibility for licensing grant and withdrawal rests entirely with the police;
2. GPs will supply information not opinion and will NOT be expressing opinions on mental health of applicants;
3. genuine conscientious objection will be catered for;
4. the costs of this exercise will not fall to the NHS and the production of evidence will be chargeable to the applicant.

This session the committee has been working on an IT flagging system which the NHSE, MoJ and Home Office have all signed up to, which will flag whether a patient has developed a condition that is incompatible with having a licence. Only a GP who has access to full notes has the ability to set up the flagging system, but they will not be responsible for the decision to grant or revoke a licence. Firearms licence holders will be required to be and remain registered with an NHS GP. The committee is drawing up a template/standardised format letter to the firearms licensing officer. Full guidance and explanation will be issued shortly.

DVLA

PFC began discussions as to whether doctors completing the D4 lorry or bus driving licence medical forms should have access to GP records in the last session to prevent another “Glasgow bin lorry” type event. However, this was interrupted in March 2020 when the DVLA put medicals for the D4 form on hold as part of the Covid response. Due to pressures caused by the pandemic, a decision was taken by the DVLA in April 2020 to waive the requirement for a D4 for licence renewal applications for those aged 45 and over. Applicants were instead issued with a single one year licence.

Throughout the pandemic D4 medicals were one of the very few pieces of administrative work recommended for continuation by both the BMA, the GPC and the RCGP simply in order to keep the nations’ logistics moving. The pandemic has highlighted long-standing systemic defects in the medical aspects of driver licensing not least of which is that there are over 200,000 backlog medicals waiting to be done. The DVLA has finally acknowledged that the fees they offer are uneconomic and they have challenged us to produce the fee engine to show what a reasonable fee might be however as a government agency they have to take direction from ministers and are not free agents in this issue.

A consequence of this massive backlog is that doctors are being asked to shoulder responsibilities under section 88 of the Road Traffic Act which are entirely unacceptable and as a consequence I have written to the transport minister and the Parliamentary select committee for transport this month. The HGV driver crisis is being compounded by BREXIT and it is estimated that 15,000 drivers have returned to continental Europe.

MoJ fees for non-legal tribunal members

We have opened negotiations again on fees for nonlegal tribunal members and are having to take legal advice on the issue.

Department of Health Bureaucracy Work Group

The Secretary of State for Health in England has established a bureaucracy working group to try and reduce the demands upon doctors. Its outputs have been delayed and we are fearful of any meaningful outcome. Many of the areas it started to look at were reported on in 2001 and have simply not been acted upon. More recently the thrust of the government’s attitude seems to be that by increasing computerisation and automation cost savings can be made without recognising that there is work for the doctor and that has to be remunerated and the overheads covered. Currently it appears that this group is losing its way but we have to stay in there and try and steer it back onto course.

Safeguarding reports and payments of collaborative fees

Many items of doctors’ work, such as safeguarding reports and collaborative fees, are being paid according to outdated fees from 2004. Until 2007 most of these fees were covered by the collaborative fees arrangements which apply to all doctors but the government refused to supply the DDRB with evidence from 2004 to 2007 and the DDRB therefore refused from that date on to make recommendations. Furthermore, with the changes to the health service in 2012 the budget lines for collaborative fees became dissipated with much inter local authority variation. The BMA did go to court against Northamptonshire County Council but we were not successful although the judge did make the point that just because doctors had an obligation did not mean that we had to perform it without adequate resource and the current fees do not even cover our overheads. As the Government is not interested in negotiating a new fee structure, PFC is considering asking the BMA to support GPs giving notice that doctors will not carry out this work if the situation is not rectified by 1 January 2022.

Conclusion

In conclusion, I would like to thank the committee members for their support and hard work this session. We have a vast amount of work to do in the next session and it is utterly crucial in underpinning all professional fees that we have a fee engine as a benefit of membership and also for negotiation purposes so that we can demonstrate to those who commission medical services why fees need to be at a particular level.