

Dear Dr Roblin

Doctors' and Dentists' Review Body: Thirty-Eighth Report 2009

The 2009 report of the Doctors' and Dentists' Review Body (DDRB) was published on Tuesday 31 March. The full report can be accessed at:

www.ome.uk.com/downloads/DDRB%2038th%20Report%202009.pdf

The government has announced that it has accepted in full the recommendations of the DDRB.

BMA response

Responding to the publication of the report, Dr Hamish Meldrum, the BMA's Chairman of Council, said that doctors would be disappointed at the overall award, and that while tough decisions have to be taken during a period of economic difficulty, holding back on doctors' pay is not the answer. Read the full BMA response to the report

at: http://www.bma.org.uk/employmentandcontracts/pay/pay_review_bodies/ddrb2009.jsp?page=1

GMS contractors

The Review Body has recommended that the **overall gross uplift in GMS contract payments be increased by 2.29% for 2009/10**. This is **intended to achieve an average uplift to net income of 1.5% across the profession**, the recommended rise for doctors in other branches of practice. However, it is important to remember that because of the ratio formula that will be applied, **the actual amount of net uplift will vary between practices**. Details of the ratio formula agreed with NHS Employers for 2009/10 can be found at:

www.bma.org.uk/employmentandcontracts/pay/pay_review_bodies/DDRBmeans0309.jsp

The application of the ratio formula will mean uplifts to the following income streams **approximately** as follows:

Global Sum 2.4%

Global Sum Equivalent 0.7%

QOF 1.7%

Enhanced Services 1.7%

The actual increase in overall resources for practices that remain on the Minimum Practice Income Guarantee (MPIG) will average 1.3%. Practices without correction factor payments in 2008/09 and practices that come off MPIG as a result of this award will receive more than 1.3%.

There may be small differences between each of the countries across the UK, but we do not believe the figures will differ substantially from those set out above. We are unable to finalise these figures before publication of spending figures for 2008/09 for

each of the four countries (publication is due in April). We will update you as soon as these are made available.

The health departments and NHS Employers both gave evidence to the Review Body requesting it to consider applying efficiency savings on operating costs for GPs but the DDRB refused, stating that it did not believe it was appropriate to factor efficiency savings into their recommendations for this year.

The recommendations on pay for GMS GPs will mean that a higher proportion of practices will no longer be reliant on MPIG. The ratio arrangement was agreed only for 2009/10, however, and discussions are continuing about what will happen in the longer term. We will write to you again about this as soon as there is anything further to report.

Commenting on the 2009 DDRB award, Dr Laurence Buckman, Chairman of the BMA's GPs Committee, said:

"Doctors will be disappointed that the DDRB has been so willing to go along with the general levels of pay that the Government has recommended, rather than accept our evidence on falls in GP income. However, we are relieved that the DDRB has finally recognised that GP partners should see the same level of net increase as all other doctors, something which has not happened in recent years. We believe this is fair and recognises the rise in costs over the last four years."

Seniority payments

The DDRB did not make a recommendation on seniority payments this year as these did not form part of the negotiated uplift arrangement agreed between the General Practitioners Committee and NHS Employers.

GMP registrars

The BMA called for an uplift in basic salary for GMP registrars in line with that of hospital trainees, and for the GMP registrar supplement to at least be retained at 50%.

The Review Body has recommended an **increase of 1.5% to GMP registrars' basic pay**, and a further **reduction in the GMP Registrars' Supplement to 45% for those doctors entering a training placement on or after 1 April 2009**.

We are disappointed with this recommendation, and are extremely concerned that continual erosion of the supplement will have a negative impact on recruitment at a time when the government is seeking to expand the number of GP trainees. Dr Buckman commented:

"It is very disappointing that the GP registrar supplement has gone down again, particularly as we are aware of many registrars being asked to work late into the evening as an extension to their 'in hours' work. We will monitor this trend over the coming year as we don't believe trainees should be asked to work anti social hours without compensation during the working day."

The DDRB has asked the BMA to submit evidence on the intensity of GMP registrars' work and their hours of work to help the DDRB in recommending future

levels for the supplement. We will shortly be writing to GMP registrars to ask them to take part in a nationwide survey.

Salaried GPs

For salaried GPs, the Review Body has recommended that **the minimum and maximum of the salary range be increased by 1.5% for 2009/10**. This rise is disappointing as our evidence had emphasised the need to address the requirements of a growing number of salaried GPs, including their workload, skills and expertise. We had also noted the difficulty that many salaried GPs face in terms of negotiating their own salary. However, the DDRB reiterated its view that salaried GPs should ensure that their employment contracts are fit for purpose, and that they should be able to negotiate a pay review without the DDRB's assistance.

As a result of the DDRB's recommendation, **salaried GPs on the model salaried GP contract should receive an uplift of at least 1.5% to their salary.**

We would like to take this opportunity to draw your attention to the BMA's Salaried GPs Handbook which is available as a resource for both salaried GPs and GP employers as a benefit of BMA membership. If you have not already received a copy, please email support@bma.org.uk with your membership details (or name and address) and with 'Salaried GP Handbook' in the heading. It is also available at: http://www.bma.org.uk/employmentandcontracts/employmentcontracts/salaried_gps/salariedgpbook.jsp

Further individual support and advice on employment contracts is available to members by contacting support@bma.org.uk in the first instance.

GP trainers

The Review Body has recommended a **1.5% uplift to the GP trainers' grant for 2009/10**. This is in addition to **the £750 per annum continuing professional development supplement which is to be paid in 2009/10**. Details of the trainers who are eligible to receive the CPD supplement are set out below.

The BMA considers this uplift to be inadequate. We had called for a major uplift to the grant to reflect that the work, skills and costs involved in being a trainer are growing. It is frustrating the DDRB has not awarded a suitable uplift over the last few years owing to the long-awaited negotiations to review the grant, which have been stalled by the Department of Health.

The DDRB reported that the Department of Health, in its oral evidence, had indicated that it planned to introduce a new tariff-based system from mid-2009. While it is disappointing that the Department had failed to communicate with the BMA on this, we welcome the opportunity to start negotiations on this in the very near future with the aim of ensuring that any new payment scheme is suitably advantageous for trainers. We will keep trainers updated on the progress of negotiations via the BMA website.

CPD supplement:

GP trainers with a trainee are entitled to the full CPD payment.

For trainers who are not allocated a trainee this year and this is the first whole year that they have been without a trainee since and including 2005/06, then they will be entitled to the £750 payment. However, if a GP trainer will be without a trainee this year and this is the second whole year since and including 2005/06 that they have been without a trainee, they will not be entitled to receive the £750. Should the trainer later be allocated a trainee, they will become eligible for the full CPD payment.

GMP educators

GP educators are to receive only a **1.5% uplift to their salary**. This is gravely disappointing, since the educators' pay scale has not been properly uplifted in previous years.

The BMA conducted a workload survey of GP educators last year, and we will be using this to advance negotiations to review the scale. The BMA has also produced a draft model GP educators' contract, which is currently being discussed with relevant bodies.

GMPs working in community hospitals

Once again, the DDRB concluded that issues relating to this work are matters for local negotiation.

PMS and section 17C GPs

The DDRB's recommendations only apply directly to General Medical Services but Primary Medical Services contracts tend to follow the DDRB's recommendations. This year we would hope that Primary Care Organisations will follow the DDRB's lead and uplift baseline funding by 0.7%. PMS GPs will also receive the recommended uplift to their QOF and enhanced services funding.

Yours sincerely

Gail Norcliffe
Joint Head
NHS GPs Division