



HCSA DDRB submission for 2019-20 round

Member briefing

January 16th 2019

Background

The DDRB process 2018-19

HCSA is one of several parties invited to make annual evidence submissions to the DDRB, which is the independent pay review body for Hospital Doctors of all grades. It makes recommendations on pay and other terms and conditions affecting the profession. It is then up to the individual UK nations to choose how to respond to the findings.

At the 2018-19 round, HCSA submitted a flat claim of 3.9% for all doctors, equating to RPI inflation at that stage, with the same uplift applied to all allowances and CEAs and equivalents elsewhere. The DDRB was content to award 2% for all grades – roughly in line with the projections at the time for the CPI inflation index. It added a recommendation for an additional 1.5 per cent on top of this flat rate for SAS doctors. It was anticipated that this would be backdated to April 2018.

In the event the Secretary of State announced [in a written statement](#) an award in England including:

- A six month pay rise from October rather than 12 months (effectively halving its value) of:
 - 1.5 per cent for Consultants
 - 2 per cent for Doctors in Training on basic pay and flexible pay premia
 - 3 per cent for SAS Doctors
- CEA values frozen
- 0.25 per cent of the Consultant pay bill available to employers for transitional funding for this year's required CEA round or to invest additionally should they choose to do so.

The Scottish government ignored the DDRB recommendation and [applied](#):

- A 3% rise for those earning below £80,000
- A flat £1,600 rise for those above, reducing the earnings of Consultants in particular

In Wales, the DDRB recommendation was [applied in full](#).

Hospital Doctors in Northern Ireland are still awaiting news of their 2018-19 pay award.

HCSA was heavily critical of the decision to impose such a low award on Hospital Doctors despite ample evidence of the crisis which long-term pay decline has created. [In a statement](#) following the pay announcement in England, HCSA branded year-on-year pay cuts “a disastrous false economy which fuel an eye-wateringly expensive locum and temp market. They also pile increasing pressure on a dwindling and disenchanting core workforce struggling to cover vacant posts.”

The Association has since continued to build the case, publicly and privately, for a reversal of the pay decline and pension tax changes fuelling the vacancies crisis in the NHS – a phenomenon singled out as the number one barrier to patient care by HCSA members.

We have also sought the views of members on our approach to the pay review process, and our findings (detailed in our DDRB submission) show a majority in favour of the DDRB playing some role in pay setting, albeit with a majority also supporting major reforms to the way in which Hospital Doctor's pay is set. It is on that basis that a decision was taken to engage with the 2019-20 process.

The 2019-20 pay review process

This year, the chair of the Review Body on Doctors' and Dentists' Remuneration received its [remit letter](#) from the Secretary of State for Health and Social Care on November 21st 2018. A deadline of January 7th was set for the submission of evidence. A deadline of May 6th 2019 was given to the DDRB for the submission of its report. However, the timetable for publication and response will then be in the hands of the government.

HCSA has clearly presented to the DDRB our members' views on the review body's performance and its unwillingness to advocate for its own findings when they are ignored by governments. We have also sought to highlight in greater detail the depth of the damage being caused by long-term pay decline.

HCSA's key recommendations for the 2019-20 round

1. Pay Review Process

1.1 DDRB members can and should play a more vocal role if the pay review system is to be seen as legitimate within the profession. DDRB members can assist in this by adopting a significantly more robust and public approach towards advocating and defending their own recommendations.

2. Pay

2.1 The issue of changes to pay etc linked to any new Contract should not be allowed to obfuscate the need to reverse long-term pay restraint.

2.2 A pay award for all grades of:

- A base rise of 5.1%, which represents current RPI (November 2018) plus 1.9% to address historic erosion of pay.
- An additional 0.5% non-consolidated bonus in England to make up the shortfall between the DDRB's 2018 recommendation and the government award
- That in Scotland the medical pay award should be applied equally across all grades

2.3 In order to avoid a reduction to the Medical pay envelope by sleight of hand, the basic rise should also apply to all pay rates, allowances and awards, and the equivalent discretionary points in Scotland.

3. Retirement and retention

3.1 We reiterate our call for a joint task force, involving the NHS and Department of Health and the HCSA/BMA, to explore and seek better evidence around early retirement, and also those at the start of their careers who may be seeking to depart earlier than expected.

4. Ethnicity pay gap

4.1 An urgent joint investigation into the causes and to propose solutions around the ethnic pay gap, modelled on the ongoing Dacre review into the Gender Pay Gap involving the Department of Health, NHS, HCSA and BMA.

5. Productivity

5.1 Engagement with clinicians to tackle system issues including bed availability, patient flow, IT infrastructure and availability of medical and support staff.

5.2 Ensure that clinicians can access training and leadership development, to enable them to initiate and lead changes effectively.

5.3 Implement the Consultant Contract in the way that it was intended, making use of job planning by aligning personal objectives to organisational priorities.

5.4 Protect Supporting Professional Activities (SPAs) time, providing at least 2.5 PAs and recognising the link between training, additional time for education, research and training to improving morale and productivity.