

British Medical Association  
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To: All GPC members and LMCs

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**General Practitioners  
Committee**

Our Ref: GN/kd

30 March 2006

Dear Colleague

**Review Body Report 2006**

The 35<sup>th</sup> report of the Review Body on Doctors' and Dentists' Remuneration (DDRDB), dealing with pay recommendations for the financial year 2006-07, was published today. In its report the DDRB recommended basic pay rises of 2.2% for most doctors and 2.4% for staff and associate specialist/non-consultant career grade doctors. In making its recommendations the DDRB ignored late interventions in the review process by both the Chancellor of the Exchequer and the Secretary of State for Health calling for pay rises to be restricted to 2% and 1% respectively. The DDRB has thus demonstrated its independence albeit that its recommendations are lower than the BMA felt necessary to preserve the relative position of doctors.

The government has accepted all the DDRB's recommendations except those for consultants. Instead, consultants will receive increases in pay of 1% from 1 April 2006 and the balance to 2.2% from 1 November 2006. This will restrict the in-year pay increase for these doctors to 1.4% at a saving to the NHS of a little over £20 million.

The Chairman of Council (Mr James Johnson), commenting on the government's actions said: "It is shocking that the Government has chosen to single out consultants in this way. It is like saying they are not as worthy as other doctors. The Government has lost far more today in goodwill than it has gained in salary costs"

The DDRB 2.2 per cent pay award does not apply to self-employed GPs, but does affect the pay packets of GP trainers, GP educators, salaried GPs and GPs in training.

Dr Hamish Meldrum, Chairman of the BMA's General Practitioners Committee said: "At a time when the Government's White Paper, in England, on care outside hospitals is emphasizing the movement of services closer to the patient a 2.2 per cent pay rise does little to attract and train the doctors for general practice who will be needed to deliver the government's programme."

GP registrars also face a 2.2 per cent pay rise and no uplift in their supplement which has been frozen at 65%. Dr Meldrum said: "The lack on any substantial pay increase for GP registrars is particularly disappointing as it difficult to see how we are going to attract the necessary numbers of medical graduates into general practice without appropriate incentives."

**Chief Executive/Secretary:** Tony Bourne

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Commenting on the 2.2 per cent pay award for salaried GPs, Dr Meldrum said: "The lack of a substantial uplift in pay for salaried GP will make it increasingly difficult to recruit GPs on this basis because of the disparity in pay between salaried GPs and non-salaried GPs working under the new contract."

Seniority payments paid to some of the most valued and experienced GPs have also been frozen. Dr Meldrum said: "We are also disappointed that the review body has not addressed the problem of retention of senior GPs by refusing to increase seniority payments to experienced GPs. Freezing seniority payments gives out the message that experience is not valued and will no doubt result in some of the country's most senior GPs taking earlier than planned retirement, putting further pressure on already stretched primary care services."

### **GMP principals**

Due to the ongoing review of the new GMS contract in 2005-06, the DDRB was not asked to provide recommendations for this group, except for seniority payments, which are the last remaining practitioner (rather than contractor) payment. Since then, a review package has been agreed and communicated to the profession, the funding for all elements of which amounted to a maximum of 4.4% assuming 100 per cent achievement.

The DDRB draws attention to the agreement reached as an integral part of this package that the 2006-07 GMS review package addressed the perceived value for money issues associated with the original contract and that these issues would not be revisited in future negotiations.

The BMA is disappointed that the DDRB sees no evidence that no change in the current levels of seniority payments will cause GMPs to leave the workforce any sooner than they might otherwise and has recommended that they remain at current values.

### **Salaried GMPs**

Last year the Review Body noted that a more logical reference point in deciding how the salaried GMP salary range should be uplifted would be the uplift for other GMPs, and so the BMA used this to call for an increase of approximately 11.56% based on the estimated earnings of GMP contractors over the last two years.

However, the Review Body has accepted arguments put forward by NHS Employers and the Department of Health that the two groups are not comparable for pay purposes, because of the financial and business risks that GMP principals take on in running a practice, and has therefore recommended that the uplift for 2006-07 should be 2.2 per cent.

In response to the arguments raised by the BMA about some GMS practices and PCOs not using the nationally agreed contractual terms and conditions, the DDRB has stated that it has no substantial evidence of salaried GPs being exploited, but where the BMA feels that they are, the BMA should provide support.

### **GMP registrars**

We are pleased that the DDRB has recommended that the supplement for GMP registrars should remain at 65 per cent in 2006-07 and believe this will help to prevent further stagnation of registrar recruitment. At the same time, we remain concerned at the DDRB's repeated assertion that there will be a need to reduce the level of the supplement as hours worked in the hospital sector reduce.

We will pursue a thorough review of the registrars' pay scale once the new arrangements for specialist training are fully in place.

### **GMP trainers' grant**

The BMA called for a substantial increase to the GMP trainers' grant in order to prevent a recruitment and retention crisis. We also proposed that a supplement to the main grant should be made to those trainers with a GMP registrar with special training needs and on extended training. It is therefore gravely disappointing that the DDRB has only recommended an increase of 2.2 per cent on the grounds that it

believes it should do no more than seek to maintain the real value of the trainers' grant, so as not to prejudice the forthcoming review of the role and remuneration of GMP trainers in the light of the forthcoming changes under Modernising Medical Careers.

The DDRB has expressed satisfaction that the Departments will be undertaking this broader review of the role and remuneration of GMP trainers. However, as the BMA explained to the Review Body, we are currently discussing this internally and with appropriate external representatives, but the Health Department has so far been unresponsive to our calls to join discussions. We will continue to make representations and hope that swift progress can be made.

We are pleased that the Review Body has recommended that the £750 payment to all GMP trainers towards their continuing professional development (CPD) costs should continue in 2006-07. We will be working to ensure that such payments are paid out immediately by the Health Departments.

### **GMP educators**

In our evidence to the DDRB we told how last year the Health Department had informed the BMA that the GMP educator pay scale in England had been uplifted by only 3% for 2005-06 without any consultation. This was not in line with other GP uplifts, and also did not take into account the fact that the scale had not been uplifted in 2004-05. Taking these factors into account, our view was that the scale should have been uplifted by at least a total of 5.9%. In Scotland and Wales there had been no uplift agreed, and in Northern Ireland the new pay scales had not even been implemented at all.

The Review Body has only recommended an uplift of 2.2% in 2006-07. This is most disappointing and does little to address the deficient increases of previous years.

### **GMPs working as clinical assistants, hospital practitioners and in community hospitals**

The Review Body has recommended an uplift of 2.4 per cent in 2006-07 for GMPs working as clinical assistants and hospital practitioners. While this award is higher than that recommended for the national salary scales in general – thereby acknowledging that this group of doctors has historically been disadvantaged – it does little to address the deficient increases of previous years and will do little to aid recruitment and retention of GMPs to these posts.

The BMA is disappointed that the Review Body has failed to see the absolute inadequacy of the current situation whereby the Department of Health has declined to discuss with the BMA a national framework for community hospital GMPs, as per the Review Body's recommendation in its 2005 report. The BMA also shares the concerns of the Review Body in that the current funding crisis within PCOs may seriously undermine the development of local arrangements that properly address the needs of patient populations and adequately reward GMPs for work undertaken in community hospitals. For the Government to realise the aims of the recently published White Paper on care outside of hospitals, specifically, to enable the delivery of more 'care closer to home' largely through a new generation of community hospitals, this issue will need to be addressed as a matter of urgency. We are investigating the issue about the BMA's submission of evidence on GMPs working in community hospitals and will continue to maintain pressure on the Department of Health, seeking to pick up these discussions with the NHS Employers in 2006-07 as part of the White Paper outcomes.

Enclosed with this letter are the BMA press release along with a summary of key recommendations.

Yours sincerely

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Joint Head  
NHS GPs Division