

# Memorandum of Evidence to the Review Body on Doctors' and Dentists' Remuneration - GPs in Scotland

February 2024

## Response to the 51<sup>st</sup> DDRB report

GPs in Scotland were disappointed that in the face of severe workload and recruitment and retention challenges, the DDRB elected to recommend a real-terms pay cut in its headline pay award recommendation.

Pay is a key component in the morale of the medical workforce and there is little doubt that sub-inflationary pay awards are a significant driver in the loss of confidence in the DDRB process that is taking place and this is reflected in a survey carried out by the BMA following last year's pay award.

While all groups of doctors in Scotland were extremely unhappy with last year's DDRB recommendation, those feelings were most pronounced amongst GPs with 87% of respondents indicating that they were dissatisfied that the DDRB had failed to recognise their contribution to the NHS.

It should be noted by the DDRB that the evidence used to prepare this submission relies on earnings and expenses information for 2021/22, before unprecedented inflation increases and the cost of living crisis. To avoid problems become entrenched, it is essential that the DDRB is prepared to take early action when difficulties posed by high inflation or inadequate expenses uplifts are anticipated, but data is not yet available to demonstrate their impact.

## Key asks for the 2024/25 pay award for GPs in Scotland

In last year's submission to the DDRB, we highlighted that Scottish Government's decision to break with established precedent and fail to fully reflect inflationary pressure on non-staff expenses meant that GP contractors alone were the only group of doctors in Scotland not to receive the DDRB's recommended uplift. We asked the DDRB to therefore make a recommendation on an appropriate expenses uplift for general practice. While the DDRB did not do this, we acknowledge that the DDRB did object to Scottish Government's actions in strong terms stating:

*"...we expect that expenses uplifts for GMPs and dentists should be sufficient for the full value of our recommendations to be reflected in earnings for contractor and salaried GMPs at typical general practices"*

Despite this admonishment, in determining its pay uplift for 2023/24, Scottish Government again chose not to uplift non-staff expenses by inflation, meaning that for the second year running GP contractors were the only group of doctors in Scotland not to receive at least the DDRB's recommended pay award.

**We once again therefore ask the DDRB to make a specific recommendation in relation to the expenses of GP contractors.**

**To reflect the ongoing severe inflationary pressures on general practice and the urgent need to reverse the trend of declining WTE numbers of GPs in Scotland, the BMA is seeking a headline pay award recommendation of inflation (with due regard to RPI and CPI) + 3% for all GPs in Scotland.**

**We also ask the DDRB to consider the impact of inadequate expenses uplifts and consequently the failure to keep pace with DDRB recommendations over the previous two years, and to address this by making a specific additional recommendation for GP contractor pay in Scotland.**

Had the established convention for the uplift of non-staff expenses in Scotland been followed in 2022 and 2023, this would have meant the combined value of the Global Sum and Income and Expenses Guarantee in Scotland would now be £4.5m higher than it currently is. Had the 2022/23 Agenda for Change pay award been fully matched for GP practice staff pay, the combined value of the Global Sum and Income and Expenses Guarantee would be a further £9.1m on top of this. This represents a combined shortfall of £13.6m in the current value of the Global Sum and Income and Expenses Guarantee that will, in many cases, have been met by the erosion of GP contractor earnings. For many practices, even if the expenses uplift shortfall was rectified (consistent with the long-standing process agreed by SG and SGPC) it will still be insufficient for many practices that are reporting unprecedented increases in staff and non-staff expenses.

**The BMA calculates that an additional pay recommendation of 3% for GP contractors in Scotland, over and above the DDRB's wider recommendation for 2024/25, is required to restore GP contractor earnings to the level intended by the DDRB's 2022/23 and 2023/24 pay recommendations.**

As will be set out below, Scotland's WTE GP workforce is continuing to decline creating ever greater pressure on practices and clinical teams. If this trend is ever to be addressed, it is essential that there is a healthy pipeline of new GPs progressing through their training programmes. However, a significant barrier to this happening is that practice training grants in Scotland do not increase in value each year and therefore the incentive they offer to practices to train new GPs erodes year on year. **As these grants sit outside the practice reimbursements set out in the Statement of Financial Entitlements, the BMA seeks a specific recommendation that the value of trainer grants should increase by the Scottish Government's headline pay award for contractor GPs each year.** Last year the equivalent funding in England rose in line with the DDRB's pay recommendation, but this was not mirrored in Scotland.

## GP workforce and workload

Practices across Scotland are under significant pressure as a result of the interlinked problems of unmanageable workload, challenges to recruitment and retention of GPs and funding uplifts that are insufficient to meet the spiralling costs of the ongoing period of high inflation. Inadequate uplifts to practice funding make it far harder for practices to recruit and retain sufficient GPs to meet the increasing needs of Scotland's growing and aging population. This exacerbates the workload pressures on practices as insufficient numbers of GPs try to manage demand and in turn acts as a further barrier to recruitment and retention. It is a vicious cycle that is pushing general practice in Scotland towards collapse and while GP earnings are only one component of this crisis, it is the component that can most readily be addressed by Government.

The most recently published GP workforce survey<sup>1</sup> shows that capacity in general practice is continuing to erode as the number of WTE GPs decline. Between 2022 and 2023, the headcount number of GPs in Scotland fell by 0.9% from 4,514 to 4,474 while the WTE number of GPs fell by 0.4% from 3,494 to 3,478.

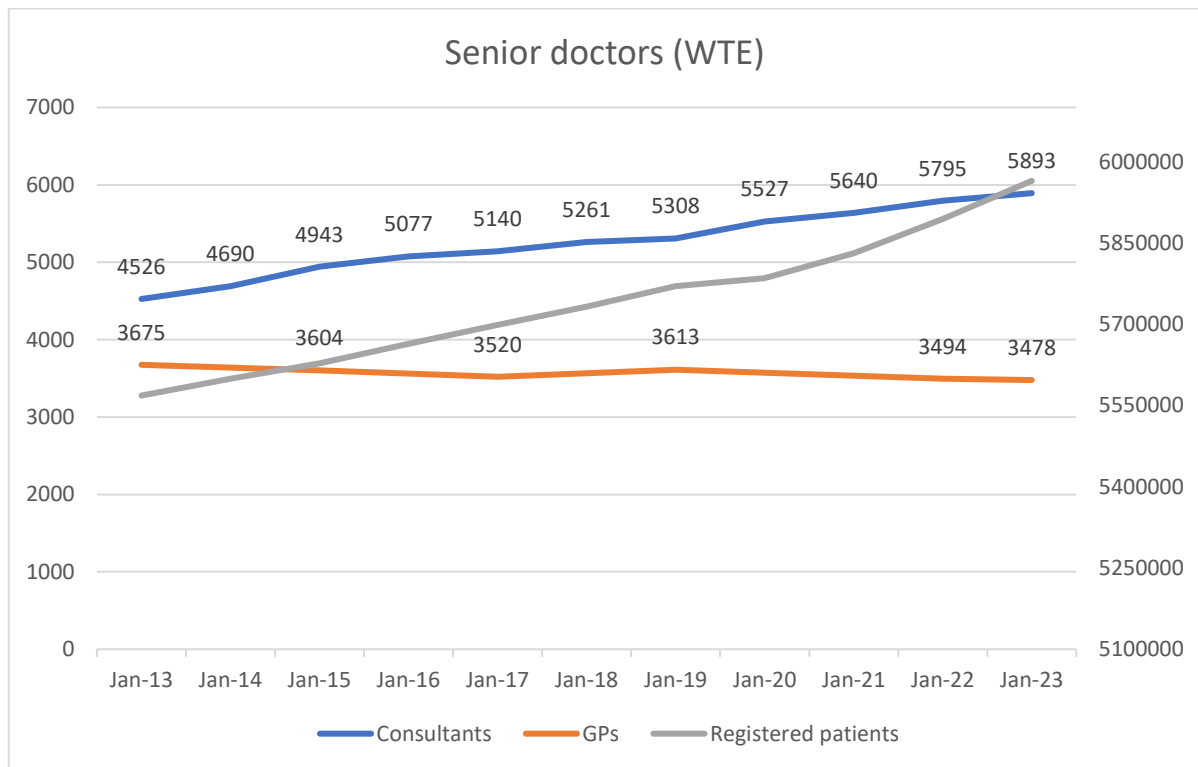
The sobering trend in the GP WTE workforce in Scotland stands in contrast to the rapid growth in the number of WTE consultants. Ten years ago in 2013, there were 4,526 WTE medical consultants<sup>2</sup> in Scotland compared to 3,675 WTE GPs. Over the intervening decade, the WTE number of medical

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<sup>1</sup> [2023 NHS Education Scotland GP Workforce Survey](#)

<sup>2</sup> [TURAS data](#)

consultants has increased by 30% to 5,893 while the number of WTE GPs in Scotland has declined by 5.4% to 3,478.



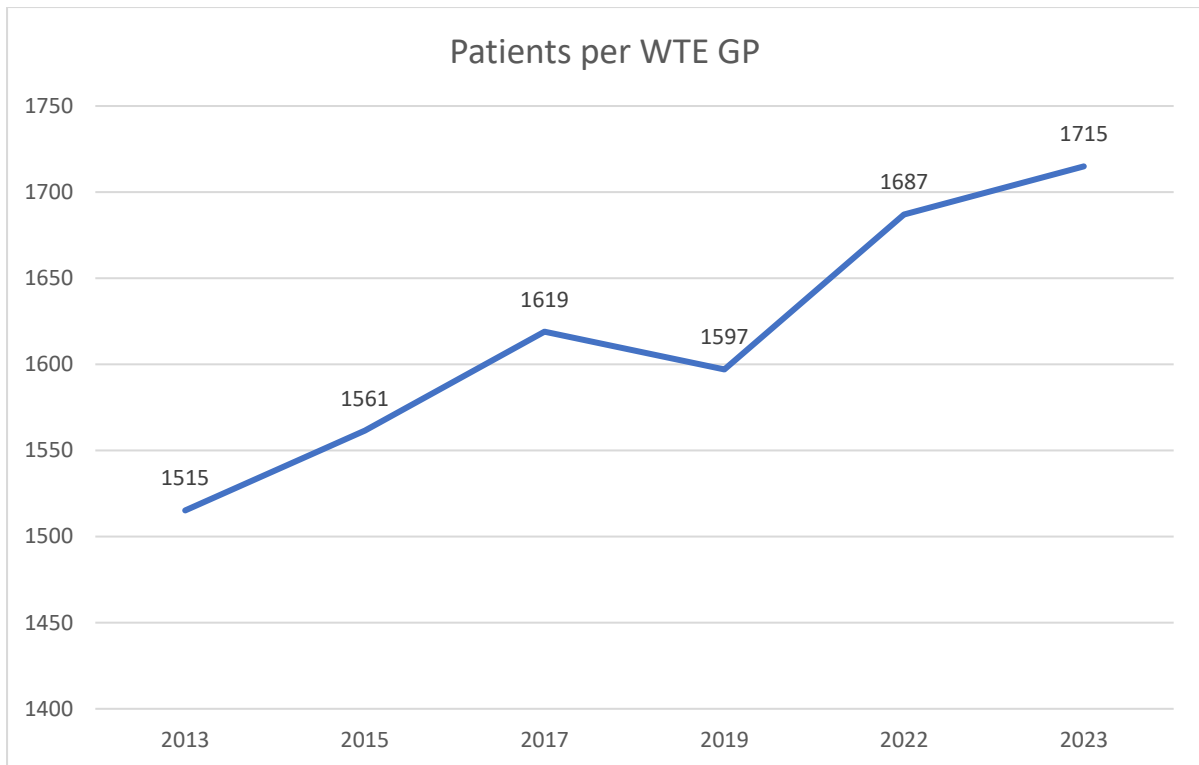
The number of practices in Scotland had fallen to 897 as of October 2023<sup>3</sup>, a fall of 10% from the 997 practices that were operating ten years ago. In 2013, 4.5% of practices were directly run by Health Boards as 2C practices, but that proportion now stands at 6.6%. These alarming trends are a result of the sustainability crisis in general practice that threatens to push the existing model of general practice beyond a point from which it cannot recover.

As the number and proportion of independent contractor practices has declined, the proportion of the GP workforce that are partners has also eroded. In 2013 partners made up 84% of the GP workforce in Scotland compared to 71.4% in 2023<sup>4</sup>. In whole time equivalent terms, GP partners made up 87.6% of WTE GP workforce in Scotland in 2012 compared to 75.4% in 2023.

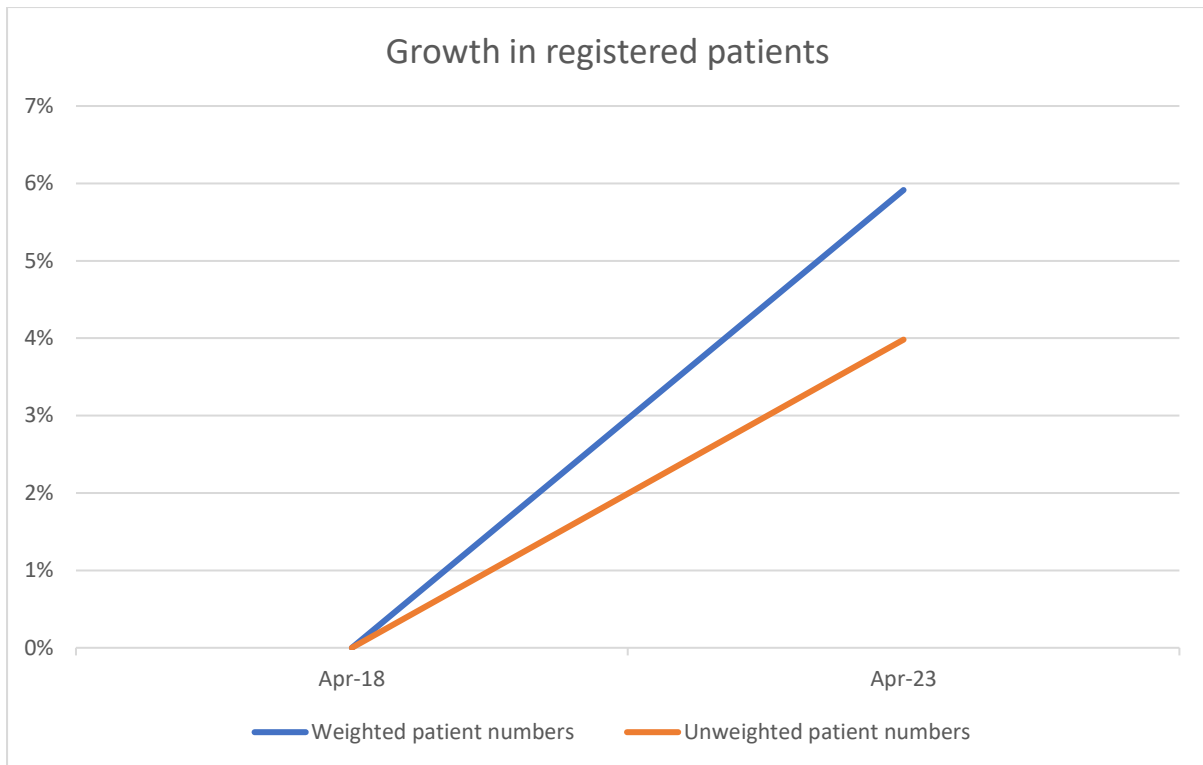
While the GP whole time equivalent workforce has been on a downward trajectory, the ratio of patients to WTE GP has been increasing steadily. In 2013 there were 1,515 patients to each WTE GP but by 2023 that figure had increased to 1,732.

<sup>3</sup> [GP practice contact details and list sizes](#)

<sup>4</sup> [2023 NHS Education Scotland GP Workforce Survey](#)



In order to distribute global sum payments, patients across Scotland are weighted according to demographic and health characteristics in order to determine the predicted workload of each patient and their distribution across practices. Analysis of weighted patient numbers for each practice in Scotland obtained by BMA Scotland under freedom of information legislation shows that between April 2018 and April 2023, the number of weighted patients registered with GP practices in Scotland grew by 5.9% compared to the headcount number of patients which grew by 3.9% over the same period. This is particularly important as patient weightings reflect the predicted workload involved in managing the needs of a particular patient's demographics and circumstances and means that the anticipated GP workload requirements of Scotland's population are increasing at an even faster rate than population growth.



Those workload requirements are reflected in monthly general practice activity data. Despite the number of WTE GPs in Scotland falling, general practice across Scotland provided on average 701,567 consultations per week in 2022, 3.85% higher than the average number of consultations per week in 2018<sup>5</sup>.

Increasing GP workload and declining WTE GP numbers are diverging trends that threaten to fatally undermine the provision of general practice in parts of Scotland. It is extremely unlikely that patient demand will reduce in years ahead, so the only means of ensuring the continued availability of high-quality general practice services to patient populations is to significantly increase the number of WTE GPs in Scotland. A key component of achieving this must be to ensure that GP earnings are restored via above-inflation pay awards that are properly passed on to GP partners rather than eroded through inadequate expenses uplifts.

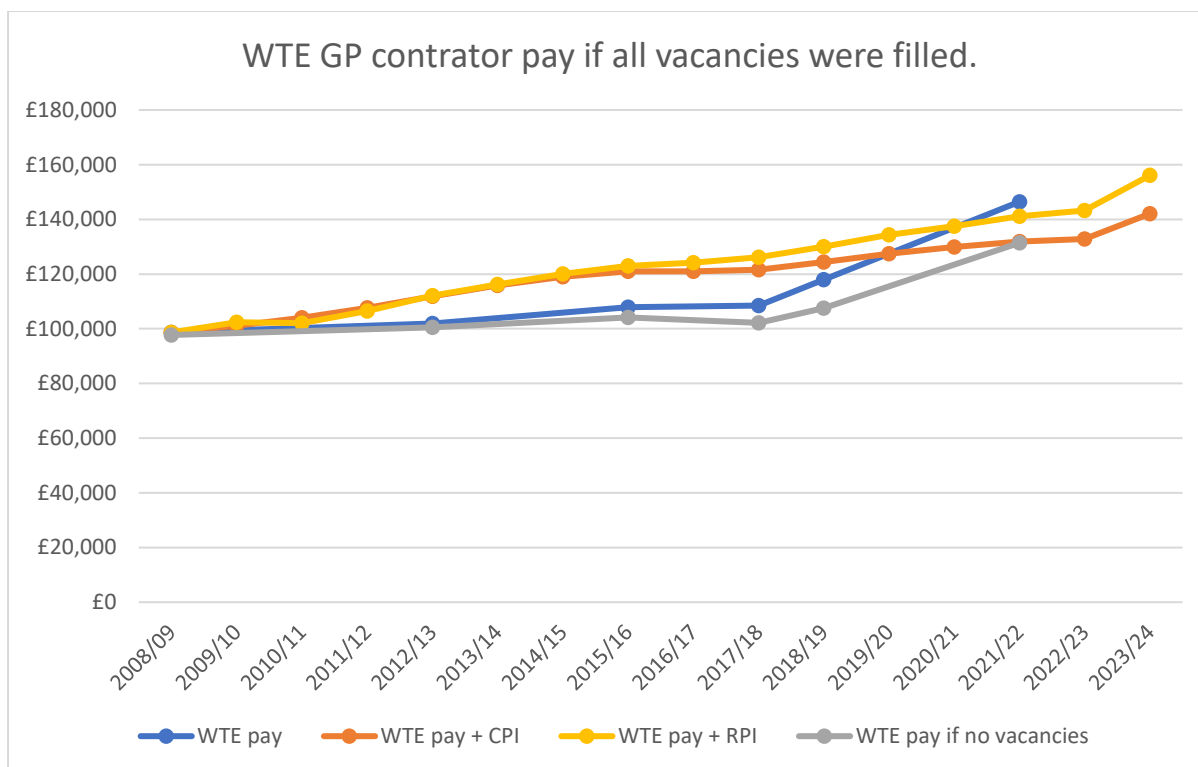
### Contractor GPs - Earnings and expenses

In order to analyse trends in the earnings of GPs in Scotland, we continue to rely upon NHS Digital Earnings and Expenses reports<sup>6</sup>, despite the delay before these are published and the fact that they do not make any adjustment for whole time equivalence.

To try and compensate for these shortcomings, we have applied the headcount to WTE GP ratios reported by the Public Health Scotland GP workforce surveys to NHS Digital figures to estimate average WTE GP earnings in Scotland in the chart below and compared it to what GP WTE pay would be if it had grown by the rate of CPI and RPI in each year since 2008/09.

<sup>5</sup> [Public Health Scotland In-Hours GP Activity data](#)

<sup>6</sup> [NHS Digital GP Earnings and Expenses estimates 2021/22](#)

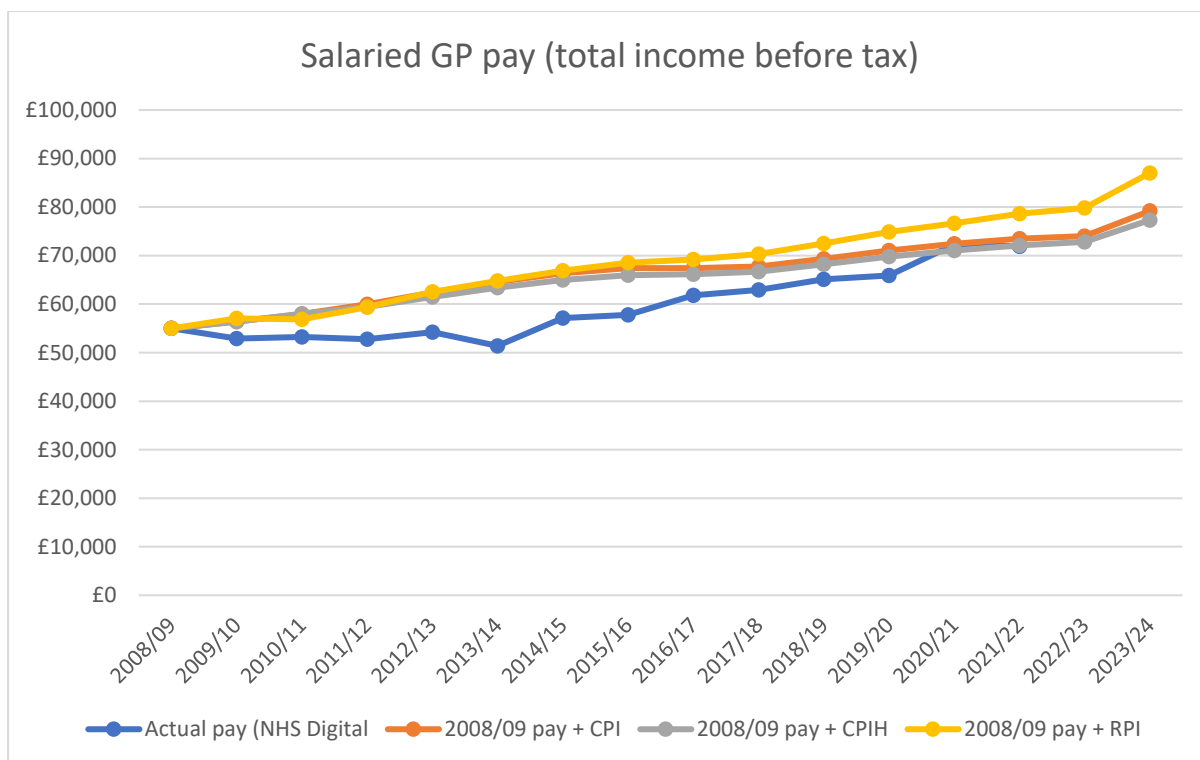


This shows that there have been significant periods over the last 15 years where GP contractors have seen a real-terms loss of earnings relative to CPI and RPI. While on the face of it this trend has reversed in recent years with WTE GP contractors on average earning more than the CPI and RPI trend-lines, adjusting these figures to reflect what would happen if all reported practice vacancies were filled reveals that this is largely driven by the gaps in the GP workforce. **It shows that GP contractor earnings are only being maintained against inflation by the fact that fewer WTE GP contractors are available to divide resources between. This is neither sustainable nor desirable and is a symptom of Scottish Government’s failure to invest sufficiently in General Practice.** With inflation having increased dramatically in 2022/23, GP contractor earnings will again fall behind inflation without adequate and fully-funded pay awards.

Following the announcement that the Scottish Government had accepted the DDRB’s recommended 6% uplift for doctors earlier this year, BMA Scotland surveyed the attitudes of our members towards the pay award. Unsurprisingly given that GP contractors in 2022 and 2023 were the only group of doctors not to receive the DDRB’s recommended pay award, GPs were the most likely group of doctors to say that they were dissatisfied (26%) or very dissatisfied (62%) with last year’s pay award. Most concerning, GPs were also the most likely to say that they were more likely to leave the NHS as a result of last year’s pay award, with 65% of GP respondents indicating this.

### Salaried GPs – Earnings

There have been significant periods in the last 15 years where average salaried GP earnings reported by NHS Digital have fallen below inflation on all measures, representing periods of lost earnings. Unless there is an above inflation pay increase for salaried GPs in 2024/25 their pay will undoubtedly fall below inflation and make larger awards in future required given sharp inflation from 22/23.



## GP gender pay gap

In previous years the DDRB has requested additional information on the gender pay gap for GPs. BMA Scotland has undertaken some preliminary work to examine the degree of gender pay gap for these doctors using publicly available pay<sup>7</sup> and workforce<sup>8</sup> information.

In 2021/22 female contractor GPs earned on average £28,600 less than their male counterparts. If pay was adjusted for whole time working the difference was £7,270. For salaried GPs, the difference in gross employment earnings was £17,500 with women earning less than their male counterparts. When adjusted for WTE working the difference was £7,050. For salaried GPs the amount is a larger proportion of their earnings (a bigger gap) given the earnings differential between contractor and salaried GPs.

The BMA is intending to do further work to look at the gender pay gap. Initial steps have been taken to highlight the differential earnings to BMA advisors that provide individual advice to members on contracts. We will also seek to reduce the gap in pay in any contract negotiations on either GP contractor or salaried GP contracts in future.

## GP morale

The toll of providing GP services with insufficient resources in the face of unmanageable and growing demand from patients is taking a severe toll on GPs. That is reflected in the worrying trend in the number of whole time equivalent GPs we have seen, but is also reflected in the BMA's own surveys of GPs in Scotland<sup>9</sup>.

<sup>7</sup> [NHS Digital GP earnings and expenses estimates 2021/22.](#)

<sup>8</sup> [Public Health Scotland GP Workforce survey 2022](#)

<sup>9</sup> [BMA Scotland 2023 GP Wellbeing survey](#)



In a survey on GP wellbeing earlier this year, over one in four GPs (28%) described their workload as unmanageable while as many as 85% of GPs who responded reported that they struggled to cope with work either some or all of the time and that this was impacting their physical and mental wellbeing. When considering the last year, 75% of GPs who took part in the survey said that it had made them more likely to take early retirement or leave the profession and as many as 25% of GPs reported that they expected to leave their current practice within the next two years.

Morale amongst GPs in Scotland is potentially the worst it has ever been as GPs struggle to provide healthcare services in a system that is disintegrating around them. GPs regularly report feeling undervalued which in turn has a direct impact on the challenges in recruiting and retaining GPs. There is no doubt that GP earnings can play an important part in whether GPs feel valued for the challenges they try to overcome or not, but instead of recognising that and investing in general practice appropriately, the Scottish Government in each of the last two years instead decided that GPs alone amongst doctors would not receive even the uplift recommended by the DDRB. Their actions have added fuel to a morale crisis that this year's pay award must seek to reverse.