

Fighting for our rights, fighting for our future

Professional fees committee Report

Fee engine

In 2004 (18 years ago) the BMA was prevented by the Competition and Markets Authority from publishing further fee guides. Since then, many public sector and commercial organisations have abused that situation and refused to increase fees payable to doctors which are not pocket money but sums required to fund the overheads of undertaking such work as well as to pay the doctor. The result has been many doctors have been undertaking such work at a personal loss which is entirely unacceptable. In a light bulb moment at the end of 2018, I recognised that we could create a fee calculator based upon the range of times taken to perform any task to an acceptable professional standard. The PFC and PPC both supported this concept after the fee engine was showcased in 2019.

To make the fee engine legal each doctor **individually** must

- Enter the amount of money they wish to net after taxes
 - Enter their practising expenses and other details
- and the fee engine will generate for them a **personalised** fee scale

Last year the RB mandated the association to turn the PFC fee engine concept into reality and I would like to thank James Hunt and his team - one of the unseen experts employed by the BMA for his work in delivering this in only a matter of weeks. In May 2022 the fee engine was launched. Already hundreds of members have used the engine in the first month. We are now developing an additional module to help those in traditional private clinical practice create their fee scales in conjunction with the private practice committee.

You will know from press reports that the DVLA is in chaos with at one point around quarter of a million licence holders waiting for their decision on their medical fitness to drive. We have made it utterly clear that it is the responsibility of DVLA to make this decision and it cannot be sub-contracted to a driver's own doctor for reasons of workload and threat to the doctor-patient relationship. We have been dismayed at the wholesale regular and routine abuse of section 88 of the road traffic act by the DVLA with its potential to pitch drivers into conflict with their own doctors. We have had several meetings on this issue I have made it clear that this cannot continue.

The DVLA fee structure is 20 years out of date and is so inadequate that doctors are working at a loss. Now that we have the fee engine we have the hard evidence that this is the case and we have made several attempts to set up meetings with DVLA to discuss this. I make it clear this kind of negotiation is not possible to do virtually - it is necessary to see the body language of their team - and that is not possible down zoom. We will continue to push for a face to face meeting through the course of the summer but I make it quite clear that I envisage doctors will be declining to do such work in the very near future. This is not about greed - this is about doctors paying for government administration from their own pocket which is not acceptable.

Firearms

In 2016 the ARM threw out the proposed medical record marking arrangements for those with firearms. There were too many gaps leaving doctors at legal risk. After multiple meetings involving PFC, GPC, Home Office, the Great Britain Departments of Health and the Police Chiefs' National Council statutory guidance on firearms licencing was issued by the Home Office to constabularies in November 2021. The doctors' involvement is on a reasonable endeavours basis only. The digital firearms marker for NHS computer systems after much work by PFC, GPC and the RCGP has now completed its journey through coding by NHS computing and should be launched within the next few days. One remaining area of concern is some constabularies are failing to inform doctors when somebody is refused, granted or, renewed a licence - the system will fail unless they do so.

Fit notes

The DWP continues to expand the range of healthcare professionals able to sign a fit note but like many government initiatives its ambitions far exceed reality. I am absolutely determined that if other healthcare professionals sign fit notes then they are responsible for any DWP correspondence arising from their signature this cannot be dumped back onto doctors particularly general practitioners.

Medical examiner system for death certification

The Medical Examiner system has been operational in Scotland for some time and in England and Wales hospitals for just over a year. At the end of March22 the system extended to primary care in England and Wales against the advice of both the BMA and the RCGP - both organisations desired a later introduction and we need clarity on how the lost £20m of expenses General practice will be made up – a very technical point. Recently we have heard that GPs and SASC doctors eligible for appointment as medical examiners are being offered inferior terms to those of consultant status. This is entirely unacceptable and breaches the principle that the value of a piece of work is intrinsic to the piece of work and not to the NHS pay grade

of the doctor performing it especially as the liabilities are the same. We will pursue this vigorously.

Launch of fee renegotiation 2022-2023

For obvious reasons during COVID it was difficult to set up negotiations but the time was used to launch the fee engine which now gives us rock solid evidence that the current fees are unsustainably low and frequently barely cover overheads. We have consulted with devolved nation colleagues to identify their most urgent fees and we will be revisiting this part of the committee's mandate within the next few months. Recognising that the world has become more digital we are finding that when it comes to hard negotiation such processes need to be face to face in order that the body language of their other sides team can be seen.

Inflation

Many doctors at the RB will have little experience of managing their practice whether NHS, independent, or traditional private clinical practice in a highly inflationary environment. People need to use the fee engine to work out their fees in advance looking carefully at each component of expenses and upgrade their fee structure accordingly.

Doctors have to:

- **Start** learning to live with inflation and
- **Stop** working at our own personal expense.
- **Continue** educating fellow doctors, commissioners and the public that this work is not a free or subsidised good of the NHS

Thank you for taking the trouble to read this report.

Dr Peter Holden

Professional fees committee chair